

# ARKANSAS REGISTER

## Transmittal Sheet

Use only for **FINAL** and **EMERGENCY RULES**



Secretary of State

**Mark Martin**

500 Woodlane, Suite 026

Little Rock, Arkansas 72201-1094

(501) 682-5070

[www.sos.arkansas.gov](http://www.sos.arkansas.gov)



For Office

Use Only:

Effective Date \_\_\_\_\_ Code Number \_\_\_\_\_

Name of Agency Department of Human Services

Department Division of County Operations

Contact Larry Crutchfield E-mail Larry.Crutchfield@dhs.arkansas.gov Phone 501-682-8257

Statutory Authority for Promulgating Rules Food & Nutrition Act of 2008 (P.L. 110-246)

Rule Title: SNAP 11570.1 and 12460 Returned Mail

### Intended Effective Date

(Check One)

☐ Emergency (ACA 25-15-204)

☐ 10 Days After Filing (ACA 25-15-204)

☒ Other 01-01-18  
(Must be more than 10 days after filing date.)

Legal Notice Published .....

Final Date for Public Comment .....

Reviewed by Legislative Council .....

Adopted by State Agency .....

Date

10-16-17

11-14-17

12-15-17

01-01-18

Electronic Copy of Rule e-mailed from: (Required under ACA 25-15-218)

Renita Whitley

Renita.Whitley@dhs.arkansas.gov

12-15-17

Contact Person

E-mail Address

Date

### CERTIFICATION OF AUTHORIZED OFFICER

I Hereby Certify That The Attached Rules Were Adopted  
In Compliance with the Arkansas Administrative Act. (ACA 25-15-201 et. seq.)

Mary Franklin  
Signature

(501) 682-8375

Phone Number

mary.franklin@dhs.arkansas.gov

E-mail Address

DCO Director

Title

12/15/17

Date

## FINANCIAL IMPACT STATEMENT

**PLEASE ANSWER ALL QUESTIONS COMPLETELY**

**DEPARTMENT** Arkansas Department of Human Services

**DIVISION** Division of County Operations

**PERSON COMPLETING THIS STATEMENT** Jessica Haynes

**TELEPHONE** 501-682-8286 **FAX** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

To comply with Ark. Code Ann. § 25-15-204(e), please complete the following Financial Impact Statement and file two copies with the questionnaire and proposed rules.

**SHORT TITLE OF THIS RULE** SNAP 17-5 Policy 11570.1 and 12460

- |   |     |  |
|---|-----|--|
| 1. Does this proposed, amended, or repealed rule have a financial impact?   | Yes | No <input checked="" type="checkbox"/> |
| 2. Is the rule based on the best reasonably obtainable scientific, technical, economic, or other evidence and information available concerning the need for, consequences of, and alternatives to the rule? | Yes | No <input type="checkbox"/>            |
| 3. In consideration of the alternatives to this rule, was this rule determined by the agency to be the least costly rule considered?  | Yes | No <input type="checkbox"/>            |

If an agency is proposing a more costly rule, please state the following:

(a) How the additional benefits of the more costly rule justify its additional cost;

(b) The reason for adoption of the more costly rule;

(c) Whether the more costly rule is based on the interests of public health, safety, or welfare, and if so, please explain; and;

(d) Whether the reason is within the scope of the agency's statutory authority; and if so, please explain.

4. If the purpose of this rule is to implement a federal rule or regulation, please state the following:

(a) What is the cost to implement the federal rule or regulation?

**Current Fiscal Year SFY 2018**

General Revenue	<u>0</u>
Federal Funds	<u>0</u>
Cash Funds	<u>0</u>
Special Revenue	<u>0</u>
Other (Identify)	<u>0</u>
<b>Total</b>	<u>0</u>

**Next Fiscal Year SFY 2019**

General Revenue	<u>0</u>
Federal Funds	<u>0</u>
Cash Funds	<u>0</u>
Special Revenue	<u>0</u>
Other (Identify)	<u>0</u>
<b>Total</b>	<u>0</u>

(b) What is the additional cost of the state rule?

**Current Fiscal Year**

General Revenue	0
Federal Funds	0
Cash Funds	0
Special Revenue	0
Other (Identify)	0
Total	0

**Next Fiscal Year**

General Revenue	0
Federal Funds	0
Cash Funds	0
Special Revenue	0
Other (Identify)	0
Total	0

5. What is the total estimated cost by fiscal year to any private individual, entity and business subject to the proposed, amended, or repealed rule? Identify the entity(ies) subject to the proposed rule and explain how they are affected.

**Current Fiscal Year**

0

**Next Fiscal Year**

0

6. What is the total estimated cost by fiscal year to state, county, and municipal government to implement this rule? Is this the cost of the program or grant? Please explain how the government is affected.

**Current Fiscal Year**

0

**Next Fiscal Year**

0

7. With respect to the agency's answers to Questions #5 and #6 above, is there a new or increased cost or obligation of at least one hundred thousand dollars (\$100,000) per year to a private individual, private entity, private business, state government, county government, municipal government, or to two (2) or more of those entities combined?

Yes ☐ No ☐

If YES, the agency is required by Ark. Code Ann. § 25-15-204(e)(4) to file written findings at the time of filing the financial impact statement. The written findings shall be filed simultaneously with the financial impact statement and shall include, without limitation, the following:

- (1) a statement of the rule's basis and purpose;
- (2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute;
- (3) a description of the factual evidence that:
  - (a) justifies the agency's need for the proposed rule; and
  - (b) describes how the benefits of the rule meet the relevant statutory objectives and justify the rule's costs;

- (4) a list of less costly alternatives to the proposed rule and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (5) a list of alternatives to the proposed rule that were suggested as a result of public comment and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (6) a statement of whether existing rules have created or contributed to the problem the agency seeks to address with the proposed rule and, if existing rules have created or contributed to the problem, an explanation of why amendment or repeal of the rule creating or contributing to the problem is not a sufficient response; and
- (7) an agency plan for review of the rule no less than every ten (10) years to determine whether, based upon the evidence, there remains a need for the rule including, without limitation, whether:
  - (a) the rule is achieving the statutory objectives;
  - (b) the benefits of the rule continue to justify its costs; and
  - (c) the rule can be amended or repealed to reduce costs while continuing to achieve the statutory objectives.

---

MANUAL TRANSMITTAL

---

**Arkansas Department of Human Services**  
**Division of County Operations**

---

Policy Directive

Issuance Number: SNAP 17-5

SNAP Certification Manual

Issuance Date: 01/01/18

From: Mary Franklin, Director

Expiration Date: Until Superseded

Subj: Returned Mail

---

Summary of Changes:

SNAP Policies 11570 and 12400 have been updated to include new sections in policy regarding the updated procedures of how to handle returned mail. The new sections are SNAP Policy 11570.1 and SNAP Policy 12460.

The updated policy states : a Request For Contact (RFC) will need to be sent to the client when mail has been returned from the post office indicating that the addressee is unknown, has moved and left no forwarding address, or that the address provided does not exist. If the addressee does not respond to the RFC then a 10 day notice to close the case will be sent. The worker must ensure that a county office error did not cause the mail to return. The county office worker must also ensure that the household has not reported an address change which was not processed or was processed incorrectly. The returned mail, including the envelope, must appear in the case record. The action to close the case must be fully documented.

Inquiries to:

Koscina Lang, Supplemental Nutrition Assistance Program Section, 501-682-8283,  
[Koscina.Lang@dhs.arkansas.gov](mailto:Koscina.Lang@dhs.arkansas.gov)

Jessica Haynes, Supplemental Nutrition Assistance Program Section, 501-682-8286,  
[Jessica.haynes@dhs.arkansas.gov](mailto:Jessica.haynes@dhs.arkansas.gov)

Yolanda Geary, Supplemental Nutrition Assistance Program Section, 501-682-8284,  
[yolanda.geary@dhs.arkansas.gov](mailto:yolanda.geary@dhs.arkansas.gov)

# SNAP CERTIFICATION MANUAL – SECTION 11000

## 11500 Semi-Annual Reporting Households

### 11571 Special Situations/Exemptions from Notice

- The effective date of the change.

An automated notice may be issued in most circumstances.

#### 11570.1 Return Mail SNAP MANUAL XX/XX/XX

When mail is returned by the post office with a message from the post office indicating that the addressee is unknown, has moved and left no forwarding address, or that the address provided does not exist, a Request for Contact (RFC) must be sent. If the addressee does not respond to the RFC then a 10 day notice to close the case will be sent. The worker must ensure that a county office error did not cause the mail to return. The county office worker must also ensure that the household has not reported an address change which was not processed or was processed incorrectly. The returned mail, including the envelope, must appear in the case record. The action to close the case must be fully documented.

#### 11571 Special Situations/Exemptions from Notice SNAP MANUAL XXX

In the situations listed below adverse action may be taken on a semi-annual reporting case without the issuance of a notice.

1. Death of All Household Members  
When all household members have died, the case will be closed immediately. No notice will be issued.
2. Move From the State  
When all household members have moved from the state, the case will be closed immediately. No notice is required; however, one may be provided upon request.
3. Completion of Restoration of Lost Benefits  
Some households elect to receive a restoration of lost benefits in installments. Such households must be notified in writing of the last month restored benefits will be received (see SNAP 13310). If the household was properly notified at the time the restoration was authorized, no notice need be sent after all installments have been authorized.
4. Anticipated Changes in Monthly Benefits  
SNAP benefits may vary from month to month due to anticipated changes (see SNAP 7523.3). If the household was notified of these variations at certification, no additional notice is required.
5. Case Closed at Household's Request

## SNAP CERTIFICATION MANUAL – SECTION 12000

### 12400 Unclear Information

#### **12450 Reports by Individuals / Generally Known Information**

3. A county worker observes a member of a currently certified household working at a job although no employment or a different employer has been reported by the household.

When information on an occasional reporting household becomes known to the agency through general sources, the worker will follow the procedures in SNAP 12400 to substantiate the information.

When information becomes known about a limited reporting household including those households subject to semi-annual reporting, the information must be analyzed to determine if the case will be affected right away. For example, if all household members have died or moved from the State, the case must be closed. If a household member has been observed working, all circumstances regarding the unreported income will be documented in the case record. The employment will be verified when the next semi-annual report or application is submitted.

An overpayment will be prepared for any months during which an overissuance occurred due to the household's failure to timely report a change in circumstances.

#### **12460 Returned Mail**

SNAP MANUAL XX/XX/XX

When mail is returned by the post office as undeliverable, a Request for Contact (RFC) will be sent. The worker must ensure that a county office error did not cause the mail to return.

The county office worker must also ensure that the household has not reported an address change which was not processed or was processed incorrectly. The returned mail, including the envelope, must appear in the case record. The action to close the case must be fully documented.