

2.2 FOOD STAMP BENEFITS

Case maintenance and corrective procedures specific to the Food Stamp program are outlined in this Section.

NOTE: When the Worker receives information about the Food Stamp AG during the certification period which requires additional clarification or verification, the Worker may request, but not require, that the client come into the office for an interview.

When reported information results in a change in benefits, proper notification is sent to the AG. See Chapter 6. Along with this notification, the Worker requests additional verification needed, if any, and states that failure to provide verification will result in the increased benefits reverting to the original allotment.

When additional or clarifying information is needed, the Worker must first request the information by using the ES-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. Changes reverting to the original benefit amount because of the client's failure to verify are subject to advance notice. See Section 6.3.

When a reported change results in a change in the certification period and the reporting requirements listed below, the client must receive notice of these changes. This is also included on the change in benefit notice.

A. SOURCES OF INFORMATION

In addition to the sources listed in Section 2.1, the following are specific to the Food Stamp Program.

- Report Form, DFA-FS-2

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

When the Worker receives an DFA-FS-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-FS-2 must be sent to clients who submit a completed DFA-FS-2.

- Data System Reports and Alerts

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

B. REPORTING REQUIREMENTS

The reporting requirements for Food Stamp recipients depend on the AG composition and length of certification. These reporting requirements are only for Food Stamp benefits and do not affect the reporting requirements of any other program of assistance that the AG also receives.

Regardless of the AG's reporting requirements, 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 item D,8 below.

The following outlines the 2 different reporting groups, their requirements and reporting timeframes. These requirements only apply to recipients.

1. Reporting Groups

a. Simplified Reporting AG's

All AG's subject to the 130% FPL income reporting requirements are certified for 6 months and 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. In addition, an ABAWD in an ILC must report when his work hours are reduced to less than 20 hours per week, averaged monthly. See item D,7 below.

EXAMPLE: An AG consists of a mother and 2 children and is certified for 6 months. The AG is required to report when the household's income exceeds the gross income limit for a 3-person AG. In the 3rd month, the children's father moves into the household. 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 separate, 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.

b. Change Reporting AG's

All Food Stamp AG's, in which all adults are at least age 60, which is considered elderly for the Food Stamp Program, and/or disabled with no earnings or only excluded earnings, are certified for 24 months. These AG's may include individuals under age 18 as long as all adults are elderly and/or disabled. See Section 12.15,B for disability determination. These AG's must report the following changes which include, but are not limited to:

- Changes in AG composition;
- Changes of address, including when the AG moves;
- Changes in the amount of rent or utilities when the AG moves;
- Changes in the amount of assets;
- Changes in a legal obligation to pay child support;
- Changes in the AG's income, including:
 - The onset of any non-excluded earned or unearned income

- A change in unearned income of more than \$50.

Change Reporting AG's must report all required changes within 10 days of onset or knowledge of the change.

2. Changes Acted On For All Reporting Groups

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 means that the information is not questionable 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 Mass Change reports in Appendix B**
- SAVE from INS
- Unemployment Compensation from WV BEP
- Workers' Compensation from WV Workers' Compensation
- FSE&T's information that a client did not comply with work requirements
- IFM's determination of an IPV
- Notification of application for benefits in another state

b. Changes Which are Considered Reported

The following are considered reported changes for the Food Stamp Program 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 Sections 1.4,E and 1.4,T. This does not include SSI/RSDI payees, unless they are also the authorized representative or EBT cardholder; or
- Changes reported during an application for burial assistance and an application or redetermination for any program of assistance which is entered in RAPIDS; or

The Case Maintenance Process

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

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 Food Stamp benefits. See item 1 above.

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, it is also added to the FS AG.

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

EXAMPLE: Mail is returned with a Postal Service sticker which indicates that the client moved out of West Virginia. For Change Reporting AG's, the case is closed after proper notice. For Simplified Reporting AG's, if the Medicaid benefit is updated, the FS benefit is also updated.

3. 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: 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.

NOTE: Change Reporting AG's are required to report shelter/utility expenses when they move, even if the AG has not previously reported any expenses.

Reported changes are not effective the month they are reported. See item C 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 item 1 above.

4. Contact Reviews and Redeterminations for 24-Month AG's

a. 12-Month Contact Review Of Eligibility

All FS 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 or by inROADS; and
- No interview is conducted unless the client requests one; and
- Form DFA-FS-12 or inROADS is used.

RAPIDS automatically mails a DFA-FS-12 to the 24-month AG's in the 11th month. It must be returned by the 1st business day of the 12th month. The Worker must check the form after it is returned to determine if any changes are required. Changes reported on the DFA-FS-12 are treated as changes reported during the certification period, not as changes reported during the completion of a redetermination, and all adverse actions require advance notice.

The form is considered complete when an AG member initials item number 8 on the form. If item 8 is initialed, the form must be logged in RAPIDS as complete. Verification is not requested on the DFA-FS-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 ES-6. Failure to provide requested verification results in AG closure or loss of a deduction after advance notice.

Failure to return a completed DFA-FS-12, or complete the review through inROADS, results in case closure, after advance notice.

When the DFA-FS-12 is returned late, but is returned by the last day of the 12th month, no new application is required. Benefits are

not prorated when the form is returned by the last day of the 12th month. The AG must be scheduled for its next redetermination at the same time it would have been due had the form been returned on time.

When the DFA-FS-12 is returned by the last day of the 13th month, no OFS-2 is required for reapplication. Instead, the DFA-FS-12 is used as the application form. Benefits for the 13th month must be prorated from the date the DFA-FS-12 is received. The AG must be scheduled for its next redetermination at the same time it would have been due had the form been returned on time.

When the DFA-FS-12 is returned after the last day of the 13th month, full application procedures must be followed, including completion of the OFS-2 and establishment of a new redetermination cycle.

When the 12-month contact review is completed through inROADS, no additional form is required. The client completes the signature requirement electronically. This function in inROADS is only available to the client during the 12th month.

If the client wishes to complete the contact during the 13th month, he must complete form DFA-FS-12.

b. 24-Month Redetermination

All FS 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. When the redetermination is submitted, the Worker completes the interview based on the client's choice of interview methods. When a face-to-face interview is selected, the Worker must schedule the appointment. When

The Case Maintenance Process

a telephone interview is selected, the Worker must attempt to contact the client as soon as possible. When the client chooses to complete a telephone interview, but no telephone number is available, a face-to-face interview must be scheduled. When the client chooses to complete a telephone interview, but the client cannot be reached in a reasonable amount of time, a telephone interview appointment must be scheduled.

- Form DFA-FS-24 or inROADS is used. When the redetermination is not submitted, but the client contacts the Department for the redetermination, the DFA-FS-24, inROADS redetermination or the OFS-2 and DFA-RR-1 may be used in the 24th month. The OFS-2 and DFA-RR-1 or inROADS application must be used if the client does not complete the redetermination in the 24th month and wishes to reapply after the 24th month. The client is only required to complete one redetermination form.

RAPIDS automatically mails the DFA-FS-24 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 DFA-FS-24 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.

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 as described in item E,1 below.

b. All Other Changes

For all other changes which result in an increase in benefits, except those described in item a 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.

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 and a new card and new PIN is automatically issued. 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 on AIRQ the same day the RAPIDS 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 on AIRQ.

2. Change In EBT Authorized Cardholder

When the client wishes to change the authorized cardholder for EBT, the Worker must delete the current cardholder on RAPIDS screen AIRQ 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 or SSI, Categorical Eligibility may apply. See Chapter 1.

When case circumstances change so that the AG becomes eligible for additional disregards or deductions, the Worker must make data system changes and determine if supplemental benefits are required. See Chapter 10.

4. Change In AG

See item C,1,a above for changes in the AG which increase benefits. See item C,2 for changes in the AG which decrease benefits.

5. Change In Income

See item C,1,a and b above for changes in income which increase benefits. See item C,2 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 Food Stamp 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. Change In Work Hours (ILC Only)

Regardless of the AG's reporting requirement, an ABAWD must report when his work hours are reduced to less than 20 hours per week, averaged monthly. Upon receipt of such a report, the Worker must immediately determine if the client remains eligible. See Section 9.1.A.

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, except that the client is not required to report the change nor is repayment required when the client fails to do so.

9. 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 Food Stamp 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.

10. Continuation Of Benefits

When a WV WORKS or Medicaid AG, also certified for Food Stamps, is closed, and there is enough information to continue Food Stamps, the Food Stamps 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 Food Stamps. See Chapter 6. It is expected most AG's will continue to be eligible.

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

When there is not enough information to continue Food Stamps, an ES-6 or verification checklist is sent to request the additional information needed. If the AG does not respond, notice for closure of the Food Stamp AG is sent. See Chapter 6.

11. Complaints Regarding Trafficking of Food Stamp Benefits

Complaints concerning a store trafficking FS benefits, such as a retailer buying coupons or 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 FS benefits must be referred to IFM by the Worker. See Section 20.2.

12. Food Stamp Benefits Returned To The Local Office By The Client

NOTE: The following procedures are not intended to circumvent client notification procedures found in Chapter 6.

a. Food Stamp Coupons

When Food Stamp coupons are returned to the local office, the Worker determines if the amount is a full or a partial month's benefit. Unused Food Stamps may not be redeemed for cash.

Returned Food Stamp coupons are forwarded to the Financial Clerk who disposes of them as follows.

- When a full month's allotment is returned, Form ES-FS-11 is completed and the coupons returned to the State Office within 30 days.
- When a partial month's allotment is returned to repay an overissuance, a claim must be established. See Chapter 20.
- When a partial month's allotment is returned for some reason other than an overissuance, Form FNS-135 is completed and submitted to the DFA Economic Services Policy Unit, along with the coupons which were cancelled by the Financial Clerk.

b. EBT Benefits

When the client wishes to return Food Stamp 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.

13. Inactive, Dormant And Expunged EBT Accounts

a. Inactive Account - 45 Days

When the AG does not use Food Stamp benefits for 45 days, the Worker receives an alert and RAPIDS automatically sends a letter to notify the client of the inactivity. If the client contacts the Worker and wishes to continue to receive benefits, the Worker resets the account activity date by use of the administrative function. If the client requests AG closure, Food Stamp benefits are stopped after proper notice. Unused benefits remain in the account.

Once the account is inactive, any deposit into the account will not reset the activity date.

b. Dormant Account - 180 Days

When the AG does not use Food Stamp benefits in the account for 180 days, the account becomes dormant, i.e., inaccessible. An alert is sent to the Worker in the local office and, when there is a claim indicated on RAPIDS screen BVCL, an alert is also sent to the RI. A letter is automatically sent from RAPIDS to notify the client he cannot access his account, i.e., use benefits, unless he contacts the local office. The letter also informs the client that if he does not contact the local office within 13 days, benefits in the account will be applied to any outstanding Food Stamp claim(s). If the client contacts the local office, the Worker resets the account activity date and benefits cannot be applied to a claim(s) unless the client so requests.

If there are no claims and the client does not contact the local office, the benefits remain in the account.

If the account activity date is not reset, the RI, after contact with the local office Worker to check for client contact, takes action to apply the benefits to any outstanding claim(s). Any benefits which are not applied to a claim(s) remain in the account until expunged. See item c.

NOTE: When the Worker is notified of a dormant account, and the Change Reporting AG is still active, the Worker must contact the client to determine if he wishes to continue to receive benefits. If he does, the Worker must reset the account activity date. If the client does not respond, or does not wish to continue receiving benefits, the AG is closed after proper notice. So long as the AG remains active, benefits are deposited into the EBT account. Closure of the Food Stamp AG does not affect or close the EBT account. No action is required for Simplified Reporting AG's, unless the account was not reactivated at the last application or redetermination.

Once the account is dormant, any deposit into the account will not reset the activity date. At application or redetermination, the Worker must reactivate dormant accounts, if applicable.

c. Expunged Accounts - 270 Days

When the AG does not use Food Stamps for 270 days, benefits are expunged, i.e., removed, from the EBT account. An alert is sent to the Worker in the local office and to the RI, when there is an open claim(s) indicated on RAPIDS screen BVCL. A letter is sent automatically from RAPIDS to notify the client that all benefits in his account have been expunged. Expunged benefits may be used to reduce any outstanding Food Stamp claims.

After benefits are expunged, any deposit into the account will not reset the activity date. At application or redetermination, the Worker must reactivate dormant accounts, if applicable.

14. EBT Cards Received In The Local Office

The local office may receive an EBT card and/or PIN from any number of sources, including the client, the Postal Service or other

individuals. Regardless of the manner in which the card and/or PIN 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 and/or PIN by mail in the local office, it must be secured by the Financial Clerk and entered on the negotiable log. When claimed, the client must sign for the card and/or PIN. 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 and/or PIN are 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 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. 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 EBT-IFM-1 indicating the amount to be returned. 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 FS 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 item C,1 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 item C,1,a above.

EXAMPLE: A Food Stamp 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 item 3 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 Food Stamp 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 coupon allotment 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 Food Stamp AG was present to defend the accused member. The client was found guilty and removed from 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. Food Stamp Benefits Returned To the State Office By the Postal Service

The Worker receives an alert when Food Stamp coupons are returned to the State Office. Upon receipt of the alert, the Worker reissues the FS benefit to the client's EBT account, if appropriate.

NOTE: There is no time limit for a request by the client that returned FS coupons be reissued. When no adverse action notice has been issued to inform the client that he is ineligible for the FS, the FS must be reissued.

Benefits deposited into an EBT account are not returned unless the client chooses to do so. See item D,12,b above for the procedures to return benefits from an EBT Account. When a Food Stamp AG is closed, EBT benefits remain in the account until the AG uses the benefits or until there is no account activity for 270 days, i.e., no use of benefits. See item D,13,c above for expunged benefits.