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DATE: January, 1997			**TO:** All Income Maintenance Manual Holders		

This change is being made to clarify WV WORKS policy in Chapter 2 and to remove references to GA for DA.

Questions should be directed to the IM Policy Unit in the Office of Family Support.

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B. PROCEDURES FOR COUNTY TRANSFERS AND CASE CLOSURES

The following information provides procedural instructions for case actions common to all programs.

1. County Transfers

When a recipient moves to another county, data system action is taken immediately to transfer the case and change the address. The county office in the client's new location must be notified by office automation of case name, case number, new address, effective date of the transfer and any other pertinent information the new county of residence needs before receipt of the case record, such as vendor payment status, redetermination due or overdue, etc. The county office in the new location must also be notified when the Food Stamp benefit group contains an ABAWD.

The Worker forwards the case record to the new county, within 10 days. A memorandum is attached to the case record. In addition to case name and case number, the memorandum must include the new address, type of benefit and/or services being received and the date the case is due for redetermination. When a benefit group moves from a WV WORKS county to a TANF county or vice versa, the originating county is responsible for notifying the new county that a redetermination must be completed. If the client is in a nursing facility, this is indicated. A copy of this memorandum is retained in the closed files of the originating office. If the case is active with Social Services, CSED or Work and Training, the Worker must notify the other units of the transfer by DHS-1.

2. Case Closures

When a client's circumstances change so that he becomes ineligible, the case is closed. In some situations, the case is automatically closed by the data systems. However, most case closures are completed by the Worker. Case closures usually involve failure to continue to meet an eligibility requirement. These are addressed in the Program-specific items which follow. The closures described below are related to general requirements, common to all Programs.

a. Automatic Closures

Cases are automatically closed by the data systems under the following circumstances:

you received ___ months from the State of _________. This is a total of ___ months received."

d. Closure at Client's Request

The Worker must close the case when the client requests that such action be taken. The Worker should encourage the client to state the reason he is making the request, but acts on the case closure even if he does not. Advance notice is required.

C. PROCEDURES FOR ADDING NEWBORN CHILDREN (TANF, WV WORKS AND MEDICAID ONLY)

Each CSM is responsible for assigning one person in each of the counties under his supervision to seek out information about newborn children. This individual is responsible for ensuring that information about newborn children is added to the TANF, WV WORKS or Medicaid case and that the information is entered into the appropriate data system within 5 working days of the date information is obtained. This individual is also expected to work with medical providers and clients in the county to develop mutually agreeable procedures for obtaining the necessary information as quickly as possible. The CSM must also have a back-up designee when the contact person is unavailable.

A statewide list of the contact people is maintained by the IM Policy Unit and shared as appropriate. Each CSM is responsible for notifying the IM Policy Unit as soon as changes occur.

A printout titled Births Due In (mm/yy) is produced monthly which shows all families expecting a birth in the following month. Special coding in Blocks 49 and 55 in the C-219 system and Block 35 in the M-219 system is the basis for production of the printout. See Sections 2.3,A, 2.4,A and 2.17,A.

This process is required only for TANF, WV WORKS and Medicaid cases. However, at the discretion of the CSM and Regional Director, the process may also be followed for the Food Stamp Program. The C-219 system codes for Blocks 49 and 55 are valid for any C-219 system case and will cause the case to appear on the printout.

2.3 TANF

A. SOURCES OF INFORMATION

In addition to the sources in Section 2.1, case maintenance action may also originate from the following sources:

- Information from the Office of Community Support: This includes, but is not limited to, Child Care, CPS and Foster Care.
- Information from CSED: This may include the return of the absent parent, the receipt of child support in excess of the TANF or WV WORKS check or a change in an individual's deprivation factor.
- Information from JOBS/FSE&T: This may include a change in JOBS/FSE&T registration status, a request for application of a penalty or sanction or a report of new income or a change in income.
- Form ES-CG-CM-1: Although the purpose of this form is to collect information for the Food Stamp Program, the client may report other changes which affect the check.
- Form ES-FS-2: Although the client uses this to report changes in his Food Stamp case, he may report information which also affects the check.
- Monthly Case Action Report, WEA380P1: This printout is received in the county office monthly. It is accompanied by a computer-generated dump sheet for each case on the printout. The information sheet shows the reason(s) the case is selected. The following types of case maintenance are identified by this printout:
  - Quarterly Reporting: Cases required to QR are noted with an asterick on the printout. See Chapter 7 for the QR process.
  - Check E6 Status: The Worker must evaluate and change the client's JOBS registration status when this exemption no longer applies.
  - Duplicate SSN: The same SSN has been entered in one or more other cases in the C-219 system. Check to assure that the client's SSN is correct in the data system and change if appropriate. Take any other corrective action necessary.

- Check Blocks 49/55: Alerts the Worker when either of these Blocks is coded for a potential resource, case change, etc.

- AFDC/U Child Reaching Age 18: The Worker must evaluate the case to see of the child is eligible to remain in the benefit group until age 19. Otherwise, remove the child from the benefit group. When the form is not returned, the Worker must contact the client to obtain the information. When the client refuses to comply, the child is removed from the benefit group, after proper notice.

- Invalid SSN: SSN coded for an individual has not been verified by SSA files. The Worker must obtain the correct SSN for data system entry.

- ES-CG-CM-3 Due: Cases with children between the ages of 16 and 18 in the benefit group are sent this form in January, April, July and October. The Worker must review the returned form to determine school or training attendance, or employment, and make appropriate JOBS registration or benefit group changes.

  When the form is not returned, the Worker must contact the client to obtain the information. When the client refuses to comply, the child is removed from the benefit group or the case closed, after proper notice, whichever is appropriate.

- ES-CG-TM-1 or ES-CG-TM-3 Due: See Chapter 16, Appendix A for schedule of letters sent to TM recipients.

- Closed Extended Medicaid: Indicates that a case is in the 4th month of eligibility for Extended Medicaid and will automatically close at the end of the month.

\- C-219 Active Cases and SSIS Provider Match, WEZR6331P1: Received monthly. Clients who are vendors for Social Service programs such as Child Care and Chore Services.

Requires Worker action when income was not reported or when incorrect amounts are reported.

\- BENDEX RSDI C/U Cases, WEBEN4P2: Received monthly and shows RSDI information for matched cases. Requires

- County List of SSI Recipients, WESDX100P1: Received monthly and lists all recipients of SSI. It provides income information and may be used to verify income for Food Stamps. See 2.

- ARTS Exception Report, WEA627P2: Received monthly by the Repayments Officer and lists cases with repayment which do not match ARTS information. The Repayment Officer must check case and take appropriate action to enter case in ARTS, remove repayment if complete, or correct C-219 or ARTS case information.

- Births Due In (mm/yy), WEA396P1: Received monthly, after deadline. Cases with special coding in Blocks 49 or 55 in the C-219 system appear on the printout. The special coding indicates that a child is due to be born in the following month. Form IM-CM-2 is mailed to the client at the same time the printout is produced. The individual designated by the CSM is responsible for clearing this printout by making sure that the newborn child is added to the check and/or medical card and that the change is transmitted within 5 working days of its birth. If the family is also receiving Food Stamps, the child must be added to the Food Stamp benefit group at the same time.

Other printouts which are received may provide information which is used in the case maintenace process, but do not require a specific case action. These include:

- C/U County Payroll, WEA140P1

- PA Food Stamp Authorization, WES142P1

- Daily Pickups (Food Stamps), WEA930AP1

- PA Cases Having A-K in Block 45, WEAR2802P1

B. REPORTING REQUIREMENTS

1. What Must Be Reported

All changes in income, assets, household composition and other circumstances must be reported.

2. Timely Reporting

All changes in a client's circumstances must be reported immediately, even if the case is a QR case.

When the address change is made after the deadline date, the change is effective 2 months after the change is made. See item E for instructions for returned benefits.

For TANF cases which receive Food Stamps, the data system issues form ES-CG-CM-1 when properly coded. See Chapter 23. The form must be returned in 10 days, and requests information about shelter/utility expenses and household composition. When the form is not returned timely, the Worker must contact the client for the information using form ES-6. See Chapter 6.

3. Change In The Category Or Deprivation Factor

When the case category and/or deprivation factor changes, the case prefix and/or deprivation factors must be changed in the data system as appropriate. See Chapter 23.

The following changes in deprivation factor require special procedures:

- Deprivation Factor Changes to Absence: The specific cause of absence must be established and data system action taken to change the benefit codes. CSED referral procedures apply. See Chapters 15 and 23.

- Deprivation Factor Changes to Unemployment of a Parent: A new ES-2 must be completed and signed by the parents. See Chapter 1. The date the ES-2 is signed is the date of application, and is used to determine if the definition of unemployment is met. Attachment to the labor force is determined using the date of application for all persons, except those who received TANF based on incapacity during the period immediately proceeding the application based on unemplyment. For these persons, the attachment to the labor force is determined as of the date of the most recent application based on incapacity. Between the date the ES-2 is signed and transmission of the category transfer, the unemployed parent is considered an applicant. See Chapter 15.

- Deprivation Factor Changes to Incapacity: When an absent parent moves into the home and reports that he is incapacitated, a new ES-2 is completed and an incapacity decision must be made before he is

in benefits means that the client must receive his first issuance of non-assistance Food Stamps anytime in the calendar month immediately following the effective month of closure of the TANF case.

EXAMPLE: A TANF client reports assets of $1,200. Verification of assets was requested and provided before the determination of ineligibility. This was the only change in the benefit group's circumstances. The assets are excessive for TANF. Since all necessary information is available to determine Food Stamp eligibility, a Food Stamp only case is opened and Food Stamp benefits are uninterrupted. A new ES-2 is not required. See Chapter 1 for establishing the redetermination date.

The closure notice sent to the client must state that the benefit group continues to be eligible for Food Stamps. The computer-generated approval letter for F cases notifies the client of the benefit and the certification period, if the benefit does not change. If the benefit increases or decreases, the Worker must send a manual letter. See Chapter 6.

b. Continuation of Medicaid Eligibility When the TANF Case is Closed

TANF cases which are closed must be evaluated to determine eligibility under other Medicaid coverage groups. If eligible for Medicaid, the Worker must open a case and ensure that the eligible individual receives uninterrupted Medicaid coverage. If an individual is not eligible for any Medicaid coverage group, the ES-NL-C sent to the recipient must indicate which individuals are not eligible for Medicaid.

If the Worker does not have sufficient information to determine Medicaid eligibility, a letter must be sent indicating the information that is needed to determine Medicaid eligibility. If it is necessary to request additional information for the Medicaid eligibility determination, the Worker cannot close the case until the requested information is received. The Worker must give the recipient a reasonable time to respond to the request.

b. Protective Payments

NOTE: The client may request a Fair Hearing any time he is placed on protective payments or he questions the substitute payee selected.

Protective Payments are payments which are made to a substitute payee or by vendor payment.

(1) Situations Which Require Protective Payments

There are three situations which require that the client be placed on protective payments. These are:

(a) Money Mismanagement

A Social Worker, providing protective services to the family, may request the case be placed in protective payment status.

When the Social Worker determines that protective payments are necessary due to money mismanagement, he sends a DHS-1 to the Worker requesting the case be placed on protective payments and indicates the method, substitute payee or vendor and the date protective payments are to begin. If there is a substitute payee, the name of that person is provided by the Social Worker.

When the case is on vendor payments, the Social Worker is responsible for issuing the DF-38, Department Authorization and/or invoice.

The Worker takes data system action described in Chapter 23.

(b) Non-compliance With CSED or JOBS Requirements

When the client refuses to comply with CSED or JOBS requirements, the case is placed on protective payments and the caretaker relative(s) is removed from the benefit group.

to serve as a substitute payee, the selection is made, preferably, from the staff of an agency or that part of the agency providing protective services.

The substitute payee cannot be an immediate member of the client's family. Immediate family members include parents, grandparents, children, spouse, uncle or aunt, brother or sister. In addition, the substitute payee cannot be living in the same home with the client.

NOTE: The caretaker relative who failed to fulfill CSED or JOBS requirements, and is subsequently removed from the payment, may be payee for the remaining benefit group members when no other substitute payee can be located. The Worker must make all reasonable efforts to locate a substitute payee who meets the criteria in this item (item a.) before the caretaker relative is considered. Use of the caretaker as payee, instead of a substitute payee or vendor payments, requires Supervisory approval and case recording justification. No special coding is required.

No employee of the Department may be a substitute payee, except when it is in the best interest of the client for a staff member of the Department to serve as such. The substitute payee is selected from Protective Service staff. Landlords, grocers or other vendors of goods, services or items who deal directly with the client may not be a substitute payee.

The substitute payee must agree to accept the responsibility, and must be at least age 18.

submits the form to the Financial Clerk for payment. Expenses are usually paid in the order the client requests.

Money remaining in the client's account after his requested payments, is issued to the client or spouse. Either may sign the DF-38.

When the client has been on vendor payments for two consecutive months and has requested no payments from the account, it is assumed that the client is no longer in need. The Worker sends an ES-NL-C for case closure. The ES-NL-C must address that the client has not requested expenditures of the check for two months, and is, therefore, presumed to have an alternative means of support. If the client explains the situation satisfactorily to the Worker, the case is not closed.

(ii) Data System Action

- The name of the Financial Clerk followed by the symbol @ is entered in Block 3.
- The county office address is entered in Blocks 4, 5 and 6.
- The client's name is entered in Block 9.
- A V is coded in Block 41 when the case is placed on vendor payments.

8. 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.

determine when corrective payments are counted as Food Stamp income.

b. Retroactive Payments

A retroactive payment is made when, at any time during the appeal process, it is found that, due to a Department error, the client did not receive a payment for which he was eligible, or that the payment he received was less than that to which he was entitled. The appeal process begins when the client requests a formal appeal. The retroactive payment covers the period over which the error occurred and is computed in the same manner as a corrective payment. Payment is made using the AP-3 transaction when the case is active. For inactive cases, form ES-AP-3 is submitted to the Accounts Receivable Office.

Retroactive payments are also made when eligibility is determined in a month(s) following the month of application and the client is eligible for benefits in the prior month(s).

2. Correcting The Address

When the TANF check is returned to the Accounts Receivable Office, and an ES-14 has not already been received, form DF-10, Returned Check Notice, is sent to the appropriate county office.

When the Worker receives the DF-10, he must determine the correct disposition of the check, complete the ES-14, and return it and the DF-10 copy to Accounts Receivable. When an ES-14 is sent prior to receipt of the DF-10, the Worker must note See ES-14 Submitted (Date) on the DF-10, and forward the original copy to Accounts Receivable.

The ES-14 must not be delayed for receipt of the DF-10, when the Worker knows that the check was mailed to an incorrect address, and has the information to complete the ES-14 prior to receipt of the DF-10. The Worker checks box 2 in Section A on the ES-14, Returned to the State Office.

3. Correcting The Payee

When a check is issued and the payee must be changed for any reason, i.e., death of the payee or payee

- TM coverage expires
- Medically Needy non-spenddown cases that are not redetermined in the sixth month of the POC, and
- Medically Needy spenddown cases are closed at the end of the POC, regardless of whether spenddown was met or not.

In no instance is Medicaid Coverage under one coverage group stopped without consideration of Medicaid eligibility under other coverage groups. This is done before the client is notified that his Medicaid eligibility will end. Eligibility is determined based on case record information. The client may be required to visit the office only for completion of a Social Summary for a MRT referral.

E. CORRECTIVE PROCEDURES

1. Reimbursement For Out-of-Pocket Expenses

When determining if the client is eligible to receive direct reimbursement for out-of-pocket medical expenses which would have otherwise been paid by Medicaid, but for the error or delay of the Department, it is the responsibility of the Department to act on each application or case action correctly within a reasonable period of time, unless the delay is due to factors beyond the control of the Department. A reasonable period of time must be interpreted on a case-by-case basis.

In addition, if an application has been erroneously denied, the client is eligible to receive direct reimbursement for out-of-pocket medical expenses paid by the client which would otherwise been paid by Medicaid, but for the error of the Agency.

Reimbursement for out-of-pocket medical expenses is limited to reimbursement for those services covered by Medicaid. The client is reimbursed for the entire sum of his out-of-pocket expenses for those covered services even if that expenditure exceeds the Medicaid fee schedule in effect at the time the expenditure was incurred.

Direct reimbursement may be made for purchases of drugs during the time before submission of the request, if the purchases were made following:

Invalid Medical Cards Not Printed. The Worker must take action to correct the case and send a corrected card. See Chapter 21.

4. Incorrect Eligibility Dates

When an incorrect periods of eligibility is reflected in Blocks 81, 82 or 83, the Worker must send a memorandum to the IM Policy Unit, giving the case name, and certificate number, to request that Blocks 81, 82 and 83 be manually entered to reflect the correct eligibility dates for the client.

When a client who has a spenddown, submits bills and meets the spenddown, later sends in additional bills which would have met the spenddown at an earlier date, special procedures apply as follows:

- When the case is active, the Worker must close the case, reopen it for the same POC and re-enter the spenddown. Since the case is still in a current POC, a corrected card is mailed form the State Office at the time the spenddown is reentered.

- When the POC has ended, the Worker must reopen the case, have the Medicaid card mailed to the county office, rewrite the card to reflect the correct eligibility dates and mail the card to the client.

The Worker must send a corrected ES-MS-1 to OMS and send a memorandum to the IM Policy Unit requesting that Block 81, 82 or 83 be manually entered to reflect the correct eligibility dates for the client. A form ES-NL-A must be sent to the client to inform him of his correct date of eligibility.

2.6 DEEMED AFDC/U RECIPIENTS

A. CHECK AMOUNT $1 - $9

These cases are treated as active TANF recipients for case maintenance purposes. See Section 2.3.

B. BRINKLEY PROCEDURES AND EXTENDED MEDICAID

1. Brinkley Procedures

These cases are treated as active TANF or WV WORKS recipients for case maintenance purposes. See Section 2.3. In addition, if a Brinkley case, also certified for Food Stamps, is closed and there is sufficient information to continue Food Stamps, a Food Stamp only is opened, with no interruption in benefits.

No interruption in benefits means that the client must receive his first issuance of non-assistance Food Stamps anytime in the calendar month immediately following the effective month of closure of the Brinkley case.

2. Extended Medicaid

See Chapter 16 and Section 2.3.

NOTE: Food Stamps are received in a separate case when the client is placed on Extended Medicaid.

C. ADOPTION ASSISTANCE

The Office of Social Services is responsible for these cases.

D. FOSTER CARE

The Office of Social Services is responsible for these cases.

B. CHANGE IN DEPRIVATION FACTOR/CATEGORY

1. Change In Deprivation Factor, TANF

When the deprivation factor changes, see Section 2.3.

2. Change In Category, SSI-Related Medicaid

A change in category occurs when:

- A disabled or blind individual turns age 65; or

- A disabled individual becomes blind.

Once this change is verified, data system action must be taken to change the case number prefix and the benefit code.

C. MRT REQUIREMENTS

An incapacitated, disabled, or blind person may require a MRT reevaluation. See Chapter 12.

D. CLOSURES

When the client fails to meet any eligibility requirement the case is closed.

- WV WORKS Child Reaching Age 18: The Worker must evaluate the case to see of the child is eligible to remain in the benefit group until age 19. Otherwise, remove the child from the benefit group. When the form is not returned, the Worker must contact the client to obtain the information. When the client refuses to comply, the child is removed from the benefit group, after proper notice.

- Invalid SSN: SSN coded for an individual has not been verified by SSA files. The Worker must obtain the correct SSN for data system entry.

- ES-CG-CM-3 Due: Cases with children between the ages of 16 and 18 in the benefit group are sent this form in January, April, July and October. The Worker must review the returned form to determine school or training attendance, or employment, and make appropriate changes.

  When the form is not returned, the Worker must contact the client to obtain the information. When the client refuses to comply, the child is removed from the benefit group or the case closed, after proper notice, whichever is appropriate.

- ES-CG-TM-1 or ES-CG-TM-3 Due: See Chapter 16, Appendix A for schedule of letters sent to TM recipients

- Closed Extended Medicaid: Indicates that a case is in the 4th month of eligibility for Extended Medicaid and will automatically close at the end of the month.

- C-219 Active Cases and SSIS Provider Match, WEZR6331P1: Received monthly. Clients who are vendors for Social Service programs such as Child Care and Chore Services.

  Requires Worker action when income was not reported or when incorrect amounts are reported.

- BENDEX RSDI C/U Cases, WEBEN4P2: Received monthly and shows RSDI information for matched cases. Requires Worker action when income was not reported or when incorrect amounts are reported. See Chapter 3.

- C-219 BEERS Match, WEBER15P1: Received quarterly, and lists client's employers and earnings record. Worker must check cases for unreported income. May require

- Births Due In (mm/yy), WEA396P1: Received monthly, after deadline. Cases with special coding in Blocks 49 or 55 in the C-219 system appear on the printout. The special coding indicates that a child is due to be born in the following month. Form IM-CM-2 is mailed to the client at the same time the printout is produced. The individual designated by the CSM is responsible for clearing this printout by making sure that the newborn child is added to the check and/or medical card and that the change is transmitted within 5 working days of its birth. If the family is also receiving Food Stamps, the child must be added to the Food Stamp benefit group at the same time.

Other printouts which are received may provide information which is used in the case maintenance process, but do not require a specific case action. These include:

- C/U County Payroll, WEA140P1
- PA Food Stamp Authorization, WES142P1
- Daily Pickups (Food Stamps), WEA930AP1
- PA Cases Having A-K in Block 45, WEAR2802P1

B. REPORTING REQUIREMENTS

1. What Must Be Reported

All changes in income, assets, household composition and other circumstances must be reported.

2. Timely Reporting

All changes in a client's circumstances must be reported immediately, even if the case is a QR case. In addition, new earned income must be reported within 10 days of the date new employment begins to avoid certain penalties. See Chapter 10. Cases with earned income must QR.

When a dependent child, included in a WV WORKS payment, will be absent from the home for a period of 30 consecutive calendar days or more, the parent or other caretaker must notify the Department by the end of the 5-calendar-day period that begins with the date it becomes clear to the parent/caretaker that the child will be absent for at least 30 days. Failure to report

3. Change In The Category Or Deprivation Factor

There are no categories of WV WORKS assistance, and deprivation factors do not have a bearing on WV WORKS eligibility. Only when Medicaid eligibility for the AFDC/U coverage group, is being determined for a WV WORKS case, is it necessary to establish a TANF (AFDC/U) deprivation factor.

4. Change In The Benefit Group

- Additions: Additions to the benefit group are effective the month the change occurs, provided the individual is otherwise eligible.

  An individual who is added to an existing benefit group is treated as an applicant. No ES-2 is required. Benefits for the individual are prorated from the date that all eligibility requirements are met, including signing the PRC and attending orientation. Eligibility cannot begin earlier than the date the individual entered the home.

- Deletions: Deletions from the benefit group are effective the month after the change occurs and the advance notice period expires. Repayment is sought for any overpayment that occurs. When a parent leaves the household, referral procedures to CSED apply.

5. Continued Benefits After Case Closure

a. Continuation of Food Stamp Benefits After WV WORKS Closure

If a WV WORKS case, also certified for Food Stamps, is closed and there is sufficient information to continue Food Stamps, a Food Stamp only case number is opened, with no interruption in benefits. No interruption in benefits means that the client must receive his first non-assistance issuance of Food Stamps anytime in the calendar month immediately following the effective month of closure of the WV WORKS case.

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

assistance and for notifying the client of his status.

b. Protective Payments

NOTE: The client may request a Fair Hearing any time he is placed on protective payments or he questions the substitute payee selected.

Protective Payments are payments which are made to a substitute payee or by vendor payment.

explains the situation satisfactorily to the Worker, the case is not closed.

(ii) Data System Action

- The name of the Financial Clerk followed by the symbol @ is entered in Block 3.

- The county office address is entered in Blocks 4, 5 and 6.

- The client's name is entered in Block 9.

- A V is coded in Block 41 when the case is placed on vendor payments.

8. 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.

E. CORRECTIVE PROCEDURES

1. Correcting The Check Amount

Prior to issuing a corrective payment, the Worker must determine if the benefit group owes an overpayment. If so, the corrective payment must be offset by the amount of the overpayment. See Section 20.3, items F,2 and H,1.

NOTE: DCA payments must not be used to offset an overpayment.

a. Underpayments

A corrective payment is made to the client when he did not receive a check(s) for which he was eligible, or the check he received was less than that to which he was entitled.

The amount of the corrective payment is the difference between the check the client received and the amount he was entitled to receive, over