



**Office of Temporary
and Disability Assistance**

WMS SNAP IPV Submission Guide

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Introduction

An Intentional Program Violation (IPV) is issued when it has been determined an individual or household has misused benefits or received benefits to which they were not entitled. A detailed definition of a Supplemental Nutrition Assistance Program (SNAP) IPV is located in Federal Regulation 7 CFR 273.16(c) *Disqualification for Intentional Program Violation*.

In accordance with Federal Regulation 7 CFR 273.16(i), State agencies must report information concerning individuals who are disqualified for committing a SNAP Intentional Program Violation and must submit that information to USDA-FNS (Food and Nutrition Service) no more than 30 days after the date the disqualification took effect. The regulation requires that all SNAP IPV sanctions are uploaded to the eDRS database, which is maintained by FNS. These IPV records were previously reported by each local Social Services District (SSD) by emailing a Monthly IPV Report submission form to the Bureau of Audit and Quality Improvement within OTDA (Office of Temporary Disability Assistance).

In order to make the process of reporting SNAP IPVs more accurate and efficient, the IPV disqualification information must now be entered directly into the New York State Welfare Management System (WMS). Each SNAP IPV will be input and recorded in WMS and then automatically uploaded through a web service to the Electronic Disqualified Recipient System (eDRS).

****Note: This process only pertains to SNAP IPVs at this time. TA (Temporary Assistance) IPVs must still be reported using the Monthly IPV Report submission form.*

Included in this guide are screen shots of the necessary WMS screens, as well as a listing of necessary codes which must be entered when submitting an initial or subsequent IPV.

A SNAP IPV is considered to have taken place when an individual or household has intentionally engaged in one or more of the following:

- Making a false statement;
- Misrepresenting a situation;
- Concealing or withholding facts; or
- Committing any act that constitutes a violation of the Food Stamp Act, the Supplemental Nutrition Assistance Program (SNAP) regulations, or any state statute relating to the use, presentation, transfer, acquisition, receipt, possession or trafficking of SNAP benefits.

The imposition of an IPV is determined by one of the following methods:

- Criminal or civil court conviction
- Signing a Disqualification Consent Agreement (DCA)
- Administrative Disqualification Hearing (ADH)
- Signing a Waiver of Right to an Administrative Disqualification Hearing (ADH)

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Imposition of an IPV will result in a disqualification from the SNAP program for a predetermined length of time, ranging from 12 months to permanent disqualification. The length of the disqualification period is dependent upon whether this is a first or subsequent IPV, as well as the circumstances of the offense and method of adjudication.

Before making an IPV determination or entering any IPV information in WMS, an eDRS online query must be run to determine the correct IPV disqualification number and penalty duration for the individual. The purpose of this guide is to provide instructions for entering an IPV into WMS, after the eDRS online query has been checked.

For information and assistance regarding the eDRS online query, please contact Rebecca Schoonmaker (Rebecca.Schoonmaker@otda.ny.gov or 518-402-0118).

Obtaining Access

To obtain access to the necessary screens to submit SNAP IPV disqualification information, contact your Social Service District Terminal Transaction Security System (TTSS) Coordinator. The TTSS function for IPV submission will be 0183.

WMS Individual Reason Codes

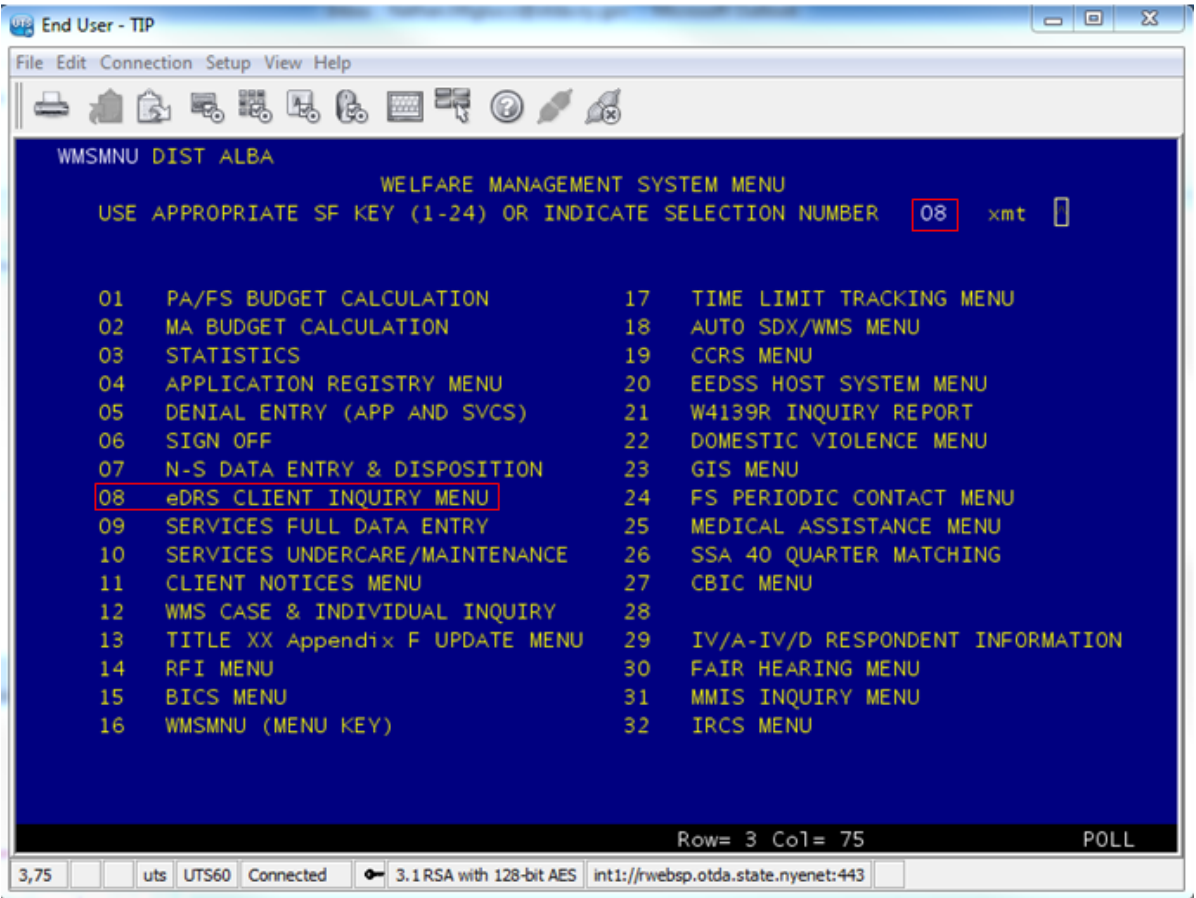
The Individual Reason Code for the IPV must still be entered into WMS through the same process that has previously been used. Submitting the disqualification information alone is not sufficient to implement the sanction for the individual in WMS. The Individual Reason Code is entered in Case Comprehensive, Screen 3 (WINQ21). The code should be entered in the FS INDV field.

The Individual Reason Codes for IPV's are as follows:

- N90 – IPV: Traded FS for Firearms, Ammunition or Explosives
 - Date 1: (MMDDYY) The individual was found guilty by the court
- NF1 – IPV: Purchased Illegal Drugs with SNAP Benefits (1st Occurrence)
 - Date 1: Sanction End Date
- NF2 – IPV: Purchased Illegal Drugs with SNAP Benefits (2nd Occurrence)
 - Date 1: (MMDDYY) The individual was found guilty by the court
- WF1 – SNAP IPV: Disqualification Starts or Continues (1st Occurrence)
- WF2 – SNAP IPV: Disqualification Starts or Continues (2nd Occurrence)
- WF3 – SNAP IPV: Disqualification Starts or Continues (3rd Occurrence)
- F30 – Trafficking in SNAP Benefits of \$500 or More
- M75 – Continue Multiple Benefit 10 Yr. Sanction (HH=1) (Denial)
 - Date: Sanction Start Date
- M76 – Continue Multiple Benefit 10 Yr. Sanction (HH>1) (All Tx Types)
 - Date: Sanction Start Date
- M97 – Receiving Multiple Benefits (10-Yr. Sanction)
 - Date1: Sanction Start Date

eDRS Client Inquiry Menu

From the WMSMNU page, select option 08 eDRS CLIENT INQUIRY MENU and press Enter.



Client eDRS Request Menu

An IPV can be entered for an individual who is on either an open case or a closed case. To correctly identify the individual receiving the IPV and the associated case, IPV's must be entered using a case number and line number OR a case number and CIN.

If a case number has not been established, an IPV can be entered for an individual using the registry number and line number.

To enter an IPV for an individual with a case number:

From the CLIENT eDRS REQUEST MENU (WEDRMN), select option 3, SUBMIT IPV TO eDRS, enter the case number and line number OR the case number and CIN and press Enter.

To enter an IPV for an individual using the registry number:

From the CLIENT eDRS REQUEST MENU (WEDRMN), select option 3, SUBMIT IPV TO eDRS, enter the registry number and line number and press Enter.

```
WEDRMN  ALBA          CLIENT eDRS REQUEST MENU          01/18/17

SELECTION: 3  REGISTRY # _____
               CASE #  _____  LINE NO  ____  CIN  _____

               1  CLIENT eDRS MATCH RESULTS
               2  CLIENT eDRS MATCH HISTORY
               3  SUBMIT IPV TO eDRS

XMIT _

Row= 3 Col= 32          POLL
```

Client eDRS Submission

The CLIENT eDRS SUBMISSION screen (WEDRFS) will pre-populate with client demographic information from WMS (i.e. name, DOB, SSN, etc.) above the IPV DISQUALIFICATION DETAILS line.

Prior to submitting an IPV for an individual, all pre-populated information should be reviewed for accuracy. If any client information is incorrect, it must be updated through the client information screens prior to submitting the IPV. This information **cannot** be updated on the CLIENT eDRS SUBMISSION screen.

CASE REG #		CASE NAME		CASE TYPE	
EC10028C		SIMPSON		20	
				MI	BIRTH DATE
LINE#	CIN	NAME		SEX	SSN
01	AY65419A	HOMER		M	03/11/1970
		SIMPSON			485-87-3954
-----IPV DISQUALIFICATION DETAILS-----					
DISQUAL	DECISION	START			
NUMBER	DATE	DATE			
<input type="text"/>	__/__/__	__/__/__			
DECISION	PENALTY	OFFENSE			
TYPE	DURATION	CODE			
—	—	—			
					XMT _

*** The individual receiving the IPV must have a date of birth prior to the current calendar date and the individual cannot be under the age of 16 or over the age of 80.

*** An IPV can be submitted for an individual without an SSN. The disqualification will be recorded in eDRS with an SSN of 000-00-0000. If the SSN is updated in WMS at a later date, the disqualification record in eDRS will not be automatically updated. To ensure that eDRS has the most accurate information, please submit the updated SSN and original IPV information as a “change” on the Monthly IPV Report form and email it to Rebecca Schoonmaker (Rebecca.Schoonmaker@otda.ny.gov) at A&QI’s Central Office.

*** eDRS will not allow the submission of an IPV for an individual who already has an IPV on record under one name and now has a new name (marriage, divorce, etc.). IPV for these individuals will need to be submitted to A&QI’s Central Office for submission to eDRS. The Individual Reason Code for the IPV must still be entered into WMS through the same process as has previously been used. The Individual Reason Code is entered in the Case Comprehensive, Screen 3 (WINQ21).

IPV Disqualification Details

-----IPV DISQUALIFICATION DETAILS-----		
DISQUAL NUMBER	DECISION DATE	START DATE
1	01/10/2017	02/01/2017
DECISION TYPE	PENALTY DURATION	OFFENSE CODE
A	12	F

XMT

Below the IPV DISQUALIFICATION DETAILS line, input the following information:

DISQUAL NUMBER: The Disqualification Number denotes if this is the 1st, 2nd or 3rd IPV offense. The number must be “1”, “2” or “3”.

***The eDRS online query should have been run prior to issuing the IPV to determine the correct number of the IPV offense. See Page 3 for more details.

DECISION DATE: The Decision Date is the date the IPV was adjudicated. This would be:

- the date of the criminal or civil court decision;
- the date a Disqualification Consent Agreement (DCA) was signed;
- the date of a decision from an ADH; or
- the date a Waiver of Right to an ADH was signed.

This date must be less than or equal to today’s date and must be entered in MM/DD/YYYY format.

START DATE: The disqualification Start Date is the date that the sanction begins. This date must be greater than the decision date and must be in MM/DD/YYYY format.

Please see below for an outline of the requirements regarding disqualification start dates. For a complete description of the start date requirements, please see State Regulation 18 NYCRR 359.9 and Federal Regulation 7 CFR 273.16.

Disqualification resulting from criminal or civil court:

- If the disqualification was ordered by the court, it must begin within 45 days of the date the disqualification was ordered unless the start date was otherwise specified by the court.
- If the disqualification was not ordered by the court, it must begin within 45 days of the date of the court determination finding that an individual engaged in conduct that constitutes an IPV.

Disqualification resulting from signing a DCA:

- The disqualification must begin within 45 days of the date the DCA was signed.

Disqualification resulting from an IPV being affirmed at an ADH or from signing a waiver of right to an ADH:

- The disqualification must begin the first month which follows the date the individual receives written notice of the disqualification, but no later than the first day of the second month after notification.
- The district must take immediate action to send the individual notice of disqualification.

*** If the district is not timely in sending the written notification of disqualification to the individual and therefore the disqualification is not imposed at the appropriate start date, the disqualification period must not end later than it would have if the disqualification were imposed timely.

The written notification should be sent before the imposition of the disqualification and the penalty duration should be shortened so that the end date of the disqualification is what it would have been if the written notification with the appropriate start date had been timely and the full penalty duration had been applied.

Example: Based on a decision date of 5/25/2016 for a 12 month IPV resulting from an ADH, the start date should have been 7/1/2016 at the latest and the disqualification period would have ended on 6/30/2017. However, written notice was not sent until 8/15/2016. Therefore, the actual start date for the disqualification would be 9/1/2016. The penalty duration would then be shortened to 10 months so that the disqualification period still ends on 6/30/2017. If the individual had been receiving benefits for the 2 months in which the disqualification should have been imposed, an overpayment can be pursued for the amount of those benefits.

DECISION TYPE: The Decision Type refers to how the IPV was adjudicated. Please enter one of the following codes:

“C” for Criminal Court

“V” for Civil Court

“D” for Disqualification Consent Agreement (DCA)

“A” for Administrative Disqualification Hearing (ADH)

“W” for Waiver of Right to an Administrative Disqualification Hearing

PENALTY DURATION: The Penalty Duration is the length of the disqualification. It should be entered as one of the following:

“12” for a 12 month (1 year) disqualification

“24” for a 24 month (2 year) disqualification

“97” for a 10 year (120 month) disqualification

“98” for a disqualification greater than 97 months and less than 120 months

“99” for a permanent disqualification

The chart below outlines the penalty durations for SNAP IPV offenses. For a more detailed description of the IPV penalties, see Federal Regulation 7 CFR 237.16(b).

IPV Penalties (Non-drug, Non-firearm)	
1 st IPV	12 Month Disqualification
2 nd IPV	24 Month Disqualification
3 rd IPV	Permanent Disqualification
IPV Penalties (Drugs, Firearms, Explosives, Trafficking over \$500)	
1 st IPV (court conviction – transaction involving a controlled substance)	24 Month Disqualification
1 st IPV (court conviction – transaction involving firearms, ammunition or explosives)	Permanent Disqualification
1 st IPV (court conviction – trafficking benefits of \$500 or more)	Permanent Disqualification
2 nd IPV (court conviction – transaction involving a controlled substance)	Permanent Disqualification
IPV Penalties (Multiple Benefits)	
Making a false statement/representation about identity or residence to receive multiple benefits	10 Year Disqualification

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*** Other discretionary penalty duration periods may be entered. If any other duration period is entered, WMS will prompt a message requiring a manual override. When prompted with this message, verify that the penalty duration was entered correctly. If it was entered correctly, change the "N" to "Y", for Yes, to submit as entered. If it was not entered correctly, revise the penalty duration to submit the disqualification.

```
-----IPV DISQUALIFICATION DETAILS-----
DISQUAL    DECISION    START
NUMBER     DATE         DATE
  1        01/10/2017  02/01/2017

DECISION    PENALTY    OFFENSE    SUBMIT AS ENTERED
TYPE        DURATION  CODE       (N-NO, Y-YES)
  C         30      D          Y

XMT ☐

When Disqual Number is 1, Penalty Duration should be 12.
To submit Penalty Duration as entered, change 'N' to 'Y'.

Row=20 Col= 79 POLL
```

OFFENSE CODE: The offense code refers to the reason for the IPV. Please enter one of the following codes:

"B" for any trafficking (drugs, firearms/explosives, cash) conviction involving benefit value of \$500 or more

"E" for duplicate participation

"F" for application fraud, including non-report of changes

"D" for any conviction or administrative finding not specified in codes B, E or F (which includes trafficking of benefits either up to \$499.00 or not a result of a court conviction).

*** If the Offense Code is "B", then the Decision Type must be "C" or "V" as an Offense Code of "B" can be implemented only if the IPV was imposed due to a court conviction.

IPV Transmission to eDRS

Upon successful submission of an IPV, a confirmation message will be displayed at the bottom of the IPV Submission Screen. Please print this screen after successful submission of an IPV if documentation is required for filing purposes.

-----IPV DISQUALIFICATION DETAILS-----

DISQUAL NUMBER	DECISION DATE	START DATE
1	12/22/2016	02/01/2017
DECISION TYPE	PENALTY DURATION	OFFENSE CODE
A	12	F

XMT _

IPV RECORD SUCCESSFULLY TRANSMITTED TO eDRS.
Press 'F15' to return to eDRS Menu

Row=13 Col= 2POLL

If submission of the IPV to eDRS is not successful, an error message of “UNSUCCESSFUL SUBMISSION TO eDRS” will be displayed at the bottom of the screen. This may be due to eDRS not being available or due to network connection problems. The IPV will need to be re-entered at a later time until a successful confirmation message is displayed.

UNSUCCESSFUL SUBMISSION TO eDRS

Row=17 Col= 35POLL

To return to the CLIENT eDRS REQUEST MENU screen, press “CTRL” and “F5” simultaneously.

Submitting Changes and Deletions

Any modifications to a disqualification record must be entered by A&QI's Central Office. This would include any changes regarding the details of the disqualification (i.e. Penalty Duration, Start Date, etc.) or any changes regarding demographic details for the individual (i.e. DOB, spelling of name, etc.), as well as any disqualification records that need to be deleted from eDRS completely.

The process for submitting changes and deletions will remain the same as the current process, using the Monthly IPV Report form. A copy of this form, and the instructions for completing the form, have been provided in the Appendix. The column for **REC ACT** is where the change or deletion would be noted (see below instructions).

REC ACT – Record Action

This field is divided into three columns representing the client's case type:

A = FA (Family Assistance) **S** = SNA (Safety Net Assistance) **F** = FS (Food Stamps or SNAP)

- Enter **C** in the appropriate case type column to **change** a data field of a previously transmitted IPV record
 - Enter the complete disqualification record with the appropriate data fields changed to the new values
- Enter **D** in the appropriate case type column to **delete** a previously transmitted record
 - Enter the complete details of the disqualification record that is to be deleted

A disqualification record must be deleted from eDRS if the district is unable to provide the necessary supporting documentation (i.e. Notice of Disqualification) for that IPV.

The Monthly IPV Report form should be emailed to Rebecca Schoonmaker (Rebecca.Schoonmaker@otda.ny.gov) in a timely manner.

Reporting

We are developing management reports to assist in the administration of the IPV process and will provide guidance when these reports are implemented.

Future Enhancements

There will be an option available from the main "CLIENT eDRS REQUEST MENU" to look up all past IPV's submitted by any SSD (for IPV's originating in New York State only) for an individual. Guidance will be provided when this has been implemented.

Common Error Messages and Resolutions

Error messages will be found at the bottom of the WMS screen when attempting to submit an IPV but an error preventing successful submission has occurred.

WMS Error Message:

TRANSACTION NOT ALLOWED VER: 1E

Resolution Instruction:

You do not have TTSS 0183 permission to submit an IPV. Contact your Social Service District Terminal Transaction Security System (TTSS) Coordinator to request access to TTSS function 0183.

WMS Error Message:

Verify Birth Date. Age must be over 16 and under 80

Resolution Instruction:

Follow WMS prompt to correctly verify the individual's date of birth in WMS. If correct, an IPV cannot be submitted on an individual younger than 16 or older than 80. **If incorrect, the date of birth must be revised in WMS prior to submitting the disqualification information.**

WMS Error Message:

Disqual number must be 1, 2 or 3.

Resolution Instruction:

Follow WMS prompt to update the "DISQUAL NUMBER" field to either "1", "2", or "3", representing the 1st, 2nd, or 3rd IPV for the individual.

WMS Error Message:

Decision Date must be less than or equal to Current Date.

Resolution Instruction:

Review the dates submitted in WMS to verify that the DECISION DATE is less than or equal to today's date.

WMS Error Message:

Start Date must be greater than Decision Date.

Resolution Instruction:

Review the dates submitted in WMS to verify that the start date of the IPV is after the decision date.

WMS Error Message:

Decision Type must be A, C, D, W or V.

Resolution Instruction:

Review the DECISION TYPE field to verify that only a code of “A”, “C”, “D” “W” or “V” has been input.

WMS Error Message:

Penalty duration should be 12, 24, 97, 98 OR 99

To submit Penalty Duration as entered, change 'N' to 'Y'.

Resolution Instruction:

Review the PENALTY DURATION period to verify that the penalty duration correctly matches the corresponding DISQUAL NUMBER and OFFENSE CODE chosen. For more detailed information, please refer to page 9.

An IPV can be submitted if the PENALTY DURATION does not match the stated guidelines. Entering a “Y” in the Submit as Entered field will override the error message and allow an IPV to be submitted with the discrepant penalty duration period.

WMS Error Message:

Offense Code must be B, E, F or D.

Resolution Instruction:

Review the OFFENSE CODE field to verify that only a code of “B”, “E”, “F” or “D” has been input.

WMS Error Message:

If Offense Code is B, Decision Type must be C or V.

Resolution Instruction:

When entering an Offense Code of “B”, the Decision Type must be “C” or “V”. Verify the correct information for the IPV.

WMS Error Message:

When Disqual Number is 1 and Offense Code is E, Penalty Duration should be 97.

When Disqual Number is 2 and Offense Code is E, Penalty Duration should be 97.

Resolution Instruction:

When entering a DISQUAL NUMBER of "1" or "2" and an OFFENSE CODE of "E", the Penalty Duration entered should be "97". Verify the correct Penalty Duration for the IPV and enter a "Y" for Submit as Entered if the correct duration does not equal "97".

WMS Error Message:

When Disqual Number is 1 and Offense Code is B, Penalty Duration should be 99.

When Disqual Number is 2 and Offense Code is B, Penalty Duration should be 99.

Resolution Instruction:

When entering a DISQUAL NUMBER of "1" or "2" and an OFFENSE CODE of "B", the Penalty Duration entered should be "99". Verify the correct Penalty Duration for the IPV and enter a "Y" for Submit as Entered if the correct duration does not equal "99".

WMS Error Message:

Adding the disqualification requested to the recipient requested would create a duplicate disqualification entry in the eDRS system.

UNSUCCESSFUL SUBMISSION TO eDRS

Resolution Instruction:

This may be an attempt at creating a duplicate submission of an IPV that already exists. The worker should verify through the eDRS online query to check if this IPV is already listed in eDRS.

WMS Error Message:

The SSN is present in EDRS but not associated with the recipient information. The disqualification cannot be added.

UNSUCCESSFUL SUBMISSION TO eDRS

Resolution Instruction:

This individual may already have a previous IPV under a different name. The new IPV for this individual will need to be reported to A&QI's Central Office using the Monthly IPV Report Form for submission to eDRS.

Appendix

Penalty Duration

Value	Description
12	12 Month (1 year) Disqualification from SNAP
24	24 Month (2 year) Disqualification from SNAP
97	120 Month (10 year) Disqualification from SNAP
98	Disqualification is Greater than 97 months and Less than 120 months
99	Permanent Disqualification from SNAP

Offense Code

Code	Description
B	Trafficking (drugs, firearms/explosives, benefits) conviction involving benefit value of \$500 or more
E	Duplicate participation
F	Application fraud, including non-report of changes
D	Any conviction or administrative finding not specified in codes B, E or F (which includes trafficking of benefits either up to \$499.00 or not as a result of a court conviction)

Decision Type

Code	Description
C	The IPV was imposed based on a determination by a criminal court
V	The IPV was imposed based on a determination by a civil court
D	The IPV was imposed based on a signed Disqualification Consent Agreement (DCA)
A	The IPV was imposed based on an affirmation from an Administrative Disqualification Hearing (ADH)
W	The IPV was imposed based on a signed Waiver of Right to an Administrative Disqualification Hearing

Monthly IPV Report Form

[illegible]

Monthly IPV Report Form Instructions

Cross Reference Number	EXCEL IPV REPORTING FORM INSTRUCTIONS
1.	CTY - This is your two-digit WMS district code. Use leading zero if your district code is 01 through 09.
2.	LAST NAME – Last name of the client, up to 20 characters.
3.	FIRST NAME – First name of the client, up to 15 characters.
4.	MI – Middle initial of the client.
5.	DOB – MM/DD/YYYY. Use leading zeros if needed.
6.	SEX – Sex of the client; M or F.
7.	CIN – Client Identification Number, up to 10 characters, left justified.
8.	CASE # - Case Identification Number, up to 15 characters, left justified.
9.	SSN – Client’s social security number. No dashes, just numbers.
10.	REC ACT – Record action. This field is divided into three columns representing the client’s case type: A = FA (Family Assistance) S = SNA (Safety Net Assistance) F = FS (Food Stamps or SNAP) - Enter E for establish in the appropriate case type column, if it is a new IPV for the client, - Enter C in the appropriate case type column, if you are changing a data field of a previously transmitted IPV record. - Enter D in the appropriate case type column, if you wish to delete a previously transmitted record.
11.	DISQ # – Disqualification number. This field is also divided into three columns representing the client’s case type: A = FA, S = SNA and F = FS. Enter the disqualification number (01, 02 ,03 etc.) in the appropriate case type column. When the disqualification number is less than 10, a leading zero must be entered.
12.	ADJ – Adjudication. This field represents how the IPV was adjudicated. Enter one of the appropriate codes as follows: C – Criminal Court V – Civil Court D – DCA A – ADH W – Wavier
13.	ADJUD DATE – Enter the MM/DD/YYYY of when the case was adjudicated. Use leading zeros if needed.
14.	DISQ FA – Disqualification from FA. This field is divided into two columns; date and length. - Enter the MM/DD/YYYY of the client’s disqualification start date. <u>Cannot be same as ADJUD Date.</u> - Enter the length of the disqualification period <u>expressed in months</u> . Use leading zeros if under 3 characters. (example: 006 or 012 or 099) - If the disqualification is pending, enter 99/99/9999 in the start date fields. - When a pending IPV is subsequently imposed, indicate this as a change – C (#10 instructions) and enter the appropriate date in this field
15.	DISQ SNA - Disqualification from SNA. Follow #14 instructions.
16.	DISQ FS - Disqualification from FS. Follow #14 instructions. However, a disqualification date must be entered. FS disqualifications <u>cannot be pending</u> .
17.	OFFENSE TYPE CODE – This field must be filled in if a SNAP IPV record is established. Enter one of the appropriate codes: B: Any trafficking (drugs, firearms/explosives, benefits) conviction involving benefit value of \$500 or more. E: Duplicate participation F: Application fraud, including non-report of changes D: Any conviction or administrative finding not specified in codes B, E or F