

Department of Public Health
and Human Services

Section:
CASE MANAGEMENT

SUPPLEMENTAL NUTRITION
ASSISTANCE PROGRAM (SNAP)

Subject:
Over Issuance

Supersedes: SNAP 1504-1 (04/01/10)

References: 7 CFR 273.18(a), (d), (g), (3); 7 CFR 273.16

GENERAL RULE -- Evaluate the possibility of an overpayment claim against any household who received more SNAP benefits than it was eligible to receive (whether or not the household is currently participating in SNAP). Repayment of an over issuance is the legal responsibility of **all** household members age 18 or older who were required household members during the overpayment period.

All SNAP overpayments are pursued regardless of whether the errors are agency-caused or household-caused errors.

- EXCEPTION:**
1. For closed cases only, do not establish overpayment claims under \$125 unless:
 - a. there is evidence of an Intentional Program Violation (IPV);
 - b. the claim was already established; or,
 - c. the claim was the result of a Program Compliance review.
 2. A claim must not be established if the over issuance occurred as the result of the OPA Case Manager failing to ensure that the household signed the application, recertification, six month report, or work registration forms.

OVERPAYMENT LOGS

OPA Case Managers must record cases having potential overpayments on Form HCS-214, 'Overpayment Log', on a monthly basis. Overpayments are to be recorded on logs the month of discovery and remain on each subsequent monthly log until the overpayment is established. At the end of each month the completed log is submitted to the OPA Supervisor (or designee), who will review overpayments and keep a central file for their respective work units. Supervisors are to review the overpayments to ensure claims are established timely and accurately.

Section: CASE MANAGEMENT

Subject: Over Issuance

Central Office will request copies of the Overpayment Log for Management Evaluations and random claims reviews. This information is used to verify to USDA/FNS that at least 90% of all overpayment claims are processed accurately and within required time frames as required by federal mandate.

**CATEGORICALLY
ELIGIBLE
HOUSEHOLDS**

Claims against categorically eligible households are only established when the claim can be calculated on the basis of changed net adjusted income and/or household size. Other issues unrelated to net income or household size such as, resources do not result in overpayment claims.

Example: It was discovered during a case review the categorically eligible household was not entitled to the SUA for the past three months. This results in a change in the net adjusted income and a claim must be established.

**CHANGES IN
HOUSEHOLD
COMPOSITION**

Claims and Investigations Unit (CIU) must be emailed (HHS QAD CLAIMS) after a claim has been established and an adult household member moves into a different SNAP household, so the overpayment will follow this client to the new TEAMS case.

EXPEDITED

If it is determined after receiving postponed verification that some of the information was not accurate on an expedited case, there may not be an overpayment if the household provided information he/she believed to be true. Benefits are adjusted for the following month. However, if the applicant made a false or misleading statement, concealed information, or withheld facts on the application, an overpayment is established and an IPV must be considered.

**GROUP HOME,
DRUG/ALCOHOL
TREATMENT AND
REHABILITATION
PROGRAMS**

Group homes are liable for repayment for agency and household-caused overpayments when representatives of the group home act as authorized representatives (SNAP 201-6). Residents of drug/alcohol treatment and rehabilitation program are required to designate the drug/alcohol treatment, rehabilitation, or mental health center as authorized representatives (SNAP 201-7). Drug/alcohol treatment, rehabilitation, and mental health centers are liable for repayment for agency and household-caused overpayments. The household's benefits must not be reduced to repay the over issuances. When there is an over issuance for a group home, drug/alcohol, rehabilitation, or mental health center resident, Melinda Cummings at Central Office SNAP Unit must be contacted with the case number. A claim will be established with the group home, drug/alcohol, rehabilitation, or mental health

Section: CASE MANAGEMENT

Subject: Over Issuance

center. These claims should not be listed on the overpayment log.

**CHILD SUPPORT/
TANF**

All child support income received after initial TANF or Tribal TANF benefit authorization is excluded income due to the requirement to turn the money over to the Child Support Enforcement Division (CSED); therefore, there is not an overpayment for SNAP benefits for this situation.

**DUAL
PARTICIPATION**

Generally, the state where duplicate benefits were authorized is the one who establishes the claim.

TYPES OF CLAIMS

When a household was over issued benefits, the OPA Case Manager must determine if the error was caused by the agency or the household.

An error is considered an **agency-caused error** if caused by:

1. A state agency action or failure to take action on information known;
2. Incorrect application of policy by an OPA Case Manager;
3. An action by the OPA Case Manager which results in an incorrect determination of categorical eligibility, and the claim can be calculated based on a change in net income and/or household size; or,
4. The Social Security Administration (SSA) failed to take an action that resulted in the household incorrectly being determined categorically eligible.

Agency-caused errors include but are not limited to:

1. The OPA Case Manager failed to take timely action (within 10 days) on a reported change.
2. A computation error was made or policy was applied incorrectly.
3. A change in the SNAP allotment was not made after changing the TANF cash grant.

NOTE: If the OPA Case Manager could have known information at application, recertification, the six month reporting



period, or **when adding a household member** via a query but does not query or does not correctly query the other computer systems, it is considered an agency caused error.

An error is considered a **household-caused error** when the household failed to report, provide information, or provided incorrect information. The OPA Case Manager must determine if the household inadvertently or intentionally caused the error.

Errors caused as a result of one of the following are considered **inadvertent household-caused errors**:

1. A misunderstanding or unintended error on the part of the household.
2. A misunderstanding or unintended error on the part of a categorically eligible household; provided the claim can be calculated based on a change in net income and/or household size.

Inadvertent household-caused errors include, but are not limited to, those claims in which the household:

1. Unintentionally failed to provide correct or complete information;
2. Unintentionally failed to report changes in household circumstances; or,
3. Received continued benefits pending the outcome of a Fair Hearing and the decision determined the household was ineligible or received an over issuance.

Intentional household-cause errors include, but are not limited to, those claims in which an applicant/participant intentionally:

1. Makes a false or misleading statement;
2. Misrepresents, conceals or withholds facts; or,
3. Commits any act that constitutes a violation of the Food Stamp Act or regulations, or any state statute relating to the use, presentation, transfer, acquisition, receipt, or possession of SNAP benefits (SNAP 1505-1).

Overpayments determined to be a household-caused error must be evaluated for Intentional Program Violations (IPVs). Household-caused errors must have a TEAMS case note documenting whether or not an IPV is being pursued, and the reasoning behind the decision. If an IPV is not being pursued the TEAMS case note must include justification to substantiate this decision. A case note must be entered at the point of discovery, throughout the investigation, and when the claim is established.

Clients are informed about their rights and responsibilities (SNAP 103-3) and their reporting requirements (SNAP 1501-3 and 1501-4). Therefore, a household simply indicating they did not understand reporting requirements, forgot to report changes, or did not intentionally cause the error alone does not constitute an inadvertent household error. There must be substantiated and documented unusual circumstances that cause the error to be inadvertent such as:

1. Client has a documented mental condition that causes comprehension or memory problems.
2. Client reported income untimely, but had relocated to a domestic violence shelter during the reporting time frames and caused the untimely reporting.

IPV disqualifications are referred to the Program Compliance Unit even when an over issuance is not established (SNAP 1505-1).

All household-caused over issuance claims are initially established as inadvertent household-caused errors. If the individual is found to have intentionally violated SNAP rules, the Claims and Investigations Unit (CIU) will update the case on TEAMS.

REFUSAL TO COOPERATE

When the OPA Case Manager discovers information not reported according to the participant's reporting requirements, a request for information notice should be sent via TEAMS requiring the household submit information/verification within 10 days. If the household refuses to provide the required information/verification (e.g., actual wage amounts) the case must be closed (timely notice must be provided). A program and person alert should be set on the TEAMS PRAP screen. The participant may be required to respond to the request in writing or over the telephone, but not in person. The OPA Case Manager should attempt to obtain the information from the source (e.g., employer). If the information/verification cannot be obtained, a TEAMS case note should state

Section: CASE MANAGEMENT

Subject: Over Issuance

there is an outstanding claim issue and what information/verification is needed to determine the amount of the claim.

If the case is closed and the household later reappplies, it must cooperate by providing information necessary to calculate the claim. The application will be denied if the household continues to refuse to cooperate with providing verification of actual income during the period of overpayment.

EXCEPTION: If the household is entitled to expedited services, the application must be approved for the first month and the second month held for the information/verification. When the application date is on or after the 16th (SNAP 105-1), hold the third month for the information/verification.

EXCEPTION: If the household is unable to obtain the information/verification due to no fault of their own, the new application can be approved and benefits are not held for the information/verification. The OPA Case Manager will case note why the information could not be obtained.

**PROGRAM
COMPLIANCE
INVESTIGATOR**

A request for contact may not be issued as an attempt to require an individual to meet with, or supply information to, a fraud investigator. Threatening to terminate the individual/household for failure to respond to a request for contact, when the response involves communicating with a fraud investigator, circumvents the right to remain silent. An individual does not face closure if the accused fails to attend an Administrative Disqualification Hearing (ADH), nor is the individual determined guilty of the IPV for failure to appear at the ADH unless the State is able to successfully argue its case before the hearing official. An individual cannot be closed for failure to cooperate in a fraud investigation.

**ESTABLISHING
CLAIM TIMELY**

For agency-caused and inadvertent household caused errors, a claim must be established for any over issuance not to exceed 12 months retroactively from the month of discovery.

For Intentional Program Violation (IPV) error, a claim must be established back to the month the IPV act occurred.

Section: CASE MANAGEMENT

Subject: Over Issuance

The OPA Case Manager must establish a claim and send a demand notice (F902) and over issuance history notice (F903) by the end of the quarter following the quarter that the overpayment is first identified. A quarter is identified as January - March, April - June, July - September and October - December. Therefore, an error discovered in February must have a claim established by the end of June. These dates also apply to over issuances that have been identified by a finalized Program Compliance review.

EXCEPTION: Case corrections for Quality Assurance reviews, and Management Evaluation reviews, and National Directory of New Hire cases must be corrected according to the procedures outlined for each of the reviews.

NOTE: Claims still must be established even if they are not established timely.

An OPA Supervisor must review all overpayment claims for accuracy and timeliness of the claim. The overpayment claim must be approved by the OPA Supervisor and documented in case notes with the title of case note 'OP SUP AP' the same day the claim is established. If the OPA Supervisor does not enter a case note, the claim is deleted by the Claims and Investigations Unit (CIU) and must be reestablished. The OPA Case Manager cannot change overpayments once 'ENTER' is pressed on the OVCA screen, so the OPA Supervisor needs to approve the claim before 'Enter' is pressed. If the OPA Case Manager makes additional changes to the case, the system will add a new overpayment claim, rather than updating the existing claim. If a claim must be deleted or changed, email HHS QAD CLAIMS at CIU.

DETERMINING 1ST MONTH OF OVERPAYMENT

The first month of overpayment is determined according to the reporting requirements the household was given for household and agency caused errors.

All unreported changes and changes that are not reported timely should be evaluated for a possible IPV disqualification (SNAP 1505-1).

NOTE: When determining if a change was reported timely for change reporting households, if the 10th day to report the change falls on a weekend or holiday, the household has until the next working day to report

the change. When determining if a change was reported timely for six month reporting households, if the 10th day of month following the month that the change occurs falls on a weekend or holiday, the household has until the next working day to report the change.

When processing a change and the 10th day to act on the change falls on a weekend or holiday, the OPA Case Manager has until the next working day to act on the change.

Six month reporting households are required to report no later than the 10th of the following month when their **actual income** exceeds the GMI for their household size. The households are also required to report if an ABAWD's hours decrease below 20 hours weekly when that member is identified as an ABAWD and the member's eligibility depends on working 20 hours weekly. This also is required to be reported by the 10th of the following month the ABAWD's hours decrease below 20 hours.

NOTE: An overpayment may exist for TANF and/or Medicaid but may not exist for SNAP benefits because reporting requirements differ between programs. SNAP overpayments are determined based on reporting requirements for SNAP.

NOTE: 10-10-10 guideline does not apply when determining the first month of overpayment for six month reporting households.

Example: A household's actual income exceeds the GMI for its household size on August 20th. The household is required to report the change no later than September 10th. If the household does not report the change by September 10th, there is a possible overpayment for October if the prospectively budgeted income exceeds the GMI and timely notice of closure cannot be given to the household.

Change reporting households must be treated as if all maximum time frames applied. 10-10-10 is a program guideline to establish the first over issuance month. 10-10-10 refers strictly to calendar days counting weekends and holidays.

These time frames are as follows:

10 calendar days for the participant to report;

10 calendar days for the worker to act, and,

10 calendar days for notice of adverse action (SNAP 1505-1).

NOTE: For **agency-caused** over issuances, such as a worker failing to act on a reported change, the first 10 days is not a consideration. If the household reported timely, the allowance is only 10 days from date of report for worker to act and a 10-day notice for adverse action.

Example 1: An increase in unearned income was reported by a change reporting household on March 25th. The OPA Case Manager acted untimely on the change on April 12th. Verification of the change was requested and provided April 22nd. May benefits are authorized at April benefit amount because there are not 10 days to provide the household timely notice to decrease benefits.

May benefits were over issued and an overpayment claim must be established for May.

Example 2: An increase in unearned income becomes known March 15th for a change reporting household but is not reported until April 30th. The household received more benefits in May than they were eligible to receive.

The 10-10-10 period ends April 14th. April's benefit issued at the previous benefit level is within policy requirements and an overpayment is not established for April. An overpayment is established for May.

The change reporting household was required to report the change in unearned income of more than \$50 by March 25th. If it was reported timely, the OPA Case Manager had until April 4th to act on the change. There would not have been time to allow for timely notice of decrease for April benefits so May is the first month the overpayment is calculated.

Section: CASE MANAGEMENT

Subject: Over Issuance

LOSS OF DISREGARDS

If the income was not reported timely, earned income disregards cannot be allowed on the portion that was not reported/verified timely. This income should be coded 'LF' (loss of disregards for a SNAP only case) or 'LB' (loss of disregards for both TANF cash assistance and SNAP).

PROCEDURE TO CALCULATE OVERPAYMENT

For change reporters, when an error is discovered, request actual circumstances of the element(s) that caused the error to calculate the overpayment.

Example 1: The medical expense deduction was incorrectly determined for a household member at recertification for December benefits. A review of the case in March finds an agency error causing over issued benefits. The OPA Case Manager corrects the case in April by determining the correct medical expense deduction for May and providing the household timely notice of decreased benefits.

Actual medical bills for December, January, February, March, and April are needed to calculate the over issuance amount. Since this is an agency-caused error, benefits are restored for any months resulting in under issuances and used to offset the overpayment. The OPA Case Manager must wait 10 days after sending the overpayment demand and history notices (F902 and F903) to authorize the under issuance so the under issuance will be recouped to offset the over issuance.

If it was a household-caused error, benefits are not restored. The OPA Case Manager deletes the under issuance on the UNAU screen and documents in TEAMS case notes that the under issuance was household-caused, and a restoration/supplement is not appropriate in this case.

Example 2: Tim began working March 15th and reported the new job July 5th. The 10-10-10 rule is applied. Tim was required to report the new source of income by March 25th. If Tim reported the change timely, the OPA Case Manager had until April 4th to act on the change. Timely notice of decrease could not be given to the household for April benefits. The overpayment is

established using actual income each month beginning May through July.

For six month reporters, the amount of the claim is based on the corrected circumstances that should have been used at certification, six month report period, recertification, or when a change was reported/discovered that required action. An overpayment could be the result of one of the following four circumstances:

1. When a household provides the OPA Case Manager with inaccurate information at the interview, the OPA Case Manager only requests verification of the inaccurate information.
2. When the OPA Case Manager inadvertently enters incorrect information into TEAMS, the OPA Case Manager should compute the overpayment using only the corrected information for that particular circumstance.
3. When the household's actual income exceeds the gross monthly income (GMI) standard during the six month reporting span, the household does not report the increased income timely, and the prospectively budgeted income exceeds the GMI.

Example 1: The OPA Case Manager discovers at six-month report period, the household's actual income exceeded the GMI in month two of the certification period. The household had until the 10th of month three to report and did not report it. The household's income exceeded the GMI in month four, was under the GMI for month five, and was over the GMI in month six.

The overpayment is calculated for month four, five, and six using income that would have been prospectively budgeted if the income had been reported by the 10th of month three.

Example 2: The household was recertified in September 2009 for October benefits. In January 2010, the household reported and verified decreased income. Benefits increased for February. The household submitted the Six Month Report in

Section: CASE MANAGEMENT

Subject: Over Issuance

March 2010 for April benefits. At the six month report period, it was reported and verified income decreased again.

It was discovered through a case review in May 2010 the household incorrectly reported at recertification household composition of three people. The correct household composition was two people.

The household exceeded the GMI for the household size of 2 for October 2009 - January 2010. The overpayment is established for the full allotment from October through January. In January, the household reported and verified income decreased and was under the GMI for a household size of 2. Since the household reported and verified the decreased income in January, the overpayment for February and March is established using that prospectively budgeted income figure for the household size of 2. The overpayment for April and May is established using the prospectively budgeted income figure from the six month report period in March 2008 for April benefits.

4. When an ABAWD work hours decreased below 20 hours (averaged monthly), and the household does not report the decreased hours timely.

For self-employed households, the actual annualized income should be used when computing an overpayment involving self-employment income.

Example: The household reported that their annual self-employment income was \$12,000 so the budget reflected \$1,000 per month. Later it was discovered the household's correct self-employment income was \$24,000. When computing the overpayment \$2,000 per month will be used as the 'actual annualized' income.

UNDER ISSUANCE If more than one past month is being re-evaluated, all overpayment months will be totaled into one overpayment claim. If some of the months reworked result in an under issuance, the restoration should

only be authorized if the error was caused by the agency (SNAP 1504-2). For household-caused under issuances, the OPA Case Manager deletes the under issuance on the UNAU screen and documents on TEAMS case notes that the under issuance was household-caused, and a restoration/supplement is not appropriate in this case.

Deleting under issuances on the UNAU screen is completed by:

1. Entering a 'D' in the 'Action CD' field;
2. Leaving error cause blank; and,
3. Entering your password in the 'Underpayment Authorization' field.

OFFSETTING CLAIMS

In cases when an initial allotment is received within 60 days of the date the application is filed and is paid retroactive to the date of the application; the allotment cannot be reduced to offset prior claims. TEAMS is currently programmed to meet this requirement by not offsetting initial allotments.

If an over issuance claim has not yet been established and there is also an under issuance that needs to be authorized, both actions must be taken on OVCA (Overpayment/Claim Authorization) and UNAU (Underpayment Authorization) screens.

If there is an open over issuance claim for months prior to the under issuance month, the **entire restoration** (SNAP 1504-2) will be applied to the oldest outstanding claim up to the total amount needed to satisfy the overpayment claim.

NOTE: TEAMS is not programmed to recoup under issuances when correcting a case due to an agency-caused error, and some months result in over issuances and some months result in under issuances. **The OPA Case Manager must wait 10 days after sending the notice on the over issuance claim to authorize the under issuance, so the under issuance will be recouped to offset the over issuance.**

If a household is entitled to a supplement and there is an open over issuance claim for months prior to the under issuance month, the amount recouped will be **\$10.00 or 10% of the supplement, whichever is greater**, up to the outstanding over issuance amount.

Section: CASE MANAGEMENT

Subject: Over Issuance

Households determined to have committed an IPV must have an allotment reduction of \$20.00 or 20% whichever is greater.

**FAIR HEARINGS
AND CLAIMS**

The OPA Case Manager will re-notify the household of a claim determined within a fair hearing decision. If the amount of claim is not included in the fair hearing, the OPA Case Manager will send the household a demand notice (F902) and will include in the free format area of the notice that the notice is a re-notification due to the fair hearing decision.

**SYSTEM AND
MANUALLY
CALCULATED
OVERPAYMENTS**

When a SNAP over issuance is determined, benefits are re-calculated by entering correct information and allowing TEAMS to establish an overpayment claim and to determine the overpayment amount.

There are situations, such as if the household is totally ineligible due to duplicated assistance in another state or exceeds the resource limit, when a manual over issuance must be established by the OPA. If a manual overpayment is done, the system may be unable to determine why an over issuance exists, and may create an under issuance to compensate. This will appear on the EXAD screen.

The processes to establish system and manually calculated overpayments can be found at the TEAMS Training Website at:

http://vhsp.dphhs.mt.gov/sevp/teams/teams_tools/teams_user_guide/1500/1500-P6%20~%20Overpayments.pdf

NOTE: The OVCA screen allows overpayment entries for 18 months. If there are more than 18 months, the OPA Case Manager must manually add together and combine the amounts with the 18th month to establish one claim and document in case notes to explain.

When a claim is established due to a combination agency/household-caused error, the OPA Supervisor will contact the Regional Policy Specialist for clarification prior to establishing the claim.

After the claim has been established and approved, the OPA Case Manager sends TEAMS notice F902. The notice explains the reason an overpayment exists, the amount of the overpayment (e.g., original amount minus corrected amount equals overpayment amount) and instructs the household to contact CIU

Section: CASE MANAGEMENT

Subject: Over Issuance

to negotiate a repayment agreement. The notice situation for the F902 will be created when an overpayment claim is entered on OVCA. The OPA must inform the household that the monthly allotment will be reduced using adequate notice. TEAMS is programmed to automatically send notice, F903, when the F902 is sent. The F903 informs the household of the details of each of the overpayment months on the claim.

NOTE: If the household is receiving assistance when the claim is established, the OPA should not attempt to secure a repayment agreement. Refer the household to the Claims and Investigations Unit for repayment agreements.

TEAMS case notes must clearly document overpayment circumstances; e.g., when overpayment was first discovered, cause of overpayment, the income and calculation used to establish the overpayment (actual income, loss of disregards for unreported income, first month of overpayment when 10-10-10 rule is applied, etc.).

The OPA Case Manager cannot change overpayments once 'ENTER' is pressed on the OVCA screen. If the OPA Case Manager makes additional changes to the case, the system will add a new overpayment claim, rather than updating the existing claim. Overpayment claims can only be changed by the supervisor the **same day** the claim is entered. If a claim must be deleted or changed, email HHS QAD at CIU.

METHODS OF REPAYMENT

1. Lump Sum Payment - The household may make a cash or SNAP payment for the entire amount of the claim. The household should not be required to liquidate all its resources to make this lump sum payment.
2. Installment Payment - If the household is unable to repay with a lump sum, payments may be accepted in regular installments or a partial payment and regular installments for the balance. Installment payments must be negotiated with CIU. Refer the household to CIU for the repayment agreements. Phone number to call is 444-2978.
3. Allotment Reduction - This method will automatically be used for all households still receiving SNAP benefits. Recipient households may choose lump sum or installment payments in addition to allotment reduction.

The allotment reduction is \$10.00 or 10% of the current allotment whichever is greater. Households determined to have committed an IPV must have an allotment reduction of \$20.00 or 20% whichever is greater.

The household can elect to have a higher dollar amount (not percent) deducted by sending a request to CIU.

Allotment reductions for households with outstanding claims who reapply for assistance will begin with the first **FULL** month's allotment.

TEAMS will maintain a record of:

- a. The full allotment amount the household is eligible to receive;
- b. The amount withheld from the household's monthly allotment; and,
- c. The amount the household actually receives.
 - Offset Debt with Electronic Benefit Balance – SNAP participants may request the OPA Case Manager to reverse funds toward repayment of an overpayment claim from their Montana Access account. To remove funds from the EBT account, the OPA Case Manager completes a 'Request to Offset form, HCS/SNAP-004.

This is applied as a **one-time** reduction and is not for future ongoing reductions. The household's signature is required on the form. One copy must be provided to the participant, one copy to Penny Hunsaker, DPHHS, Box 202925, Helena, MT 59620-2925, and one copy in the case file. An email must be sent to Penny Hunsaker at Central Office SNAP Unit, with a copy to Tana Boldt, indicating the amount of the deduction requested by the participant.



SNAP participants may also verbally request to reverse funds toward repayment of an overpayment claim from their Montana Access account by contacting CIU at 444-2978.

NOTE: Participants should contact Customer Service for the balance in their account prior to completing the form to ensure there is the amount of benefits in the account that they want to use for repayment.

4. SNAP benefits not accessed in 365 days are expunged and no longer available to the household. If there is an outstanding overpayment, the benefits are applied towards the overpayment prior to being expunged. This is completed at Central Office.
5. Treasury Offset Program (TOP) - Accounts that are delinquent for 90 days or more will be referred by CIU to TOP or the Department of Revenue for collection. Funds that can be recouped include federal salaries, income tax returns, Social Security benefits, and any warrants issued through the State Department of Revenue. Concerns regarding collections are to be referred to CIU. Phone numbers for TOP are 1-888-241-8657 (toll free) or 406-444-4176 (Helena).

COMPROMISING CLAIMS

The department may compromise or reduce an overpayment claim or any portion of an overpayment claim if the department can determine that the household's financial, mental or physical situation will prevent repayment of the overpayment claim within three years.

Compromises are determined per program. TANF and SNAP overpayment claims cannot be combined when determining compromise.

Compromise will only be considered for:

- a. Agency caused error claims; and,
- b. Inadvertent household caused error claims.

Compromises will not be considered for:

- a. Suspected/Established Intentional Program Violation Claims;
- b. Claims as a result of receiving continued benefits pending a Fair Hearing; and,
- c. Court ordered restitutions.

**COMPROMISE
PROCEDURE**

The household must provide a written request to the Claims and Investigations Unit. The household can contact the Claims and Investigations Unit by writing to P.O. Box 202953; Helena, MT 59620-2953 or by calling 444-2978.

The household's financial circumstances must preclude repayment of the full claim within three years as determined by the compromise formula:

- a. Determine the monthly allotment for the current household size with zero income.
 - b. Use the SNAP maximum allotment.
 - c. Multiply the allotment/standard by 10%.
 - d. Multiply the result by 36 months.
 - e. Subtract the computed amount from the amount of the established claim.
 - f. Compromise any amount in excess of the computed amount.
 - g. Compromise any amount remaining that is equal to or less than the Department's claims establishment threshold.
 - h. Any compromise of \$1000.00 or greater will require supervisory review.
- Other household circumstances that may preclude repayment of the full claim within three years will be determined on a case by case basis.
 - Compromised claims will remain compromised even if payments become delinquent.
 - There is no requirement for the claim to be paid within three years.
 - Repayment plans can be negotiated to decrease monthly payments.
 - No further compromise of any specific overpayment is allowed.

TP