



NEW YORK STATE
OFFICE OF TEMPORARY AND DISABILITY
ASSISTANCE
 40 NORTH PEARL STREET
 ALBANY, NY 12243-0001
Andrew M. Cuomo
Governor

Informational Letter

Section 1

Transmittal:	12-INF-05
To:	Social Service Districts Commissioners
Issuing Division/Office:	Center for Employment and Economic Supports
Date:	April 2, 2012
Subject:	Clarification of Food Stamp Policy for Claims Established as a Result of a Court Ordered Restitution & Revision of FS Recoupment Data Entry Form—WMS LDSS-3513 NYC
Suggested Distribution:	Food Stamp Benefits Staff Temporary Assistance Staff WMS Coordinators Staff Development Coordinators
Contact Person(s):	Policy Questions: FS Bureau - @ 1-800-343-8859, ext. 3-1469 TA Bureau - @ 1-800-343-8859, ext. 4-9344 Forms Questions: Kelly Whitney @ 1-800-343-8859, ext. 3-7991 Bureau of Financial Services: Regions 1-5, Ed Conway @ 1-800-343-8859, ext 4-7549 Region 6, Michael Simon @ 212-961-8250
Attachments:	Attachment 1-Food Stamp Recoupment Data Entry Form—WMS LDSS-3513 NYC
Attachment Available On – Line:	<input checked="" type="checkbox"/> All forms available on-line

Filing References

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
04 ADM-01 01 INF-17 97 ADM-23 97 ADM-19 97 ADM-3		387.19	7CFR 273.18	FSSB XV (all)	00 LCM-6 97 LCM-4

Section 2

I. Purpose

The purpose of this release is to clarify policy on Food Stamp claim establishment as a result of Court Ordered Restitutions and to inform Social Service Districts of the revision to the Food Stamp Recoupment Data Entry Form-WMS (LDSS-3513 NYC) for Downstate.

II. Background

04-ADM-01 Establishing and Collecting Food Stamp Overissuance Claims provides guidance in the area of Food Stamp claims establishment and collection. Generally, the amount of an Inadvertent Household Error (IHE) claim or an Administrative Error (AE) claim must be calculated based on the amount of the overissuance which occurred during the 12 months preceding the date the overissuance was discovered. For over issuances resulting from Intentional Program Violations (IPVs), the amount of the claim is based on the over-issuances which occurred during the 6 years preceding the date of discovery. However, a Court in a criminal proceeding may order a defendant to pay back Food Stamp benefits previously received that extends beyond the normal recovery limitations defined above.

III. Program Implication

When social services districts are calculating a food stamp claim when Court orders a defendant to pay restitution in a criminal proceeding for Food Stamp benefits s/he received, but was not entitled to receive, the decision and findings of the Court must be followed. If the person was found guilty of a crime, act or conduct or admitted to such a crime, act or conduct that constitutes an Intentional Program Violation (IPV) (even if the Court does not refer to it as an IPV) as defined in 7 CFR 173.16, an IPV penalty shall be imposed (with notice) unless it is contrary to the Court order (7 CFR 273.16 (b) (7)). In such cases, there is no finding of guilt by the Court or no admission of guilt of an act or conduct that constitutes an IPV, as defined in 7 CFR 273.16, or if the imposition of an IPV would be contrary to the Court order, the restitution should be processed as an IHE recovery. Districts must note that the decision of the Court is binding even if the Court ordered restitution exceeds 12 months.

IV. System Implications

A new field has been created to identify Court-Ordered Restitution (COR) cases. Entering a COR identifier on a Welfare Management System (WMS) or Paperless Office System (POS) Recoupment screen will result in a relaxation of the cross-edit currently in place between Date of Discovery (DOD) and the Period of Over Issuance (POI) FROM date (Applicable to New York City only).

For the Cash Management System (CAMS), a new field for Court Ordered Restitution (COR) has been created. A court may order a defendant to pay back Food Stamp benefits previously received. For a person found guilty of a crime, act, or conduct, the restitution will be entered as an Intentional Program Violation (IPV). For those court-ordered repayments that do not qualify as an IPV offense, the worker will initiate an Intentional Household Error (IHE) overpayment

claim. The 12 months (IHE) and 6 year (IPV) date of discovery limits will not apply in cases where there is a court ordered restitution.

Revisions in CAMS have been made to add the new COR field to the entry screens LCMC02 (Establish Food Stamp Case Claim Generation), LCMC03 (Establish Food Stamp Case Claim – Manual Entry), LCMC04 (Accounts Receivable Modify Claim Demographics), and LCMC13 (Accounts Receivable – Modify Claim Demographics). Revisions have also been made to the inquiry screen LIAR02 (CAMS Case Claim Inquiry). This field is to be used for court ordered restitution for Food Stamp claims. An entry of a Y indicates that the Date of Discovery edits will be bypassed so that IPV and IHE claims are no longer limited to 6 years and 1 year date of discovery limits respectively. An entry of an N in this field or if left blank indicates that the existing Date of Discovery edits will apply.

V. Revision of Food Stamp Recoupment Data Entry Form

In order to allow Downstate data entry/processing of Court ordered restitutions, The Food Stamp Recoupment Data Entry Form; WMS LDSS 3513 has been revised to include a box for COR.

VI. Forms Ordering Information

- The revised English version of the LDSS-3513: “FS Recoupment Data Entry Form – WMS NYC,” is State printed.
- The above referenced document has also been posted on the OTDA Intranet website at http://otda.state.nyenet/ldss_eforms/default.htm and is available for downloading by local districts for reproduction locally.
- Upon the release of this INF all previous versions of the “FS Recoupment Data Entry Form – WMS NYC,” must immediately be destroyed and replaced with the revised 9/11 version.
- Any future written requests for a master camera ready copy of the document, should be submitted on OTDA-876: “Request for Forms or Publications,” and should be sent to:

**Office of Temporary and Disability Assistance
BMS Document Services and Operational Support
PO Box 1990
Albany, NY 12201**

- Questions concerning ordering forms should be directed to BMS Document Services at 1-800-343-8859, ext. 4-9522.
- Documents may also be ordered through Outlook. To order the forms you must obtain an OTDA-876 electronically by going to the OTDA Intranet Website at <http://otda.state.nyenet/> then under Program Areas, go to Division of Operations and Program Support page, then to OPS E-forms page (this page contains the electronic OTDA-876).
- For those who do not have Outlook, but who have Internet access for sending and receiving e-mail, the Internet e-mail address is: gg7359@dfa.state.ny.us .

- For a complete list of available forms, please refer to the OTDA Intranet site:
http://otda.state.nyenet/ldss_eforms/default.htm .

Issued By

Name: Phyllis Morris

Title: Acting Deputy Commissioner

Division/Office: Center for Employment and Economic Supports

FS RECOUPMENT DATA ENTRY FORM - WMS

(ROUTING: Original to Control Unit, Duplicate Filed in IM Record)

NEW YORK STATE

OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

CASE NAME	SURNAME	FIRST NAME
ACTION CODE	NEW	CHANGE
(Place "X" in applicable box; only one)	(1) <input type="checkbox"/> NEW CLAIM	(2) <input type="checkbox"/> CHANGE IN DATA (3) <input type="checkbox"/> SUSPEND CLAIM (4) <input type="checkbox"/> DELETE CLAIM (5) <input type="checkbox"/> FAIR HEARING AND CONTINUING (6) <input type="checkbox"/> LIFT FAIR HEARING AND CONTINUING (7) <input type="checkbox"/> TRANSFER RECOUPMENT TO NEW CASE (8) <input type="checkbox"/> REINITIALIZE CLAIM
FOOD STAMP CLAIM TYPE	IPV <input type="checkbox"/> Intentional Program Violation #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> Sub Type IHE <input type="checkbox"/> Inadvertent Household Error #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> Sub Type AE <input type="checkbox"/> Agency Error M3E <input type="checkbox"/> RECOUPMENT ID NUMBER <input style="width: 100px;" type="text"/>	
CASE DATA	AUTHORIZATION NUMBER <input style="width: 150px;" type="text"/> IM CENTER <input style="width: 40px;" type="text"/> ORG. ID <input style="width: 60px;" type="text"/> CLIENT ID NUMBER (CIN) <input style="width: 120px;" type="text"/> CASE NUMBER <input style="width: 150px;" type="text"/> SUFFIX <input style="width: 30px;" type="text"/> FORM PREP DATE <input style="width: 130px;" type="text"/>	
OFFENSE DATA	OFFENSE AMOUNT <input style="width: 100px;" type="text"/> CI <input style="width: 30px;" type="text"/> PERIOD OF OVER-ISSUANCE FROM <input style="width: 130px;" type="text"/> TO <input style="width: 100px;" type="text"/> CHECK NUMBER <input style="width: 100px;" type="text"/> DATE OF DISCOVERY MM <input style="width: 20px;" type="text"/> DD <input style="width: 20px;" type="text"/> YY <input style="width: 20px;" type="text"/> COURT ORDERED RESTITUTION (COR) <input style="width: 60px;" type="text"/> QUICK REPAYMENT AMOUNT <input style="width: 80px;" type="text"/>	
FOR ACTION CODE 7	NEW CASE NUMBER <input style="width: 190px;" type="text"/> NEW SUFFIX <input style="width: 40px;" type="text"/>	
FOR IPV CLAIM TYPE ONLY	NUMBER OF PERSONS <input style="width: 50px;" type="text"/>	

ELIGIBILITY SPECIALIST	DATE	SUPERVISOR'S SIGNATURE	DATE
------------------------	------	------------------------	------

CONTROL CLERK	DATE	CRT OPERATOR	DATE
---------------	------	--------------	------