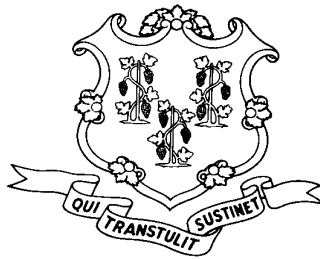


Supplemental Nutrition Assistance Program Claims Management Plan



Connecticut Department of Social Services

Revised – Sept 2017



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Connecticut SNAP Claims Management Plan

Preface

This document provides guidance in the establishment and collection of SNAP claims as required by USDA regulations promulgated on 7/6/2000.

The Department of Social Services is the state agency responsible for administering the federal SNAP program in Connecticut. Organizationally, the Department consists of a Central Office and 12 Regional Offices.

The Central Office Adult Services SNAP Unit manages the SNAP program for the Department.

The Central Office Division of Financial Services completes the FNS 209.

The Department's Office of Quality Assurance Client Fraud Investigations Division (Investigations) has programmatic responsibility for investigating and recovering SNAP intentional program violation (IPV) claims.

Regional Office Eligibility staff are responsible for Agency Error (AE) and Inadvertent Household Error (IHE) claims establishment and collection. Claims are established on the Department's Eligibility Management System (EMS). Claims established on EMS are called Benefit Error Groups (BEGS). Eligibility Services Workers (ESW's) control AE and IHE claim referral establishment while Investigations staff handles potential IPV claims. The Department's Office of Quality Assurance staff is divided into Client Fraud Investigations (Investigations) and Resources and Recoveries Investigators (Resources).

DSS manages claims collections while a household is participating in the SNAP program. When a household becomes inactive, the claim is electronically sent to the Department of Administrative Services Collection Services division (hereinafter referred to as 'DAS') for collection. DAS's responsibilities include administering delinquency and Treasury Offset Program (TOP) procedures. DAS is a separate and distinct agency that is outside of DSS purview.

Based on a cost analysis for the establishment, pursuit and collection of claims, we propose using a two-tiered claims establishment threshold predicated on a household's current SNAP status.



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Our plan calls for the following thresholds:

1. Not establishing a claim (pre-establishment) on an active household if the claim equals \$100 or less unless it was due to a quality control finding.

The basis for this threshold follows:

We estimate it takes 3 hours to compute an overpayment on an active case, including entering information into the Eligibility Management System (EMS), sending notices and/or letters to recipients, answering recipients' questions, preparing fair hearing summaries, attending fair hearings, etc.

The average DSS eligibility/investigative staff earns \$30.00 an hour. Fringe benefits equal 35% of the hourly rate; therefore, fringe benefits average \$10.00 an hour. Thus the average hourly rate is \$40.00. As it takes an average of 3 hours to complete a claim, the cost to compute an active case household claim is \$120.00. We rounded that figure to \$100.00.

While it may be argued that a SNAP claim should be established on active cases regardless of the dollar amount, it is not cost effective to do so. It does not make economic sense to establish a claim for less than the amount than it cost to establish it.

2. Not establishing a claim (pre-establishment) for inactive households if the claim equals \$500 or less unless it was due to a quality control finding.

The basis for this threshold follows:

Claims established for inactive households are sent electronically to DAS for collection. In addition to the cost cited above, DAS estimates it costs \$125 for them to process a claim. Therefore, it costs on average \$225 to compute and pursue a claim for an inactive household. Additionally, comparing the DAS ratio of collections for FY 2015 to the claims balance due at the end of the year, we estimated that only 36.7% of the total billing amount is recovered.

We used the equation for optimizing the cost effectiveness of an individual claim provided in *Optimal Thresholds in the Collection of Food Stamp Claims*, 1996. The claim amount that generates collections equal to the cost of collecting the claim is the pre-establishment cost added to the post-establishment cost and then divided by the collection rate: $(\$100 + \$125)/.367$, which yields a pre-establishment threshold of \$613.00.

3. In addition to the pre-establishment thresholds, we use a post-establishment threshold of \$100.00 for inactive households. If the balance owed on a claim is less than or equal to \$100 when the SNAP case becomes inactive, the claim will not be referred to



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DAS for collection. We will not, however, remove claims from DAS collection activity solely because the balance drops below \$100.00.

4. In addition, we use a post-establishment threshold of \$25.00 for active households. Our EMS system automatically removes SNAP overpayment claims of \$25.00 or less. We will not, however, remove claims solely because the balance drops below \$25.00.

We believe these establishment thresholds are equitable and allows our Department to use its limited staff resources where they will be most beneficial – that is to accurately grant and issue SNAP benefits.

Claim referral management is one of the primary components of proper claim management. We crafted our plan to be realistic in its time frames while not overlooking the fact that timely processing of referrals leads to better claim management.

Electronic alerts produced by various matches run on the Department's Eligibility Management System (EMS) are the primary method used to discover potential claims. On EMS, each client is assigned a unique client identification number. Clients are assigned separate Assistance Unit (AU) numbers for the various programs for which they are eligible. In order to keep the number of alerts that staff receives to a reasonable number, EMS alerts are produced using the client identification number.

While this methodology makes it easier for staff to manage their alerts, it makes it impossible to report which alerts are SNAP alerts. We propose using a computed average number to estimate the number of alerts that are produced on SNAP cases. We will take the total number of clients on all programs and the total number of clients on the federal SNAP program to derive the percentage of clients that receive SNAP. We will assign the SNAP recipient participation percentage rate to the alerts.

As way of example: currently as of February 2016 there are 1,016,867 recipients served by the Department of Social Services. Four hundred five thousand two hundred sixty-nine (405,269) recipients receive SNAP. SNAP recipients therefore make up 39.9% of the recipient case load. We will therefore assume that 39.9% of alerts are SNAP alerts and issue our various reports and monitor the dispositioning of the alerts using that percentage.

This methodology especially makes sense due to the fact that when staff make current and historical changes on EMS, they are required to address all programs. As example: a DOL alert indicates that a client worked. Staff verifies that the client did receive earned income which was not reported to the Department. The earned income is entered into EMS using the client identification number of the employed client. After entering the information, staff must calculate eligibility. EMS requires that they calculate eligibility for all programs that the client is or was receiving during the months the income was earned. Thus a claim will be produced for the cash and SNAP programs.



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Lastly, the Food and Nutrition Service mandates that a claim must be established before the last day of the quarter following the quarter in which the overpayment or trafficking incident is discovered. This particular mandate is not equitable in all situations. Using the existing mandated time frames allows 180 days to process a potential claim if it is discovered on the first day of a quarter while only 91 days is allowed if the potential claim is discovered on the last day of the quarter. In order to make this process equitable, we are allowing staff 180 days to establish an overpayment from the date of discovery. Eligibility staff will use a template narrative to document the date of discovery so we can more easily calculate our compliance with the 180 day processing timeliness mandate.



Connecticut SNAP Claims Management Plan

I. Claims Definitions and Categories

SNAP recipient claims are established and collected against households that receive more benefits than they are entitled to. Claims are sometimes called over issuances or overpayments. In this document the use of the word over issuance and overpayment is interchangeable.

Recipient claims may also be established for trafficking. While not technically an over issuance, the trafficked SNAP benefit is considered a SNAP claim upon establishment of an IPV.

There are three claims categories:

Federal Designation	State Designation
1. Agency Error (AE)	1. Administrative Error (AE)
2. Inadvertent Household Error (IHE)	2. Client Error (CE), Pending Prosecution No Waiver (PN), Program Integrity (PI), Pending ADH (PA)
3. Intentional Program Violation (IPV)	3. Court Guilty (CG), Fraud (FR)

(1) Agency Error (AE) claims [AE]

An AE occurs when an action or failure to take an action by the Department causes an over issuance. This includes, but is not limited to, cases where:

- Failure to take prompt action on a reported change caused an over issuance.
- A household's income or deductions are incorrectly computed.
- Benefits continued to be issued after a household's certification period expired.
- SNAP benefits are issued for any month in which a disqualification period for an Intentional Program Violation should have been imposed.
- A household received benefits pending a fair hearing decision and the hearing decision later determined the household was not entitled to the benefits.

(2) Inadvertent Household Error (IHE) claims [CE, PI, PN]

An IHE occurs when an over issuance is caused by the household unintentionally violating program rules. This includes, but is not limited to, cases in which a SNAP applicant or recipient household:

- Unintentionally failed to provide correct or complete information.
- Unintentionally failed to report changes in household circumstances.



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(3) Intentional Program Violation (IPV) Claim [CG, FR, PW]

An IPV is a claim that is established because the household caused the overpayment by fraudulent activity.

A claim is classified as an IPV if one of the following occurs:

- A court determines that a household member has committed an IPV; or
- It is determined at an administrative disqualification hearing (ADH) that a household member has committed an IPV; or
- A household member signs a waiver of his/her right to an ADH.

In addition to having the obligation to repay the monetary amount of an IPV claim, a household member determined to have committed an IPV must be disqualified from program participation for a specified period of time.



Connecticut SNAP Claims Management Plan

II. Calculating the Claim

A SNAP over issuance is the difference between the amount of SNAP benefits the household received and the amount the household should have received if all information were known and/or acted on properly.

Overpayments are created on EMS by entering historical information into the system and recalculating eligibility. EMS compares what the client received to what the client should have received. The claim amount is the amount overpaid. The look back period is dependent on the claim type.

Determining the Claim Period

The first month of over issuance is determined by applying the change reporting rules that would have applied to the case situation if all facts and figures had been reported to the agency within the proper time frames.

Over issuance Period

For AE claims, calculate the claim back to no more than twelve months prior to when the Department became aware of the overpayment.

For IHE claims, calculate the claim back to no more than twenty four months prior to when the Department became aware of the overpayment.

For IPV claims, calculate the claim back to the month the act of IPV occurred.



Connecticut SNAP Claims Management Plan

Calculating the claim amount [not related to trafficking]:

The ESW or CFI Investigator	Unless	Then
1. determines the correct amount of benefits for each month that a household received an overpayment		
2. do not apply the earned income deduction to that part of any earned income that the household failed to report in a timely manner when this act is the basis for the claim	The claim is an AE claim	Apply the earned income deduction
3. Subtract the correct amount of benefits from the benefits actually received. The answer is the amount of the overpayment.	This answer is zero or negative	Dispose of the claim referral
4. Reduce the overpayment by any EBT benefits expunged from the household's EBT benefit if you become aware that benefits were expunged. The difference is the amount of the claim.	You are not aware of any expunged benefits	The amount of the overpayment calculated is the amount of the claim.

\$100 Establishment Claim Threshold for Active Households

As the administrative cost to establish and pursue an active household claim averages \$100, DSS does not create a SNAP claim if the claim amount is \$100 or less and the household is active unless the claim was discovered in a quality control review.

\$500 Establishment Claim Threshold for Inactive Households

As the administrative cost to establish and pursue a claim averages \$225 and the collection rate on inactive households is only 36.7%, DSS does not create a SNAP claim if the claim amount is \$500 or less and the household is not active unless the claim was discovered in a quality control review.

Calculating Trafficking Claims

The individual's admission, adjudication or the documentation that forms the basis for the trafficking determination determines trafficking claim values.



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III. Claim Referral Management

A claim referral is the identification of a potential overpayment that requires review and possible establishment as a claim. Claim referrals are produced by computer matches and through third party contact. Eligibility Service Workers, Client Fraud Investigations, and Resources Investigators share responsibility for claim referral disposition.

AE and IHE Referral Management

Computer matches with IRS, DOL, BENDEX, and SDX files are the primary method used to discover potential claims. An electronic EMS alert is sent to the ConneCT system, which then creates a work item for the ESW when a discrepancy is detected.

Eligibility staff disposition the alert within the allowable number of days from the display date (which averages 30 days) for the particular alert by gathering information to determine if a potential claim should be established. The date the ESW determines that the inconsistent information caused an overpayment is the date of discovery. ESW's are allowed up to 90 days from the date of discovery to either establish an AE or IHE claim after said determination or to refer a potential IPV claim to Client Fraud Investigations. Ninety percent of claim referrals must be dispositioned within this time period.

QA Client Fraud investigators are responsible for investigating referrals that are received via the fraud hot line, the Internet or are sent by ESW's and outside contacts. Client Fraud investigators have up to 180 days to notify the ESW to take action on current eligibility and to request that the ESW compute an AE or IHE claim if the claim referral is verified, or to retain the potential IPV claim for overpayment investigation and calculation . The date of discovery is the date the Department substantiated that inconsistent information alleged via a referral is valid and caused an overpayment. Ninety percent of CFI fraud referrals must be dispositioned within this time period.

The following guidelines for streamlining the overpayment process were developed for processing AE and IHE overpayments. If a claim referral meets any of the criteria below, the referral may be canceled.

1. The state statutory time limitation on collecting claims has expired.
2. The case record documentation is inadequate and lacks any concrete detail. Scrutiny of the case record does not provide adequate information to prepare and process the overpayment.
3. The BEG is income related but the case record lacks documentation of the income change and the WAGE/UCB/BENDEX/SDX, etc. contain no information which supports the allegation.
4. The allegation cannot be documented (e.g. employer is no longer in business).



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5. The BEG is for an overpayment due to a household composition factor and the referral or case record does not provide strong collateral evidence which fully supports the allegation.
6. The BEG is for a closed case and the case record cannot be located after a reasonable attempt, or the case record has been destroyed as per record retention policies.
7. If the BEG is not a valid overpayment due to SNAP simplified reporting policy, it should be removed.

IPV Referral Management [not related to trafficking]

ESW's make referrals to Client Fraud Investigations via form W-109CF. Individuals from outside the agency make referrals by telephone and letter. Computer matches (e.g. PARIS, Interstate) generate Client Fraud referrals.

Client Fraud Investigations has 180 days from the date of receipt to determine if the claim referral is valid. If the referral is valid, Client Fraud Investigations has 90 days to establish the claim. The date of discovery is the date the Department substantiated the inconsistent information alleged via a referral is valid and caused an overpayment. Ninety percent of CFI fraud referrals must be dispositioned within this time period.

To help avoid a backlog of fraud claim referrals, the following guidelines were developed for the cancellation of potential fraud claim referrals.

1. The W-109CF is not filled out completely and correctly; does not indicate when and how the alleged fraud was discovered and whether or not the case has been changed historically. The referral does not have sufficient documentation and information to support the allegation.
2. The referral is made on an individual for whom DSS has no record of issuing benefits.
3. The state statutory time limitations on collecting claims have expired.
4. The referral is illegible and the case record does not clearly reveal an overpayment.
5. Examination of the case record indicates that the overpayment is agency caused. The overpayment is not caused by the client's misstatement or the client's failure to timely notify the Department of a change of circumstance.
6. The referral documentation is inadequate, lacks any concrete detail, and scrutiny of the case record does not provide adequate information to prepare and process the overpayment.



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7. The referral is income related but the case record and the referral lack documentation of the income change and the WAGE/UCB/BENDEX/SDX, etc.
8. The allegation cannot be documented (e.g. employer is no longer in business).
9. The referral is on a case that has been closed for three years or longer and the referral documentation is insufficient to calculate the claim.
10. The referral is more than two years old, alleges an overpayment due to household composition factor, and the referral or case record does not provide strong collateral evidence or a positive investigation report that fully supports the allegation.
11. The referral is entered as a pending investigation, but the actual referral cannot be located.
12. The referral is based on a closed case and the case record cannot be located after reasonable attempt, or the case record has been destroyed as per record retention policies.
13. The time spent on the investigation would cancel out the cost benefit.

Approximate cost benefit guidelines:

- The overpayment is \$500.00 or less and the case is not active.
 - Two requests for verification of income have been made without a reply and the overpayment would not exceed \$500.00.
14. Referral is income related, household can't or won't verify income and employer will not/does not provide income verification for specific months of over issuance. *Note: More than one written attempt to secure income verification from employer may be in order if referral is less than two years old. Also, claims specialists should be aware that an earned income related overpayment cannot be based solely on wage match file information. Such claim meets the above criteria unless exact monthly income is verified and directly attributed to the specific months of the over issuance.*

Investigations runs reports off of the Client Fraud Referral Tracking System to identify and monitor pending SNAP IPV claim referrals.

Potential IPV claims are established and collected as IHE claims prior to the determination of IPV. Claims found not to be IPV's are established and collected as IHE's.

Investigations sends potential IPV claims either to the State's Attorneys for prosecution or pursues the claim through the ADH process.



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Investigations receives a weekly report of Larceny arrests from Connecticut's Judicial Branch. Staff routinely monitor prosecution cases through the Judicial Branch website reviewing court dockets and convictions and status on cases.

Investigations monitors the progress of ADH cases by running reports off of the Client Fraud Referral Tracking System as well as reports provided by the department's Administrative Hearings division.

Pending prosecution and criminal determination claims at DAS are excluded from TOP.

IPV Referral Management Related to Trafficking

Central Office Client Fraud Investigations division is the agency contact for SNAP trafficking cases. DSS sends retailer trafficking allegations it receives to USDA FNS's Retail Investigation Bureau (RIB). If a retailer is found to have committed an intentional program violation, FNS or the Office of the Chief State's Attorney notifies DSS of the decision.

DSS may pursue trafficking cases against clients that are identified in retailer investigations as traffickers. If the client admits to the violation or if the client is found to have trafficked by a court of law or Administrative Disqualification Hearing, DSS disqualifies the client. DSS may also compute an overpayment for the amount of the trafficked benefit.



IV. Recovery

Who is Responsible for Paying a Claim

1. Each person who was an adult member of the household when the overpayment or trafficking occurred; or
2. A sponsor of an alien household member if the sponsor is at fault; or
3. A person connected to the household, such as an authorized representative, who actually traffics or otherwise causes an overpayment or trafficking.

Claims Notification

The demand letter sent to clients includes the following:

1. The amount of the claim.
2. A statement that all adults in the household when the overpayment occurred are liable for repaying the overpayment.
3. The type - AE, IHE, IPV and the reason for the claim.
4. The time period associated with the claim.
5. An explanation provided to the client on how the claim was calculated.
6. The phone number to call for more information about the claim.
7. That if the claim is not paid, it may be sent to other collection agencies that will use various collection methods to collect the claim.
8. The opportunity to inspect and copy records related to the claim.
9. Unless the claim was established at a hearing, the opportunity for a fair hearing on the decision related to the claim. The household will have 90 days to request a hearing.
10. That if not paid, the claim may be referred to the Federal government for Federal Treasury Offset Program (TOP) collection action.
11. That the household can make a written agreement to repay the amount of the claim prior to it being referred for Federal Treasury Offset Program (TOP) collection action.
12. If the claim becomes delinquent, the household may be subject to additional processing charges.
13. A due date or time frame to either repay or make arrangements to repay the claim, unless the Department is to impose allotment reduction.
14. If allotment reduction is to be imposed, the percentage to be used and the effective date.



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Fair Hearings and Claims

1. A claim waiting for a fair hearing decision is not considered delinquent.
2. When a request for a fair hearing on the validity of an overpayment claim is made within 90 days of the date of the notice of overpayment, collection of the overpayment is suspended pending the hearing decision.
3. If the hearing decision states that the claim exists, the client is re-notified of the claim and a new delinquency date is set.

Terminating and Writing Off Claims

- A terminated claim is a claim in which all collection action has ceased.
- A written-off claim is no longer considered a receivable subject to continued Federal and state collection and reporting requirements.

If ...	Then...	Unless
1. DSS finds that a claim is invalid	DSS discharges the claim and reflects the discharge as a balance adjustment rather than a termination [code RM on various EMS RMEN screens]	It is appropriate to pursue the overpayment as a different type of claim (e.g., as an IHE rather than an IPV)
2. All adult household members die	DSS or DAS terminates and writes-off the claim [code NP on various EMS RMEN screens]	
3. The claim balance is \$25 or less and delinquent for 90 days or more.	DSS or DAS terminates and writes-off claim [code TD on various EMS RMEN screens]	
4. Determines it is not cost effective to pursue the claim any further	DSS or DAS terminates and writes-off claim [code NP/TD on various EMS RMEN screens]	You plan to continue to pursue the claim through TOP (Treasury Offset Program)
5. Cannot locate the household	May terminate and write-off the claim	

Connecticut Claims Compromise Process

“Claim” means a repayment owed by a SNAP recipient household to the Department. “Compromise” means the administrative reduction of part of a SNAP claim amount. “Claims compromise” is a manual collection tool that the Department offers to a household with an outstanding claim to encourage the maximum repayment to the Department within three years.

When requested by a household with a SNAP claim, the Department may offer the household a claims compromise if the Department determines that the total claim will not be repaid in three (3) years.



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The Department will only use the claims compromise process for inactive/closed SNAP households who have overpayment claims caused by agency error (AE). The Department will recover the total amount of claims for active recipient households via benefit allotment reduction. The Department will not offer a claims compromise for claims caused by inadvertent household error (IHE), intentional program violation (IPV), or claims pending an IHE or IPV determination.

Only AE overpayment claims for inactive/closed households that the Department determines will not be fully collectible via a standard repayment agreement or by other means (including a potential future TOP recovery) are eligible to be considered for a claims compromise.

Compromise/Collection Method

The Department determines a household's ability to repay an AE claim using the following process:

1. Establish the household's monthly repayment capacity by taking the greater of ten percent (10%) of the last monthly allotment amount issued to the household (rounded down to the nearest dollar) or \$10. Multiply the monthly repayment capacity by 36 months to determine what the household can repay over three years.
2. If the amount the household can repay in three years is more than or equal to the total claim, the Department does not compromise the overpayment claim and notifies the household that the claim will not be compromised. If the amount the household can repay in three years is less than the total claim, then the Department may compromise the claim by reducing the overpayment claim total to the amount the household can pay within three years. The Department notifies the household of the compromised amount.
3. Consistent with the Department's SNAP Claims Management Plan, the Department will not establish a claim for inactive/closed households if the claim equals \$500 or less because the Department has determined that collection of such claims is not cost effective. However, if a claim that equals \$500 or less was established through a quality control review then the claim will be collected and the claims compromise process may be used.

The Department may reinstate any compromised portion of a claim if the household defaults on repayment and the claim becomes delinquent. Delinquent accounts will be subject to collection through the Treasury Offset Program (TOP).



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Collection Methods

A. Allotment Reduction

DSS ...	Unless
1. Automatically collects payments for any claim by reducing the amount of monthly benefits that a household receives.	There is an ongoing allotment reduction on another claim.
2. Limits the amount reduced to the greater of \$20 per month or 20 percent of the household's monthly allotment or entitlement for an IPV claim. (If the household's allotment is less than \$20 the Department collects the whole allotment.)	The household agrees to a higher amount or the court ordered a higher monthly payment amount.
3. Limits the amount reduced to the greater of \$10 per month or 10 percent of the household's monthly allotment for an IHE or AE claim.	The household agrees to a higher amount.
4. Does not reduce the initial allotment when the household is first certified.	The household agrees to this reduction.
5. Does not use additional involuntary collection methods against individuals in a household that is already having its benefit reduced.	The source of the payment is irregular and unexpected such as a lottery offset.

B. Benefits from EBT accounts

A household is allowed to pay its claim using benefits from its EBT benefit account according to the following rules.

1. Collecting from active (or reactivated) EBT benefits:

DSS either obtains written permission, which may be obtained in advance, or oral permission for a one-time reduction. If oral permission is obtained the household is sent a receipt of the transaction within 10 days. The retention rules apply to this collection.

2. Collecting from stale EBT benefits:

DSS mails or otherwise delivers to the household written notification that we intend to apply the benefits to the outstanding claim. The household gets at least 10 days to notify the Department that it doesn't want to use these benefits to pay the claim. The retention rules apply to this collection.

3. Making an adjustment with expunged EBT benefits:

DSS adjusts the amount of any claim by subtracting any expunged amount from the EBT benefit account for which it becomes aware. This can be done anytime. The retention rules do not apply to this collection.



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C. Billing

1. Collecting from inactive SNAP households:

If a household is inactive, DSS runs a monthly Benefit Error Groups (BEGS) transfer program. The BEGS transfer program sweeps through the EMS database to determine if the household is active under a different Assistance Unit (AU) number. If it is active, the claim is transferred to the active AU and recoupment is initiated. If there are no active AU's after 60 days from when the AU status was changed to inactive, DSS sends an electronic file to DAS containing SNAP claims over \$100. DSS suspends collection activity on claims \$26 to \$100 that are not sent to DAS. If the case is not reactivated within 3 years, the claim is terminated. If the case is regranted, allotment reduction is initiated. If the claim is \$25 or less, it is terminated.

DAS's roles in collecting inactive SNAP overpayments:

DSS sends one demand letter that gives the head of household a deadline to either repay the claim or establish a repayment arrangement. DAS receives the file from DSS of the delinquent SNAP debts and will submit those cases for Federal Address Request. DAS sends a monthly statement to the head of household showing account balance and payments received. DAS sends overpayments that meet TOP statutory requirements to TOP for collection. DAS may also refer claims to the state Department of Revenue Services to intercept state tax refunds, to private collection agencies contracted by the State of Connecticut to collect claims, or may pursue a court judgment to collect through wage garnishment.

2. Reactivated SNAP households:

If a household with a claim sent to DAS becomes reactivated at DSS and there is a balance due on the overpayment, the billing action is stopped and allotment reduction will begin the month following the month of regnant.

Repayment Agreements

DAS will enter into a written repayment agreement with the client in response to the client receiving the 60 Day Notice Letter from DAS.

Repayment

DAS accepts repayment in the form of credit cards, checks, money orders and cash.



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Determining Delinquency

DAS determines a claim is delinquent if:

1. The claim has not been paid by the due date and a satisfactory payment arrangement has not been made; or
2. A payment arrangement has been established and a scheduled payment has not been made by the due date; or
3. If no payments were made, the date of delinquency for a claim is the due date of the initial written notification/demand letter. The claim remains delinquent until payment is received in full, a satisfactory payment agreement is negotiated, or allotment reduction is invoked.
4. If a payment arrangement was made, the date of delinquency for a claim is the due date of the missed installment payment. The claim will remain delinquent until payment is received in full, allotment reduction is invoked, or if the Department determines to either resume or renegotiate the repayment schedule.

DAS is advised by DSS of the delinquency date:

1. DAS receives a monthly file of SNAP overpayments that are considered delinquent.
2. DAS will send those cases for Federal Address Request
3. DAS receives the cases back with the Federal Address and processes a 60 Day notice letter, advising client of their rights.
4. DAS will enter into a written repayment agreement if the client contacts DAS with regards to the 60 Day Notice Letter to establish a repayment agreement with DAS.
5. If no response from the client, then the case will be sent out to TOP after 60 days from the date of the 60 day Notice.

Unless the claim meets the following criteria in which case the claim is not delinquent:

- The claim collection is coordinated through the criminal court system.

Treasury Offset Programs (TOP)

DAS submits claims to TOP when:

1. Recipient claims are delinquent for 120 days or more.
2. The claims are certified as being delinquent for 120 days and are legally enforceable.
3. The claims are referred in accordance with FNS and Department of Treasury instructions.

DAS notifies the debtor of the impending TOP referral by sending them the 60 day notice letter.

Claims are not referred to TOP when:



Connecticut SNAP Claims Management Plan

1. DAS becomes aware that the debtor is a member of a participating household that is having its allotment reduced to collect the claim; or
2. The claim falls into any other category determined by USDA FNS as non-referable to TOP.

Claims are removed from TOP when:

1. FNS or Treasury instructs DAS to remove the debt; or
2. DAS discovers that:
 - a) the debtor is a member of a food stamp household undergoing allotment reduction,
 - b) the claim is paid up,
 - c) the claim is disposed of through a hearing, termination, compromise, bankruptcy discharge, or any other means,
 - d) the claim was referred to TOP in error,
 - e) the claim is covered under an automatic bankruptcy stay.

Connecticut Department of Revenue Services Tax Refund Intercept

DAS may submit claims to the Connecticut Department of Revenue Services for tax refund intercepts.

Wage Garnishment

DAS may pursue legal action to obtain a court judgment to collect through wage garnishment.



Connecticut SNAP Claims Management Plan

Appendix

Definitions

- **Claim Referral** - A claim referral is the identification of a potential overpayment that requires investigation and possible establishment as a claim.
- **Date of Claim Establishment** - The date of claim establishment is the date the claim is correctly entered into EMS and approved by the supervisor.
- **Date of Discovery** - The date of discovery is the date the Department substantiates that inconsistent information alleged via a referral is valid and caused an overpayment.
- **EBT** - Electronic Benefit Transfer (EBT) is an electronic system that allows a recipient to authorize transfer of their government SNAP benefits from a Federal account to a retailer account to pay for products received.
- **EMS** - Eligibility Management System - computer system used by Department of Social Services to grant assistance and to compute overpayments.
- **ESW** - Eligibility Services Worker - Social Service staff.
- **Department of Administrative Services Collection Services division (DAS)** - Agency responsible for collecting claims for state agencies. DAS collects SNAP claims for DSS when the SNAP household is inactive
- **Terminated Claim** - A claim for which all collection action has stopped.
- **Written-off Claim** - A claim that is no longer subject to FNS reporting and collection requirements.