
FOOD AND NUTRITION SERVICES CERTIFICATION

Claims

Front End Referrals

FS 840 Front End Referrals

Change #1-2017

April 1, 2017

840.01 GENERAL POLICY

The purpose of a Front End referral is to resolve conflicting or questionable information prior to certification. Front End referrals cannot be requested or conducted based on race, color, national origin, sex, age, religion, political beliefs, or disability. Do not pend an application past 30 days due to a Front End Investigation. Process the application with the information provided by the applicant. Establish a claim following the Front End investigation if an overissuance occurred. **A Front End referral is the only referral that can be entered in NC FAST.**

840.02 PROCEDURES FOR FRONT END REFERRALS

- A. The caseworker should attempt to resolve conflicting or questionable information on Food and Nutrition Services applications. Establish local policy regarding how much effort a caseworker expends on conflicting or questionable information before requesting a Front End investigation.
- B. Front End referrals should include:
 - 1. Applicant identifying information, including: name, address, SSN, etc.; and
 - 2. Specific information, including sources, about the unresolved issue; and
 - 3. The application and all documentation; and
 - 4. Notation that it is a Front End and not a Regular referral.

NOTE: Due to time constraints, refer Front End requests promptly.

- C. **Create** the referral in EPICS the day it is received using the referral type code of "F". **The Date of Discovery is the date the overissuance is determined and a DSS-1682 is completed or the referral is unsubstantiated.**
- D. Resolve the questionable or conflicting information and return the findings, application, and documentation to the caseworker within 10 calendar days. Complete the following steps in order to resolve the issue:
 - 1. Review questionable information with the applicant if the applicant consents to be interviewed. Review questionable information with third party sources regardless of the applicant's cooperation. Third party sources may include, but are not limited to: collaterals, landlords, employers, etc.
 - 2. Request documentary evidence. This may include, but is not limited to: wage stubs, rent receipts, and utility bills.

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3. Request additional collateral contacts, if appropriate. Do not disclose privileged information to third parties, including that the household has applied for Food and Nutrition Services.
4. Schedule and conduct a home visit with the household, if appropriate and with the household's consent. Notify the household of a proposed home visit by mailing a DSS-8230, Program Integrity Appointment Notice, at least three work days prior to the proposed home visit. Mail a copy to any known legal or authorized representative. Keep a copy in the file. The household may refuse a home visit. Continue the investigation with or without the client's cooperation.
5. Use acceptable, verifiable evidence to resolve the issue.
6. Document your findings in detail to support eligibility or ineligibility of the household should the investigation be reviewed.

840.03 CALCULATING CLAIMS RESULTING FROM FRONT END REFERRALS

- A. A claim may result from a Front End investigation. Establish a claim when an applicant receives emergency benefits, and a Front End investigation later reveals the applicant was not eligible. Do not establish a claim less than \$125.00 unless at least one of the debtors is currently participating in the Food Stamp Program at the time the overissuance amount is determined. This applies unless your **local agency** has a State approved Claims Management Plan for a different amount. Establish a claim when the applicant is issued ongoing benefits due to processing time limits. Handle as a regular claim.
- B. Investigate and determine the claim type and if a disqualification should be pursued using the rules in sections 800, 810, 815, 820, and 825. The claim cannot be an agency error if emergency or regular benefits were issued using the applicant's false statement.
- C. Calculate what the household would have received for the first full month's benefits if the Front End Investigation had not been completed. This information is entered in EPICS claim detail 1 screen. See 825.07 for more information.

840.04 DETERMINING IPV DISQUALIFICATION FOR FRONT END REFERRALS

- A. An applicant can be disqualified as a result of a Front End investigation whether or not a claim is established.
- B. Use procedures in Sections 800, Claims and 825, Intentional Program Violation Disqualifications, to determine if there is clear and convincing evidence of an IPV and if so, to seek the proper disqualification.
- C. Impose a 10 year disqualification for misrepresenting identity and/or residence in an attempt to receive dual benefits according to Section 825.06, if appropriate.

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- D. EPICS will not accept a disqualification on a referral unless a claim is established with a value. When a disqualification is determined, but benefits were not issued, enter \$1.00 as the value in EPICS. Enter the disqualification. Send a closure request to the State Office following the policy in Section 820.

840.05 CLOSING THE FRONT END REFERRAL

- A. Document and close a Front End investigation in EPICS when the applicant has given correct information at application. Use closure code "FU" to show the allegations for the investigation were unsubstantiated.
- B. Document and close a Front End investigation in EPICS when the applicant has given incorrect information. Use closure code "FO" to show the allegations for the investigation were substantiated regardless of an actual overissuance.
- C. Enter a claim and/or disqualification, when appropriate, from a Front End investigation in EPICS as if from a regular referral. Collect a Front End claim as a regular claim.