

Department of Public Health and Human Services	Section: HOUSEHOLD COMPOSITION
SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)	Subject: Residents-Drug/Alcohol Treatment/ Rehabilitation Programs

Supersedes: FS 201-7 (10/01/2009)

References: 7 CFR 273.1(b), 7 CFR 273.11(e)

GENERAL RULE -- Individuals who regularly participate in publicly operated or private non-profit drug addict or alcoholic (DAA) treatment and rehabilitation programs or community mental health centers (CMHC) (see glossary) on a resident basis may voluntarily apply for SNAP.

In order to certify residents of a DAA or CMHC to receive SNAP benefits the facility must provide evidence it is:

1. Tax exempt and certified by the State agency responsible for treatment and rehabilitation of drug addicts or alcoholics as:
 - a. Receiving funding under Part B of Title XIX; or
 - b. Eligible to receive funding under Part B of Title XIX even if no funds are received; or
 - c. Operating to further the purposes of Part B of Title XIX, to provide treatment and rehabilitation of drug addicts and/or alcoholics; **or**,
2. Authorized as a retailer by FNS.

After determining the facility qualifies, eligibility is determined using the same provisions that apply to all other households, including, but not limited to the same rights to notices of adverse action and fair hearings.

An authorized representative, employed by the DAA or CMHC and designated by the facility, applies for the resident.

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Residents are certified as one-person households unless their children live with them, in which case their children are included in the household with the parent.

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RESPONSIBILITIES**

1. The DAA or CMHC, acting as the authorized representative for a resident, is responsible and liable for:
 - a. reporting changes according to the resident's reporting requirements;
 - b. any misrepresentation of information or intentional program violation that it knowingly commits in regard to the resident's eligibility;
 - c. loss or misuse of the resident's SNAP benefits; and,
 - d. all over-issuances occurring while serving as the resident's authorized representative.
2. Sign the "SNAP Authorized Representative Form for Group Homes and Drug & Alcohol Treatment Center" for each resident and return it to the OPA.
3. The DAA or CMHC must provide the Human and Community Services Division (HCSO) Central Office designee with a **monthly** list of currently participating residents signed by a DAA or CMHC official. This list needs to include a statement attesting to the validity of the list.

Mail to: PO Box 202925, Helena, MT 59620 or FAX to
406-444-0617 Attn: SNAP Facility Report.
4. When a resident leaves the DAA or CMHC, the center must provide the discharged resident with:
 - a. their Montana Access EBT card and personal identification number (PIN); and
 - b. the full monthly SNAP benefit (if no benefits were spent on the resident's behalf) regardless of when the resident leaves the facility during the month; or,
 - c. one-half of the resident's monthly SNAP benefit amount (if the benefits were not spent) and the resident leaves before the 16th of the month; or

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- d. any remaining benefits not spent on the resident's behalf at the time he/she leaves the facility after the 16th of the month; and
- e. when possible, a 'Change Report' form (HCS-260) with instructions to report a change to HCSD according to the resident's reporting requirements.

NOTE: The DAA or CMHC authorized representative must return the resident's Montana Access Card to HCSD since, as of the discharge, the facility representative is no longer the authorized representative.

**Return the card to the local OPA office or
Mail to: HCSD Centralized Scanning Unit,
P O Box 202952, Helena, MT 59620-2925.**