2.2 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) BENEFITS

Case maintenance and corrective procedures specific to SNAP are outlined in this Section.

A. SOURCES OF INFORMATION

In addition to the sources listed in Section 2.1, the following are specific to SNAP.

1. Report Form, DFA-SNAP-2

   The DFA-SNAP-2 is mailed with computer-generated notification letters and provides the client with a means to report changes.

   When the Worker receives a DFA-SNAP-2, he makes any appropriate changes in the data system. When the information is unclear or follow-up is needed, the Worker contacts the client before taking action. Another DFA-SNAP-2 must be sent to clients who submit a completed DFA-SNAP-2.

2. Data Exchange, Reports, and Alerts

   See Chapter 3 for IEVS information. All SNAP benefit reports are found in MOBIUS.

B. REPORTING REQUIREMENTS

All SNAP AG's must report changes related to eligibility and benefit amount at application and redetermination. SNAP AG's are subject to Limited Reporting requirements and the reporting requirements in this Section apply to recipient AG's only.

The reporting requirements for SNAP recipients are only for SNAP benefits and do not affect the reporting requirements of any other program of assistance that the AG also receives.

Regardless of the SNAP reporting requirement, all changes reported directly by an AG member, the AG's authorized representative and/or authorized EBT cardholder, or from a source that is listed as verified upon receipt below must be acted on, even if the AG is not required to report the information.

EXCEPTION: The AG is not required to report any periodic cost-of-living increases (COLA's) in federal benefits, such as the yearly increase in RSDI, SSI, Black Lung or VA benefits. This exception does not apply to an individual change affecting the level of a client's benefits, only to mass changes. See Types of Changes below.

When reported information results in a change in benefits and additional or clarifying information is needed, the Worker must first request the information by using the DFA-6 or verification checklist. If the client does not provide the information within the time frame specified by the Worker, the appropriate action is taken after advance notice. Each reported change is evaluated independently for the appropriate action to be taken. Examples are not limited to the chart below. When a reported change results in the change of the certification period, the client must receive advance notice of the change.

Action on a Reported Change

Reported Change	Increase/Decrease Benefit	Result if Requested Information is Not Returned
Increased Deduction	Increase	Benefits remain the same.
Increase Same Source Income	Decrease	No verification required
Decrease Deductions	Decrease	No verification required
Decrease Same Source Income	Increase	Benefits remain the same.
Add AG member	Increase	Benefits remain the same.
Remove AG Member	Decrease	No verification required
New Source	Increase/Decrease	Benefits close.

1. Limited Reporting

Once approved, all AG's must report when the total gross earned and unearned income of the AG and all other individuals who reside with the AG exceeds the AG's gross income limit. This must be reported no later than the 10th calendar day of the month following the month in which the change occurs.

No other changes are made for these AG's unless the information is reported by an AG member, comes from a source which is verified upon receipt, or from a source which is considered reported. See Changes Acted On For SNAP AG's below.

EXAMPLE: A 2-person AG is certified in April. On May 20th, one of the AG members begins working full-time. When the AG calculates the income received in May, it is below the gross limit. In the middle of June the client receives a raise. He receives one pay check in June with his new rate of pay. When the AG calculates the income received in June it is still below the gross limit. No changes are required to be reported at this point. When the AG calculates its income in July, it exceeds the limit. The AG is required to report this by August 10th.

EXAMPLE: An AG consists of a mother and 2 children. In the 3rd month, the children's father moves into the residence. At the end of each month, the AG must consider all income sources. The father's income, when combined with the AG's, exceeds the limit for the original 3-person AG. The AG must report this by the 10th day of the 4th month. The mother calls to report that the household's combined income exceeds the limit. The Worker determines the cause of the income change and must add the children's father since he is required to be included in the AG. See Section 9.1.

Even when the new household member is not required to be included in the AG, the excessive income must still be reported. When there is no required change to the AG, a recording must be made in case comments to explore other possible changes at the next redetermination.

EXAMPLE: Using the same situation above, if the man who moved in was not related to any of the AG members, and purchased and prepared his meals separately, the AG is still required to report the income change since the combined income exceeds the AG's limit. Once the Worker determines the cause of the income change, since no change is made to the AG, a recording is made and the situation is explored at the next redetermination.

2. Changes Acted On For SNAP AG's

a. Information Verified Upon Receipt

Action must be taken for all AG's when information is received from a source that is considered verified upon receipt. Verified upon receipt sources are not subject to independent verification and the provider is the primary source of the information. The only sources considered verified upon receipt are:

- BENDEX and SDX from SSA
- COLA Mass Change and reports in Appendix B
- SAVE from INS and 40 Qualifying Quarters information from SSA
- Unemployment Compensation from WorkForce West Virginia data exchange
- IFM's determination of an IPV
- Notification of application for benefits in another state.

NOTE: See Chapter 3 for data exchange sources.

b. Changes Which are Considered Reported

The following are considered reported changes for SNAP and require follow up and/or action for all AG's.

- Communication from an AG member, such as an office visit, telephone call or written statement to report a change for any program of assistance in RAPIDS; or

- Communication from the AG's documented authorized representative and/or authorized EBT cardholder on behalf of the AG. See Section 1.4. This does not include SSI/RSDI payees, unless they are also the authorized representative or EBT cardholder.

  EXAMPLE: An AG member calls to report that HUD has decreased their rental obligation for the same residence. Although the AG is not required to report this information, the change is made since it was reported by an AG member.

- Changes reported during an application for burial assistance or an application or redetermination for any program of assistance, including SNAP benefits, which is entered in RAPIDS and includes an AG member.

  EXAMPLE: A child is included in a SNAP AG with his mother. The next month the grandparents apply for SNAP benefits including the child of whom they now have physical custody.

  Although the child's previous AG was not required to report this change, the child is removed from the AG so that he may be included with the grandparents.

  EXAMPLE: A man applies for SNAP benefits in April and reports that he moved in with his sister in March. He pays her $200 rent and is approved as a separate AG. The sister was previously approved SNAP benefits in January. The $200 does not put her over the gross income limit and the change occurred during the certification period. No change is made to the sister's benefits except to note the income and living arrangements in case comments.

- Information received on behalf of a client that results in changes being made in RAPIDS for another program of assistance.

  NOTE: The outcome of the changes may not be same if verification is not returned.

  EXAMPLE: A client receives Adult Medicaid and SNAP benefits. He reports a decrease in his income. The case is pended for verification. The client does not return the requested information. Adult Medicaid is closed and SNAP benefits remain the same.

- Returned mail received with a Postal Service sticker indicating the client has moved out of West Virginia: If the case has other benefits that would close the case, SNAP is closed. If the case is SNAP only, benefits continue and is addressed at the next redetermination.

  EXAMPLE: A call is received from the hospital informing the agency of the birth of a baby for Medicaid purposes. If the baby is added to the Medicaid AG, he is also added to the SNAP AG.

  NOTE: This does not include information reported solely to verify eligibility for a TANF supportive service. See Section 24.14.

- Information received from any source which the client was required to report for his SNAP benefits. See Limited Reporting above.

  EXAMPLE: A report is received from QC that the income of a SNAP AG exceeds the gross limit. The information is acted on because the client is required to report it.

3. Unclear Information

   During the certification period, the agency may receive information about changes in a household's circumstance from a member of the AG or from a third party in which the Worker cannot readily determine the effect the

change on the household's benefit amount based solely on the information provided. The Worker must pursue clarification and required verification of unclear information related to these reported changes.

When additional or clarifying information is needed, the Worker must first request the information by using the DFA-6 or verification checklist. If the client does not provide the information within the timeframe specified by the Worker, the appropriate action is taken after advance notice. Examples of unclear information include but are not limited to the following:

EXAMPLE: An AG member reports her boyfriend has moved into the home and she wishes to add him to her SNAP case. She does not offer any additional information. Since it is unclear how his addition to the case will affect the benefits, the Worker must ask if he has earned or unearned income. If this information is not known, a DFA-6 will need issued and proper procedure followed for pending a case.

EXAMPLE: An AG member reports her boyfriend has moved out of the home. She does not offer any additional information. The case is coded indicating he is paying the rent. The Worker must ask who is now paying the rent and continue to make the appropriate changes to remove him from the case.

EXAMPLE: A woman reports her boyfriend moved in but they are going to purchase and prepare separately. The Worker notices the boyfriend has the same last name as the newborn that was added to the case last month. The Worker must ask the relationship between the boyfriend and the child as this could affect benefit amount.

EXAMPLE: An AG member reports they have moved. They offer no other information. The Worker must ask how the shelter and utility costs have changed and make the appropriate changes to the case. In this example, it is not appropriate to ask about income and other household members if this information is not provided.

EXAMPLE: An AG member reports the household rent has increased. The previously verified income is not sufficient to cover the increase in rent. The worker must take appropriate action to update the rent expense; however, it is not appropriate to ask how the increased rent will be paid until the next redetermination.

EXAMPLE: A landlord reports a client have moved out of state. The client is not required to report this information. The Worker must make case comments and evaluate this information at the next redetermination.

4. Timely Reporting And Follow-Up

To determine if a claim must be established or a lost benefit restored, a decision must be made as to whether or not a change was reported in a timely manner**.**

NOTE: Regardless of SNAP reporting requirements, when a client fails to report household expenses which would normally result in a deduction, the AG loses their entitlement to that deduction. They have a right to the expense once it is reported and verified, if necessary. Retroactive benefits are not issued.

Reported changes are not effective the month they are reported. See Agency Time Limits below to determine when a reported change is effective.

When the client does not report in a timely manner and the change could have been made earlier, a claim may be established. See Chapter 20.

Benefits are not restored when the change which would have increased benefits is not reported within the AG's appropriate time limit. See Limited Reporting above.

5. Contact Reviews and Redeterminations for 24-Month AGs

a. 12-Month Contact Review Of Eligibility

All SNAP AG's certified for 24 months must have a review completed in the 12th month of eligibility. This review differs from a full-scale redetermination as follows:

- The 12-month contact review may be completed by mail, phone, or by inROADS; and

- No interview is conducted unless the client requests one; and

RAPIDS automatically mails a DFA-SNAP-12 to the 24-month AG's in the 11th month. Failure to complete the 12-month contact results in case closure. Changes reported during the 12-month contact review are treated as changes reported during the certification period, not as changes reported during the completion of a redetermination. All adverse actions require advance notice.

Verification is not requested on the DFA-SNAP-12, nor is it required for the form to be considered complete. If a change is reported that requires verification, it must be requested using form DFA-6. Failure to provide requested verification results in AG closure or loss of a deduction after advance notice.

When the DFA-SNAP-12 is returned late, but is returned by the last day of the 12th month, no new application is required. The AG's redetermination cycle will not change.

When the DFA-SNAP-12 is returned by the last day of the 13th month, no DFA-2 is required for reapplication. Benefits for the 13th month must be prorated from the date the 12-month contact review is completed. The AG's redetermination cycle will not change.

If contact is not made by the last day of the 13th month, full application procedures must be followed, including completion of the DFA-2 or DFA-SNAP-1 and establishment of a new redetermination cycle.

When the 12-month contact review is completed through inROADS, no additional form is required.

b. 24-Month Redetermination

All SNAP AG's certified for 24 months must have a redetermination completed by the end of the 24th month of eligibility. Under no circumstances are benefits continued beyond the last month of certification period, unless a redetermination is completed and the AG is determined eligible. The 24-month redetermination differs from the 12-month contact review as follows:

- The 24-month redetermination may be completed by mail or by inROADS.

- An interview is required regardless of the method in which the redetermination is completed. A telephone interview is conducted unless the client requests a face-to-face interview.

- Form CSLE or inROADS is used. The CSLE or inROADS redetermination or the DFA-2 and DFA-RR-1 or DFA-SNAP-1 may be used for redetermination in the 24th month. If the CSLE is issued in the 23rd or 24th month, but not returned until the 25th month, no DFA-2 is required for reapplication. Instead, the CSLE is used as the application form. Benefits are prorated from the date the application is submitted in the 25th month and a new certification period is established. Otherwise, the DFA-2 and DFA-RR-1 or inROADS application or DFA-SNAP-1 must be used if the client does not return the CSLE by the end of the 25th month and wishes to reapply after the 24th month. The client is only required to complete one redetermination form.

RAPIDS automatically mails the CSLE in the 23rd month. It must be returned by the 1st business day of the 24th month. The redetermination must be processed within the same timeframes used for a 6-month redetermination. Changes reported on the CSLE are treated as changes reported during the completion of a redetermination.

The form is considered complete when signed by the client or his representative. The redetermination is not complete until an interview is conducted. If the completed form is received before the end of the last month of the certification period, and requested verification is received by the given due date, the client must receive uninterrupted benefits.

Failure to complete a redetermination and interview results in case closure. Notice of closure is required, but advance notice is not required.

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6. SNAP AG's Eligible for Reinstatement of Benefits

A SNAP AG can be reinstated from the date the household provides the information and/or necessary verification without a new application when they meet the following conditions:

a. The SNAP benefits must be in closed status.

b. The SNAP AG has at least one full month remaining in the certification period after the last month benefits are received.

c. The SNAP AG must report and verify a change in circumstances during the 30 days following the last month benefits are received, and

d. The SNAP AG must be eligible for SNAP benefits during the reinstatement month and the remaining months of the certification period.

C. AGENCY TIME LIMITS

The first month that a reported change is effective is the month following the month the change is reported. The only exception to this is when the Department had the information prior to the month it is reported and failed to act on the information in a timely manner.

1. Increase In Benefits

a. Addition of an AG Member or a Decrease in Income of $50 or More

The change must be effective no later than the month following the month in which the change is reported. When the change is reported after the data system deadline, supplemental benefits must be issued and received by the 10th of the following month or by the AG's usual issuance cycle in that month, whichever is later.

The supplemental benefits are issued based upon the date the information is reported, regardless of whether or not the report is timely. Supplemental benefits issued in this situation are not considered restored benefits and, therefore, not used to offset a repayment as described in Restoring Lost Benefits below.

b. All Other Changes

For all other changes which result in an increase in benefits, except those described in Increase In Benefits above, changes are made as follows.

- If the next issuance date is more than 10 days after the date the change is reported, the change is effective the month following the report month.

- If the next issuance date is within 10 days of the date the change is reported, the change is effective 2 months after the report month.

  The 10-day count includes the date of the report and takes the staggered benefit issuance date into consideration.

  EXAMPLE: An AG reports an income decrease of $30 on May 15th and next issuance is due on June 1. The change increases the benefit and is effective June.

  EXAMPLE: An AG reports an increase in the rent amount on May 28th and the next issuance is due June 6th. Benefits will increase and the change is effective for July.

2. Decrease In Benefits

When the reported change results in a decrease in benefits, the change is effective the following month, if there is time to issue advance notice. If not, the change is effective 2 months after it occurs. No claim is established unless the client failed to report in a timely manner and this is the only reason the change could not be made within 13 days. See Chapter 20 for benefit repayment.

D. TYPES OF CHANGES

1. Change In Case Name

The case may be changed from one payee to another at the request of the individuals involved or when a change in circumstances requires it. This

includes, but is not limited to, marriage, divorce, or when the payee leaves the home.

NOTE: The Worker must adhere to advance notice requirements when the name change involves an adverse action.

There are three types of primary EBT cardholders designated in RAPIDS: primary person (PP), legal guardian (LG) and protective/substitute payee (PS). When the Worker changes the primary cardholder, the existing EBT card is deactivated. This includes a change from one type of primary cardholder to another. The EBT benefits cannot be accessed until the new card is received. This occurs even when the Worker changes the primary cardholder back to the original cardholder on the same day.

Any changes to spelling, middle initial or last name do not deactivate the existing EBT card. If the payee requests a new card to reflect the name change, it is requested in RAPIDS the same day the change is entered or through the EBT Helpline the next day.

In addition, if the client reports non-receipt of the newly-issued card and the Worker issues another, the newly-issued card is deactivated and cannot be used if or when the client receives it.

Any time a new card is requested, the original card is deactivated. All EBT cards are mailed the next business day, excluding federal holidays, and should be received 5 to 7 days from the date requested.

Workers must inform all clients at the time of a change in payee that the current card will be deactivated and they must plan for this benefit inaccessibility if there is not an authorized cardholder who can access benefits during this time. The Worker may delay the entry of the change to give the client time to access enough benefits to provide for the AG until the new card is received.

For EBT, changes in the payee, address and authorized cardholder are sent to the vendor overnight and are not restricted to RAPIDS deadlines. Although the demographic change is sent and updated by EBT, a new card is only issued when there is a change in the primary cardholder or the Worker specifically requests a card in RAPIDS.

2. Change In EBT Authorized Cardholder

When the client wishes to change the authorized cardholder for EBT, the Worker must delete the current cardholder in RAPIDS and

enter the new cardholder's information, including the benefit(s) to which the cardholder has access. The client may terminate cardholder access immediately by calling the EBT Helpline or the DHHR Customer Service Center. Only EBT Helpline Customer Service Representatives and DHHR Customer Service Center staff can deactivate a card.

When the client calls the EBT Helpline first to stop cardholder access, he must still notify the DHHR Customer Service Center or the local office Worker of the cardholder change.

3. Change In Categorical Eligibility

When the client becomes eligible for WV WORKS, SSI, or Categorical Eligibility, the Worker must make data system changes and determine if supplemental benefits are required. See Chapters 1 and 10.

4. Change In AG

See Addition of an AG Member or a Decrease in Income of $50 or More above for changes in the AG which increase benefits. See Decrease in Benefits above for changes in the AG which decrease benefits.

5. Change In Income

See Addition of an AG Member or a Decrease in Income of $50 or More and All Other Changes above for changes in income which increase benefits. See Decrease in Benefits above for income changes which decrease benefits.

NOTE: When a reported change in income results in a $0 benefit amount, the AG is closed after proper notice. This applies whether or not the AG is categorically eligible.

6. Change In Work Requirement Status

When a change is reported that results in a change in an individual's SNAP work requirements, the Worker must ensure on an ongoing basis that the status of each recipient, mandatory or exempt, is correct in RAPIDS. See Chapter 13.

7. Cost-Of-Living Increases In Federal Benefits

Recipients of federal benefits such as RSDI, SSI, Black Lung or VA Benefits may receive periodic cost-of-living increases (COLA's). RSDI/SSI increases are handled in accordance with instructions in Appendix B of this Chapter. All other federal benefit cost-of-living increases are treated as any other change, except that the client is not required to report the change nor is repayment required when the client fails to do so.

8. Change Of Address

A change of address is made in the data system as soon as the client reports it. Any other changes which the client reports, in addition to the address change, are also acted on at the same time, when notice requirements permit.

A change of address after deadline does not affect receipt of SNAP benefits in an EBT account. When the client requests a replacement EBT card and his address has changed, the address change must be made in RAPIDS before the new card is issued to insure the card is sent to the correct address.

NOTE: For EBT, changes in the payee, address and authorized cardholder can be made immediately since files are sent to the vendor overnight and changes are not restricted to RAPIDS deadlines.

9. Continuation Of Benefits

When a WV WORKS or Medicaid AG, also certified for SNAP benefits, is closed, and there is enough information to continue SNAP benefits, the SNAP benefits must continue with no interruption in benefits. When notification of the closure is sent, it must also state that the AG continues to be eligible for SNAP. See Chapter 6. It is expected most AG's will continue to be eligible.

A new DFA-2 is not required. See Chapter 1 for establishing the redetermination date.

When there is not enough information to continue SNAP benefits, a DFA-6 or verification checklist is sent to request the additional information needed. If the AG does not respond, notice for closure of the SNAP AG is sent. See Chapter 6.

10. Complaints Regarding Trafficking of SNAP Benefits

Complaints concerning a store trafficking SNAP benefits, such as a retailer buying EBT benefits for cash or selling ineligible items are referred by the Worker to the USDA FNS Charleston Field Office at (304) 347-5944.

Complaints concerning a recipient who is trafficking SNAP benefits must be referred to IFM by the Worker. See Section 20.2.

11. SNAP Benefits Returned to EBT Account

NOTE: The Food and Nutrition Act of 2008 de-obligates coupons on June 17, 2009. All Food Stamp Coupons expired on that date. They will no longer be accepted by retailers or businesses that are authorized to accept SNAP benefits. Food Stamp Coupons cannot be redeemed for food or exchanged for EBT benefits. Food Stamp Coupons cannot be used as payment toward outstanding claims against a SNAP account regardless of the length of time the account has been outstanding.

When the client wishes to return SNAP benefits which are in the EBT account, the client is referred to the Repayment Investigator when such staff is available in the local office. The RI completes a claim and removes the benefits from the EBT account, using the administrative terminal, and credits the benefits as a repayment on the claim. The client must sign form IFM-EBT-1. The RI completes the bottom of the form to indicate the benefits were removed.

If IFM staff is not available in the local office, a Supervisor in the local office completes the IFM-EBT-1, removes the benefits from the EBT account, using the administrative terminal. The Supervisor completes a referral through RAPIDS to IFM for the claim and forwards the original IFM-EBT-1 to the RI.

When the client is unable or unavailable to sign the IFM-EBT-1, the Worker must write “Signature Not Available” and record the reason.

12. Grant Level Expungement

Grant refers to the procedural process of depositing any SNAP or cash benefits into an EBT cardholder's account.

The aging process is based on a first-in, first-out basis, oldest to newest, which means that each grant month deposit has a separate aging cycle. The last activity date will be the parameter which determines the aging of a grant. Once a grant month account has reached 365 days of non-use, that grant month is expunged and the EBT account is closed. The Worker must check the EBT account and card status when speaking with a client regarding the receipt and/or access to both SNAP and cash benefits. Although an account has an expungement, there may be remaining grant month amounts in the account that will not be available to the cardholder until the account status has been reset to active.

NOTE: Expunged accounts are not automatically reset when a grant is posted to the account. Expungement occurs based upon client initiated activity and the time a monthly grant was posted to the account. Once the Worker resets an expunged account, the grant aging and grant expungement process will continue for remaining grants on an account until the cardholder performs a debit transaction on both SNAP and cash accounts.

a. Inactive – 305 Days on Non-Use

An alert will be sent to IFM. This will give IFM an opportunity to act on an open claim for the case.

b. Dormant – 335 Days of Non-Use

An alert will be sent to the Worker and a letter will be sent to the client advising they have not used benefits from the account during the past 335 days. The notice advises if they do not take action within 13 days and a claim is present, the benefit from this benefit month will be applied to the claim. Even if a claim is not present, a transaction must be made to prevent removal of that benefit month.

c. Expungment - 365 Days of Non-Use

An alert will be sent to the Worker and a notice will be sent to the client advising the benefits have been expunged and are no longer available. The notice will also advise they may have other grant months remaining and must contact a Worker to have the account reset in order to access those benefits. The clients are also encouraged to make monthly transactions on remaining grants.

d. EXAMPLES: On a daily basis, for every account identified in the control file, all grants associated with that account are reviewed individually. Individual grants which have been available for 365 days are expunged. For example, if an account reaches 365 days of non-use and the account balance is comprised of 2 grants as follows:

Grant A has been available for 365 days; Grant B has been available for 335 days. Grant A will be expunged immediately and Grant B will be expunged 30 days later. The grant expungement process will continue until the cardholder performs a debit transaction. Aging will continue to move the account toward expungement even on a manually re-opened account, until the cardholder performs a debit transaction.

EXAMPLE:

Grant	Grant Month	Days Aged	Balance Before Expungement	Amount Expunged	Balance After Expungement
A	July	365	$200	- $200	$0
B	August	335	$100	$0	$100

EXAMPLE:

For manually reopened accounts where a cardholder has 3 cash grants with a combined balance of $800: if the cardholder initiates a debit transaction for $400, Grant A will be debited $200 and expire; Grant B will be debited for $200 with a remaining balance of $100; and the expungement counter will be reset on Grant B. Grant C will remain unaffected.

Grant	Grant Month	Days Aged	Balance Before Debit	Draw Down Amount	Balance After Debit	Affect on Aging Clock
A	July	160	$200	-$200	$0	Expired
B	August	120	$300	-$200	$100	Reset
C	September	100	$300		$300	Unaffected
Total			$800	$400		

Once the cardholder performs a debit transaction the aging counter resets; the individual grants continue to age; the grant(s) based on age and drawdown priority which is affected by the debit transaction will have its aging activity reset. All other non-zero grants on the account will remain unaffected and continue to age. The examples are applicable for SNAP and cash benefits.

13. EBT Cards Received In The Local Office

The local office may receive and EBT card from any number of sources, including the client, the Postal Service or other individuals. Regardless of the manner in which the card is received, it must be handled as a negotiable and secured by the Financial Clerk. The local office must not retain an EBT card for a client to claim unless he receives his mail at the office. When a replacement card is required, the Worker can request it through RAPIDS or the client can request it by using the EBT Helpline. The following procedures are used for EBT cards received in the local office.

a. Client Receives Mail in Local Office

When a client receives his EBT card by mail in the local office, it must be secured by the Financial Clerk and entered on the negotiable log. The client must sign for the card when claimed. If not claimed within 5 calendar days, the Financial Clerk notifies the Worker. If not claimed in 30 calendar days, the Financial Clerk must contact the EBT Project Office (WV EBT) by GroupWise with the card name and number and how it was received to have the card deactivated. The card is then destroyed, noted on the negotiable log and the Worker is notified.

b. Client Returns EBT Card

EBT cards are not accepted by the Worker. When the client mails his EBT card to the local office with or without a request to return benefits, or intentionally/unintentionally leaves his card at the local office, the Financial Clerk must secure the card and contact the EBT Project Office (WV EBT) by email with the card name and number and how it was received to have the card deactivated. The card is then destroyed, noted on the negotiable log, and the Worker is notified. This includes cards found in the office lobby or a store parking lot and returned by another person.

If the client wishes to return benefits from the EBT account, he must complete and sign the IFM-EBT-1 indicating the amount to be returned. When the client is unable or unavailable to sign the IFM-EBT-1, the Worker must write “Signature Not Available” and record the reason. Benefits are removed from the account by a Supervisor or IFM Repayment Investigator. The client retains the card, unless the request to return benefits is mailed to the local office along with the card. In this instance, the card is destroyed using the above procedures.

E. CORRECTIVE PROCEDURES

1. Restoring Lost Benefits

NOTE: Restored benefits are used to offset existing claims prior to issuing any remainder to the client.

The agency must restore benefits which were lost due to:

- Errors made by the Department. This includes failure to reactivate a dormant or expunged EBT account prior to approval of a SNAP application which results in expungement of newly issued benefits;

- Action taken due to failure of the client to act responsibly when good cause is established later; or

- Through no fault of the Department or client, a sudden change in the client's circumstances that occurred and was reported in the last 10 days of the month, requires action to correct the allotment for the following month. See Increase in Benefits above; or

- When an IPV disqualification penalty was established against an AG and was subsequently reversed.

NOTE: Lost benefits are not restored for the month in which the change occurred under any circumstances. When supplemental benefits must be issued due to deadline constraints for increasing benefits, the supplemental benefits are not considered restored benefits, even when the change was not reported timely. See Addition of an AG Member or a Decrease in Income of $50 or More above.

EXAMPLE: A SNAP AG has a decrease in monthly income of $75 beginning in June. The change is not reported until August, but it is after the data system deadline date to increase benefits for September. The change is made in the data system effective October and supplemental benefits are issued for the difference due for September. Benefits are not restored for June through August.

The client is notified of restored benefits by form ES-FS-6. This form is self-explanatory and must be mailed to the client with a copy of the ES-NL-B1. A copy is filed in the case record.

2. When Lost Benefits Are Not Restored

Lost benefits are not restored when:

- The client fails to take required actions without good cause.

- Benefits are lost due to the client's failure to provide correct and timely information.

- When the client requests restoration of lost benefits, but fails to provide documentation to verify the loss.

Benefits are not restored under any circumstances for periods of time in excess of those described in Time Limits for Restoring Benefits below.

3. Time Limits For Restoring Benefits

NOTE: AG's eligible for restoration of benefits due to uncapped shelter deductions and/or excess medical deductions because of the presence of an SSI recipient are not subject to the time limits listed below. Benefits may be restored the month following the first month SSI benefits are paid or the original date of application for SNAP benefits, whichever is later.

Benefits are not restored for more than twelve months prior to whichever of the following occurred first:

- The date the Worker received a request from the AG for restoration of benefits; or

- The date the Worker is notified or otherwise discovers that a loss has occurred; or

- The date any judicial action determines that benefits were wrongfully withheld as follows:

  - If the judicial action is the first action the recipient has taken to obtain restoration of lost benefits, benefits are restored for a period of not more than twelve months from the date court action is initiated.

  - If the judicial action is a review of the Department's action, benefits are restored for the period of not more than twelve months from the date the Department received a request for restoration. When no request for restoration was received, benefits are restored for not more than a period of twelve months from the date the Fair Hearing was requested by the client.

NOTE: Benefits restored due to a reversal of an Administrative Disqualification Hearing are restored for a period not to exceed twelve months prior to the date of notification, which is determined as follows:

- If a member of the AG participated in the ADH and contested the Department's position, the date of notification is the date the ADH was held.

- When the Department's position was not contested at the ADH, the date of notification is the date the court decision is received.

NOTE: Benefits lost due to the imposition of the disqualification period are restored, not those lost due to repayment of the overpayment.

EXAMPLE: The client tells the Worker on July 14, 2004 that he believes his benefit amount is incorrect due to failure of the Worker to allow the client a deduction for reported medical expenses. On August 10th, the Worker discovers that an error was made in the birth date of one of the AG members when the case was approved, and a medical deduction should have been allowed since February, 2003. The Worker takes action to update the data system effective August, 2004. Benefits are restored for July, 2003 through July, 2004. Since the request for restored benefits was made in July, benefits can be restored for up to twelve months from June.

EXAMPLE: On May 1, 2004, an ADH was held. The individual accused of an IPV was present and denied charges made by the Department. The client was found guilty of having committed an IPV, and was removed from the AG effective June, 2004. On September 24, 2004, the disqualification was overturned by a court decision. The Department received the court's decision on October 15, 2004. Benefits can be restored up to twelve months prior to May, 2004, the date of the ADH. Benefits are restored to the date of the ADH since none were lost prior to that time. Since benefits were not actually lost until June, 2004, when the client was removed, benefits are restored for June, July, August, September and October.

EXAMPLE: On July 2, 2003, an ADH was held. No one from the SNAP AG was present to defend the accused member. The client was found guilty and removed form the benefit group effective August, 2003. On October 1, 2004 the Department is notified of the reversal of the disqualification. Benefits are restored for up to twelve months prior to October, 2004, so benefits are restored for October, 2003 (twelve months prior to October, 2004) through September, 2004 and also for October, 2004 (the month the court decision was made).

4. Corrective Actions To Restore Benefits

When the Worker determines the AG is entitled to the restored benefits, he must:

- Take data system action to adjust the benefit amount to the correct amount

- Identify the month(s) in which benefits have been lost

- Determine the amount of benefits to restore

- Offset lost benefits by the amount of any existing claim against the AG

  NOTE: Initial allotments must not be used to offset a claim. See Chapter 1.

- Restore benefits within 30 days of the discovery.

  EXCEPTION: When benefits are restored due to reversal of an IPV disqualification penalty, benefits must be restored within 45 days of the date of notification.

5. How Benefits Are Restored

Lost benefits are restored by issuing a one-time allotment to cover the amount of lost benefits.

However, the client may request that lost benefits be restored in monthly installments. The Worker determines if the request is reasonable.

When benefits must be restored to an AG and the composition has changed, benefits are issued to the AG containing a majority of the individuals who were in the AG at the time the loss occurred.

If the AG containing the majority cannot be located or otherwise determined, benefits are restored to the AG containing the person who was designated as the Head of Household at the time the loss occurred.

If this person cannot be located, benefits are not restored.

6. SNAP Benefits Returned To the State Office

Benefits deposited into an EBT account are not returned unless the client chooses to do so. See Dormant – 335 Days of Non-Use above for the procedures to return benefits from an EBT Account. When a SNAP AG is closed, EBT benefits remain in the account until the AG uses the benefits or until there is no account activity for 365 days, i.e., no use of benefits. See Expungment – 365 Days of Non-Use above for expunged benefits.