
SNAP CLAIMS

Guidance and Procedures



WHAT IS A CLAIM?

A claim is an amount owed because:

- A household (HH) received more SNAP benefits than it was entitled to receive, or
- Benefits were trafficked

There are three types of claims:

- Intentional Program Violation **(IPV)**
- Inadvertent Household Error **(IHE)**
- Agency Error **(AE)**



OTHER DEFINITIONS

- **Claim Threshold**

The BPS must establish a claim for any household-caused overpayment that totals more than the threshold

- **Retention rate**

State agencies must forward to the Food and Nutrition Service (FNS) the amount collected on claims above this percentage, which varies based on the type of claim

Each of these is dependent on the type of claim being established (IPV, IHE, or AE)

DETERMINING AN INTENTIONAL PROGRAM VIOLATION (IPV)

An IPV consists of having **intentionally**, and **with the intent to receive SNAP benefits** that the household may not have been eligible for:

- Made a false or misleading statement, or misrepresented, concealed or withheld facts with the intent to receive SNAP benefits the HH may not have been eligible for; or
- Committed any act that constitutes a violation of SNAP regulations, or any State statute for the purpose of using, presenting, transferring, acquiring, receiving, possessing or trafficking of SNAP benefits or EBT cards.
- IPV Claim Threshold = **NONE**
- Retention Rate = **35%**



IPV PENALTIES

- The claimant signs a waiver, waiving their rights to an Administrative Disqualification Hearing (ADH)
- Found to have committed an IPV through an ADH or by Federal, State or local court
- Trafficking is always an IPV

Individual will be disqualified for a period of:

ONE YEAR

**1st
violation**

TWO YEARS

**2nd
violation**

PERMANENTLY

**3rd
violation**

TEN YEARS

For a determination that fraudulent statements or representations of identity or residency were made to receive benefits in more than one household at the same time



TRAFFICKING

Part 17.C.2

The amount of a claim resulting from trafficking of SNAP benefits will be determined by:

- The individual's admission (statement) of the amount trafficked;
- A determination by a court; or
- Documentation that forms the basis for the trafficking determination, such as EBT transaction data.

CLAIM DOCUMENTATION

For both trafficking and non-trafficking claims, the Local Department of Social Services must maintain documentation to support how the claim was calculated.



DETERMINING AN INADVERTENT HOUSEHOLD ERROR (IHE)

- Any claim for an overpayment resulting from a **misunderstanding** or **unintended error** on the part of the household.
- SNAP Claim Threshold = **\$125.00**
- Retention Rate = **20%**



DETERMINING AN AGENCY ERROR (**AE**)

- Any claim for an overpayment caused by an **action or failure to take action** by the state agency.
- Claim Threshold = **\$300.00**
- Retention Rate = **0%**



QUALITY CONTROL FINDINGS

A claim must be established for any overpayment discovered during a QC review, regardless of the amount. This includes **variance errors** of less than \$57.

The claim thresholds for agency and household error do not apply.



CLAIM CALCULATION

IHE or AE claims must be calculated back at least 12 months prior to when the agency became aware of the claim, but no more than 6 years



IPV claims must be calculated back to the month when the IPV first occurred, but no more than 6 years

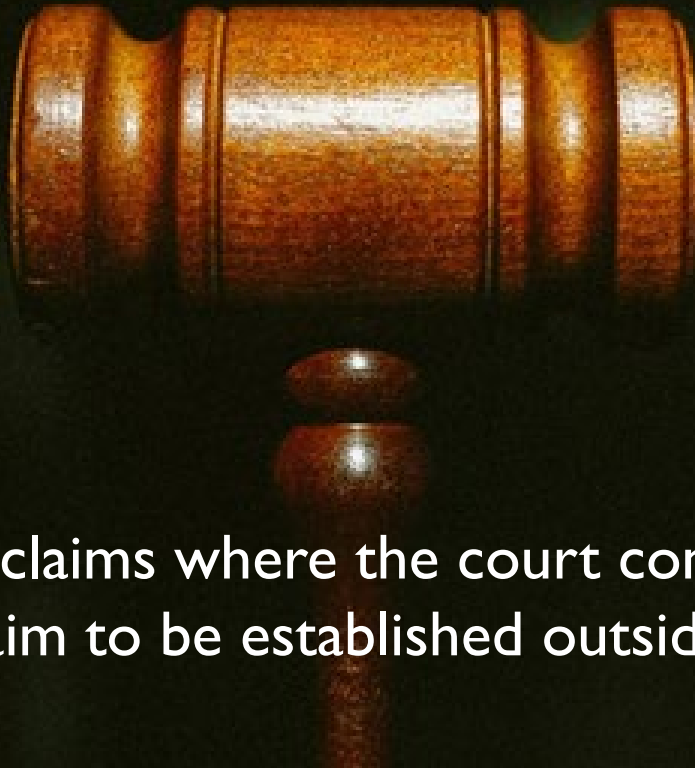
You must determine the correct amount of benefits for each month of the overpayment period, and then deduct from the monthly issuance

The income conversion factors of 4.3 or 2.15 must be used, if appropriate (based on Part 18.A.3) to determine the monthly income

If the claim is an IHE or an IPV, the LDSS must not apply the earned income deduction to that part of any earned income that the household failed to report

The claim must be established before the end of the quarter following the quarter in which the overpayment was discovered

EXCEPTION: Trafficking claims where the court conviction date or the ADH decision date causes the claim to be established outside of the timeliness standard



EXCEPTION: Trafficking claims where the court conviction date or the ADH decision date causes the claim to be established outside of the timeliness standard

The agency must have documentation to support the determination of an IPV by a court, a Waiver, or an ADH and the claim should be established within 30 days of the disposition of a court or an ADH.

The information must be entered into eDRS within 30 days of the disqualification date.

CLAIM RESOURCES



SNAP Guidance Manual

Part 17, Recipient Claims

Federal Regulation

7 CFR § 273.18 Claims against households

Commonwealth of Virginia Learning Center (COVLC)

- **VDSS – VACMSE7103:** Entering Claims in VaCMS
- **VACMSE7104:** Understanding the Fraud Module

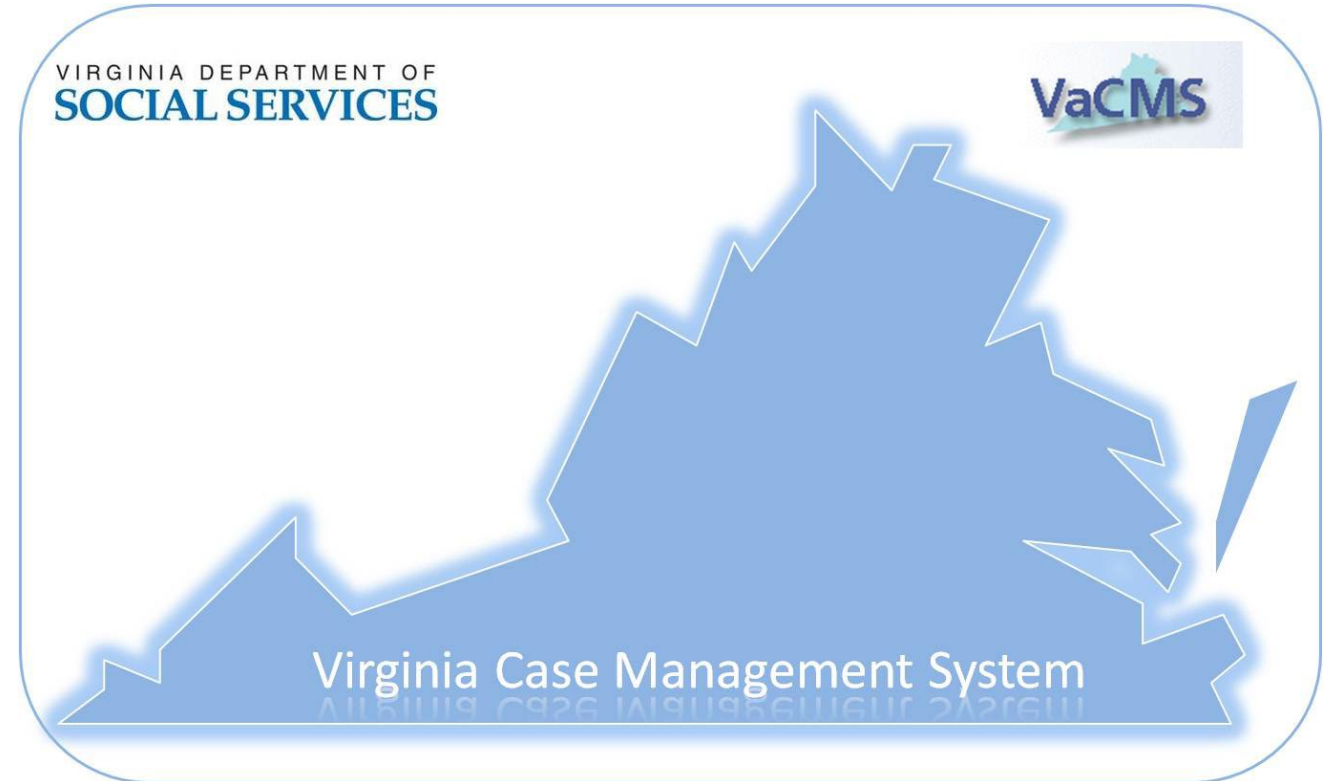
Fusion Claims page

[Fusion.dss.virginia.gov/ac/Compliance-Home/FRAUD-MANAGEMENT/Claims](https://fusion.dss.virginia.gov/ac/Compliance-Home/FRAUD-MANAGEMENT/Claims)

Virginia Case Management System (VaCMS) is the system of record for claims.

This means VaCMS must be used to:

- Establish all claims
- Reflect all payments received
- Report terminations of claims; and
- Reflect dates for:
 - initial demand letter
 - follow-up demand letters; and
 - court-ordered restitution



Documentation **MUST** be completed in the VaCMS Case Narrative and all supporting documents **MUST** be uploaded into DMIS.



ENTERING A CLAIM IN VACMS

STEP-BY-STEP INSTRUCTIONS



STEP

1

Search for an existing claim

- **Benefit Issuance**
 - + Claims
 - + View/Track Claims

- 🏠 VaCMS Home
 - Dashboard Tools
 - Rapid Data Entry (RDE)
 - Application/Screening
 - My Workspace
 - EAP
 - SEBT Rapid Data Entry
 - Data Collection
 - Eligibility
 - **Benefit Issuance**
 - Benefit Details
 - Benefit Adjustment
 - Maintain Checks
 - EAP Returned Payments
 - EBT Replacement
 - TANF DA/EA
 - **Claims**
 - View/Track Claims
 - TOP Claims
 - Post-Unpost
 - ClaimPayments
 - TOP Pre-offset
 - Address Request
 - TOP Address

- First, check to see if there is an existing claim
- Search by either the claim, case, or client number

View & Track Claims | Claim Information | SNAP Calculation | TANF Calculation

View & Track Claims ?

Search Criteria

Claim Number:	<input type="text"/>	Client Number:	<input type="text"/>	Program:	<input type="text"/>
Case Number:	<input type="text"/>	Claim First Name:	<input type="text"/>	Claim Last Name:	<input type="text"/>
Claim Begin Month:	<input type="text"/>	Claim End Month:	<input type="text"/>	Claim Type:	<input type="text"/>

Add Reset **Search**

Case Number	Claim Number	Claim Name	Claim Type	Claim Status	Claim Amount	Total Recovered Amount	Balance Remaining	Authorization Status
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STEP

2

Evaluate whether a new claim is needed

If the new claim is not consecutive to the existing claim, or if there is not an existing claim in VaCMS:

+ Select Add to create a new claim record

If there is an existing claim in VaCMS:

- You must ensure that the new claim will not be consecutive to the existing claim.
- There must be a break between the claim months.

Example: If the existing claim is from April 2024 – August 2024, the new claim cannot end in March 2024 or begin in September 2024

- If there is not a break between the claim months, do **NOT** enter a new claim in VaCMS. You must add the months of the new claim to the existing claim.

View & Track Claims ? 📄

360: No record matches your search criteria. Try revising the search criteria

Search Criteria

Claim Number:	<input type="text"/>	Client Number:	<input type="text"/>	Program:	<input type="text"/>
Case Number:	<input type="text" value="113653757"/>	Claim First Name:	<input type="text"/>	Claim Last Name:	<input type="text"/>
Claim Begin Month:	<input type="text" value="mm/yyyy"/>	Claim End Month:	<input type="text" value="mm/yyyy"/>	Claim Type:	<input type="text"/>

Add **Reset** **Search**

STEP

3

Complete the
**Claim
Information**
screen

**Case
Information**
section

- On the **Claim Information** screen enter the case number.
- The **Claim Name** field will automatically populate the primary name associated to the case. You can select a different name if necessary.
- Select a **Program** from the drop-down menu.

Claim Information ? ⓘ Ⓢ

Case Information

* Case #:	<input type="text" value="113653757"/>	EDG #:	<input type="text"/>
* Program:	<input type="text" value="SNAP"/>	* Claim Type:	<input type="text" value="Inadvertent Household Err"/>
* Claim Name:	<input type="text" value="Kyle Lakes"/>	Claim Number:	<input type="text"/>
Claim Establishment Date:	<input type="text" value="mm/dd/yyyy"/>	Is Manual Conversion Claim?:	<input type="text" value="NO"/>
Is the Claims for TANF EA/DA?:	<input type="text" value="NO"/>	Is the Claim for TANF VIEW Support/Transitional Services?:	<input type="text" value="NO"/>
Is the claim being performed for Tanf relative/Kinship payment?:	<input type="text" value="NO"/>		

STEP

3

Complete the **Case Information** section

- Select a **Claim Type** from the drop-down menu.
- Select the calendar icon to enter the **Claim Establishment Date**.
- **Manual Conversion** should always be NO.

Claim Information ? 📄 💰

Case Information

* Case #:	<input type="text" value="113653757"/>	EDG #:	<input type="text"/>
* Program:	<input type="text" value="SNAP"/>	* Claim Type:	<input type="text" value="Inadvertent Household Err"/>
* Claim Name:	<input type="text" value="Kyle Lakes"/>	Claim Number:	<input type="text"/>
Claim Establishment Date:	<input type="text" value="06 / 10 / 2025"/>	Is Manual Conversion Claim?:	<input type="text" value="NO"/>
Is the Claims for TANF EA/DA?:	<input type="text" value="NO"/>	Is the Claim for TANF VIEW Support/Transitional Services?:	<input type="text" value="NO"/>
Is the claim being performed for Tanf relative/Kinship payment?:	<input type="text" value="NO"/>		

STEP

4

Move on to the
Claim Information
section

Claim Information

* Discovery Date:	06 / 09 / 2025	* Discovery Source:	
Claim Initiator:	tr5017	* Claim Status:	
Originating FIPS:	Bath County (017)	Current FIPS:	Bath County (017)
* Overpayment Reason:	Unreported Unearned Inco	Claim Amount:	\$ 0.00
* Claim Begin Month:	mm / yyyy	Claim End Month:	mm / yyyy
Court Order Date:	mm / dd / yyyy	Pay Through:	
Change Reason:		IPV Determination Reason:	
Judgement:	NO	State Tax Offset:	
Comments:			

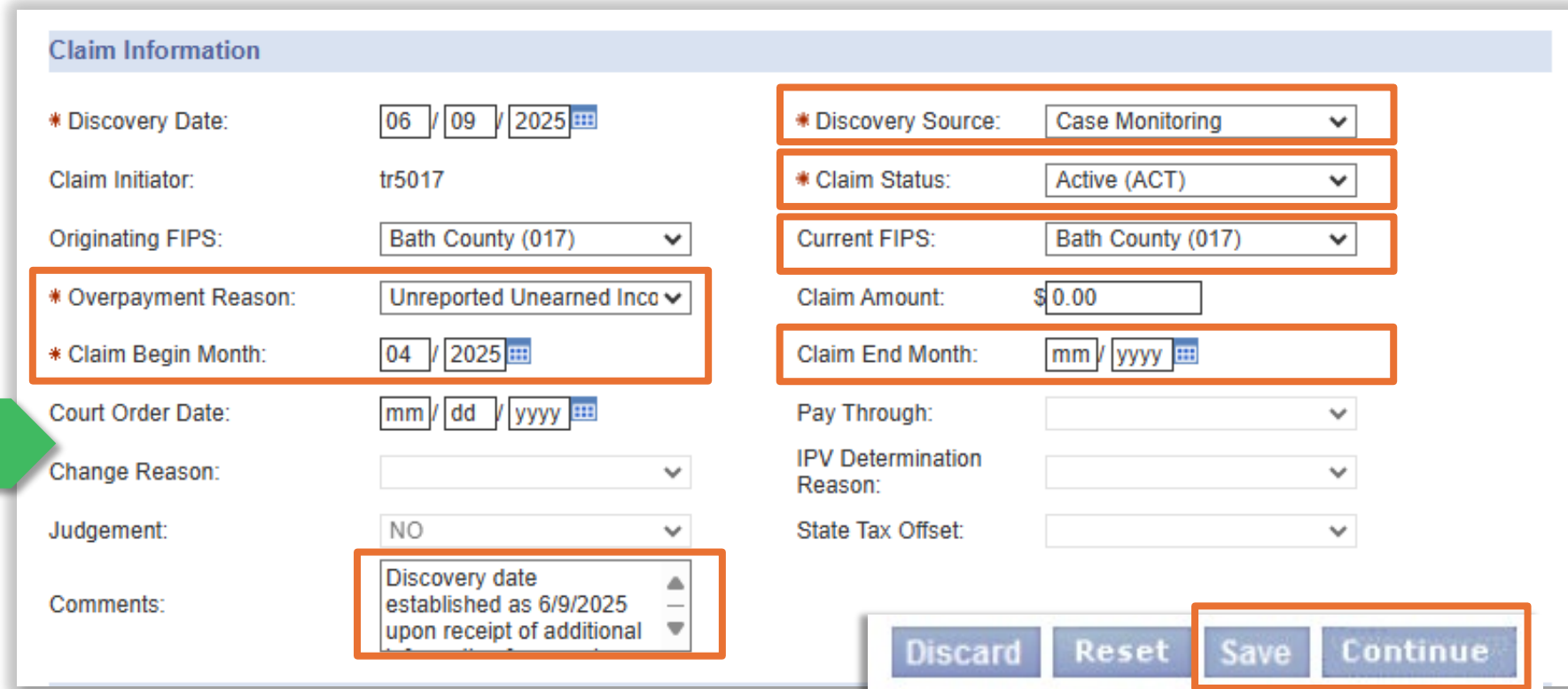
- Select the calendar icon to enter a **Discovery Date**.
- The Discovery Date is the date that the LDSS had all information needed to determine an overpayment had occurred.
- It is **mandatory** to complete the Comment section at the bottom of this screen to explain why this date was chosen.

STEP

4

Complete the Claim Information section

- Select a **Discovery Source**.
- Select a **Claim Status**.
- The current FIPS drop-down will default to the customer's current FIPS.
- Select the **Overpayment Reason**.
- Input the **Claim Begin Month** based on reporting requirement regulations.
- Leave the **Claim End Month** blank.
- Enter **Comments**, select **Save**, then **Continue**.



Claim Information

* Discovery Date:	06 / 09 / 2025	* Discovery Source:	Case Monitoring
Claim Initiator:	tr5017	* Claim Status:	Active (ACT)
Originating FIPS:	Bath County (017)	Current FIPS:	Bath County (017)
* Overpayment Reason:	Unreported Unearned Inco	Claim Amount:	\$ 0.00
* Claim Begin Month:	04 / 2025	Claim End Month:	mm / yyyy
Court Order Date:	mm / dd / yyyy	Pay Through:	
Change Reason:		IPV Determination Reason:	
Judgement:	NO	State Tax Offset:	
Comments:	Discovery date established as 6/9/2025 upon receipt of additional		

Buttons: Discard, Reset, Save, Continue

STEP

5

Complete the
SNAP
Overpayment
Calculation
screen

The left side of the screen is the calculation that existed when the case was authorized

The right side is where you will enter the adjusted calculation

SNAP Overpayment Calculation

Benefit Information

Case Number: 113653757

Benefit Start Date: 04/01/2025

Benefit End Date: 04/30/2025

Prorated Days: 30

Recalculation

Financial Test		Authorized		Adjusted
Total Self Employment Income		\$ 0.00	+\$	<input type="text" value="0.00"/>
Gross Reported Earned Income	+	\$ 1122.30	+\$	<input type="text" value="0.00"/>
Gross Unreported Earned Income		0.00	+\$	<input type="text" value="0.00"/>
Total Gross Earned Income	=	\$ 1122.30	=\$	0.00
Total Unearned Income	+	\$ 0.00	+\$	<input type="text" value="0.00"/>
Child Support Payments	-	\$ 0.00	-\$	<input type="text" value="0.00"/>
Farming/Fishing Loss		0.00	-\$	<input type="text" value="0.00"/>
Total Gross Income	=	\$ 1659.80	=\$	0.00

STEP

5

Complete the SNAP Overpayment Calculation screen

Make the necessary adjustments in the **Adjusted** column

- Make sure to enter shelter expenses if appropriate.
- Zeros in the **Housing** and **Utilities** fields in the Authorized column do not necessarily mean there is no shelter expense; these were factored into the original calculation. Use Wrapup results to complete these fields.



Deductions			
Earned Income Deductions		\$	0.00
Standard Deductions	+	\$	208.00
Dependent Care Costs	=	\$	0.00
Child Support Payments	+	\$	0.00
Medical Expenses	+	\$	0.00
Homeless Shelter Allowance			
Housing	+	\$	0.00
Utilities	+	\$	0.00
50% Net income	:	\$	
Maximum Shelter Expenses	+	\$	672
Allowable Shelter Expenses	+	\$	452.00
Total Deductions	=	\$	443.00

		\$	0.00
	+	\$	198.00
	+	\$	0.00
	+	\$	0.00
	+	\$	0.00
			NO
	+	\$	0.00
	+	\$	0.00
	:	\$	222.00
	+	\$	0.00
	+	\$	0.00
	=	\$	198.00

STEP

5

Complete the
SNAP
Overpayment
Calculation
screen

Make the necessary adjustments in the **Adjusted** column

- Select a **Prorate Date**, if appropriate



Gross Reported Earned Income	+	\$	1122.30			
Gross Unreported Earned Income			0.00			0.00
Total Gross Earned Income	=	\$	1122.30	=\$		0.00
Total Unearned Income	+	\$	0.00	+\$		0.00
Child Support Payments	-	\$	0.00	-\$		0.00
Farming/Fishing Loss			0.00	-\$		0.00
Total Gross Income	=	\$	1659.80	=\$		0.00
HH/AU Size	:		2	:		0
Household Contains Elderly/Disabled Person			NO			NO
Is this a PA Household?			NO			NO
Benefit Type			SNAP			SNAP
Are Shelter Expenses \$500 or More?						NO
Income Eligibility Limit	=	\$	3407.00	=\$		0.00
Financial Eligibility Result	:		Pass	:		Pass
Prorate Benefits?						NO
Prorate Date						mm / dd / yyyy

STEP

5

Complete the
SNAP
Overpayment
Calculation
screen

- Select **Calculate**; VaCMS will calculate the overpayment amount
- Select **Add/Update**; the overpayment amount will populate
- After **all months** have been added, **Save**, then **Continue**

Benefit Amount					
Total Gross Income		\$	1659.80	\$	0.00
Total Deductions	-	\$	535.96	-\$	0.00
Net Countable Income	=	\$	1123.84	=\$	0.00
Benefit Amount	:	\$	<input type="text" value="191.00"/>	:\$	<input type="text" value="0"/>
BA Amount(Supplement)	+	\$	<input type="text" value="0.00"/>	+\$	<input type="text" value="0.00"/>
BA Amount(Restoration)	+	\$	<input type="text" value="0.00"/>	+\$	<input type="text" value="0.00"/>
BA Amount(Replacement)	+	\$	<input type="text" value="0.00"/>	+\$	<input type="text" value="0.00"/>
Total Benefit Amount	=	\$	191.00	=\$	0

Adjustment Amount	
Overpayment Amount	= \$ 191.00

▶ Overpayment Month	▶ Authorized Benefit Amount	▶ Adjusted Benefit Amount	▶ Overpayment		
04/01/2025	\$ 191.00	\$ 0.00	\$ 191.00		

STEP

6

Complete the
Liable Person(s)
screen

- Select the name of the **liable person(s)**, or who is responsible for the overpayment, and select **Add** after each selection.

Liable person(s): All individuals 18 years of age or older who were in the household (or should have been) when the overpayment occurred

- After each liable person has been added, select **Save**, then **Continue**.

TANF Relative/Kinship Overpayment Calculation | Trafficking Calculation | **Liable Persons** << || >>

Liable Persons ? 📄

Case Section

Case #: 113653757 EDG #: 0 Program: SNAP

Liable Vendor

Vendor Name: ▾ Vendor ID:

Liable Person

Client Name: Kyle Lakes ▾

Reset **Add**

▶ Client Number	▶ Client Name	▶ Remove
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Discard Previous **Save** **Continue**

STEP

7

Complete the Claim Authorization screen

- Review and ensure that the information is correct.
- Add a descriptive narrative in the Comments section.
NO EXCEPTIONS.
- After reviewing and entering comments, select **Submit**.

Trafficking Calculation | Liable Persons | Claim Authorization

Claim Authorization ? [document icon] [refresh icon]

Claim Information

Claim Number:	1000022802	Claim Name:	Kyle Lakes	Claim Amount:	\$ 191.00
Claim Type:	Inadvertent Household Error	Claim Begin Month:	04/01/2025	Claim End Month:	04/30/2025
Authorization Status:	Approved	Authorized By:	tr5017	Authorization Date:	
Comments:	Client failed to report additional income from self-employment. Discovery date established as			Relative/Kinship:	N

Previous Submit

STEP

8

Print and send the **Demand Letter** and other notices

- Forms
 - + Pending Forms

Print the following forms **locally**:

- DSS-750 **Repayment of Extra SNAP Benefits-Demand Letter**
- DSS-756 **SNAP Repayment Agreement**
- DSS-755 **SNAP Overpayment Calculation**

Subsequent demand letters will not be created if the above procedure isn't followed.

Once the notices have been viewed, reviewed and printed, they will be stored in VaCMS **View Forms History** folder.

MODIFYING CLAIMS

Adding and adjusting months

If the new claim is consecutive to the existing claim, or if a month needs to be recalculated:

- Search for the claim from the **View and Track Claims** screen and select the pencil icon to edit
- Select Continue until reaching the **SNAP Overpayment Calculation** screen
- Select **Add Month Prior** or **Add Month After** button to add consecutive months
- Make the necessary adjustments in the Adjusted column and then choose **Calculate**, then **Add/Update** the month
- **Save**, then **Continue**

Adjustment Amount

Overpayment Amount = \$ 198.00

Calculate **Reset** **Add / Update**

▶ Overpayment Month	▶ Authorized Benefit Amount	▶ Adjusted Benefit Amount	▶ Overpayment		
05/01/2025	\$ 198.00	\$ 0.00	\$ 198.00		
04/01/2025	\$ 191.00	\$ 0.00	\$ 191.00		

Record Set 1 of 1

Add Month Prior **Add Month After** **Discard** **Previous** **Save** **Continue**

COMPROMISE

- The BPS may **compromise** a claim if a household's economic circumstances dictate that the claim will not be paid in three years.
- This reduces the amount owed to allow the household to pay the claim within three years.
- A claim may **not** be compromised if:
 - the claim is the result of an intentional program violation (IPV);
 - the claim has been certified to the Treasury Offset Program (TOP); or
 - the gross income for the SNAP claim household exceeds 200% of the Federal Poverty Level at the time the compromise is requested

See Chapter **17.E** for details on compromising a claim.





COLLECTION

- Initial demand letter must be mailed or otherwise delivered to a household in order to begin collection
- Court order takes the place of a demand letter for court convicted claims
- The household has 30 days to sign the repayment agreement and make a payment or the claim is delinquent

Exception: participating households do not have to sign and cannot be delinquent. You would begin recoupment.

- If a claim is delinquent, involuntary collection actions begin



REPAYMENTS

- Recoupment of SNAP benefits
- Debit EBT account
- Cash, check, money order
- State tax intercept
- Community service if court ordered
- Treasury offset program
- Restoration offset
- Debit/credit card



- Signed repayment agreement and no payment made within 30 days
- Payment not made by due date on the repayment agreement
- Payment is less than amount in repayment agreement

DELINQUENT CLAIMS

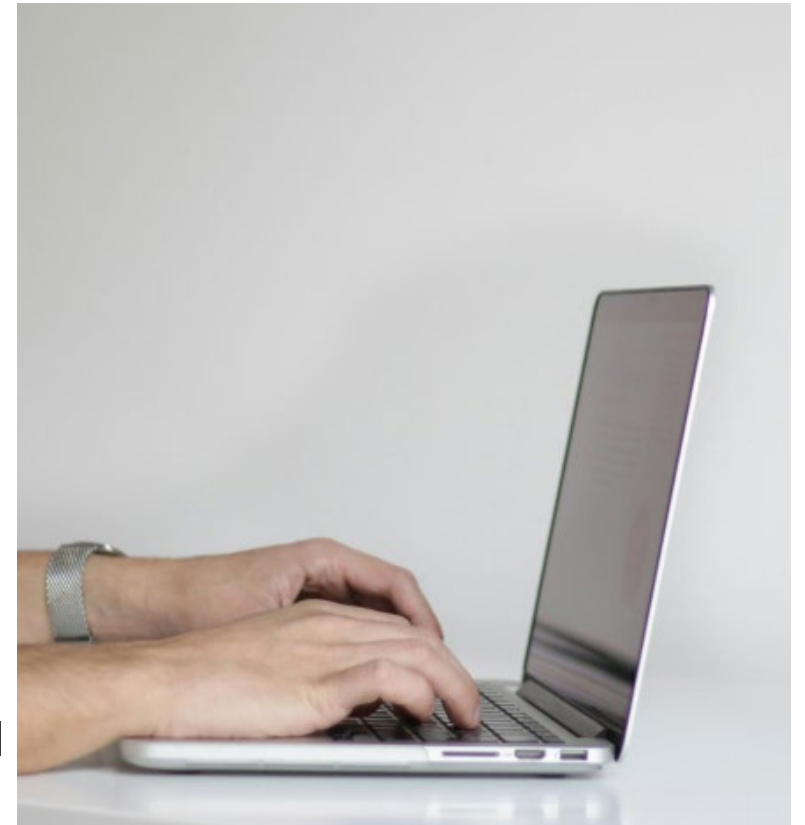
Exceptions:

- ✘ Participating SNAP households
- ✘ Paying on another claim
- ✘ Waiting for fair hearing decision
- ✘ Claim status is pending court/ADH

TERMINATING COLLECTION

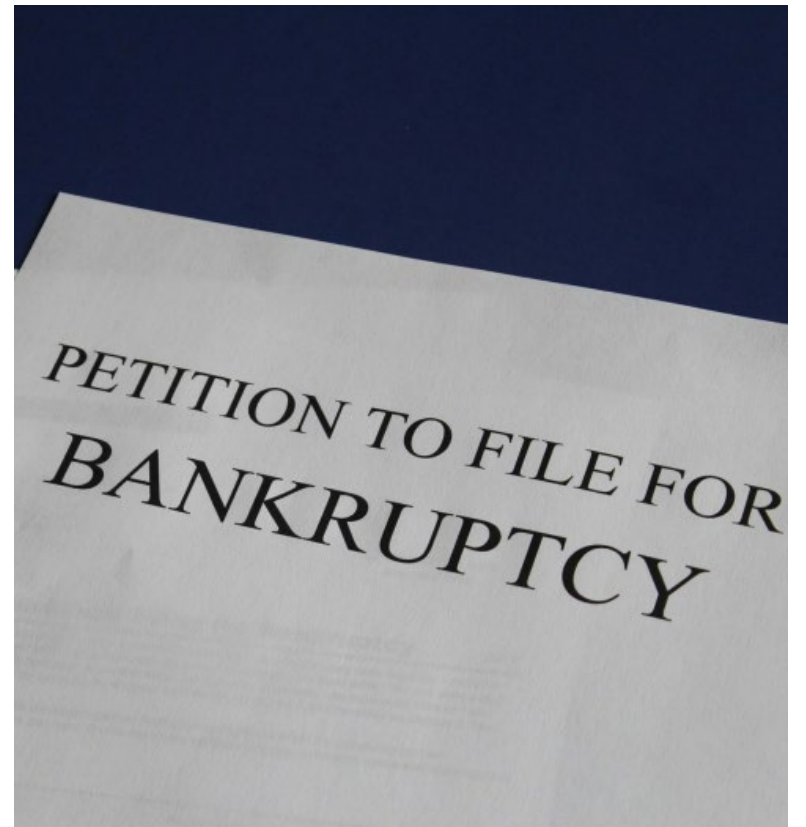
A claim must be terminated if the claim meets any of the following criteria and the action is supported by documentation:

1. All adult members of the household are dead and there are no plans by the local department of social services to pursue collection from the estate
2. A claim has an outstanding balance of \$25 or less and no payment has been made for 90 days or more
3. A claim is delinquent for three years or longer; no payments have been received in three years and the claim has not been certified to TOP
4. The household cannot be located, unless the claim has been referred to TOP. If the claim has been referred to TOP, the local department of social services may keep the claim active until the claim meets criteria #3



TERMINATING COLLECTION

5. A claim has been discharged through bankruptcy. The discharge of the debt removes the liability from all liable persons, not just the individual who filed bankruptcy, unless contrary to the court order **Chapter 17.0**
6. A claim has been transferred to another state for collection
7. It is no longer cost effective to pursue the claim as the balance is less than \$1 for a participating household or less than \$5 for a household that is not currently participating
8. A claim must also be terminated if there is insufficient information or documentation that provides evidence that the claim was properly established or to determine the correctness of the balance due





THANK YOU!

Questions?