CLAIMS HANDBOOK

How Do I Do
What I NEED To Do?

Revised December 2010

Forward and Acknowledgements

With the needs of the counties in mind, this handbook has been prepared by:

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The handbook is intended to assist Claim Managers, Supervisors and Program Specialists in the establishment, maintenance, collection, closure and purging of records of claims. It is not a policy manual but rather a guide to the application of policy. Please use it to assure that your county is correctly addressing claim issues.

Claims policy/procedure/fiscal questions should be addressed as follows:

Policy/Procedure..... Claims Program Specialist
State Office Claims / Collections Unit..... 404 463-8948
State Office Claims / Collections Unit FAX..... 404 657-3626
Consumer Service Number 1 800 669-6334

Georgia Department of Human Services
Claims/Collections Unit
P.O. Box 38442
Atlanta, Georgia 30334-0442

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Overview of Benefit Recovery

Benefit errors occur when an Assistance Unit (AU) receives an incorrect benefit amount in the Food Stamp, Temporary Assistance for Needy Families, Child Care or Refugee Assistance Program.

Federal and State regulations provide for the mandated recovery of over-issued benefits or the restoration of under-issued benefits.

Benefit errors are generally caused by:

- A customer unintentionally providing inaccurate or incomplete information
- A customer deliberately providing incomplete or inaccurate information
- A case manager failing to take action on known information
- A case manager miscalculating benefit entitlement

In the programs supported by SUCCESS, errors must be corrected by:

- Invalidating the benefit error if unsupported by verification, case documentation, policy or if it meets fiscal criteria
- Validating the error by issuing an underpayment (UP) or establishing a claim
- Referring the suspected program violation to the Office of Program Integrity and Compliance (OPIC)

The **Office of Family Independence Policy Manual** provides policy to determine the validity of benefit errors.

The **Benefit Recovery** portion of the Office of Family Independence Policy Manual (**Volume IV)** is a specific guide to the management of benefit errors.

The **SUCCESS User Manual** provides instructions for the automated tracking and reporting of benefit errors and recoveries.

The **Field Fiscal Services Policy and Procedures Manual** provides guidelines for managing the recovery of and ensuring the fiscal integrity of recovered funds in the county.

The **Claims Handbook** provides the County and State with established procedures for claims management.

Claims management includes monitoring the management reports produced by SUCCESS as well as claims file maintenance and customer service to those whose claims we manage. It also includes working with state and other county personnel to assure that we recover all that is due but no more, and that we complete this task while allowing the debtor to maintain dignity.

Glossary of Terms Used In Benefit Recovery

Agency Error (AE)	Any benefit error not attributed to a customer's failure to report changes.
Bankruptcy	Protection of a debtor, via the courts, from debt collection by creditors.
Bankruptcy Discharge	The debtor has met the necessary guidelines for Chapter 7 or Chapter 13 and the debt can no longer be collected. Terminate remaining balances.
Bankruptcy Dismissal	The debtor has not followed the necessary procedures set forth by the courts. Debts are returned to collection status.
Benefit Error	An over or under payment in a monthly benefit to which the customer was entitled.
Benefit Recovery	The process of identifying, validating, releasing, scheduling and monitoring claims.
Claim	The product of validating and releasing benefit errors.
Claim File	A physical file containing verification of the validity of the debt. Each debt owed to the state must have a paper file.
Claim Status	Collection status is active, pending, suspended or closed. An active claim will accept payments. A pending claim will not accept payments until approved and scheduled. A suspended claim will not send a notice of debt or force involuntary payments. A closed claim is either paid in full or the balance is terminated.
Collectible Debt	A debt which has been placed into an approved recovery schedule in which the customer has been notified.
Compromise	The act of reducing the original balance of a debt when the customer is not able to pay the entire amount in the time allowed by policy.
Concurrent Disqualification	Two separate disqualifications that cover a portion of the same period of time.
Date of Disposition	The date a claim is completed in SUCCESS. Claims must be completed within 60 days from the date of establishment.
Date of Establishment	The date a potential benefit error is identified in SUCCESS (AE.IHE) or the date of adjudication (IPV)
Delinquent Debt	A claim where a payment has not been posted within a month of the establishment date or within a month of the last payment date. Payments must be received and posted monthly.
Disqualified Recipient Subsystem (DRS)	Federal database used to track individuals IPV disqualified from the FS program nationwide. Each state is responsible for updating the database as new IPV disqualifications are imposed.
Fraud	The commission of an intentional program violation.
FTOP	SUCCESS format for TOP used to identify 60 day notices sent to AUs.

Inadvertent Household Error (IHE)	Any benefit error due to the customer's unintentional failure to report changes; or the result of a fair hearing request where benefits are continued pending the outcome of the hearing.
Intentional Program Violation (IPV)	Any error proven to be caused by deliberate and intentional failure of the customer to report circumstances timely in an attempt to receive additional benefits.
Liable Adults	Head of Household and all other members of the AU were 18 years and over at the time the overpayment or trafficking occurred.
Misuse of Benefits	The act of using FS benefits inappropriately by purchasing nonfood items, purchasing for others, etc. where no profit is made.
Negotiation	The act of determining an amount to be paid monthly based on the customer's ability to pay and the claim type.
Office of Investigative Services (OPIC)	An agency which investigates suspected fraud, establishes debts resulting from intentional program violations and determines whether program disqualifications are appropriate.
Offset	The act of causing funds otherwise due to the customer to be used to pay a debt to the state.
Overpayment (OP)	Benefits received in excess of entitlement.
Release	Action taken to confirm validity of an overpayment to begin the recovery process.
Schedule	To place a valid error in a recovery mode.
Standard of Promptness (SOP)	The time limit allowed for disposition of a claim.
Subsequent Disqualification	An additional disqualification that follows a previous period of disqualification.
Suspected Fraud (SIPV)	The status of a claim during the OPIC investigation and before IPV is established.
TOP (Treasury Offset Program)	Federal computer program used to assist in recovery of delinquent debts through federal benefits, including but not limited to tax refunds, federal salaries and retirement and RSDI.
TOP Collectible	The claim meets all criteria for referral for intercept of federal benefits.
Trafficking	The act of selling or otherwise trading FS benefits for profit.
Underpayment (UP)	Additional benefits owed to the customer to meet actual entitlement.
Validate	To determine that an error has been corrected and documented appropriately and an overpayment or underpayment exists.
WWW.odis.dhr.state.ga.us	Web address used to access online policy and procedure manuals for the Food Stamp, TANF, Medicaid and Benefit Recovery programs.

CLAIM FILES

The claim file is a legal, fiscal file verifying a debt and must contain sufficient documentation and information to support the debt.

Underpayments and invalidated overpayments do not require a claim file.

Valid claims must have a file that is identified by the AU number and head of household, the claim sequence number and type, the date of establishment and the date of payoff or termination. The file should be marked for purging when the debt is paid in full or terminated.

Counties may elect to use one folder for each AU with multiple claims, separated by sequence. The claim file may either be located inside the active case record or filed in a central location. Claim files for inactive cases must be maintained centrally.

The AE/IHE claim file must contain:

- Identification of all liable adults in the AU for the overpayment months
- SSN and DOB for all liable adults in the AU
- Verification to support the debt
- Proof that the AU received benefits to which it was not entitled
- A budget for each month of overpayment
- Screen print of claims documentation
- Proof of initial notice of claim to the AU
- Repayment agreement if available

The IPV Claim file must contain:

- Form 5667 and OPIC disposition packet containing supporting documents, including liability documentation.
- Court Order / Consent Agreement / Hearing Decision / WDH
- DRS Screen Print (FS only)
- DEM3 screen print for all programs where customer is active receiving benefits

All claim files must contain:

- Proof of review and credit of expunged benefits
- Returned correspondence
- Copy of receipt for manual payments and proof of posting

Claim files are purged 3 years after date of closure unless there has not been a fiscal audit since the closure date. Maintenance of the OFI program file is not required to support the debt.

When an established claim is later found established in error and payments have been posted, the payments must be returned to the AU in the same form as received. The claim is terminated after the payments are returned to the AU. These claims cannot be invalidated (IE).

DOCUMENTATION

Claim information is documented on the NARRATIVE screen for the head of household. This screen is client specific, not tied to any single case number and is accessible for documentation when the debtor is active. The ADDR/NARR screen can be updated on closed cases by accessing the last active month of any related case.

Claims ADTs are provided for FS/TANF AE/IHE, suspected IPV and invalid/error claims. Use is strongly recommended but not required. Accessibility to the claim ADTs can be obtained by pressing the tilde key (~) at the ADDR screen and selecting the appropriate # for claim documentation.

Supporting documentation of AE/IHE errors will include:

- The date and method of discovery
  (When was the agency first notified of the change and how was the information received?)
- The cause and amount of the overpayment
  (What action did the case manager take and why did the case manager take the action to create the overpayment – how much is owed?)
- The date of the action
  (When did the worker make the corrections in the system?)
- Liable AU members
  (List the head of household and any other AU members who were 18 years of age or older at the time the overpayment occurred, including SSN and DOB)
- Follow up data regarding receipt or non-receipt of the repayment agreement
  (Did the customer respond to the letter mailed by the system and did the agency discuss the overpayment with the customer?)
- Returned mail or subsequent contact with the debtor
  (Was the repayment agreement returned by the post office as undeliverable? Did the customer request a fair hearing? Was there any other discussion with the customer?)
- Subsequent claim actions

OFI case managers should follow up at application and review to assure a repayment agreement is on file for any AE and/or IHE claim the customer owes. If an agreement has not been completed, the case manager or claims manager needs to negotiate a repayment agreement and have it signed by the customer. The presence of a claim in collectible status is indicated in the upper right corner of the STAT screen by a purple "Y" in the claim indicator field. RMEN can be accessed from STAT by pressing "F20".

THE SUCCESS SUBMENUS

The following three submenus used for claims management and accessed from the main menu are referenced throughout the handbook.

RMEN – Benefit Error

A. (CLMM) holds overpayments and underpayments identified by the system until confirmed and released.
B. (CLMM) used to manually add pre-SUCCESS OPs and UPs.
C. (CLMM) used to manually add OPs and UPs without SUCCESS historical data.
D. (CLMS, CLMM) inquiry only, includes data for valid claims, error claims and underpayments.
E. (CLMS, CLMM) used to update or change the claim type or claim status. CLMM data may be changed prior to approval.
F. (CLMS, CLMM) used by supervisors to approve a claim.
G. (CLMS, CLSC) inquiry of a recovery schedule on an active claim.
H. (CLMS, CLSC) used to establish or change a recovery schedule.
I. (CLMS, CLSC) used by supervisors to approve the initial schedule.
J. (RECP) bookkeeping screen used for posting payments and adjusting claim balances.
K. (CLMS, CLMT) inquiry only on transferred claims (TT).
L. (CLMS, CLMT) used to transfer a claim to another case number.

Refer to SUCCESS user manual section 5.3 for screen details

MMEN – Benefit History

A. (BENL) used to verify the benefit history and receipt of benefits, identify expunged benefits to be credited to newly established claims, and to access the benefit detail screen (BEND) to determine where the case was last active for a particular benefit month. This screen may also be used to help locate missing claim files.
C. (BENR) used to track payments and other adjustments to the claim Balance, and verify expungements previously credited to claims.

Refer to SUCCESS user manual section 5.2 for screen details

OMEN – File Inquiry

J. (DRS1) inquiry only on Food Stamp disqualifications entered into DRS (Disqualified Recipient Subsystem)
K. (DRS1) used to update disqualifications received from OPIC into the DRS database.
DRS does not impose a disqualification or transmit data to DEM3
L. (FTOP) used to inquire on federal and state offset. Documentation entered by the Claims / Collections Unit staff can be found on REMA behind this screen.

Refer to SUCCESS user manual section 6.1 for screen details

CLAIM TYPE AND REASON CODES:

Claim Type Codes used by case managers:

- **U** Agency error – all programs
- **C** Inadvertent household error – all programs
- **E** Error – Invalid or meets criteria for invalidation (closed/active cases)

The "R" code is no longer applicable. This code should not be used for any program. Any "R" codes currently in the system should be changed to "U" as they are located.

Claim Type Codes used by OPIC:

- **S** Suspected Fraud (used until the debtor is notified and the investigation is completed)
- **A** Waiver of Disqualification Hearing (WDH)
- **B** Reserved for future use by OPIC
- **D** Disqualification Hearing Decision (ADH)
- **F*** Criminal Prosecution (Indictment) – Pay to Court (Probation Office)
- **L** Consent Agreement – Pay to County
- **P** Reserved for future use by OPIC
- **Z** Disaster Fraud

Reason codes required on FS notifications to the AU and used as required by case managers and OPIC:

- **E** EBT trafficking
- **F** Drug conviction/fleeing felon status
- **H** Incorrect number of household members
- **I** Incorrect earned income
- **O** Incorrect shelter or other expenses
- **P** Dual assistance/incorrect demographics
- **U** Incorrect unearned income
- **R** Over resource limit

Benefit errors coded with the same claim type and identified at the same time are processed together into one claim. The benefit errors do not have to be in consecutive months. SUCCESS will add the overpayments of the same claim type together and subtract any pending underpayments to determine one claim balance.

* After the probation period ends, claim type must be changed from F to L to allow for grant reduction and other payments. Notify the Claims / Collections Unit of change in claim type.

IDENTIFYING AND DISPOSITIONING AN UNDERPAYMENT

Underpayments (UP) are additional benefits owed to the customer to meet actual entitlement per FS/TANF policy. When these benefits are due the customer:

- The TANF/FS case must be corrected the month verification is received but no earlier than the month after the month of report.
- The underpayment is issued for the month of discovery and 12 months prior, **ONLY**.
- There is a 60 day SOP for underpayments, which must be released regardless of case status. If an underpayment is released on a closed TANF case it will remain in PI status until the TANF case becomes active again.
- The 60 day SOP does not apply to reinstated benefits.
- Underpayments are coded "U" – agency error.
- If claims exist, the underpayment will be offset as payment unless the underpayment is the result of reinstatement or an expedited change. See Pg 25 for additional information.
- Thresholds do not apply.
- Underpayments do not require approval/schedule.
- Documentation is required on NARR.

IDENTIFYING AND DISPOSITIONING AN OVERPAYMENT

If IPV is suspected, complete form 5667, Request for Investigation, and forward the form 5667 to OPIC. OPIC has one year from the date of discovery to establish an SIPV claim or return the referral to DFCS for establishment of a non fraud claim within the same time period.

Correct suspected IPV cases ongoing, but **DO NOT** make historical changes to the case. Changes caused by related case processing are invalidated if included in an OPIC referral. Document completion of form 5667 on NARR.

For AE and IHE overpayments:

1. Correct the month of establishment and 12 months prior.
2. Follow SUCCESS procedures for entering the correct data historically. SUCCESS will calculate the benefit for which the AU was actually eligible and subtract it from the amount received, with correct ARRA benefits included. The benefit error is identified with an overpayment type on FSFI/CAFI.
3. Enter a reason code on FSFI for FS claims. SUCCESS transfers the information to the RMEN submenu for confirmation.
4. Document the overpayment on NARR.
5. Complete the case action and confirm the change(s) for each error month. Access NARR for the month the claim exists to assure correct liability is identified.
6. Access RMEN, option A.
7. Correct the codes if necessary.
8. Release the overpayment(s) by pressing **ENTER.** The overpayment(s) are combined to create one claim.

These steps are necessary for all codes, including overpayments coded "E".

Prior to approving a claim:

- If the OFI case is **closed** and the total debt is $125 or less, the debt is invalidated.
- If the OFI case is **active** and the total debt is $100 or less, the debt is invalidated.

If an overpayment is discovered during a Quality Control review it must be scheduled for collection, regardless of the amount of the overpayment or the status of the case.

The Office of Program Integrity and Compliance (OPIC) follows the same guidelines as above in determining whether or not to establish a claim based on a suspected fraud referral, but may establish a claim for any amount if EBT Trafficking has occurred or there is a prior IPV.

Once a claim is scheduled for collection and the customer notified, the threshold for invalidation no longer applies and the claim must be collected.

APPROVAL AND SCHEDULE OF NEW CLAIMS (Supervisor function)

Review documentation on NARR – Verify claim type (agency or inadvertent household error). Change claim type if necessary (RMEN E, select claim (Y))

Review total amount of debt, change code to E if balance is under threshold.

Compare claim to benefit history to assure that customer received benefits. Benefits offset as claim payments are also considered received.

If claim is valid and balance is correct:

1. Approve valid claim (RMEN F). Select claim (Y) and change NA to AP
2. Set schedule (RMEN H). Select claim (Y).
   If active – Code formula recoupment (F)
   If closed – Code manual recoupment (M) + $ amount (See Pg. 14)
3. Approve Schedule (RMEN I). Select claim (Y) and change NA to AP
   Notice 2055 – Initial Notice of Debt which includes a repayment agreement will be system generated in overnight processing cycle.
4. Screen print pgs 1 and 3 of Notice 2055 or mail manual notice if Notice 2055 was not generated.
5. Credit any expunged benefits not previously credited (Refer to Pg. 31)

RECOVERY SCHEDULE CODES

Recovery schedules are established on RMEN-H (CLMS, CLSC). Use the following codes for recovery mode:

M **Manual** posting of payments (closed cases)
A recovery amount is required. The amount should allow the claim to be paid in full within a reasonable amount of time not to exceed 36 months for AE and IHE claims. To determine the $ amount, use the **highest** total from the following:

a) debt balance divided by 36 for AE claims and IHE claims
b) $10

Do not enter less than $10.00.
Renegotiate monthly payment with customer when appropriate. Refer to Pg. 22 for additional information.

A **Amount above formula** (active cases)
The debtor may elect to have benefits recouped above the formula amount required by policy. SUCCESS will recoup the amount identified on CLSC (recovery amount) or the formula amount, whichever is greater. Enter the desired amount (formula plus extra).

F **Formula** recoupment (active cases)
SUCCESS will set up benefit reduction based on program policy and claim type. See Collection Methods for details. (Refer to pages 23-25)

- IPV "F" type claims are to be paid to the court or probation office and are not subject to formula recoupment. "F" type claims are subject to underpayment offset. State tax/federal benefit offset is applicable if the probation office reports irregular payment and the claim becomes delinquent. "F" type claims should not be suspended to prevent grant reduction as SUCCESS processes these claims correctly. Refer to Pg. 23 for additional information.

DETERMINING SOP AND STATUTE OF LIMITATIONS

Standard of Promptness (SOP):

- All benefit errors (overpayments and underpayments) must be dispositioned within 60 days of establishment unless referred to OPIC.
- All suspected fraud referrals forwarded to OPIC must be dispositioned within 12 months of the date of discovery of the suspected fraud.
- Non fraud referrals returned by OPIC to the County for completion must be scheduled for collection within 12 months of the original referral date or within 60 days of the date on the OPIC disposition letter, whichever comes first.
- Reinstated benefits do not meet the criteria for offset and must be issued immediately. The 60 day SOP does not apply.

Statute of Limitations:

- IPV claims are established no more than 6 years prior to the date of referral to OPIC.
- AE and IHE claims are completed for no more than 12 months prior to the date originally established in SUCCESS or 12 months prior to the date returned by OPIC via disposition letter.
- Underpayments are restored for the month the error is discovered and the 12 months prior, only.

COMPROMISE – WRITE OFF

A customer may request that their non fraud claim balance be reduced or in extreme cases eliminated if the balance cannot be reasonably be paid within 3 years of the original establishment date, and need or hardship is demonstrated. The portion of the debt that is written off will remain available for payment via underpayment offset after the agreed to balance is paid in full but the claim will show $0 balance in SUCCESS and the written off portion will never be considered delinquent. A monthly payment must be negotiated, and all agreed to payments must be received in a timely manner until the agreed to balance is paid in full or the compromise agreement will be voided. A Compromise Repayment Agreement must be signed. If grant reduction payments are originally negotiated and the case later closes, payments must continue manually until the claim balance is $0.

If the customer is currently receiving benefits, demonstration of need is met, and the claim may be reduced to an amount that can be paid in full within 3 years of the establishment date using the customer's monthly recoupment amount as the negotiated monthly repayment amount.

Hardship is determined on a case by case basis by examining the customer's income and expenses as well as other household circumstances that may hinder payment.

A claim compromise is determined using the Compromise Worksheet which captures the case status, income and expenses. Clients are to receive written notification of the compromise request decision (approvals / denials).

To compromise a balance in SUCCESS:
On RMEN H – select claim (Y). Enter the compromise amt (total amount that the customer is expected to pay including any payments already posted) and compromise reason O.

Document NARR. Include reason for compromise, negotiated monthly payment, and # of months to be paid.

Track payments monthly and remove compromise in SUCCESS if monthly payments are missed and the claim becomes delinquent.

CLAIM STATUS CODES

The status of a claim appears on the claims status screen (CLMS). The claim status can be viewed by accessing RMEN-D and can be changed by accessing RMEN-E. The SUCCESS claim status codes indicate whether a claim is pending, active, suspended or closed. The codes are:

Pending claim status codes:

PA Pending supervisory approval of a claim.
PP Pending an established schedule.
PS Pending supervisor approval of schedule / Pending OPIC adjudication (Type S).
PI Pending underpayment for inactive TANF AU. Underpayment is released when case becomes active again. Consult your TANF Program Specialist or the policy manual for additional information.

Active claim status codes:

OP Open for benefit reduction – Only one claim per program should be open at any given time.
RP Ready to process. Manual payments, tax intercepts and offsets are allowed. A claim may be in RP status when a case is closed or when another claim attached to an active case in is OP status.
SB Reserved for future use.
SU Suspend from collection. The code suspends all collection activities and delinquent debt notices to the AU.

Closed claim status codes:

IE Claim in error/invalid for collection. The status code cannot be changed and the claim cannot be reopened.
OV Over-collected claim. The claim is considered paid in full with a negative balance. The over-collected amount must be posted as a payment on another debt or restored to the customer. Over-collection due to EBT expungement is not restored to the customer but is used to reduce another debt balance in the same program.
PD Paid in full.
TM Terminated manually.
TT Terminated and transferred. Claim has been moved to another AU number.
TW Terminated with write-off of less than $1.00. Claim is considered paid in full. System assigned code.

Claim files are purged 3 years after date of closure unless there has not been a fiscal audit since the closure date.

SUCCESS SYSTEM NOTICES

Initial notice of generated overpayment (0055,1055,2055)
A notice is generated and mailed to the assistance unit by SUCCESS when the supervisor approves the schedule for an agency error or inadvertent household error claim. The notice includes information about the claim, a repayment agreement and notice of a right to a fair hearing. If a fair hearing is requested **suspend the claim immediately**. Leave the claim in suspended status until the hearing process is complete. Re-notify customer after hearing decision is received. Refer to Pg 49 for additional information.

The OPIC investigator mails initial notices for IPV claims.

Manual notices, including a repayment agreement and notice of fair hearing rights, must be sent when:

- A notice is not generated by SUCCESS.
- The claim type is changed.
- An incorrect notice is generated by SUCCESS.

Any notice regarding a claim that is mailed through the US Postal Service is considered to have been received by the debtor unless it is returned to the DFCS office as undeliverable.

The Repayment Agreement
A repayment agreement is included in the initial notice of overpayment as a part of the SUCCESS generated notice. Form 486 must be attached to a manual notice of overpayment and should be used as a follow-up when the debtor does not respond initially.

The debtor should sign a repayment agreement as soon as possible. The signature is proof that the debtor is aware of the claim and that he/she takes responsibility for payment. However, the signature is not required by federal policy for any recovery, including benefit recoupment or State Tax Offset and/or Federal Benefit Offset, to take place. Form 486 is currently available through the State Office. A sample of the form is located in the forms section and on ODIS.

Delinquent Debt Notice (0060)
Notices are mailed periodically to households if regular payments are not received. Frequency is determined by the claim type and by the claim balance. Notices are mailed to the last known address attached to the same benefit program in SUCCESS. File all returned mail in a timely manner and update the system with current addresses whenever possible so customers will receive notification of the delinquent debt.

Notice of Intent to Intercept (1056)

A notice is mailed to a household when the debt reaches TOP delinquency (no payment for 180 days after the claim becomes delinquent). The debtor is notified of the intent to intercept federal benefits and given a deadline of 60 days to dispute the intercept or make other arrangements to pay the balance due. The claims manager must review Report DMJ5803I monthly to verify the validity, liability, delinquency, and the balance of the claim within 60 days of customer's receipt of notice to prevent invalid or uncollectable claims being submitted to TOP. All other inquiries from the debtor should be referred to the Claims/Collections Unit. Refer to Pgs 28 and 50 for additional information.

Notice of Federal Intercept (0057)

A notice is mailed to the household when the intercept is posted or when rejected and a refund is indicated. A list of customers notified of a refund is manually reviewed by Claims/Collections Unit staff. Refunds may not occur if sufficient evidence is available to retain the payment. If the refund is manually overridden, the intercepted amount will be posted and a separate manual letter mailed by the Claims/Collections Unit to the customer.

THE OFFICE OF PROGRAM INTEGRITY AND COMPLIANCE (OPIC)

The Office of Program Integrity and Compliance (OPIC) is responsible for determining whether a recipient has committed an intentional program violation (IPV) by receiving or using benefits fraudulently, including suspicion of continued misuse and trafficking. An initial suspicion of misuse must be documented and the customer counseled. Subsequent acts of misuse must be referred. OPIC investigates those cases referred by DFCS on Form 5667. The case manager decides if a potential claim should be processed as inadvertent household error (IHE) or referred to OPIC for investigation.

An IPV is an intentional action by an individual to establish or maintain an AU's eligibility, or to increase or prevent a decrease in the AU's benefits, by providing false or misleading information or withholding facts.
Consider the following points to determine if a referral to OPIC is appropriate:

- There should be a fraudulent misrepresentation in such form as to be a statement of fact
- The fact misrepresented must be material or relevant to the program requirements – result in incorrect benefits being issued.
- The representation must be untrue, and the party making the representation must know or believe it to be untrue, and to make it with a reckless disregard for its truthfulness or falsity.

Additionally, OPIC must be able to prove intent. All forms explaining the customer's rights and responsibilities must by signed by both the customer and the case manager, and the case record available.

To refer suspected cases of IPV, the case manager should:

1. Correct the benefits for the ongoing month, only. Do not change data for any historical month unless the change is unrelated to the suspected IPV. Invalidate errors caused by related case changes.
2. Complete Form 5667 as soon as the suspected fraud is discovered. A sample of Form 5667 and instructions for completion are located in the forms section.
3. Enter on County Log and indicate log number on Form 5667. A sample County Log and instructions for monitoring are located in the forms section.
4. Within 10 days of completing the 5667, forward to the OPIC agent or the OPIC regional office. Refer to Appendix A for OPIC regions and Region Office Addresses.
5. Referrals made by the Call Center, Maximus, OPIC Agents, Etc. should be added to the log as they are discovered. EBT trafficking claims identified by OPIC without a referral from another source are not included on the 5667 log.
6. A claim should be established in SUCCESS within 12 months of the discovery of the suspected fraud. Monitor referrals and indicate the date of acknowledgement of receipt by OPIC, and the return dates of the initial and final disposition letters on the log. A sample of the disposition letter is located in the forms section.
7. Complete the appropriate case action requested by OPIC including disqualification of recipient.

To refer suspected vendor abuse:

FS Vendor Abuse	**Child Care Vendor Abuse**
Allegations are referred via memorandum. Include the name and address of the vendor, along with specific details of the allegation. Mail to : Office of Program Integrity and Compliance 2 Peachtree St, NW Suite 30.449 Atlanta, GA 30303	Allegations are referred via Form 5667-B. Complete form and mail electronically to: lahendrix@dhr.state.ga.us or: Office of Program Integrity and Compliance – CAPS Unit 125 Henry Parkway McDonough, GA 30253

Maintain 5667 log to monitor outstanding referrals. Pages of the log may be purged after all referrals contained on that page are dispositioned.

PROCESSING NON FRAUD CLAIMS SCREENED OUT BY OPIC

OPIC will return referrals when Intentional Program Violation cannot be determined or when an agency error is discovered.

A claim must be processed as **Agency Error** if any employee had or had access to information that was not acted on, including Services files, alerts, and clearinghouse information.

A claim must be processed as **Inadvertent Household Error** if OPIC determines that there was no intent to commit fraud, or if intent cannot be supported because necessary forms cannot be located to prove that the customer's responsibility to report changes was explained. IHE claims must be processed with actual circumstances and without earned income deductions. Signed forms are not required to process non fraud claims.

Consider SRR / Timely Notice and Statute of Limitations Policies to determine first month of overpayment when processing AE and IHE Claims.

Statute of Limitations:
From the date of the disposition letter from OPIC, DFCS can correct the current month, and the 12 months immediately prior only. Any overpaid months prior to that date must be forgiven. Assure that ongoing budget is correct when appropriate.

Example:
Disposition letter dated 8/15/07 reports AE claim beginning 1/06 and ending 10/06. DFCS is limited to correcting budgets and creating overpayment for 8/06-10/06 only.

Standard of Promptness:
Claims must be processed and the customer notified of a debt within 60 days of the date on the OPIC disposition letter or within 1 year of the original referral date, whichever date is sooner.

Example:
Disposition letter date is 8/15/07; original referral (5667) date is 9/2/06. SOP for claim establishment is 9/1/07.

COLLECTION METHODS

Debts must be collected to protect the integrity of the OFI programs. The State retains 20% of the Food Stamp funds collected for IHE claims and 35% of the Food Stamp funds collected for IPV claims. The debtor must be notified of the debt prior to any collection activity but a signed repayment agreement is not required for collection to begin.

A claim balance that has been compromised must receive regular monthly payments as agreed or compromise agreement is voided and original balance will be due and payable. The written off amount remains subject to benefit offset after the compromise balance is paid but will not be considered delinquent. If the compromise balance is not paid as agreed, the total debt becomes due and is subject to delinquency. Refer to Pg 15 for additional information.

COLLECTION METHODS INCLUDE:

Manual Payments

Manual payments include cash, check or money order received in the county office. The customer must receive a receipt indicating the payment amount and the aggregate balance of the claims owed.

Payments received by county must be posted in SUCCESS within 5 days of receipt or by the end of the month received whichever is earlier.

The county designated person posting in SUCCESS cannot receive and receipt payments. If county circumstances warrant a waiver, contact the Claims / Collections Unit.

Payments have a direct effect on the county's monthly Grant In Aid (GIA) check which is reduced by the payment amount posted in SUCCESS. Payments must be posted in the county where the AU# with the claim was last registered. Customers may choose to make payments at the DFCS office in their county of residence, which may not be the county responsible for the claim. The payment must be accepted and a receipt written. The county receiving payment must either:

- Register and deny an application to reassign the claim to their county so that the payment can be posted.
- Deposit funds, forward source document to accounting and request accounting mail a check and receipt to the responsible county for posting. **DO NOT MAIL CASH.**

Manual payments may be received as:

- Lump Sum Payments
  Any single, one time significant amount of money paid by the customer. The payment may or may not pay off the claim. The customer may designate to which program to post the payment. The OFI case may be active or closed.

- Installment Payments
  Monthly payments agreed on by the customer and the agency. Considering the AU's income and resources and the amount of the debt, the agency negotiates with the debtor to determine what the AU can reasonably be expected to pay. Payments must allow for repayment in full within 36 months for agency errors or for inadvertent household errors. The repayment agreement reflects the negotiated amount. Manual payments are posted using source code P.

  For AE and IHE claims, re-negotiate the Repayment Agreement if a financial change occurs. An IPV agreement must not be re-negotiated without contact with OPIC. DO NOT renegotiate a payment for a lower amount. Advise the customer to continue to make regular monthly payments for a lesser amount and to resume paying the previously agreed to amount as soon as possible.

  If multiple claims exist in the same program, SUCCESS will assign the payment in a priority order:
  - IPV claims, oldest to newest
  - IHE claims, oldest to newest
  - AE claims, oldest to newest

  The debtor may designate posting a manual payment to a particular program.

  If claims exist in multiple programs and no designation is made, the payment must be divided by pro rata share, as follows:

  1. Total the current balance owed in each program.
  2. Determine the percentage of each program debt.
  3. Use the percentage to divide the payment and post accordingly.

  Example:
  Customer mails payment of $100 without designation.
  Total debt for TANF = $400 (400/1200 = 33%) Post $33 to TANF claim
  Total debt for FS = $800 (800/1200 = 67%) Post $67 to FS claim
  $1200

- Court Ordered Payments
  IPV claims with type "F" are paid through the court. Claims should remain in OP or RP status – do not suspend. Benefit reduction does not occur on "F" type claims, but underpayment offset may. F type claims that are delinquent are subject to federal and state offsets. The payment amount is negotiated through the judicial system. The payments will be sent to the county DFCS office for posting. Some probation offices combine payments for multiple debtors into one check. Court ordered payments are posted using source code Y.

  1. Review the payment history at least quarterly.
  2. Contact probation if payments are not being received.
  3. Notify the probation office of a new balance when payments are received from another source.
  4. Change the claim type from "F" to "L" and update the recovery mode after the probationary period ends if a balance remains. Notify the Claims / Collections Unit if the claim type is changed.

Benefit Reduction

All claims in active cases, except those coded "F",are recouped automatically via benefit reduction. The amount deducted is based on a formula programmed in SUCCESS. The customer may choose to have a higher amount recouped than the formula amount. Initial monthly benefits and monthly benefits less than $10 are not subject to benefit reduction.

In TANF Work Supplementation cases, benefit reduction does not occur if coded correctly. Suspend the claim balance to ensure that the employer receives the entire monthly TANF benefit and notices to the customer are correct. Refer to the TANF policy manual for additional information.

If a customer with a claim applies as a payee, a new case number should be assigned to prevent benefit reduction. A debt that originally occurred when the liable adult was included in an AU cannot be collected via grant reduction using benefits issued to a payee.

A hardship exemption may be granted, if requested by the **TANF AU,** for up to two months, with supervisory approval. Suspend collection. **Hardship may be granted only once in the life of a claim.** Hardship exemption for court adjudicated IPV claims may be granted only with court approval.

There is no hardship exemption allowed for FS claims.

- Formula Calculation

SUCCESS will keep a portion of the household's monthly benefit as a claim payment based on the following formula calculation:

A) FS – 10% of benefit amount (or $10) for C, U, S claim types
20% of benefit amount (or $20) for adjudicated IPV claim types. The 20% will be calculated from the benefit amount previous to the disqualified person being removed from the budget. This includes "lawbreakers" and "IPV disqualified individuals".

B) TANF – For AE and IHE claim types, the AU retains an amount equal to 95% of the appropriate family maximum. All over the 95% is posted as a claim payment up to the total TANF grant.

For IPV claim types, the AU retains an amount equal to 90% of the appropriate family maximum. All over 90% is posted as a claim payment up to the total TANF grant.

All countable income prior to allowable deductions is included in determining the amount.

Recalculate eligibility in SUCCESS to correct retention amount if necessary.

Calculation of the TANF claim payment:

1. Determine family maximum based on AU size.
2. Multiply family maximum by 95% (.95) to determine retention amount.
3. Compare household income to the allowed household amount. If income is less than allowed household amount, the difference will be issued and the remainder recouped. If the income exceeds the allowed household amount, the entire grant will be recouped.

Example 1 – gross amount of countable income = $0

Step 1	Step 2	Step 3
$280 Fam Max	$266 95%	$280 Fam Max
x95%	-0	-$266 Benefit Amt.
$266	$266 Benefit Amt.	$ 14 Claim Payment

Example 2 – gross amount of countable income = $216

Step 1	Step 2	Step 3
$280 Fam Max	$266 95%	$280 Fam Max
x95%	-$216 Income	$ 50 Benefit Amt.
$266	$ 50 Benefit Amt.	$230 Claim Payment

Example 3 – gross amount of countable income = $316

Step 1	Step 2	Step 3
$280 Fam Max	$266 95%	$280 Fam Max
x95%	-$316 Income	-$ 0 Benefit Amt.
$266	$ 0 Benefit Amt.	$280 Claim Payment

Collection will not be suspended during the process of a hearing based on the recoupment amount.

- Amount Above Formula Recoupment

  The debtor may choose to have an amount higher than the formula calculation recouped each month. The higher amount must be reflected on a repayment agreement. Complete the Recovery Schedule, entering "A" as the recovery mode and the elected amount to be recouped as the recovery amount. SUCCESS will automatically revert to recouping the formula amount if case circumstances cause the formula amount to exceed the elected amount.

Underpayment Offset

Underpayments resulting from historical corrections made to regular monthly benefits are subject to benefit offset. If an overpayment and underpayment are processed together and the overpayment is greater than the underpayment, one claim will be created with the difference as the claim balance. If there is an existing claim and an underpayment is created, the underpayment will be offset against the existing claim balance unless the claim has been suspended.

DO NOT apply an underpayment against an unpaid claim when:

- an initial allotment is issued
- benefits are reinstated
- benefits are replaced as a result of loss through a disaster
- initial benefits are expunged
- supplemental benefits are issued as a result of an expedited change (i.e., additional of an AU member or a decrease in gross monthly income of $50 or more)

To avoid erroneous offsets, all claims must be suspended before underpayment not subject to offset is released for issuance. If erroneous offset occurs, the claim balance must be corrected and the benefits issued. Refer to page 32, Benefits Posted In Error and Issuing Reinstated Benefits handout in Appendix.

EBT Accounts

Benefits in EBT accounts may be used as claim payments. A claim must be established before the benefits can be posted as a payment.

- Active EBT Accounts

The debtor may request that unused benefits be removed from the active EBT account and applied to a claim. Form 269 is completed and faxed or mailed to the State Claims/Fiscal Services Office. The State Claims/Fiscal Services Staff will transfer the funds from the EBT account, post the payment to the established claim and notify the county when the process is complete. A copy of Form 269 is located in the forms section of this handbook.

- Expunged Accounts

Funds expunged from an EBT account will be credited to an existing claim balance. These adjustments to the claim balance are posted by SUCCESS with source code "Z". Expunged benefits are not returned to the customer's EBT account unless a case is initially approved and the newly approved benefits are loaded into the EBT account at the same time the expungement takes place. If initial benefits are expunged in error, the balance of the effected claim must be corrected and all the expunged benefits backed out and reissued to the AU by establishing an underpayment.

When a new claim is established, any amount previously expunged should be applied to the current claim balance to reduce the debt. Review benefit history (MMEN A) to identify prior expungements and Benefit Recovery History (MMEN C) to identify prior credits. Once expunged benefits have been used to reduce the claim balance, the same expunged benefits cannot be used again to reduce a different claim balance.

State Tax Offset

State tax refunds are offset and posted for delinquent TANF and FS debts with a balance of $25 or more. The debt is referred to Debt Set Off if a monthly payment is missed and remains until the end of the calendar year. The Georgia Department of Revenue and the Office of Financial Services notifies the debtor of the offset. The Office of Financial Services holds the tax refund for 30 days. If the customer does not request a hearing or the county does not discover the offset to be in error, the tax refund is applied to the claim after the 31st. day from the notice date. The county refunds any postings found to be in error after they have been applied to the debt.

State Tax Reports:

- "Notified Clients of 30 Day Waiting Period" (DMJ 5701I)
  provides a list of AU's with intercepts pending posting

- "State Tax Postings" (DMJ 5702I)
  provides a list of posted claim payments by AU

State Tax Offset status is viewed by accessing OMEN-L, entering the person's SSN, current tax year and code "S".

During the 30 day period that the State Tax offset is being held, the customer or the Claims / Collections Unit staff may request that the county review the validity of the debt or the balance.

- If an error is discovered prior to posting, and all or part of the offset should be returned to the customer, complete form 18, Case Summary Settlement, and fax to the Claims / Collections Unit Office. Notify the customer that the refund check will be released to them directly from the Office of Financial Services.
- If an error is discovered after the offset has been posted in SUCCESS, the county must process a system refund to the customer.
- If the customer reapplies and the AU# is in pending or active status, or if the claim has been suspended or terminated, the offset will not post and the Office of Financial Services will mail the refund check to the customer after the 30th day.
- If the customer requests a fair hearing on the intent to offset the refund, the hearing request must be in writing and directed to the Claims / Collections Unit:
  - The Claims / Collections Unit staff notifies the county via Form 17, Notice of Hearing Request, that a hearing has been requested.
  - The county office responds via Form 18, Case Summary Settlement, if the offset is not correct.
  - The county office responds via Form 19, Case Summary, if the offset is valid and attaches supporting documents for the hearing.
  - If a hearing is scheduled it will be held in the county where the claim was last active and the case manager will be notified to attend. The OPIC agent should also attend the hearing if the claim is IPV.

Samples of offset forms are included in the forms section of this handbook.

Federal Benefit Offset

The Treasury Offset Program (TOP) is used to collect delinquent FS debts by intercepting an individual's federal benefits. Debts with a balance of $25 or more that have remained delinquent for 180 days are referred to TOP. New SSNs are referred monthly as claims become delinquent. The Notice of Intent to Offset, notice 1056 (60-day letter) is mailed to the AU when the debt is initially submitted to TOP. No further notices are required.

Infopac report, DMJ 5803I (TOP Monthly 60-day Notice Report) must be reviewed monthly to verify validity for each new claim selected for referral. A claim must not be referred to TOP if it is invalid, non-collectible, if the claim does not meet TOP delinquency, or the FS case becomes active again. SUCCESS will delete a claim from TOP if the claim status changes from RP to OP, SU, TM or TT. Contact the Claims / Collections Unit if a debt needs to be added back to TOP or if other liable debtors are identified for a previously referred claim.

If the county discovers a claim being referred to TOP is invalid, does not meet TOP delinquency, or if the person being referred is not liable for repayment:

- Transfer the claim to the correct liable person (must be HOH in AU where claim is being transferred). Notify the Claims / Collections Unit that the claim has been transferred and requires manual referral.
- Suspend the claim if information is inadequate, incomplete or cannot be located. When research is complete, change the status to RP and contact the Claims / Collections Unit to request a manual referral if the claim is supported.
- Terminate the claim if the debt cannot be supported or verification cannot be located. Claim will not be referred.
- Contact the Claims / Collections Unit if the claim is otherwise correct but does not meet criteria for delinquency.
- Contact the Claims / Collections Unit if additional liable debtors exist. Include name, SSN, and date of birth of additional liable debtors.

Renegotiation of payment to prevent TOP referral is completed by the Claims / Collections Unit. If the debtor requests a review of a claim prior to the 60-day deadline:

- The Claims / Collections Unit will review the available SUCCESS documentation in an effort to determine the validity of the claim. The county will be contacted for any additional information needed.
- County staff must provide requested information timely.

Federal Reviews

A debtor must contact the Claims / Collections Unit to request a federal review of a debt that has been or is being referred to TOP. If a request for federal review is made to county staff, refer the debtor immediately to the Claims / Collections Unit via the toll free number listed on the notice received. Claims / Collections Unit staff will request necessary file contents from the county, compile the information and forward the data to a Federal Review Officer. The Federal Review Officer will make a decision based on the claim data received and evidence of notification of hearing rights.

Federal Benefits are offset as follows:

- Federal Tax Refunds – balance of debt up to 100% of the refund due to the debtor. Includes Earned Income Tax Credit (EITC) as well as other tax credits.
- Federal Salaries – each pay period by 15%
- Federal Retirement benefits – each month by 25%
- Vendor payments made to Federal contract employees - 100%
- RSDI – benefits which exceed $750 per month by 15% or by the amount that the benefit exceeds $750, whichever is less. (An additional notification to the 60-day notice is sent by the Department of Treasury Financial Management Service).

A non-refundable federal fee is charged each time a debt is offset. **ALL** financial transactions relating to TOP offsets are completed by the Claims / Collections Unit. If the county determines a posting is in error, the Claims / Collections Unit must be notified to complete any adjustments or refunds.

When the county becomes aware of demographic changes, (ie. name change, address change, SSN corrections, etc.):

- Update information in SUCCESS.
- Notify Claims / Collections Unit staff and include:
    1. case number and SSN
    2. prior name in SUCCESS
    3. current name

Innocent Spouse

When Taxes are filed jointly, any resulting federal or state tax refund belongs to both individuals. If the debtor has filed jointly with an individual who is not legally responsible for the debt, a portion of the refund may need to be returned to the innocent spouse.

Federal Tax Intercept – the debtor should contact their local IRS office.

State Tax Intercept – the local county office must review the GA Form 500 or IRS Form 1040 and W-2 wage forms to determine the portion of the refund belonging to the innocent spouse.

To determine portion of refund belonging to innocent spouse:

1. Determine the percentage of income for each wage earner from total earnings on W-2 forms.
   a) Add the gross income of both taxpayers from all W-2 forms, assuring all W-2 forms are included.
   b) Divide the gross income of the innocent spouse by the total income from all W-2 forms.
2. Use percentage to determine the refund amount.
3. If innocent spouse is the sole wage earner, 100% of intercepted funds are refunded.
4. Refund innocent spouse's portion by:
   a) Reporting to State Claims/Fiscal Services Office via form 18, prior to posting of intercept, **or**
   b) Refunding the determined amount from the claim payment on RMEN-J (RECP) if intercepted funds are posted to debt.
5. Document reason and calculation of refunded amount.

UPDATING/CORRECTING FISCAL RECORDS

RMEN-J is a fiscal screen in SUCCESS and is used to post payments and to update/correct claim balances. Use of the screen is restricted to claims management staff. All transactions completed in RMEN-J can be viewed on SUCCESS submenu, MMEN-C.

Payments received by the county MUST be posted in SUCCESS within 5 days of receipt or by the end of the month received whichever is sooner.

Process all corrections prior to terminating a claim balance.

To Post a Cash Payment or expungement credit:

Access RMEN J, top of screen – enter

1. Payment date (from receipt)
2. Payment source code
   - P – Payment directly from customer
   - Y – Payment from Bankruptcy Court or Probation Office
   - Z – Balance reduction due to expungement of benefits
3. Payment amount

SUCCESS will automatically post payments in priority order according to federal requirement:

1. IPV – oldest to newest
2. IHE – oldest to newest
3. AE – oldest to newest

If SUCCESS will not allow posting:

- Review claim balance to see if claim has been paid in full. Return funds to customer if no other claims exist.
- Review STAT for county of last activity. Payments must be posted in the county currently responsible for the claim.
  - If the customer has an active case in any program in the other county, deposit funds and mail a copy of the receipt with a county check to the other county for posting.
  - If no other active cases exist in the other county, register and deny an application to transfer the claim back to the county where the payment was received.

When payments are posted incorrectly, the error must be corrected. Payments may be posted to the wrong AU or for an incorrect amount. Errors are corrected by backing out and re-posting. NEVER key a refund unless cash is to be returned to the customer or an overcollected amount is to be posted as cash to a claim in another program. If a refund is keyed in error, contact your Field Program Specialist.

Grant in Aid (GIA) represents the funds transferred from the state office to the county offices for operating expenses. Claim payments received are retained in the county's bank account and the GIA is reduced by the amount posted in SUCCESS as claim payments. Backouts using original source code P or Y and Refunds increase the county's GIA. The net change to GIA for the prior month is reported on Fiscal report DMD6450I-Grant In Aid Adjustment Report. This report must be reviewed to assure that all payments and other corrections were posted correctly in SUCCESS. Posting in SUCCESS must agree with funds deposited/refunded to assure that the county receives correct GIA funds.
If an employee has multi county access, payments can only be posted and errors corrected in the primary county of assignment. GIA will be adversely affected if payments are posted or errors corrected in any other county.

Examples to Update/Correct Claim Balances:

Payment posted to the incorrect AU#:

Step 1
Access RMEN-J, bottom left part of the screen:

a) Enter claim sequence #
b) Enter "B" (back out) for type (action)
c) Enter the $ amount to be backed out
d) Enter payment source of incorrect posting (original type)

Step 2
Access RMEN-J, top center part of the screen and re-post the dollar amount to the correct AU #.

Incorrect payment amount posted to the same AU:

Under-posting

Example:
$50 cash payment (P) but $5 was posted to the claim. The county's GIA does not balance. The GIA should have been reduced by $50 but was reduced by $5. To correct claim balance and GIA:

Access RMEN-J, use top portion of the screen – post an additional payment

a. Enter original payment date
b. Enter "P" as payment source
c. Enter $45 as payment amount

This corrects the claim balance by decreasing the balance by an additional $45 and adjusts the GIA.

Over-posting

Example #1:
$50 cash payment (P), but $500 was posted to claim. This error reduced the claim balance and the county's GIA $500 instead of $50. To correct both claim balance and GIA:

Access RMEN-J, use the bottom left portion of the screen:
a) Enter claim sequence
b) Enter "B" (type)
c) Enter $450 as amount to be backed out
d) Enter "P" as payment source under original type
e)

Example #2:
$50 cash payment was posted twice, thus reducing claim balance and GIA by $100. To correct:

Access RMEN-J, use the bottom left portion of the screen:
a) Enter claim sequence
b) Enter "B" (type)
c) Enter $50 as amount to be backed out
d) Enter "P" as payment source under original type

Benefits posted in-error (grant reduction / UP offset)

Example:

FS case reinstated without suspending claim, $200 recouped. To correct:

Access RMEN-J, use bottom left portion of the screen:
a) Enter claim sequence
b) Enter "B" (type)
c) Enter $200 as amount to be backed out
d) Enter original source code "U" (underpayment offset)
e) Suspend all active claims
f) Issue UP of $200 on RMEN-C
g) After overnight cycle, correct claim status to RP

Payments moved from one sequence to another for the same AU:

Example:
Claim sequence 001 is over-collected by $20 due to grant reduction and sequence 002 has a balance of $50.

Access RMEN-J, use bottom left and right portions of the screen:

a) Enter overcollected claim sequence (001)
b) Enter "C" (type)
c) Enter amount to be corrected ($20)
d) Enter original type of payment causing the over-collection (G) see MMEN-C to determine source of payment
e) Enter same AU #
f) Enter claim sequence with balance (002)
g) Enter claim type of sequence with balance
h) Enter amount from step (c)

NOTE: The correction code (C) can only be used for the same AU #. **DO NOT use** for multiple AU numbers. Transfer claims to one AU # prior to correcting the balances.

Correcting the claim balance when the error IS NOT caused by posting:
Use of these codes will not affect GIA or correct posting errors. If multiple claims exist, suspend all claims except the one with the erroneous balance.

At the top of the RMEN-J screen, use the source code:
(+) to increase the claim balance (cannot exceed original balance)
(-) to decrease the claim balance

Example # 1:
Claim transferred from another state and established with incorrect balance of $100. Claim balance should be $75.

Access RMEN-J, top portion of the screen:

a) Enter today's date
b) Enter (-) as payment source
c) Enter $25 as amount to be decreased

Example # 2:
A claim is established for $400 (Jan. $200 and Feb. $200). Due to timely notice, only the $200 claim for February is valid.

Access RMEN-J, top portion of the screen:

a) Enter today's date
b) Enter (-) as payment source
c) Enter $200 as amount to be decreased

There should be a clear audit trail in the claim file for every action.

A copy of the customer's receipt and proof of SUCCESS posting must be maintained in the claim file.

OVER-COLLECTION OF CLAIMS / PAYMENTS TO BE REFUNDED

Claim payments may be totally or partially returned to a customer if the payment was taken in error, or the payment exceeds the balance of the debt. Overcollected claims are reported on DMD6471I – Claims Management Monthly Report and appear at the end of the alphabetic list with a negative balance. Erroneous payments from underpayment offset or State tax refund may also need to be returned, even though the balance is not overcollected.

When a payment is posted to a claim in excess of the balance owed, or a payment is posted erroneously, the balance must be corrected as soon as possible. Overcollected funds and erroneously posted funds must be returned to the customer in the same form received.

- Cash returned as cash
- State Tax offset returned as cash
- TANF benefits returned as TANF benefits
- FS benefits returned as FS benefits

Over-collections resulting from expunged benefits are never returned to the customer but may be used to adjust other claim balances in the same program.

Over-collections resulting from State Tax intercepts or cash payments cannot be issued as benefit underpayments and must be either posted as cash to another claim or returned to the customer.

Federal funds cannot be refunded at the county level. Contact the Claims / Collections Unit if funds from federal source code "I" need to be returned to the customer.

If a payment cannot be posted because the claim is paid in full and no other debt exists, refund payment directly from the bank account where it was deposited via county check.

Over-Collection Procedures

Determine the original source of the OV from the last payment posting on the benefit recovery history screen (MMEN-C). Be sure to check postings to the sequence number with the OV. See Appendix A, SUCCESS Codes under recovery codes (bottom of page).

If you cannot determine the original source code due to age, use original source code P – cash/check to county. If the OV appears to be caused by system error or dual posting or you are unsure if the OV is correct, contact your field program specialist.

Refunds, Backouts, and Corrections are completed on RMEN – J. If you key a refund in error, contact your FPS.

If the last payment was from cash/check (P or Y) or state tax intercept (D) –

- Screen for other claims existing in **ANY** program, including childcare.
- If yes, transfer if necessary and move the funds (use C – correction) if the claims are in the same program, or key refund (R) and repost as cash (P) to a claim in another program. A check may need to be mailed to another county for posting if the customer last applied there. Contact accounting for posting to a childcare claim.
- If no, key refund (R) for check to be mailed to the customer.
- Send communication to Accounting for fund transfer or check processing

If the last payment was from benefit intercept (grant reduction (G) or underpayment offset (U)) -

- Screen for other claims existing in the **SAME** program. Transfer claim(s) if necessary
- If yes, move the funds (use C – correction) from the OV claim to the other existing claim.
- If no, backout (B) funds and issue an underpayment from RMEN-C. Case may be active or closed. Customer will receive system notice and may request reactivation of EBT account if necessary.

If the last payment was from expungement – All programs

a. Screen for other claims existing in the **SAME** program. Transfer claim(s) if necessary
b. If yes, move the funds (use C – correction and original source code Z) from the OV claim to the other existing claim.
c. If no, backout (B) funds using original source code Z.
   No other action is needed.
   Overcollections due to expungement are always backed out – NEVER refunded.

If the last payment was from Federal intercept (I) –

And there is another payment with a different source in the same month, process the OV using the other source code. Example: Federal and State refunds post in the same month. Process as if the state refund caused the OV.

If no other source code exists, contact the Claims / Collections Unit or your field program specialist for assistance. Do not attempt to refund or backout funds using original source code I.

Accounting / GIA notes:

- A cash backout (P, Y) must be reposted in SUCCESS with the same original source code and $ amount to keep GIA in balance if funds were deposited.
- A refund is keyed if funds are to be posted as a cash payment in another program. Moving funds to a claim in another program requires a manual account transfer by the Accounting Dept.
- A benefit backout (G or U) and underpayment issuance will not affect GIA.
- **A refund (any original source code) will always affect GIA and requires communication to accounting.** Include the reason for the action and a screen print of MMEN-C with the action highlighted. If the refunded amount is >/= $1.00, a check will be generated. Communication, including any forms required by Field Fiscal Services must include a complete name, SSN, and mailing address. Refunds of < $1.00 will be transferred to dormant funds by the Accounting Dept and no address is required.
- If a refund check is returned to the county as undeliverable and another address cannot be located, the refund will be transferred to dormant funds by the Accounting Department.
- If a refund check is not cashed within 90 days of issuance, Accounting will contact the county for instructions to stop payment and either reissue the check or transfer to dormant funds.

TRANSFERRING CLAIMS

TANF and FS claims may be transferred to another AU number within the same program type and between counties. In addition, Food Stamp claims may also be transferred between states.

County to County Transfer

A claim is transferred in SUCCESS from one county to another when a case is closed and the debtor reapplies in another county or when an active case is transferred from one county to another.

Each county should develop a procedure to:

- Screen for active claims at application registration and at transfer request.
- Notify the claims manager when a new claim has been assigned to the county.

The claim file should be requested from the county where the case was last active. Claims attached to a registered case number will transfer even if an application is denied.

State to State Transfer

If a request is received to transfer a GA Food Stamp claim to another state:

1) FAX or mail verification of the existence of the debt to the new state of residence.
2) Obtain verification that the claim has been scheduled for collection in the new state of residence.
3) Terminate the claim on SUCCESS by changing the status to "TM" on RMEN-E (CLMS).
4) Mail the original claim record to the new state of residence and include copies of system notices, benefit histories and payment records.
5) Keep a copy of the claim record until the record is eligible for purging.
6) Document the transfer/termination on SUCCESS.

If a request is received from another state for GA to accept transfer of a FS claim or DRS data indicates that a claims may exist in another state:

1) Request verification of the information from the other state
2) Screen, using the individual's SSN, to determine if known to SUCCESS. If not, register and deny a case for the AU to obtain a case number. Document the transfer and case registration.
3) Confirm that the debt has been terminated in the other state and add claim(s) to SUCCESS.

It is optional for states to transfer FS claims. Georgia will request transfers from other states and will accept transfer requests from another state.

Case to Case Transfer

If a debtor moves to another active AU of the same program type or is given a new AU #:

Access RMEN L using AU# where claim is currently assigned

a) Select claim to be transferred (Y) - ENTER
b) Type AU# where claim is to be transferred - ENTER
c) If case is currently active, update recoupment mode by accessing RMEN H, selecting claim, and changing from Manual (M) recovery mode to Formula (F) recovery mode.

If a debtor who is not the HOH subsequently leaves the new AU, the claim must follow the debtor to another active AU# or be transferred back to the debtor's original AU# unless the current HOH is also liable for repayment.

If a debt is to be assigned to another liable adult:

1) Identify the liable adults (the debt may be divided among other liable adults if they live in separate AU's).
2) Using SSN's, screen for existing AU #'s. If not known to SUCCESS, register and deny the case to obtain an AU#.
3) Transfer the claim to the new AU#.
4) Notify the new liable adult, using current or last known address and include repayment agreement and fair hearing rights.
5) Document the transfer and the case registration on NARR.

To determine correct AU# to assign a claim:

1) Using SSN, screen the debtor for multiple AU#'s.
2) Inquire on each AU# for existing claims.
3) Transfer all unpaid claims to the most current or suitable AU#.
4) Check the recoupment mode (RMEN H) and update if necessary.
5) Document transfer on NARR.

TERMINATION OF UNCOLLECTIBLE CLAIMS

Claims are terminated and the balance written off when it is determined that the claim is not collectible or continued attempts to collect would not be cost effective.

Claim balances are terminated if the claim is no longer collectible because:

- All adult household members are deceased and no liable debtors remain.
- The aggregate balance (total of all claims in that program) of the customer's debt is < / = $25.00 and there has been no payment in the past 90 days
- The balance is discharged by bankruptcy (unless the claim type is F – Criminal Prosecution)
- The claim is found not to be valid after payments have been posted. Return any payments to the customer prior to terminating the balance (See pg 35-37)
- The claim was established prior to conversion to SUCCESS and data does not exist to support collection

Procedure for Termination:

Before terminating a claim balance screen using SSN for each liable debtor. Transfer claim balance if an active case in the same program is discovered. Update recovery mode to "F" after transfer.

To manually terminate a claim balance:

- Access RMEN-E
- Change the claim status to TM (terminated manually)
- Press ENTER

Access RMEN-D to verify the termination and make a screen print for the claim file. Document the reason for termination in the claim file. If possible, document NARR.

If a terminated claim is later deemed collectable, the claim may be reestablished. Contact your field program specialist for additional information.

PURGING CLAIM FILES

Claims files are destroyed 3 years after date of closure (balance paid in full or terminated) unless there has not been a fiscal audit since the closure date.

The portion of any claim file that contains the documentation and information supporting the debt is destroyed. The portion of an IPV claim file that verifies a disqualification, including a screen print of DRS, the OPIC disposition letter and the PAC agreement, Administrative Hearing Decision, WDH or other verification of appropriate IPV disqualification must be retained **permanently**.

BANKRUPTCY

Customers may be legally relieved of a TANF debt by filing bankruptcy. A Food Stamp (SNAP) claim is a federal debt and therefore cannot be discharged in bankruptcy but collection must be suspended while the bankruptcy is active. Suspend all claims immediately when notified that a bankruptcy has been filed. Any attempt to collect the debt, including generation of notices of delinquency, must cease until the bankruptcy is discharged or dismissed. Liquidation of the debtor's property (Chapter 7) relieves the customer of all debt liability. Debt reorganization (Chapter 13) allows the debtor to retain possessions and establish a payment plan with the bankruptcy court. This payment plan may remain in effect for up to 5 years. Claims must remain in suspended status until the court discharges or dismisses the case.

Any claim established after filing may be collected unless the order is amended to include the subsequent claim.

TANF claims not discharged and all Food Stamp (SNAP) claims will be returned to collection status after the bankruptcy period has ended.

TANF claims adjudicated by prosecution / conviction for Intentional Program Violation are not protected, but must not be collected involuntarily or have notices mailed while the debtor is in bankruptcy status.

The county claims manager or OPIC investigator should attend the meeting of creditors and present evidence of the claim.

Post payments received from the bankruptcy court using source code (Y). Any voluntary payment received directly from the customer must be accepted and posted using source code (P).

When notified of a bankruptcy:

Suspend collection and immediately forward a copy of all documents to the Claims / Collections Unit. Retain original copy in claim file. The Claims / Collections Unit will complete the Proof of Claim form and return to the bankruptcy court if appropriate. Proof of Claim is not required for IPV claims adjudicated via prosecution / conviction for Intentional Program Violation. Samples of notifications from the bankruptcy court, explanations of bankruptcy terms and "Proof of Claim" forms and their instructions are located in the Forms Section.

The Claims / Collections Unit will file an adversary proceeding objecting to discharge for all Food Stamp (SNAP) claims.

The Claims / Collections Unit will provide a completed copy of the Proof of Claim and any other documents received directly from the Bankruptcy court will be forwarded to the county to be maintained in the claim file.

If there has been no contact with the bankruptcy court, including receipt of payments, within 6 months, the Claims / Collections Unit will complete a status inquiry by contacting the regional bankruptcy court or the district automated service.

Northern District # 404-730-2866
Middle District # 478-752-3506
Southern District # 706-724-2421

When bankruptcy is **discharged**, the Claims and Collections Unit will terminate remaining TANF claim balances included in the order unless established by conviction and return all other claims to collection status to resume collection and notification.

When bankruptcy is **dismissed**, the Claims and Collections Unit will return all claims to collection status and resume collection and notification.

IPV DISQUALIFICATIONS

IPV disqualification takes precedence over eligibility status and other penalties. SUCCESS demographics screen (DEM3) is used to impose disqualifications for customers currently receiving TANF or FS benefits. An agency error will exist if a disqualification is not imposed correctly.

TANF Disqualification

A TANF disqualification period begins only if the customer is receiving TANF benefits. Once the disqualification period is imposed, it remains in effect until the end of the disqualification period, regardless of the continuing eligibility of the customer. The county must create a manual tracking mechanism for pending disqualifications. Documentation should be entered on DEM3 Remarks Screen, if possible, and the program file should be marked to alert the case manager at reapplication. Adequate notice must be provided. Disqualification must be effective no earlier than the month following adequate notice but no later than the first day of the second month following that notice.

Food Stamp Disqualification

1) A FS disqualification period begins whether or not the customer is actively receiving benefits and continues until the end of the assigned disqualification period.
2) Information is entered on DRS regardless of the status of the FS case.
3) **DO NOT** reactivate a closed FS case to impose a disqualification in SUCCESS. An online alert signifying a disqualification exists will be generated if an AU reapplies.
4) Adequate notice is provided to the AU prior to imposing the FS disqualification. Timely notice is not required.
5) If the disqualification is not imposed on an active AU for the appropriate month, an overpayment exists.

The FS IPV disqualification is imposed based on the following criteria:

- within 45 days of the date of the court conviction
- within 45 days of the date the Consent Agreement is signed
- the first month following the month AU receives written notification from the Administrative Law Judge (ADH)
- the first month following the month the disqualified individual signs the WDH

Procedures Upon Receipt of Final Disposition Letter from OPIC:

When OPIC completes the investigation, a disposition packet will be forwarded to the county with an explanation of the findings and instructions regarding disqualification. Upon receipt of the disposition letter:

1. Annotate, on the Referral Log, the date of receipt of the disposition letter from OPIC and the action taken.

2. Check the claim type and status to ensure the claim type has been changed from "S" and the claim status is no longer PS.
3. Access DEM3 for the **active** disqualified individual, enter the disqualification type, counter and effective date per TANF and FS policy. The STAT screen will be updated from DEM3.
4. Use the SSN of the **FS** disqualified individual to access and enter the required information onto DRS. The disqualification information does not pre-populate from DEM3 to DRS.

SUCCESS Disqualification Procedures (DEM3)

Only one IPV disqualification per program should exist on DEM3. Disqualification data on DEM3 should be deleted when the period of disqualification ends or replaced with data for subsequent disquaifications. IPV disqualification overrides any other type of ineligibility. **Income and expenses of an IPV disqualified AU member are not prorated or excluded.**

To impose disqualification on DEM3:

1. Enter disqualification type – there are **only** two valid disqualification codes. IPV and trafficking disqualifications are coded as type "I" and disqualifications due to customer receiving benefits in multiple states at the same time are coded type "M". Entering type "M" will result in an "Out of Sync" alert being generated. Document and proceed.
2. Enter counter #.
3. Enter effective date of disqualification per TANF and FS policy, the STAT screen will be updated from DEM3.
4. Document circumstances of disqualification on remarks screen.

Concurrent disqualifications may occur in the FS Program. A subsequent disqualification replaces the current one with overlapping disqualification period being served concurrently.
To enter a concurrent disqualification:

1. Enter the concurrent disqualification into DRS as usual.
2. Change the financial responsibility code on STAT to PN.
3. Change the disqualification end date to the end of the current month.
4. Proceed to DEM3 and type over the existing disqualification data.
5. When eligibility is confirmed, the correct data will appear on the STAT screen.

To make ineligible alien/student eligible so as to impose disqualification:

(If customer has a valid SSN)

ALL procedures must be entered the same day

1. Change AU member's status from SE to OR.
2. Change another AU member's status to SE.
3. Take the above procedures through DONE.
4. Deny OR using reason 512 (ongoing and historically for the months you want individual disqualified- you will have to go back 1 month prior to the first month the individual will be disqualified because when you add-a-person the individual will be added for the first month with a reason "337" and will not be disqualified that month) – go through DONE.
5. Do Add-A-Person for OR, changing individual's citizenship to a citizen code – go through O, P, Q.
6. Change the status of the AU members previously changed in steps 1 and 2, back to the original status – go through DONE.
7. Impose disqualification on DEM3.
8. Enter disqualification into DRS unless the customer does not have a social security number.
9. **DO NOT** change the codes back to the original non-citizenship codes until the entire period of disqualification has been served by the AU member. Changing the codes prematurely will affect the budgeting and the customer will receive erroneous benefits.

To correct erroneous disqualification data on STAT:

1. Access STAT screen – change SA to PN.
2. Remove the reason code.
3. Shorten the penalty period by changing the end date to a date prior to the first day of the penalty period.
4. Access DEM3 and correct the counter #.
5. Access MISC and enter "Y" under cal. elig.
6. Go through DONE.

To remove a disqualification from SUCCESS at the end of the disqualification period:

1. Access STAT Screen during final month of DQ period – Change SA to PN
2. Remove the reason code.. The penalty end date should be last day of the current month
3. Access DEM3. Verify that the effective date is correct or delete data
4. Go through DONE

DISQUALIFIED RECIPIENT SUBSYSTEM (DRS)

DRS is a federal database used nationwide to track individuals who are disqualified for Intentional Program Violation in the Food Stamp program **only**. The subsystem is built on the Social Security number of the disqualified individual and is updated monthly with the national system. The DRS1 screen indicates whether the disqualification has been served, the number of prior disqualifications and the telephone number of a contact person for verification of data. DRS data is permanent and must be supported by disqualification documentation.

a) Use contact # on the DRS screen to verify the status of the disqualification and obtain additional information.
b) Determine if a claim balance exists and if the claim may be transferred to Georgia (if out of state).
c) Obtain claim file of any unpaid claim balance if the disqualification occurred in GA
d) Continue the disqualification based on verbal confirmation. Document in SUCCESS.
e) Obtain written confirmation as soon as possible.

The individual has a right to challenge the accuracy of DRS data and/or view the DRS record. If the accuracy is challenged, postpone imposing the disqualification in SUCCESS until verification is received.

To Update DRS:

1. Access OMEN – K (DRS sub-system update) with recipient's SSN.
2. Enter update code A (add)
3. Enter start date, decision date, county code, disqualification type "I" and counter (1, 2, 3) from OPIC disposition letter and **ENTER.**

Disqualifications must be entered into DRS immediately upon receipt and are effective according to FS policy.

- Start date must be the 1st day of the subsequent month for a disqualification obtained via Administrative Disqualification Hearing or WDH.
- Start date may be the 1st day of the 2nd subsequent month if **the disqualification resulted from a consent agreement or prosecution if** necessary to prevent an agency error claim from occurring on an active case.

Example:
IPV dispositioned or Consent agreement is signed May 30th; OPIC disposition letter is dated June 2nd.

For ADH or WDH - decision date is May 30th. Start date is June 1st; an agency error overpayment may exist if the case is active.

For Consent Agreement (PAC) and Prosecution – decision date is May 30th. Start date may be July 1st (within 45 days) to prevent an agency error claim for June if case is currently active. If case is currently closed, use June 1st start date.

Advise OPIC immediately if information received on the disposition letter is contradictory to what is already entered on DRS.

All documentation supporting the disqualification must be kept permanently, retain when claim file is destroyed according to purging policy.
Refer to FS Policy Manual, Section 3315 and Pg 44 of this handbook for additional information.

Correcting inaccurate DRS data:

- If a disqualification was entered for a wrong individual or wrong identifying information was entered:
  - Enter update code D (delete) to remove the disqualification and re-enter **or**
  - Enter update code C (change) to update the existing type and / or counter

- If the instructions from OPIC state to impose a counter that already exists:
  a) Change (C) the existing counter to #0
  b) Add the new disqualification with the correct counter #

DRS System Alerts:

Msg 1620 - "Client must be Open to Add an Active Disqualification Penalty" will be generated on DRS when:

- Disqualified individual is coded as a non-member (NM) or ineligible member (ND) is in SUCCESS.
- Disqualified individual is not coded on STAT because the application was denied by SUCCESS without an initiated interview.

To correct SUCCESS coding so that DRS can be updated:

- Inactive case – register an application and enter minimum information to assign a code RP and deny. **Document** so as not to reflect an invalid denial.
  DO NOT register and deny an application solely to update DEM3.
- Active case – the ineligible AU member is coded "ND" (refer to page 46)

"IPV/DRS 1 DQ Data Out of Sync" will be generated when:

- A penalty has been imposed on DEM3 which does not match the DRS master file information for the SUCCESS customer by SSN.
- Information was recorded on DRS which does not match SUCCESS DEM3.

Discrepancies must be reconciled and information on DRS and DEM3 aligned. The **only** time the discrepancy is acceptable is when disqualification type "M" has been entered on DEM3 (refer to page 45).

FAIR HEARINGS AND CLAIMS

Prior to any collection activity on a debt, the AU must be notified via a system generated or manual notice that a debt exists and of their right to a Fair Hearing.

The TANF AU has 30 days and the FS AU has 90 days from the date of the notice in which to request a hearing on the "fact of the claim" or "amount of the debt" **ONLY. Suspend** the claim immediately if the "fact of" or "amount" is in question. Consider Compromise if appropriate.

If the AU requests a hearing related to Federal Benefit or State Tax intercepts, refer them to the Claims / Collections Unit. See appendix for additional information.

If the AU requests a hearing due to benefit reduction or recoupment, the county office processes the request and **DOES NOT** suspend the claim.

Notify OPIC of any hearing requests involving a fraud type claim. The OPIC agent is to be present when OSAH conducts the hearing.

Include fair hearings associated with claims on the Monthly Fair Hearings Log. When agency action is upheld in a fair hearing, reestablish the claim manually to assign a new establishment date and generate a new notice to the customer. Terminate the original claim after any payments posted to that claim are moved to the new claim (Refer to pg 33 – Payments moved from one sequence to another).

SUCCESS REPORTS AS MANAGEMENT TOOLS

Monthly reports generated and auto printed by county and worker load# to be used by the county for monthly management of claims:

DMD 6471I – Claims Management Monthly Report (claims alpha list)
Primary report used by the claims manager. This report is the alphabetic list of all claims currently active in the county and is sorted by program. The county must have a claim file for each claim listed on the report.

This report is used to:

- Identify claims assigned to the county.
- Identify newly approved claims.
- Locate claims eligible for termination.
- Identify over-collected claims.
- Locate claims that are active and in RP status or closed and in OP status so that status can be corrected.
- Locate missing claim files.
- Locate claim files that need to be transferred to other counties.
- Identify claims with 0 balance (closed)

Over-collected claims are reported at the end of each program's alphabetic list. A complete comparison of the claim files to the Claims Management Monthly Report should be completed at least once annually to identify missing claim files.

Any "S" type claim that is not suspended should be changed to an adjudicated code, if appropriate, to increase retention dollars. The claims manager should discuss these "S" type claims with the OPIC agent. Some examples of "S" type claims are very old AFDC debts, customers not previously locatable or oversights by OPIC agents in updating codes.

DMD 6473I – Monthly Consolidated Claims Activity Register
This report lists claim payments received each month by program type. The report is used by claim managers to locate claims paid in full and by fiscal staff in monthly reconciliation of Grant In Aid.

DMD 6481I – EW Unprocessed OP/UP List
DMD 6482I – Supervisor Unprocessed OP/UP List
DMD 6483I – Office/County Unprocessed OP/UP List
These reports list all unprocessed overpayments and underpayments currently assigned to the county, and should be utilized monthly to assure that all benefit errors are being dispositioned within the appropriate SOP. Disposition remains the responsibility of the assigned county regardless of the origin on the error.

DMD 6484I – Summary of Claims in Suspended Status
This report lists all claims currently in suspended status by supervisor load# and should be monitored to verify that claims are correctly in suspended status. Claims should be annotated each month with the reason for suspension. Claims correctly suspended are:

- Suspected IPV ("S" code) claims pending prosecution.
- TANF hardship exemptions (2 months) approved by the county.
- Claims pending fair hearing results.
- WSP program (TANF) suspension.
- Claims in bankruptcy.
- Claims created during TFS period.

All others should be researched and suspensions lifted, if necessary, by changing status to active (RP).

DMD 6485I – County Summary of Claims in Error Status
This report lists all claims coded as "E" (in error) for the prior month, by supervisor load ID. This report is used to monitor a case manager's use of the "E" code on the case financial screen and verify appropriate documentation. Overuse may indicate lack of policy knowledge or other issues in need of the supervisor's attention.

DMD 6486I – County Summary of Claims in Pending Status
This report lists all claims pending approval by a supervisor (PA), pending initial schedule (PP) and pending supervisor approval of initial schedule (PS). This report is generated by supervisor load ID and must be monitored monthly to assure that claims are approved and scheduled for collection within the 60 day time frame allowed by policy. Type S claims in PS status are the responsibility of OPIC and are not dispositioned by county staff.

DMJ 5803I – TOP Monthly 60-Day Notice Report in County Sequence
This monthly report lists customers who have been mailed a 60-day notice of intent to intercept federal benefits (Federal Income Tax refund, Federal Salary or retirement benefits, RSDI, etc.) via the Treasury Offset Program (TOP). This notice is mailed 180 days after the claim originally reached delinquency. The report includes the customer's name, SSN, case number, claim sequence and new balance of debt. The customer has 60 days to file a hearing to dispute submission of the debt to TOP. No additional notice of intercept is mailed to the customer. A copy of the notice is located in SUCCESS Notice History.

Review each report for correct delinquency, liability (including other liable debtors), and validity. Refer to Pg 28 for additional information.

FISCAL REPORTS

DMD 6410I – Daily Payment Ledger (not auto-printed, must request)
Report used to verify the previous days number and total amount of payments posted and review accuracy of the amounts.

DMD 6416I – EBT Expungments Applied to Active Claims (not auto-printed, must request)
This report identifies monthly EBT balances expunged from accounts and posted as balance adjustments to claims. Over-collections caused by this process **ARE NOT** refunded to the customer. Refer to page 26 in this handbook.

DMD 6450I – Grant In Aid Adjustment Report (GIA) (auto-printed)
This report is used by accounting staff along with report DMD 6473I to reconcile the monthly ledger. It lists all payments posted for the month and shows adjustments made to the county's monthly Grant In Aid.

BENEFIT INTERCEPT REPORTS

DMJ 5701I – Notified Client With 30 Day Waiting Period
A weekly report listing state tax intercepts by client. It includes the date and amount of the intercept. The customer has 30 days to dispute the intercept, during which time the funds are held until a review of the case is completed, otherwise, the funds are posted as a payment after the 30th day. This list is used by claim managers to track State Tax intercepts and verify validity of the claims. The Claims / Collections Unit should be contacted immediately, via Form 18, if a claim on this list is found to be invalid. An erroneous intercept may be deleted from the debt set-off system during the 30 day period prior to posting.

DMJ 5702I – STI Payments Posted to SUCCESS
A weekly report listing payments posted from state tax intercept after the 30-day waiting period. The list includes the name, SSN, case number, claim sequence, applied amount, date of application and the new balance. This list is used by claim managers to track payments received and posted. Posted payments requiring refund must be processed by the county office.

DMJ 5807I – County Report of TOP Collection Posting
A weekly report listing federal collections posted as claim payments. It includes the customer's name and SSN, total collection, federal fee charged, net amount posted to the debt and the new balance. This report is used by the claims manager to identify claim payments posted from federal benefits. The Claims / Collections Unit must complete any adjustments.

REPORTS USED BY STATE CLAIMS FISCAL SERVICES STAFF

DMJ 5720I – State Debt Set-Off Posting Error Report
A weekly report listing any payments scheduled for posting in DSO but were not posted or refunded.

DMJ 5821I – SSN Discrepancies (Multiple Debtors)
This report is used to track liable debtors added manually by The Claims / Collections Unit staff, to the Treasury Offset Program (TOP). SUCCESS TOP interface identifies only the SSN of the head of household.

RETENTION OF REPORTS

Retain management reports until all data included is processed, or until a subsequent report is received which contains any unprocessed data from the prior report.

Retain fiscal reports for 4 years. See DFCS Administrative Policies and Procedures Manual, Section 900 – Records Management for additional information.

APPENDIX

Appendix A

Claims Management Duties

SUCCESS Claim Codes

Calculation of Timely Notice

RMEN SCREENS
- CLMM
- CLMS
- CLSC
- RECP
- CLMT
- DRS1

Issuing Reinstated Benefits

State Tax Offset – Hearing Request

Federal Review Processing (Tax Refund - Benefit Offset Dispute)

OPIC Regions / Contact Information

Claims Management Duties

1. Monitoring to assure timely processing of all unprocessed and pending overpayments and underpayments (DMD6483I, DMD6486I). All benefit errors must be processed within 60 days of establishment. All data found on reports should be processed monthly to assure processing within standard of promptness.

2. Maintaining Claims files. Each claim listed on the DMD6471I, Claims Management Monthly Report, must have a corresponding claim file containing all necessary documentation.

3. Monitoring of suspended claims. The Claims in Suspended Status Report (DMD6484I) must be monitored monthly. Claims that are suspended incorrectly must be returned to collection status.

4. Monitoring claims for termination eligibility. Claims must be terminated when it is no longer cost effective to attempt collection.

5. Purging claims data. The claim file is stored for three years after a claim is paid in full or terminated. The file is then purged per ESS policy. The documents supporting program disqualification supplied by OPIC (Disposition letter, DRS print for FS, and Consent Agreement, Court Order, Administrative Hearing Determination, etc.) are retained permanently in either a central alphabetic file or individually.

6. Posting manual payments. Manual payments must be posted within five (5) calendar days of receipt. Exception: payments must be posted within the month they are received. A source document is forwarded to in-house accounting for consolidation. It is recommended that a copy of the posting screen be used as the source document.

7. Reconciliation of monthly Grant in Aid Adjustment report (DMD 6450I). Each entry must be validated prior to the report being forwarded to accounting. To be validated, the entry must have a corresponding source document and a copy of the payment receipt.

8. Over-collections and Refunds. The Claims Management Monthly Report (DMD6471I) must be monitored monthly and over-collected balances either transferred to another claim or refunded to the customer. For refunds, a communication form must be completed, including the source of and reason for the refund, and the current address of the recipient. A source document must be generated and attached to communication form. It is recommended that a copy of the posting screen be used as the source document. The communication form and source document are forwarded to accounting. A copy must be retained for reconciliation and for the claim file.

9. Adjustment of claim balances. Claim balances must occasionally be adjusted. The correct balance must be verified and any error corrected.

10. OPIC referrals. All suspected fraud referrals to the Office of Program Integrity and Compliance must be entered onto a central log and monitored for timely completion. Completed investigations are reported via disposition letters, which are used to update the central log. Referrals may be sent individually or batched weekly to OPIC.

11. System entry of program disqualification data. Disqualifications must be entered timely to avoid additional overpayments. The Disqualified Recipient Subsystem (DRS) must also be updated timely for FS. Data entry is usually the responsibility of the claims manager, but may be reassigned as necessary.

12. Renegotiation of payment. Monthly payment amounts are renegotiated as the customer's financial circumstances dictate. A new repayment agreement is obtained. Exception: IPV claims are NEVER renegotiated without specific instructions from OPIC or from the courty. Initial balances (prior to payment) may be compromised for non fraud claims.

13. Federal and State intercepts. Assist Claims / Collections Unit and customers with questions regarding interception of taxes and other federal benefits. Review DMJ5803 monthly to confirm validity and liability of any debt referred for federal intercept.

14. Bankruptcies. Paperwork must be completed if necessary and returned to the bankruptcy court timely, with copies forwarded to the Claims / Collections Unit. Claims are suspended or terminated as appropriate.

SUCCESS CLAIMS CODES

All TANF and FS claims begin as potential overpayments (OPs). When scheduled and SUCCESS as valid debts with a recovery schedule, they become collectible claims.

There are three kinds of claims:

AE	Agency Error
IHE	Inadvertent Household Error
IPV	Intentional Program Violation

All actions taken on claims are reflected in SUCCESS by the following codes:

Non-fraud (AE, IHE) claim types:

U	Agency Error
C	Inadvertent Household Error
E	Established in Error
S	Suspected Fraud (For OPIC use)

Fraud (IPV) claim types:

A	Waiver of Disqualification Hearing
D	Disqualification Hearing Decision
F	Criminal Prosecution (Indictment) – Pay to Court (Probation Office)
L	Consent Agreement – Pay to County
P	Criminal Prosecution (Indictment) – Pay to County (For future use)
Z	Disaster Fraud

Claim status may be:

IE	In Error – Will not allow posting. Do not use if ANY payment posted.
OP	Open – Scheduled for automatic recoupment (Grant Reduction)
OV	Over-Collected – Requires return of payment unless balance transferred or EBT Expungement
PA	Pending Supervisory approval - Will not recoup or allow posting
PD	Paid in Full
PI	Pending - Underpayment held on Inactive TANF AU#
PP	Pending Schedule – Will not recoup or allow posting
PS	Pending Supervisor approval of schedule – Will not recoup or allow posting
RP	Closed – Scheduled for manual recoupment, Case closed or another claim in OP status
SB	Suspended – Bankruptcy (For future use)
SU	Suspended – No system collection allowed, No notices mailed
TM	Terminated manually
TT	Terminated and transferred – claim moved to another AU #
TW	Terminated with system write-off (balance < $1.00)

Recovery mode may be:

F	Active Case, Formula based recoupment
A	Active Case, Recoupment above Formula based
M	Closed Case, Manual Payments

Recovery codes:

+	Accounting code to increase balance (cannot exceed original balance)
-	Accounting code to decrease balance
B	Back-out of a payment
C	Correction of a payment within a program
D	State Income Tax intercept
E	Active EBT benefits
F	Returned FS Coupons as payment (Obsolete)
G	Grant reduction
I	TOP (Federal Benefit intercept)
M	Compromise balance
N	Payment received by State Office
P	Cash payment received / posted by county office
R	Cash refund
S	Stale EBT benefit
T	Expunged Disaster benefits
U	Underpayment offset
W	Write off balance (Original balance – Compromise balance)
X	Payment due to correction
Y	Cash received by county office from court
Z	Expunged EBT benefits

Calculation of Timely Notice for FS and TANF Cases (10-10-14)

FS - Non-SRR

Customer must report change within 10 days of occurrence. Income changes must be reported within 10 days of receipt of new income. If not reported timely, EW counts from the 11th day to the 20th day "to act" and from the 21st day to the 34th day for timely notice. First possible month of overpayment is the ongoing month after the 34th day.
10-day time limit "to act" begins when report is received when changes are reported timely. Request for and receipt of verification is included in this 10 day period.

FS – Financial Changes

Customer is only obligated to report **income** exceeding the GIC for the **entire month**, and has until the 10th day of the following month to report timely. If not reported timely, EW's 10 days begins on the 11th day of the month. Responsibility to report for another program **DOES NOT** affect SRR for FS. An overpayment may exist for the other program but not for FS.

See FS policy manual, Section 3705 for additional information regarding adequate vs. timely notice requirements.

TANF Financial Changes

Customer must report a change in family income within 10 days of the change in income actually occurring. Change does not occur until customer receives money (first paycheck, for example). If report is untimely, the first possible month of overpayment is the ongoing month after the 34th day.

TANF Non-Financial Changes

A non-financial change is **experienced by the AU,** and results in immediate ineligibility for the AU or for a single AU member. Regardless of date of report, the change in benefits must be effective for the ongoing month. Timely notice allowance and/or window period may create a valid overpayment for the ongoing month.

TANF Non-Cooperation Changes

A non-cooperation change is **caused by the AU**, usually by failing to respond to some request made by the agency. The agency must notify the AU of closure and allow the full 14 days timely notice for the customer to remedy the error. Date of notification of closure and timely notice must be documented.

TANF and other Public Assistance Benefits

Policy does not allow receipt of public assistance from two sources in the same month. If a TANF case is not closed prior to receipt of SSI or Relative Care subsidy, a TANF overpayment will result.

CLMM Screen

INQUIRY CLAIM MAINTENANCE - CLMM CLMM
(type and date of last update) 01

AU ID XXXXXXXXX Claim Seq Prog HOH

Supervisor Approval AP	Start Date (MM YY)	End Date (MM YY)	OP/ UP	Claim OP/UP Amount	Claim Type	Conv Ind

Month	Issn UP	OP/ Amount	---Benefit Error--- Type	Claim Reason
?? / ??	?	??.??	?	? (FS only)

More

From RMEN A – Will be pre populated from SUCCESS budget screen (FSFI/CAFI) Make any necessary changes and press ENTER to confirm (Will remove from DMD6483I, and add to DMD6486I, status will be PA)

From RMEN C – Data must be manually added prior to confirmation, will add to DMD6486I, status will be PA)

From RMEN D (CLMS) - Select claim (Y) and enter to view data after release.

From RMEN E (CLMS) – Prior to supervisor approval, type and status can be changed. Select claim (Y) and enter

CLMS Screen

UPDATE CLAIM STATUS - CLMS CLMS 01

AU ID XXXXXXXXX Prog HOH

Sel	Clm Seq	Op/ Up	Clm Typ	Conv Ind	Apprvl Date (MM YY)	Start Date (MM YY)	End Date (MM YY)	Begin Claim Bal	Cur Claim Balance	Clm Sts	Status Effectv Date
	001	O	U	Y	01 05	12 04	01 05	364.00	364.00	RP	01 15 05

From RMEN D – Inquiry of all benefit errors

From RMEN E – Update Type or Status, or access CLMM for unapproved claims

From RMEN F – To access CLMM for claim approval

From RMEN G – To access CLSC for inquiry of Active Claims

From RMEN H – To access CLSC for establishment or update of claim schedule or Compromise

From RMEN I – To access CLSC for approval of initial schedule

From RMEN K – Inquiry of transferred claims

From RMEN L – To access CLMT for claim transfer

Select claim (Y) and enter to access other screens

CLSC Screen

UPDATE RECOVERY SCHEDULE - CLSC CLSC 01

AU ID XXXXXXXXX Claim Seq 001 Prog FS HOH

Compromise Amt	Type	--Recovery-- Amt	Mode	Beg Claim Balance	Wr-off Amt	Cur Claim Balance	Supervisor Approval	Client Apprvl
		??	**?**				**AP**	

Bnft Month	Clm Typ	Conv Ind	HH Size	Correct Issn	Issn Rcvd	OP/ UP	OP/UP Amt	Gross Inc Amt	Disregard Amt	Net Inc Amt

For unconverted claims, data is populated from SUCCESS Budget Screen (FSFI, CAFI)

From RMEN G - for inquiry of Valid Claims only (omits invalidated benefit errors and Underpayments)

From RMEN H - for establishment or update of claim schedule (or compromise)
Will change pending claim status from PP to PS

From RMEN I - for supervisory approval of initial schedule
Will complete processing of new claim, status will be RP or OP and notice will be generated.

This screen also records the AU # from which a claim has been transferred

RECP Screen

UPDATE RECEIPTS - RECP RECP

(Data is pre – populated from Sub – Menu)

AU ID _____ Prog _____ HOH _____

========== PAYMENT==========
==========

Payment Date _____ **(Date on Receipt)**
Payment Srce _____ **(P or Y)** **(spacing issue?)**
Payment Amt _____ **(Amt of Payment)**

==========REFUND/BACKOUT/CORRECTION==========

------- ACTIVITY -------				---------- CORRECTION ----------			
Claim Seq	Type	Original Amount	Type	AU ID	Claim Seq	Claim Type	Correctn Amount
_____	_____	_____	_____	_____	_____	_____	_____

ACTIVITY

Claim Sequence: Seq to be corrected (from CLMS)
Type (1): R – Refund (A check will be cut by Accounting)
B – Backout (posted in error, or pmt to be moved to another claim)
C - correction (pmt to be transferred to another claim on same case #)
Original Amount: Amt to be refunded, backed out, or corrected

Type (2): Original source of pmt being corrected (from MMEN C, BENR)

G – Grant Reduction
U – Underpayment Offset
P – Pmt directly from Customer
Y - Pmt from Court (Probation, Bankruptcy)
D – State Tax Intercept

CORRECTION

For Type (1) = C only

AU ID – Same as AU ID at top of screen
Claim Sequence: Seq to receive transfer of funds (from CLMS)
Claim Type: Type of Seq # above (from CLMS)
Correction Amt: Must be same as Original Amt from “Activity” section

CLMT Screen

INQUIRY CLAIM TRANSFER - CLMT CLMT

Transfer From: AU ID XXXXXXXXX
Claim Seq XXX

Transfer To: AU ID (9 digit # where claim will be reassigned)
Claim Seq (Leave Blank, System will assign a new Seq #)

Option K – Inquiry for transferred claims (TT). Select claim from CLMS (Y) and enter.

Option L – Enter AU number for transfer and enter

After transfer is completed from a closed AU to an active AU, recovery mode for transferred claim must be updated for formula recoupment. Access CLSC using new case #

DISQUALIFIED RECIPIENT SUBSYSTEM (FEDERAL DATABASE) UPDATE FOR EACH NEW IPV DISQUALIFICATION

DRS1 Screen (OMEN – OPTION K)

INQUIRY DISQUALIFIED RECIPIENT - DRS1 DRS1

01
DRS Request

Last	First	MI	DOB	SSN	SEX
XXXXXXX	***XXXXXXX***	***X***	***XX/XX/XX***	***XXX-XX-XXXX***	***X***

Upd	Start Dt	Dec Date	End Date	CO	St	Type	Ctr	State Information
?	**??/??/??**	**??/??/??**	(leave blank)	**????**	GA	**I**	**?**	

Upd: A - - Add (new IPV disqualification)
C - - Change (existing erroneous data)
D - - Delete (only if entire DQ is in error, data remains permanently if correct)

Dec Date - - Date on OPIC Disposition Letter

Start Date - - First day of following month (unless PAC/CA delay, but no more than month following 45th day after court decision date)

CO - - Numeric county code

Type - - Always I (other codes not available)

Ctr: 1 – 12 months (From OPIC Disposition Letter)
2 – 24 months
3 – Permanent

When data is entered, state contact information will be added from CO used.

ISSUING REINSTATED BENEFITS / BENEFITS FROM EXPEDITED CHANGES

The SUCCESS system "sees" benefits issued when a case is reinstated as an underpayment, but these benefits cannot be offset as a claim payment and must be issued to the customer. Benefits due to the customer due to an expedited change must also not be offset. Existing claims must be placed in suspended status prior to reinstatement / issuance to prevent erroneous offset.

Before reinstating a case or issuing expedited underpayment, screen for existing claims on the STAT screen.

If the claim indicator field in the upper right hand corner is coded "Y":

1. Access RMEN using the F20 function key. The case # will be pre-populated.
2. Select Option E and ENTER
3. Change the claim status to SU by typing over RP or OP (field will be green). ENTER to return to the RMEN Sub menu
4. Return to the STAT screen using the F3 function key and complete reinstatement
5. Allow overnight processing to issue underpayment
6. Access RMEN E and change the claim status code to RP (SUCCESS will update to OP if appropriate, verify and update manually if necessary)

Suspension must be lifted after the overnight cycle to assure that future payments via grant reduction are recouped appropriately.

CORRECTING THE CASE/CLAIM WHEN BENEFITS HAVE BEEN OFFSET IN ERROR

To restore benefits:

1. Access RMEN E. Suspend claim(s) – Step 3 above
2. Access RMEN C. Issue underpayment for correct amount and month. Underpayment will be agency error
3. Allow overnight processing to issue underpayment
4. Return claim(s) to RP status – Step 6 above

To correct claim balance:

1. Identify posting of underpayment (MMEN C)
2. Access RMEN J – bottom left
3. Key claim sequence showing offset (001, 002, etc.)
4. Key type B (backout)
5. Key amount of incorrectly posted underpayment
6. Key U (Underpayment offset) for original source
7. ENTER to confirm backout

*****Increasing the claim balance using the (+) code will not correct the state collection report. The balance must be corrected by removing the incorrect payment from the claim *****

State Tax Offset – Hearing Request

Hearings requested involving a **disputed claim or **disputed claim balance** are processed by the county. The customer has 30 days from initial notification to request a hearing on a TANF claim or 90 days from initial notification to request a hearing on a FS claim.

** Hearings involving **State Tax Offset** are processed by the Claims / Collections Unit. Customers are notified by the GA department of Revenue when a State Tax offset has occurred. Customer has up to 30 days to request a hearing to contest the offset. The customer must submit a written request for a hearing by mailing or faxing the request and a copy of the offset notice directly to the Claims / Collections Unit at:

Claims / Collections Unit
P O Box 38442
Atlanta, GA 30334-0442
(404) 657-3626 - Fax

Sequence of events:

- A claim becomes delinquent with a month's payment is missed.
- A claim is identified as delinquent by SUCCESS and added to DSO interface (customer is not notified of addition to DSO).
- The customer files State Income Tax expecting Refund
- An offset notice is sent from GA Department of Revenue to the customer. Hearing rights are explained in the notice.
- When a hearing request is received, Dept of Revenue is notified and State Claims Fiscal Services requests additional information (if needed) from the county's claims manager via **Form 17**.
- If the claims manager determines that the offset (or the amount of the offset) is not valid, **Form 18** is completed and returned.

  Examples:
  1. Claim is not valid, and should not have been approved and scheduled
  2. Customer is not liable for repayment
  3. Claim is not delinquent due to recent disposition by OPIC or untimely posting of payments
  4. Customer has filed jointly with someone who is not liable (See handbook / Innocent Spouse)
  5. Claim has recently been paid in full
  6. Customer has recently filed bankruptcy, Status is SU or TM
- If the claims manager determines that an offset is valid, Form 19 is completed and returned with supporting information from claim file attached.
- Claims / Collections Unit staff completes OSAH Form 1, and submits to the Office of State Administrative Hearings.
- OSAH notifies the county and customer of the hearing date.

Money that has been offset remains in pending status by State Treasury until a decision is made by OSAH.

- If the hearing officer decides that the offset is valid the offset is released to DFCS and posted.
- If the hearing officer decides that the offset is not valid; the offset is refunded to the client by State Treasury.

Federal Review Processing – Request for State / Federal Review

Hearings requested involving a **disputed claim or **disputed claim balance** are processed by the county. The customer has 30 days from initial notification to request a hearing on a TANF claim or 90 days from initial notification to request a hearing on a FS claim.

Federal Tax Refund / Federal Benefit Offset is not subject to Fair Hearing Rights. Customer may request a **State Review** by contacting the Claims / Collections Unit at:

Claims / Collections Unit
P O Box 38442
Atlanta, GA 30334-0442
(800) 669-6334 or (404) 657-3626 - Fax

Sequence of events:

- A claim is identified as delinquent by SUCCESS
- After an additional 180 days without payment, Notice 1056 (Notice of Intent to Offset Federal Benefits) is mailed. Contact information for the State Office is included in the text of the notice.
- Customer receives Notice 1056 and has up to 60 days to request a review or make other arrangements to prevent referral to the Treasury Offset Program (TOP). County's claims manager must also review via Report DMJ5803I* monthly to prevent invalid referrals to TOP.
- Claims / Collections Unit competes review, county's claims manager is contacted via email for additional information if required
- County's claims manager responds to email, and provides supporting documentation for the claim via FAX
- If customer is determined liable, a federal review may be requested and will also be processed by State Office staff. Submission of claim to TOP is suspended until all reviews are completed.

***The state of Georgia must certify that all claims submitted to the Treasury Offset Program (TOP) are valid and collectible.**

Report DMJ5803I is produced monthly and identifies customers who have received Notice 1056. Whether or not the customer requests a review, the county's claims manager is required to verify that:

- The claim is valid based on program policy, and can be supported
- The claim meets delinquency criteria (30 + 180 days after notification / OPIC disposition)
- The customer referred is liable for repayment
- The claim balance is not included in bankruptcy

Once a claim is submitted to TOP, the balance will remain until the claim is paid in full, the customer is approved for Food Stamp benefits, or the balance is no longer delinquent due to consistent monthly receipt of payments. If a claim is removed from TOP and the active case closes or a monthly payment is later missed, the remaining balance will immediately be activated for intercept of federal benefits.

Timely and accurate posting of payments is critical to prevent federal benefits being offset in error. Each federal offset costs the customer a fee separate from the amount forwarded to the state.

Office of Program Integrity and Compliance

Regions / Offices	Counties Served
Albany Region 200 W. Oglethorpe Blvd., Suite 405 Albany, GA 31701-6803 229-430-4272	Baker, Brooks, Calhoun, Colquitt, Decatur, Dougherty, Early, Grady, Miller, Mitchell, Seminole, Thomas, Tift, Turner, Worth
Cartersville Region 645 Henderson Drive, Suite # 1 Cartersville, GA 30120-3647 770-387-3720	Bartow, Catoosa, Chattooga, Cherokee, Cobb, Dade, Fannin, Floyd, Fulton, Gilmer, Gordon, Haralson, Murray, Paulding, Pickens, Polk, Walker, Whitfield
C Metro Region 2 Peachtree St. NW Suite 30-402 Atlanta, GA 30303-3142 404-656-9259	Butts, Carroll, Clayton, Coweta, DeKalb, Douglas, Fayette, Heard, Henry, Jasper, Lamar, Meriwether, Monroe, Morgan, Newton, Pike, Rockdale, Spalding, Troup, Upson
Columbus Region 6074 Business Park Drive, Suite B Columbus, GA 31909 706-569-2830	Chattahoochee, Clay, Crisp, Dooly, Harris, Lee, Macon, Marion, Muscogee, Quitman, Randolph, Schley, Stewart, Sumter, Talbot, Taylor, Terrell, Webster
Douglas Region #8 Willie C. Lane Douglas, GA 31535-4008 912-389-4757	Appling, Atkinson, Bacon, Ben Hill, Berrien, Brantley, Camden, Charlton, Clinch, Coffee, Cook, Echols, Glynn, Irwin, Jeff Davis, Lanier, Lowndes, Pierce, Ware, Wayne, Wilcox
Gainesville Region 311 Green Street NW, Suite 312 Gainesville, GA 30501-3373 770-535-5823	Banks, Barrow, Clarke, Dawson, Elbert, Forsyth, Franklin, Gwinnett, Habersham, Hall, Hart, Jackson, Lumpkin, Madison, Oconee, Oglethorpe, Rabun, Stephens, Towns, Union, Walton, White
Macon Region 175 Tom Hill Sr. Blvd., Suite J Macon, GA 31210 478-475-8600	Baldwin, Bibb, Bleckley, Crawford, Dodge, Greene, Hancock, Houston, Johnson, Jones, Laurens, Montgomery, Peach, Pulaski, Putnam, Taliaferro, Telfair, Truetlen,Twiggs, Warren, Wheeler, Wilkinson
Savannah Region 1915 Eisenhower Drive, Bldg 7 Savannah, GA 31406 912-356-2297	Bryan, Bulloch, Burke, Candler, Chatham, Columbia, Effingham, Emanuel, Evans, Glascock, Jefferson, Jenkins, Liberty, Lincoln, Long, McDuffie, McIntosh, Richmond, Screven, Tattnall, Toombs, Washington, Wilkes