
Subject: Collection of Improperly Issued Benefits/Claims Against Clients

Effective Date: October 1, 2013

Revised from: October 1, 2009

Policy: Any client, caregiver or alternate caregiver who intentionally conceals, withholds, or misrepresents or intentionally concealed, withheld, or misrepresented circumstances in order to receive food benefits may be required to repay to the WIC Program the full value of benefits the individual received improperly. Claims may also be made against clients for improper acts which include but are not limited to: selling or trading WIC checks, WIC purchased food, or WIC issued breastpumps; failure to return, or damage to, "loaned breastpumps; and dual participation violations.

The Local Agency shall follow the SA reimbursement schedule when determining whether or not to pursue a reimbursement claim against a WIC client or the client's caregiver when program abuse has occurred. The schedule is as follows:

| CLAIM VALUE | REIMBURSEMENT SCHEDULE |
|--------------------|--|
| For claims ≥ \$200 | The SA may direct a LA to pursue a claim and may refer the claim for prosecution. |
| For claims < \$200 | The SA and/or LA shall examine the collection costs involved and based on the costs, determine whether or not to pursue a claim. |

The LA, at the direction of the SA, shall be responsible for initiating and pursuing the collection of client claims.

To monitor compliance, when a repayment schedule is agreed upon, the client will be placed on monthly check pick up until restitution is complete.

Reference: CFR §246.7, §246.12 and §246.23(c) (1)

Procedure: When the LA issues a demand for reimbursement letter, the letter shall be sent to the client/caregiver at the client's address of record in the client's data file and shall contain:

1. The client's name;
2. date and description of the abuse;
3. sixty (60) day deadline, from the date the agency mails or gives the letter to the client/caregiver, to contact the LA;
4. warning that failure to repay the benefit claim may result in suspension;
5. non-discrimination and fair hearing clause;
6. correct procedure or instructions to follow;
7. Local Agency signature, title and date.

Repayment of funds shall be made payable to KDHE-WIC. The LA shall collect payments, maintain a record of funds collected, issue the client a receipt and send payment to: Kansas Department of Health and Environment, Nutrition and WIC Services, 1000 SW Jackson, Suite 220, Topeka, KS 66612.

The LA shall advise the client/caregiver of procedures to follow to obtain a fair hearing [See Policy: [PRI 03.01.00](#)] and that failure to pay may result in suspension. In addition to establishing a claim,

the SA or LA shall determine whether suspension is required by Federal Regulation. Whenever the SA or LA assesses a claim of \$100 or more, assesses a claim for dual participation, or assesses a second or subsequent claim of any amount, the LA shall suspend the client for one year.

See also [PRI 02.00.00](#) Program Abuse and Sanctions