
**WORK FIRST
PAYMENT PROCEDURES**

Change # 04-2004

May 1, 2004

210 - PAYMENT PROCEDURES

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I. BENEFIT ISSUANCE

The purpose of this section is to describe how *Work First Family Assistance* checks and/or Medicaid ID cards are produced for active cases. General instructions regarding case changes are also included below.

NOTE: Checks are issued by the State Office according to authorization by the county director or his designee.

A. General Information

1. Checks and Medicaid ID cards for active cases are printed once a month in "regular runs."
2. The checks/Medicaid ID cards are produced in advance of the benefit month and mailed the last workday of the month.
3. The County is responsible for checking registers from the State office against county authorizations to see that all changes have been made by data processing deadlines. These reports are listed in NC/XPTR, entitled "DHRWF Recipient Check Register Run."

B. Processing Deadline

1. The last day to make changes effective the next calendar month is the day benefits are produced for the applicable aid program/ category. This is known as the "program cut-off deadline."
2. The program cut-off deadlines may vary from month to month. For this reason, State Data Processing staff issues a monthly production schedule that lists the program cut-off deadlines by program. The Data Entry staff in your county provides the schedule for you each month. The calendar schedule report is available in NC/XPTR, entitled "DHRHR Calendar."
3. **Make every effort to key all case and/or individual changes on or before the appropriate program cut-off deadline each month. This ensures that the *Work First Family Assistance* individual(s) receives the correct benefit in a timely manner.**

**WORK FIRST
PAYMENT PROCEDURES**

Change # 04-2004

May 1, 2004

C. Pull-Check Deadline

1. When it is impossible to key all changes on or before the appropriate program cut-off deadline, key these changes after the program cut-off deadline but before the pull cut-off deadline. The pull cut-off deadline is the fourth workday from the end of the month. Changes keyed into EIS during this time frame initiate the pull/reissue process.
2. The pull-check process is a manual process in the State Office. **To avoid the possibility for human error in this process, you must attempt to key all changes by program cut-off.**
3. Do **not** key any upward payment revisions (changes made solely to increase the amount of the check) between the program cut-off deadline and the pull cut-off deadline. Key these changes on or before the program cut-off deadline. If this is impossible, submit upward payment revisions after the pull cut-off deadline, and issue adjusted payments by completing a DMA-5022.

EXAMPLE: If a change is processed after the processing deadline in April, the Work First payment for May will be mailed on the second workday in May instead of the last workday in April.

D. Mailing and Delivering Checks

1. All checks except for replacement checks are mailed directly to the address given by the recipient, personal recipient, or other substitute payee.
2. Replacement checks are mailed to the county department of social services.
3. Regular run checks for recipients are delivered to the post office on the last workday of each month.

E. State and County Issued Checks

1. When you approve an application, you have the option of issuing a county issued check for the first check and for retroactive checks.
2. Use the DMA-5022, Retroactive Eligibility, to request the following payments and/or reimbursements that may result from changes to a Work First Family Assistance case.

**WORK FIRST
PAYMENT PROCEDURES**

Change # 04-2004

May 1, 2004

- a. State-issued adjusted *Work First Family Assistance* payments
 - b. State-issued *Work First Family Assistance*
 - c. Reimbursement for county-issued adjusted payments
 - d. Reimbursement for county-issued regular payments
3. **Instructions** for completing the DMA-5022 **are in the Work First User's Manual.**

II. RETURNED AND UNDELIVERABLE WORK FIRST CHECKS

When a Work First check is returned to a county department of social services because it could not be delivered or is returned by a Work First recipient, the check must be returned **within 30 days** to:

NC DHHS Controllers Office
Program/Benefits Payments Section
2019 Mail Service Center
Raleigh, North Carolina 27699-2019

The Program/Benefits Payments Section will cancel the check.

- A. If the check is returned, write "VOID" over the signature on an endorsed check, and send it to the address above. Do not mark over the printed information on the check.
- B. If the check is returned by a Work First recipient, give the recipient the proper receipt.
- C. Verify the cancellation of the check by reviewing the monthly Adjustment Register. This report is listed in NC/XPTR. The report name is entitled "DHRWFA Monthly ADJ Register. "

III. PAYMENT FOR DECEASED PAYEE

If a recipient dies on or after the first day of the month without having endorsed check(s) to which he was entitled, the county department of social services must deliver the checks to the Clerk of Superior Court who administers the funds in accordance with North Carolina law.

**WORK FIRST
PAYMENT PROCEDURES**

Change # 04-2004

May 1, 2004

IV. LOST OR STOLEN CHECKS

A. When a recipient/authorized representative reports that a State Issued assistance check has been lost or stolen before he has endorsed it:

1. Have the payee sign immediately the **DSS-8129 (Figure 210-1), Request for Replacement Check and Affidavit**, indicating that he did **not** receive, endorse, or cash his assistance check.

NOTE: The county must request replacement for the check within 10 days after the client has reported the check lost or stolen.

2. If a client moves from one county to another county, contact the first county to determine replacement procedures for your county.

B. Complete all items on the DSS-8129 using instructions 1. - 14. below.

1. **County Case Number** - Enter your county case number for the recipient in the block under Form ID.
2. **Energy** - Mark No.
3. **Case ID** - Enter the eight digit case ID.
4. **Check Amt.** - Enter the dollar amount of the lost check. This must be whole dollar amount. Use the check register in NC/XPTR or EIS check history to verify the amount.
5. **Check Number** - Enter the eight digit check number. Use the check register in NC/XPTR or EIS check history to verify the check number.
6. **Date of Check** - Enter the month, day, and year for which the check was issued. Use the check register in NC/XPTR or the benefit month listed on the EIS check history screen to verify the date the check was issued.
7. **Address Line 1** - Enter if different than indicated on the case. Use the standard postal abbreviations with no special characters.
8. **Address Line 2** - Enter if different than indicated on the case. Use the standard postal abbreviations with no special characters.

**WORK FIRST
PAYMENT PROCEDURES**

Change # 04-2004

May 1, 2004

9. **City, State, Zip Code** - Enter if different than indicated in the case. (If Address line 1 or Address Line 2 is entered, you must enter City, State and Zip Code).
 10. **Reason for Replacement** - Give a full explanation for requesting a check replacement. Use the back of the form if necessary.
 11. **County Director's Signature and Date.** The county director or his designee must sign the form.
 12. **Affidavit** - On the blank line, print the full name of the payee for whom the replacement check will be issued.
 13. **Signatures** - The payee must sign the affidavit in the first blank. **For two-party checks both signatures must be present.**
 14. **Witness and Notary** - The notary signs both of these lines and also dates this form. If the form is for a two party check both signatures must be notarized separately. Ensure the form is notarized properly. Space is provided for the caseworker to sign the form.
- C. Submit immediately the DSS-8129 (white copy) to the NC DHHS Controllers Office, Program/Benefits Payments Section, 2019 Mail Service Center, Raleigh, North Carolina 27699-2019.
- D. Contact the Program/Benefits Payments Section at (919) 733-4640 for instructions if signature requirements cannot be met.
- E. Upon receipt of the DSS-8129, the Program/Benefits Payments Section issues a stop payment order to the State Treasurer.
- If the check has not been paid, a replacement check is issued.
- F. If the check has been paid, you will receive a photocopy of the check and a Forgery Affidavit.
- G. Compare the signature on the back of the check to verified signatures of the payee. **The county is solely responsible for investigating and determining whether a replacement check should be issued.**
- H. Suspected Forgeries Procedures

In any case where forgery is suspected, encourage the recipient to file a theft report with the local police department. Submit the Forgery Affidavit

**WORK FIRST
PAYMENT PROCEDURES**

Change # 04-2004

May 1, 2004

(Figure 210-2) completed and signed by the payee to the Program/Benefits Payments Section. A replacement check is issued.

If you strongly suspect the payee endorsed and cashed the check,

1. Notify the Program/Benefits Payments Section. That section voids the DSS-8129 you submitted originally. A replacement check is **not** issued.
2. Send a DSS-8110 to the recipient to inform him that he will not receive a replacement check and why.

I. Handwriting Analysis

1. To receive the original check to conduct a handwriting analysis: Send the **DSS-8129, Request for Replacement Check**, to the NC DHHS Controllers Office, Program/Benefits Payments Section, 2019 Mail Service Center, Raleigh, North Carolina 27699-2019.
 - a. Enclose a letter requesting the original check for handwriting analysis. The original check is available for 60 days from the date the check is cleared by the Federal Reserve.
 - b. If it is determined by the county that the check is forged,
 - c. Return the original check, **and**
 - d. Forgery affidavit to the Program/Benefits Payments Section. A replacement check is issued.
2. If it is determined that the recipient signed the check,
 - a. Return the original check to the Program/Benefits Payments Section.
 - b. Enclose a letter to cancel the DSS-8129.

J. If a recipient reports that his check has been lost or stolen after he has endorsed it:

1. Inform the recipient that he can file a report with the local police department.

**WORK FIRST
PAYMENT PROCEDURES**

Change # 04-2004

May 1, 2004

2. Submit a **DSS-8129, Request for Replacement Check**, to the Program/Benefits Payments Section. Note on the **DSS-8129** that the check was endorsed.
3. The Program/Benefits Payments Section will issue a stop payment order.

NOTE: If a merchant calls the agency regarding a stop payment on a check issued to their company, inform the merchant that the client is responsible for repayment, not the agency.

- a. If the check has not been paid by the State Treasurer, a replacement check is issued.
- b. If the check has been paid by the State Treasurer, a replacement check will not be issued.

It will be the responsibility of the recipient to take legal action if he wishes. Upon request, the Program/Benefits Payments Section will furnish copies of the paid check to the local department of social services.

- K. If at any time the recipient decides that a replacement check is not required, contact the Program/Benefits Payments Section, telephone (919) 733-4640, to cancel the request.

V. Returning Funds not Spent by a Protective Payee

A protective payee for a WFFA payment may return funds to the State when:

1. the recipient does not respond to attempts to contact, and can not be located, **and**
2. the department of social services has determined that the case must be closed because the recipient's whereabouts are unknown.

When you close such a case, if the protective payee has Work First funds on hand or in a bank account that he/she is unable to spend appropriately to benefit the recipient (for example, there are no outstanding bills to be paid), these funds should be returned to the State.

Do no enter this repayment into EPICS.

**WORK FIRST
PAYMENT PROCEDURES**

Change # 04-2004

May 1, 2004

Complete a DSS-1656, Refund Receipt Form. This form can be found online at <http://info.dhhs.state.nc.us/olm/forms/ooc/>. Send the completed form with a check from the county to:

Program/Benefit Payments Section
DHHS Controller's Office
2019 Mail Service Center
Raleigh, NC 27699-2019

The county will receive a letter along with a copy of the Division of Social Services Adjustment Register showing receipt of the funds. A negative (–) adjustment will also be posted to the recipient's EIS Check History Screen.