



**COMBINED MANUAL
DESCRIPTION OF CHANGES ATTACHMENT
REVISED SECTIONS – ISSUED 12/2019**

The EFFECTIVE DATE of the changes is the same as the issuance date unless stated otherwise.

0005.12.12 (Application Interview s) in MFIP in the 1st paragraph adds if a face-to-face interview is required for MFIP, to continue the SNAP interview process and schedule the MFIP interview.

0009.06 (Recertification Process) in general provisions in the 6th paragraph in the 2nd bullet adds to use the Notice of Late or Incomplete Household Report Form, Health Care Renewal Form or Combined Six-Month Report (DHS-2414) (PDF) to request verifications. It adds a new 9th paragraph and 10th paragraph to give a 10-day notice before terminating benefits if the unit fails to comply with the recertification process. It adds a new 10th paragraph that if you fail to send a 10-day notice, continue to issue benefits until you have given 10-day notice of adverse action. It also in MFIP deletes the former 8th and 9th paragraphs because they were moved to general provisions.

0009.06.03.03 (Processing SNAP Recertification Non-Mandatory Verification) in SNAP in the 1st paragraph adds to use the Notice of Late or Incomplete Household Report Form, Health Care Renewal Form, or Combined Six-Month Report or Recertification (DHS-2414) to request verification. It also in the 5th paragraph adds to use the Verification Request Form (DHS-2919) to request verifications.

0022.24 (Uncle Harry Food Support Benefits) in SNAP in Steps 2 and 3 adds and deletes language for clarity.

0025.12 (Types of Overpayments) updates general provisions for clarity.

0025.12.03 (Overpayments Exempt From Recovery) updates MFIP, DWP and MSA, GA throughout.

Conduct an interview with applicants or their authorized representatives before determining eligibility. Some programs require a face-to-face interview.

Offer applicants or their authorized representatives a single interview that covers all the programs for which they apply. For example, a SNAP interview must also cover any other programs for which the household applied. Advise people of any preliminary verifications they may bring to the interview. Give people written confirmation of the date, time, and location of their interview. Inform them they are responsible for rescheduling any interview they miss.

Units may bring anyone they choose to the interview. See [0005.06 \(Authorized Representatives\)](#).

During the interview:

- Review all forms attached to the [Combined Application Form \(DHS-5223\) \(PDF\)](#), including the [Client Responsibilities and Rights \(DHS-4163\) \(PDF\)](#) and the client's rights under the Americans with Disabilities Act (ADA). Remove these forms from the CAF and give them to the applicant. Provide them with the brochure "[Do you have a disability?](#)" (DHS-4133) (PDF). Also see [0003.09.03 \(Client Rights - Civil Rights\)](#), [0003.09.06 \(Client Right- Data Privacy Practices\)](#).
- Review all information on the application with the applicant. Make sure the application is complete. See [0005.12.03 \(What is a Complete Application\)](#). Review each question on the [Combined Application Form \(DHS-5223\) \(PDF\)](#), even if the client has answered "No" to the question.
- Refer people to Social Services if they request help with family problems or family planning.
- Explain program eligibility requirements, benefits, processing standards, and payment methods.
- Give the client brochures on assistance programs and other available services.
- Review available verifications and get client consent for 3rd-party verifications, if necessary. See [0010 \(Verification\)](#).
- If an applicant indicates they are over income or assets on the Combined Application Form, follow the provisions in [0015.72 \(Excess Assets - Applicants\)](#), [0017 \(Determining Gross Income\)](#).

Do not require another interview for people who amend an application or request an additional category of assistance if you have not acted on the original application. If you have taken action on an original application, clients must complete a new application and have another interview.

MFIP:

Conduct an interview before determining eligibility. The interview may be with any caregiver(s) of the unit or their authorized representative. If an applicant requests MFIP during the SNAP phone interview, a separate face-to-face or telepresence interview must be completed, unless they are eligible for a telephone interview. If a face-to-face interview is required for MFIP, continue the SNAP interview process and schedule the MFIP interview. Clients must be informed of their options.

The interview must be conducted, either:

- Face-to-face in the county office.
- Internet telepresence.
- At a location mutually agreed upon.
- Telephone interview, only if the client received MFIP or DWP in the past 12 months.

Refer people to the appropriate county person if they request help with family violence issues. See [0005.12.12.09 \(Family](#)

[Violence Provisions/Referrals](#). Give the client the [Family Violence Referral \(DHS-3323\) \(PDF\)](#). Provide information about counseling and support services, exemptions, and permanent residence procedures for battered non-citizens. See [0010.18.33 \(Verifying Family Violence\)](#).

Explain the living arrangement requirements to minor caregivers or minor pregnant women. See [0005.12.12.01 \(Forms/Handouts for Applicants\)](#). Refer a minor caregiver to Social Services as soon as he/she applies and alleges that he/she or the minor child would be physically or emotionally jeopardized by living with the minor's caregiver or legal guardian, or that the caregiver or legal guardian will not allow him/her to live at home. See [0012.06 \(Requirements for Caregivers Under 20\)](#).

For units with 18- and 19-year old caregivers without a high school diploma or GED, ask if the applicant wants to pursue a high school diploma or GED, or wants to pursue work. The applicant's choice must be entered on the EMPS panel prior to cash approval to get correct results. If the applicant wants to pursue a high school diploma or GED, enter "SC" on the ES option field of the EMPS panel for the applicant. MAXIS will determine this applicant is eligible for MFIP. If the applicant states he/she does not want to pursue high school or GED and wants to pursue work, enter "EM" on the ES option field of the EMPS panel for the applicant. MAXIS will determine this applicant is eligible for DWP. Record the applicant's choice in CASE/NOTES. Counties using the [DWP/MFIP Screening Questions \(DHS-4026\) \(PDF\)](#) as part of the application packet will have a documented answer to this question already available.

Explain the 60-month time limitation and that the unit may opt out of the cash portion of MFIP if a portion of the grant is not being vendor paid. See [0011.30 \(60-Month Lifetime Limit\)](#), [0014.03.03.03 \(Opting Out of MFIP Cash Portion\)](#).

If a child was previously in another case with a relative prior to the parent applying for the child, attempt to determine the circumstances. Make a child protection referral for any case that has an MFIP caregiver whose parental rights were terminated. To determine whether a parent whose rights have been terminated may be a caregiver, see [0014.03.03 \(Determining the Cash Assistance Unit\)](#).

Inform applicants EBT card cash benefits cannot be used or accessed in any liquor store, casino, gambling casino, gaming establishment, or retail establishment, which provides adult-oriented entertainment in which performers disrobe or perform in an unclothed state for entertainment.

DWP:

Follow MFIP, EXCEPT the 60-month time limit does NOT apply to DWP.

In addition:

- Conduct the interview within 5 working days of receipt of the application.
- Refer clients to Employment Services (ES) within 1 day of determining eligibility (this means from when you determine eligibility, not when you approve eligibility).
- The ES Provider MUST conduct the Employment Plan/interview within 10 days of referral.
- The ES Provider MUST notify the county agency of the ES plan approval within 1 day of signed plan.
- Issue DWP benefits within 1 day of being notified of the ES plan approval by the ES Provider.
- Include in the interview a discussion of goals, requirements, and services of the DWP.
- If child care is needed, obtain a child care application from the client before finishing the interview and forward the application to the appropriate child care assistance worker on the same day you received it. Make a referral to the appropriate Child Care Resource and Referral (CCR&R) agency if the job seeker needs help in finding a child care provider. The contact numbers for the CCR&Rs can be found in the brochure ["Do You Need Help Paying for Child Care?" \(DHS-3551\) \(PDF\)](#).
- Ensure that SNAP is available to the client. If not already requested on the application, talk with the client about the availability of these benefits as well as others, such as Workers' Compensation and Unemployment Insurance.

SNAP:

The agency must screen for expedited SNAP on the date of application. For applications screened as expedited, offer a same day interview. See [0004.06 \(Emergencies – 1st Month Processing\)](#). For non-expedited applications, an interview may still be completed on the date of application.

If a client is not interviewed at the time the application is submitted, an interview must be scheduled. Document and track the date of the scheduled interview. Counties and tribes may use SPEC/MEMO to notify the applicant of the scheduled interview. See TEMP Manual TE02.05.15 (Notice of Interview/Missed Interview (NOMI)) for suggested text. The county or tribe must schedule all interviews as promptly as possible to ensure eligible units receive an opportunity to have 10 days to provide any needed verifications and to participate within 30 days after the application is filed. This means that the interview must be scheduled within 20 days from the application date in order to give the applicant 10 days to return any mandatory verifications.

If the application is:

- Delivered in person, give the applicant written confirmation of the interview date, time and location.
- Sent in the mail, by fax or placed in a drop box, and an interview is not completed with the applicant within 2 business days, send written confirmation of the interview date, time and location.
- Submitted through ApplyMN and an interview is not completed with the applicant within 2 business days, send written confirmation of the interview date, time and location.

The interview may be with any responsible member(s) of the unit or their authorized representative. Clients must be informed of the interview options available: phone, face-to-face, or at a convenient location. Based on the interview option chosen, counties and tribes MUST accommodate the client's choice. There is NO requirement that the interview must be held in the office. If an in-office interview is not done, the county or tribe must arrange for a phone interview or a face-to-face interview at a location mutually agreed upon by the county or tribe and the client.

A face-to-face home interview must be provided when a client requests and meets 1 of the following hardship conditions listed below:

- Illness.
- Transportation difficulties.
- Care of a unit member.
- Hardships due to living in a rural area.
- Prolonged severe weather.
- Work or training hours that prevent the client from participating in an in-office interview.
- Other conditions that prevent the client from participating in an in-office interview.

If a client misses the initial interview, either an in-office interview, home visit or a phone interview, you must send a Notice of Missed Interview to the client informing them of the missed interview and the responsibility to reschedule another interview. The Notice of Missed Interview is available in SPEC/LETR. For more information see TEMP Manual TE02.05.15 (Notice of Interview/Missed Interview (NOMI)). A Notice of Missed Interview must be sent even if circumstances prevent a client from completing an interview late in the 30 day processing period. For example, a denial notice can be sent 1 day after the Notice of Missed Interview has been issued to the client if the missed interview was on the 30th day of the processing period.

Do not require units to report for a face-to-face interview during the certification period. See [0009.06.06 \(Recertification\)](#)

[Interview\).](#)

MSA, GA, GRH:

Clients must be informed of the interview options available: phone, face-to-face, or at a convenient location. Based on the interview option chosen, counties must accommodate the client's choice. Do not require a face-to-face interview. The interview may be with any responsible member of the unit or his/her authorized representative.

Recertify clients whose certification period is ending. The clients and the agency must follow the time frames of each program for completing the recertification process. See [0009.06.03 \(Recertification Processing Standards\)](#).

MAXIS will generate program specific cover letters and mail the following forms:

- [Combined Application Form \(CAF\) \(DHS-5223\) \(PDF\)](#).
- [Combined Six-Month Report \(DHS-5576\) \(PDF\)](#).
- [Combined Six-Month Report Supplement for Cash Programs \(DHS-5576A\) \(PDF\)](#).
- [Combined Annual Renewal for Certain Populations \(DHS-3727\) \(PDF\)](#).
- Other notices or forms required at recertification according to each program's provisions below.

All questions on the form must be answered for the form to be considered complete.

MAXIS will mail packets around the 15th of the 2nd month prior to the end of the certification period.

Accept an [ApplyMN](#) application from a current participant as a recertification if received within the recertification processing period. If an ApplyMN application submitted during the recertification processing period contains a request for a new assistance program, process the ApplyMN application as a new application for the new program.

The recertification process is similar to the application process. To complete the recertification process:

- Review eligibility for the client's current programs, possible new programs, and emergency need. If clients qualify for new programs or emergency assistance, process the recertification request as an application for assistance. See [0004 \(Emergencies\)](#), [0005 \(Applications\)](#), [0009.06.03 \(Recertification Processing Standards\)](#).
- Get mandatory verifications. See [0010.18 \(Mandatory Verifications\)](#). To request verifications, send the [Notice of Late or Incomplete Household Report Form, Health Care Renewal Form or Combined Six-Month Report or Recertification \(DHS-2414\) \(PDF\)](#) to the unit with the following information:
 - The date benefits will be terminated.
 - The date the recertification form was received.
 - The verifications that are needed.
- Notify the unit of the eligibility determination. See [0026 \(Notices\)](#).

Accept the Combined Application Form (CAF), ApplyMN application, Combined Six-Month Report (CSR) or Combined Annual Renewal for Certain Populations even if the client does not live in your county. See [0005.12 \(Accepting and Processing Applications\)](#).

In addition to MAXIS-generated recertification packets, you may be required to provide certain additional forms to clients at the face-to-face recertification interview. See [0007.12 \(Agency Responsibilities for Client Reporting\)](#), [0009.06.06 \(Recertification Interview\)](#).

Give a 10-day notice before terminating benefits if the unit fails to comply with the recertification process. See [0009.06.03 \(Recertification Processing Standards\)](#).

If a 10-day notice is not sent, continue to issue benefits until a 10-day notice of adverse action can be given. This applies even if the certification period has ended.

MFIP:

For MFIP units subject to monthly reporting, the CAF must be signed and dated by the caregiver(s) on or after the last day of the reporting period.

For MFIP units not subject to monthly reporting, the CAF can be signed and dated by the caregiver(s) any time after the date MAXIS mailed the recertification packet.

MAXIS will also include the [Domestic Violence Information \(DHS-3477\) \(PDF\)](#) in the recertification packet.

Give the client the [Family Violence Referral \(DHS-3323\) \(PDF\)](#). Provide information about counseling and support services, and permanent residence procedures for battered non-citizens. Review the continued exemption from the 60-month time limit for victims of family violence for whom you have an Employment Plan (EP) in place. See [0005.12.12.09 \(Family Violence Provisions/Referrals\)](#), [0010.18.33 \(Verifying Family Violence\)](#).

Conduct a recertification interview at least once every 12 months. See [0009.06.06 \(Recertification Interview\)](#).

Review extensions for participants who have been extended beyond the 60-month lifetime limit every 12 months, unless the documentation supporting the extension indicates the participant's condition could change earlier. See [0011.33 \(MFIP Hardship Extensions\)](#). This review should be considered a minimum requirement to recertify an extension. Review the situation and request new verification each time there is a change in the estimated end date. Counties should end an extension prior to the review, if criteria for the extension no longer apply. End the extension the 1st of the month following verification that the criteria no longer apply.

NOTE: Participants may move between extension categories.

Coordinate extension reviews with recertifications, if possible.

Do not consider the client ineligible and therefore subject to an overpayment solely because the agency fails to send a timely notice of termination. Consider it an overpayment only if the client does not meet eligibility factors such as income, assets, or basis of eligibility.

If the unit is ineligible for continued benefits or will receive reduced benefits based on information in the CAF or ApplyMN application, or if the information requires a reduction or suspension of the unit's benefits, send a notice BEFORE the effective date of the adverse action.

DWP:

No provisions.

SNAP:

The CAF can be signed and dated by the client any time after the date MAXIS mailed the recertification packet.

MAXIS will also include the [Change Report Form \(DHS-2402\) \(PDF\)](#) (for change reporting units) in the recertification packet.

EXCEPTION:

MAXIS will send the [Combined Annual Renewal for Certain Populations \(DHS-3727\) \(PDF\)](#) for cases:

- With 1 person, or 2 people if they are married and living together.

AND

- All unit members are age 18 or older.

AND

- The only income is SSI or SSI/RSDI.

Conduct a recertification interview. There is NO requirement that the interview must be held in the office. If an in-office interview is not done, the county must arrange for a phone interview or a face-to-face interview at a location mutually agreed upon by the county and the client. For specific requirements, see [0009.06.06 \(Recertification Interview\)](#).

All the forms and information that are required to be provided and reviewed with applicants must also be sent and verbally reviewed with clients during their recertification interview. See [0005.12.12.01 \(Forms/Handouts For Applicants\)](#) for a list of forms and information that must be provided and reviewed with clients.

Do not issue benefits after the certification period ends until a reapplication process is completed.

MSA, GA, GRH:

MAXIS will also include the following forms in the recertification packet:

- Return envelope.
- [Domestic Violence Information \(DHS-3477\) \(PDF\)](#).

MAXIS will send the [Combined Annual Renewal for Certain Populations \(DHS-3727\) \(PDF\)](#) for cases:

- With 1 person, or 2 people if they are married and living together.

AND

- All unit members are age 18 or older.

AND

- The only income is SSI or SSI/RSDI.

This includes people age 18 or older who are residing in a long term care facility or receiving EW services who receive only SSI or SSI/RSDI income.

MAXIS will send the [Minnesota Health Care Programs Renewal for People Receiving Long-Term Care Services \(DHS-2128\) \(PDF\)](#) for people residing in long term care facilities or receiving EW services who do not meet the criteria to receive the Combined Annual Renewal for Certain Populations, including LTC residents who receive MSA for personal needs and EW enrollees residing in GRH facilities and receiving GRH payments. See the [Minnesota Health Care Programs Eligibility Policy Manual](#).

For GA units and MSA non-SSI units subject to monthly reporting, the unit must sign and date the CAF on or after the last day of the reporting period.

For GA units and MSA non-SSI units not subject to monthly reporting, the unit can sign the CAF any time after the date MAXIS mailed the recertification packet.

For MSA SSI units, the unit can sign the CAF any time after the date MAXIS mailed the recertification packet.

MFIP, DWP, MSA, GA, GRH:

No provisions.

SNAP:

At recertification, non-mandatory verifications listed in [0010.18.02 \(Mandatory Verifications - SNAP\)](#) are not required to process the recertification. However, if a recipient wants a deduction from their income for expenses such as housing costs, medical, child support, or dependent care expenses, request verification in writing allowing 10 days for the recipient to provide the non-mandatory verification(s), even if all mandatory verification(s) have been provided. Request verification using the [Notice of Late or Incomplete Household Report Form, Health Care Renewal Form or Combined Six-Month Report or Recertification \(DHS-2414\) \(PDF\)](#).

When the 10-day period to provide the non-mandatory verification(s) extends past the end of the certification period, do not process the recertification until the recipient has had 10 days to provide the non-mandatory verification(s). See TEMP Manual TE02.08.006 (Reviews: Missing Verifications).

When the non-mandatory expense verification(s) are provided within the 10-day period, process the recertification with the verified deduction(s) in the benefit calculation effective with the date of the new certification period.

When the non-mandatory expense verification(s) are NOT provided within the 10 day period, process the recertification without the non-mandatory expense(s) included in the benefit calculation effective with the date of the new certification period. If the non-mandatory verification(s) is provided later, allow the verified non-mandatory expense beginning with the month after the month the verification was provided.

When the recipient states they do not want the non-mandatory expense deduction used to determine their benefits for their new certification period, and the unit has provided all the mandatory verifications, document the recipient's verbal statement in MAXIS CASE/NOTES. Provide the unit with a request for the non-mandatory verifications. Use the [Verification Request Form \(DHS-2919\) \(PDF\)](#) to request verifications. Process the recertification to determine benefits for the new certification period without waiting for the 10 day period to run.

During future months of the certification period, the recipient can provide the non-mandatory expense verification. The worker will then include the non-mandatory expense in the benefit calculation for the month after the month the verification is provided. See SNAP provisions in [0008.06.01 \(Implementing Changes - Program Provisions\)](#).

MFIP:

See SNAP provisions. For households whose MFIP is ending and which contain an Uncle Harry Food Support unit, see TEMP Manual TE02.08.143 (Food Support When MFIP is Closed).

DWP, MSA, GA, GRH:

No provisions.

SNAP:

Some non-MFIP members of an MFIP unit may be able to get SNAP only. These cases are commonly known as Uncle Harry Food Support (UHFS) units. There are special rules for determining their SNAP benefits. See [0002.71 \(Glossary: Two Party...\)](#).

To determine the amount of SNAP to issue to eligible UHFS units:

1. Determine the composition of the SNAP unit, following the SNAP provisions in [0014 \(Assistance Units\)](#).
2. Exclude from the SNAP unit all current MFIP unit members, including optional MFIP unit members who have chosen to be on MFIP and people disqualified for MFIP fraud. The remaining members are the Uncle Harry Food Support (UHFS) unit.
3. UHFS units are allowed the maximum shelter deduction. Units with elderly or disabled individuals are allowed either the maximum shelter deduction, or the full cost of shelter when the costs exceed 50% of net income. Do not prorate shelter costs between MFIP and UHFS units. Do not consider income or expenses of any MFIP unit members. See [0018.15 \(Shelter Deductions\)](#). See TEMP Manual TE13.030 (Food Support Uncle Harry Tip Sheet) for instructions on how to code MAXIS to ensure the correct calculation.
4. The UHFS unit must pass the gross and net income tests, see [0019 \(Gross Income Test\)](#), [0020 \(Net Income Limits\)](#). MAXIS will calculate the SNAP allotment for the UHFS unit. The Uncle Harry allotment will be 75% of the stand-alone SNAP allotment or \$16, whichever is more.

MFIP unit members who are disqualified for fraud or non-compliance with SNAP quality control may NOT get SNAP only.

There are 3 types of overpayments:

- Agency error overpayments. This includes:
 - County or tribal worker errors, MAXIS system errors or state agency errors.
 - Agency failing to act on known information reported by a participant or former participant.
 - Miscalculating a budget.
 - Incorrectly applying program policy.
 - Failing to act on data matches in a timely manner.

To determine if an agency error overpayment should be recovered see [0025.12.03 \(Overpayments Exempt From Recovery\)](#).

- Client error overpayments. Consider cases suspected of fraud to be client error overpayments until a determination of fraud is made. Enter claims as non-fraud on MAXIS and adjust when appropriate. Some examples include:
 - Not reporting timely.
 - Failing to give the county or tribal agency correct or complete information.
 - Failing to notify the county or tribal agency of required changes.
 - Receiving more benefits than eligible for because of a request for an appeal hearing.
 - Receiving benefits from more than 1 county or state in the same month.

NOTE: The continuous use of an EBT card in another state does not necessarily result in an overpayment unless there has been duplicate receipt of assistance. See TEMP Manual TE16.33 (Continuous Use of EBT Card In Another State).

- Fraud overpayments. Consider cases suspected of fraud to be client error overpayments until the court or an Administrative Disqualification Hearing (ADH) makes a determination of fraud. Consider an overpayment in any month in which a client files a false report timely and this results in an overpayment to be a client error overpayment. This applies even if there is an agency error in the same month, unless the agency caused the client's failure to report. See [0025.24 \(Fraudulently Obtaining Public Assistance\)](#).

If the county which overpaid the unit does not pursue recovery, the county the unit moves into must pursue recovery. The county the unit moves into must contact the county which made the overpayment to verify that it does not intend to pursue recovery. The county agency which recovers the overpayment retains the county agency's share of the claim. For information on when to transfer a claim, see TEMP Manual TE02.09.18 (When to Transfer a MAXIS Claim).

For participants receiving benefits via electronic benefit transfer (EBT), if the overpayment is a result of an ATM dispensing funds in error to the participant, the state may recover the ATM error by immediately withdrawing funds from the participant's EBT account, up to the amount of the error.

MFIP:

Established AFDC/FGA claims remain AFDC/FGA claims. Do not switch them to MFIP claims. AFDC/FGA claims are recouped from MFIP.

DWP:

Follow general provisions. In addition, benefits are subject to overpayments and underpayments but are NOT subject to cross program recoupment. Any time an overpayment or underpayment is determined calculate the correction using prospective

budgeting. See [0025 \(Benefit Adjustments and Recovery\)](#).

SNAP:

Client error overpayment is further defined as:

- The unit's participation in the SNAP Program and the Food Distribution Program in the same month.
- An error on the part of a categorically eligible unit.
- Social Security Administration errors which result in a unit's categorical eligibility.

County agency error is further defined as:

- The county agency's failure to reduce the unit's benefit when its cash assistance changed.
- The county agency issuing the unit SNAP benefits after their certification period expired.
- The county agency overpaying SNAP due to the underpayment of a cash assistance grant that would have reduced SNAP benefits.

MSA, GA:

Follow general provisions.

GRH:

No provisions.

The court may order that all or part of an overpayment is exempt from recovery. The county must follow the court order. See [0025.12.03.06 \(Bankruptcy\)](#), [0025.24.03 \(Recovering Fraudulently Obtained Assistance\)](#).

MFIP, DWP:

Establish a claim for all claim types and amounts.

Do not pursue recovery on non-fraud overpayments on closed cases which total \$35 or less. If the client begins to receive assistance again, recoupment will occur as long as the claim is in active status and has a balance.

Use the following policy to determine if an agency error overpayment for the MFIP cash portion is collectible:

Overpayments of the MFIP cash portion due to agency error should be recovered only in rare circumstances. State law directs that agency error overpayments should only be collected from the participant if the amount is large enough that a reasonable person would know it is an error. The food portion of the MFIP benefit follows SNAP policy and is subject to collection whether an agency error or client error caused the overpayment.

Do not pursue recovery of an MFIP cash portion or DWP overpayment due to agency error if the agency error was made in the initial month of eligibility and continued for any amount of time.

If the county or tribal human services agency has an overpayment caused by agency error that it believes should be collected from the participant, a PolicyQuest should be submitted as DHS will make the final decision based on specific circumstance of each case. See TEMP Manual TE02.09.48 (PolicyQuest Agency Overpayment Determination). Do not enter the claim into MAXIS until the Department determines if it is collectible.

SNAP:

The following overpayments are exempt from recovery; do not establish a claim for overpayments due to:

- The county agency's failure to certify a unit in a correct project area.
- The county agency's failure to verify a unit signed the application.
- The county agency's failure to verify a unit completed a current work registration form.
- The unit's failure to report a change because it was not required to report the change. See [0007 \(Reporting\)](#).
- A categorically eligible unit later being found ineligible for cash assistance or SSI due to excess assets.

Establish a claim, even though the following overpayments are exempt from recovery when:

- The total overpayment is less than \$35 and the unit no longer receives SNAP.
- An error was cited during a quality control review which resulted in an overpayment.
- The county agency has documentation which shows that the unit cannot be located. See [0025.12.03.03 \(Suspending or Terminating Recovery\)](#).

Do not pursue recovery on compromised portions of an overpayment. See [0025.12.03.09 \(Claim Compromise & Termination\)](#).

MSA, GA:

Follow MFIP.

In addition, do not pursue recovery from a personal needs allowance.

OVERPAYMENTS EXEMPT FROM RECOVERY

0025.12.03

How to handle overpayments for participants who are in a facility:

Circumstances:

Action to take:

The overpayment occurs while a participant is in a facility.

- Establish a claim.
- Do not pursue recovery until after the participant leaves the facility.
- Begin the recovery process the 1st month you can give a 10-day notice.

An overpayment is already being recovered and the participant enters a facility on the 1st of the month.

- Stop recovery action that month.
- Resume recovery only after the participant leaves the facility in the 1st month in which you can give a 10-day notice.

An overpayment is already being recovered and the participant enters a facility after the 1st of the month.

- Stop the recovery action the next month.
- Resume recovery only after the participant leaves the facility in the 1st month in which you can give a 10-day notice.

GRH:

No provisions.