

GLA HANDBOOK:

GROUP LIVING ARRANGEMENT HANDBOOK SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) PARTICIPATION

OVERVIEW

Federal regulations in 7 CFR 273.11 authorize certain residential, non-profit facilities to participate in the Supplemental Nutrition Assistance Program (SNAP). These regulations outline the rules and special procedures that apply to residents living in a Group Living Arrangement (GLA).

DEFINITION

GLAs are a public or private nonprofit residential setting that serves no more than sixteen (16) residents and are certified by the Colorado Department of Public Health and Environment (CDPHE) and the Colorado Department of Human Services (CDHS) under Section 1616(e) of the Social Security Act. To be eligible as a resident of a GLA the person must be blind or disabled as defined in the Food Stamp Act of 1977.

NOTE: Individuals residing in a GLA that is a for-profit community service provider and are paying rent, utilities, transportation, food, or receiving Home and Community Based Services (HCBS) are considered living in an institution. Institutionalized individuals are not eligible for SNAP if the facility or community service provider provides more than 50% of the residents' meals. This includes both situations where prepared meals are served and where the residents purchase and prepare meals. Each situation will have to be determined on a case-by-case basis at the local SNAP office.

STATE RULES

10 CCR 2506-01 §4.309.4 et seq. states, "Group living arrangements are residential settings that are considered alternatives to institutional living. Institutional settings are not included in this provision. To be eligible as residents of a group living arrangement, the person shall be blind or disabled as defined in Section 4.304.41. In addition, the local office shall verify that the group living arrangement is a public or private nonprofit facility with no more than sixteen (16) residents, and is certified as a group living arrangement by the Colorado Department of Public Health and Environment and the Colorado Department of Human Services under Section 1616(e) of the Social Security Act." The Food and Nutrition Service (FNS) agency may also certify the facility under standards that are determined by the USDA that are comparable to standards implemented by the State under 1616(e) of the Social Security Act (codified at 42 USC).

PARTICIPATION CONDITION

Residents of GLAs may participate in the SNAP if the following two (2) conditions are met:

1. The GLA serves no more than sixteen (16) residents
2. The GLA:
 - Has been authorized by the United States Department of Agriculture (USDA), Food and Nutrition Service (FNS), to use SNAP benefits, OR
 - Is funded under Part B of Title XIX of the Public Health Service Act (42 U.S.C. 300x et seq.) AND has been approved by the CDPHE and the CDHS under Section 1616(e) of the Social Security Act.

Group Living Arrangement Options

GLA administrators/managers must decide how the GLA will participate in the SNAP. The decision is made on the basis of each resident's physical and/or mental ability to handle their own affairs. The GLA administrator/manager is solely responsible for making the decision under which option(s) each resident participates. There are three (3) levels of participation available for GLAs.



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Participation Level 1: Residents handle their own benefits: Under this option, residents apply for SNAP benefits on their own. If eligible, they receive their own Electronic Benefit Transfer (EBT) card and use it to purchase food. Although a GLA may assist the resident with their application, transportation, or shopping the GLA has no direct role in purchasing food. This is an appropriate option for residents who are able to manage their own SNAP benefits.

Participation Level 2: GLA acts as Authorized Representative (AR): Under this option, a GLA administrator/manager determines that the resident is unable to physically and/or mentally handle their own affairs. The GLA administrator/manager appoints an employee(s) of the GLA to act as an AR for these residents. The AR will be issued their own EBT card and Personalized Identification Number (PIN) to access benefits from the resident's EBT account. The AR will set the PIN for the card and use it to purchase food.

The same person in the GLA may act as an AR for several residents. However, a separate EBT card and PIN will be issued for each resident.

Participation Level 3: EBT SNAP authorized retailer: Under this option, the GLA must be FNS certified. Point of Sale (POS) equipment is provided to the GLA and is used along with an EBT card to withdraw benefits from the resident's EBT account. Once withdrawn SNAP benefits will be deposited directly into the GLA's bank account. This is similar to the process used by food retail stores.

APPLYING FOR FNS CERTIFICATION

FNS Certification

GLAs choosing "Participation level 3" must be an authorized retailer by FNS. An authorized retailer is a retailer that has been approved by FNS to accept government benefits electronically by an EBT card to pay for food. An authorized retailer is issued a FNS Authorization Number once FNS has certified it as a retailer or meal service provider.

GLAs Can Apply for FNS Certification by:

Applying online at: <http://www.fns.usda.gov/snap/retailers/application-process.htm>. If the GLA has questions, call the FNS SNAP Retailer Service Center at 877-823-4369.

FNS will identify any supporting documentation required as part of the application process. If the GLA is under the authority of a sponsoring agency, the sponsoring agency must make the application. Sponsoring agencies which administer GLAs in separate geographic addresses must obtain an application and apply separately for each GLA.

FNS Certification Approval

If approved, the sponsoring agency or independent GLA will receive notice from FNS along with a unique, seven-digit FNS Authorization Number for each separate GLA. FNS will notify the EBT vendor of the approval.

EBT Contract

When notified by FNS that a GLA has been FNS certified, the EBT vendor will contact the sponsoring agency or independent GLA and send an EBT contract for each FNS authorized GLA location. Once the completed contract is returned to the EBT vendor, the vendor will ensure the GLA receives POS equipment and provide set-up instructions. The EBT vendor will also supply a POS procedures manual.



APPLYING FOR BENEFITS

Residents of GLAs voluntarily elect to participate in the SNAP. The household composition will be determined based on each resident's circumstances, not the entire GLA's circumstances. At any time, GLAs may apply for SNAP benefits for residents not already receiving them. All client correspondence will be sent to the resident using the GLA's address.

Any organization or institution that serves as an AR is responsible for any misrepresentation or fraud committed in the certification of its resident for SNAP benefits. The GLA will also be solely liable for all losses and misuse of SNAP benefits issued to the residents, and for all overpayments that occur while the participant is residing at the GLA.

Along with the application, the AR must sign "Facility Authorized Representative Form," acknowledging responsibility if the resident is identified as Participation Level 2.

If the residents are certified on their own behalf (Participation Level 1), they may choose to use their benefit at either the GLA or at a store of their choice. They may choose to purchase food for meals served either communally or individually from the GLA.

Applications, changes to household circumstances, and recertifications for residents of GLAs shall be processed using the same standards that apply to all other SNAP households. Resident households shall be afforded the same rights to notification of adverse action, fair hearings, and entitlement to lost benefits as all other households.

EBT CARD ISSUANCE

SNAP benefits are accessed using an EBT card and a four-digit PIN. The EBT card and PIN will be issued over-the-counter (OTC) at the local SNAP office to the resident and/or their AR.

Authorized Representative Cards

ARs are issued their own EBT card (Alternate Cardholder in ebtEDGE) and PIN to access benefits from the resident's EBT account. ARs must be designated in writing on the State approved form to receive an AR EBT card.

Labeling the EBT Cards

Cards issued at the local SNAP office do not have the names printed on the card. It is essential that GLAs have a standard system in place to identify which card(s) are for which resident(s). For GLAs that are participating in the program under Participation Level 2 or 3, it is essential to identify which resident's benefits are being used and the amount taken from each account. If a system of tracking is not established, this will not be possible.

NOTE: The PIN should never be written on an EBT card. This applies to both client cards and AR cards. All AR cards will be assigned to the AR's Social Security Number (SSN).

EBT Card Security

GLAs may elect to retain the EBT cards of residents in a centralized location. If the GLA collects residents' EBT cards, it must assure that the cards are kept secure, separate from the PIN, and that they are returned when the resident leaves the GLA.

GLAs are held financially responsible for any loss of SNAP benefits resulting from theft or misuse of a resident's EBT card while in the GLA's possession. Benefits will not be reimbursed to the GLA if they are used before the GLA can withdraw them. Secure the EBT card and PIN issued to the AR against unauthorized use. Do not store the EBT cards and PINs together.

Return EBT Cards After Resident Leaves

When a resident leaves the GLA, their EBT card should be returned to them if it is in possession of the GLA. If a card cannot be returned before the resident leaves, the GLA shall return the card, along with the AR EBT card, to the local SNAP office no later than the end of the month in which the resident leaves.



ACCESSING SNAP BENEFITS

This section outlines the procedure for GLAs that choose “Participation Level 2” and “Participation Level 3” described above.

An EBT POS device will be installed in all GLAs that choose to use “Participation Level 3” and are authorized by FNS. When the EBT card is swiped at a GLA’s POS device, SNAP benefits are debited from the resident’s EBT account and transferred through a settlement process to the GLA’s bank account. Residents must be served meals equal to the full value of the benefits used on their behalf.

The GLAs may be penalized or disqualified if an administrative or judicial determination establishes that SNAP benefits were misappropriated or used for purchases that did not contribute to that SNAP certified household’s meal(s).

The GLA is required to perform two swipes of each resident’s EBT card at a SNAP approved retailer or through the GLA’s POS device per month. The first swipe shall occur before the 16th of each month and shall not be for an amount greater than half of that client’s current monthly benefit. The second swipe shall occur after the 15th of each month and shall not be for an amount greater than half of that client’s current monthly benefit.

Each GLA must treat all SNAP residents equally; as a result, the GLA must identify a consistent process. For “Participation Level 2”, this includes swiping the EBT card (shopping) at a SNAP approved retailer on a consistent basis monthly. For “Participation Level 3”, this includes identifying the specific days each month that EBT cards will be swiped using the GLA’s POS device. The process must be applied to all residents that receive SNAP.

Example: All ongoing SNAP benefits are issued, statewide, by the 10th of each month. As a result, a GLA could choose to complete the first swipe to withdraw benefits on the 10th of each month, or the next business day if the 10th falls on the weekend or holiday. The GLA could then choose to complete the second swipe to withdraw benefits on the 16th of each month, or the next business day.

Note: If a resident enters the GLA after the 10th of the month but before the 15th of the month, the GLA has through the 15th to complete the first required swipe. If a resident enters the GLA after the 16th of the month, the GLA has through the last day of that month to complete only the second required swipe.

Note: If a resident leaves the GLA before the 10th of the month, the GLA is not permitted to perform the first required swipe. If a resident leaves after the 15th of the month, but before the second required swipe, the GLA is not permitted to perform the second required swipe. If a resident leaves the day of the second required swipe, the GLA is only permitted to complete the second required swipe if any meals were provided before the resident’s departure.

Under no circumstances will a GLA pull benefits from an EBT card after the resident has departed the GLA. Additionally, a GLA must not pull benefits from an EBT card that was issued for a month before the resident entered the GLA.

Example: The GLA applies for a resident on the 3rd of the month, and a resident is scheduled to stay at the GLA until the 15th of the same month. The SNAP benefit for that month is issued in the amount of \$174.00. The GLA may withdraw only \$87.00 (half of this month’s allotment) from the resident’s card, and the resident should leave the GLA on the 15th of the month with the remaining \$87.00 balance on his/her EBT card.



Example: The GLA applies for a resident on the 20th of the month. Benefits for that month and the next month are issued in the amount of \$67.00 for the initial month and \$200.00 for the next month. If the resident leaves before the 1st of the second month, the GLA may only withdraw \$67.00 issued for the initial month. If the resident stays until the first required swipe of the second month, the facility can withdraw \$100.00. The remaining half of the \$200 issuance for the second month can be withdrawn during the second required swipe if the resident still resides at the GLA.

Note: In this example, the GLA can pull the full \$67.00 because those were prorated benefits intended for the last portion of the initial month.

GLAs are encouraged to discuss additional scenarios with the local SNAP office as necessary.

When a Resident Leaves

Effective the day that the resident leaves a GLA, the GLA may no longer serve as the resident's AR. A GLA may not spend SNAP benefits to purchase food for a resident who has already left the GLA.

- If a resident leaves the day of any required swipe, the GLA is only permitted to complete the required swipe if any meals were provided before the resident's departure.
- If a resident leaves a GLA before the SNAP application is approved, the GLA may not access any SNAP benefits on behalf of the resident.
- The GLA is required to notify the local SNAP office via the required monthly "GLA Monthly SNAP Participants Report Form (Roster)".
- The GLA is encouraged to assist the client with completing a Change Report Form (CRF) to notify the local SNAP office of the resident's new address.
- The GLA shall provide the resident with their EBT card upon their departure.
- The GLA must return the AR EBT card, and the resident's card if it was left behind, to the local SNAP office by the last day of the month that the resident moved out (regardless of when in the month they moved).

Under no circumstances will a GLA pull benefits from an EBT card after the resident has departed the GLA. Additionally, a GLA must not pull benefits from an EBT card that was issued for a month before the resident entered the GLA.



COUNTY RESPONSIBILITIES

1. The local SNAP office must:

- Initially:
 - Advise the GLA of its responsibilities to:
 - Designate an AR, if applicable, to make application for the residents;
 - Review household circumstances with the resident before applying on his/her behalf;
 - Submit an updated “Facility Authorized Representative Form” each January, immediately upon changes in ARs for Participation Level 2 only;
 - Ensure the GLA returns all AR EBT cards when the AR changes and/or the resident leaves the facility;
 - Submit the “GLA Monthly SNAP Participants Report Form (Roster)” signed by a GLA official attesting to its accuracy;
 - Report changes in the resident’s circumstances, including when a resident leaves the GLA.
- Monthly:
 - Ensure that the GLA submits their monthly report to the local SNAP office by the 15th of each month for the previous month;
 - Verify the GLA is following SNAP benefit withdrawal guidelines;
 - Identify areas of non-compliance, provide appropriate oversight of all corrective activities, and maintain documentation of all actions taken;
 - Provide technical assistance to GLAs (as needed).
- Annually:
 - Conduct periodic random on-site visits to the GLA;
 - Ensure the county office’s records are consistent with the GLA’s records and all are up to date;
 - Monitor and enforce that the GLA is not spending SNAP benefits inappropriately or using benefits for purchases that are not contributing to the certified resident’s meals.

2. Notify the State SNAP Office promptly when there is a reason to believe that a GLA is misusing benefits or is non-compliant in any other area.

3. Maintain a file on each GLA that includes:

- A copy of the Department of Behavioral Health (DBH) license;
- FNS certification (if applicable);
- AR’s identification documentation;
- The GLA’s AR form; and
- The “GLA Monthly SNAP Participants Report (Roster)”

4. When notification is received from the GLA reporting that a client has left the GLA:

- Send the “Notice of Changes to Authorized Representation” to the GLA notifying them that they are no longer liable for the client’s case, eligible to obtain that client’s benefits, and the GLA must return the GLA’s AR card;
- Verify and document that all applicable EBT cards have been received by the County office and destroyed in accordance with the County’s EBT Card Destruction process;
- Process the CRF and change the client’s address in CBMS.

The State recommends for the local SNAP office to:

- Schedule the random visit no more than 5 days in advance;
- Conduct the random visit at least annually;
- Assign one (1) worker and one (1) back up to work the GLA caseload and act as primary point of contact.
- Reference the “GLA/DNA CBMS Procedure Document” for correct CBMS data entry.



ADDITIONAL INFORMATION

State Rules

10 CCR 2506-1 §4.309.4 et seq.

Audits and reviews

Any GLA with residents who participate in the SNAP may be audited and/or reviewed by the CDHS, the FNS, or other federal agencies.

Loss of certification

If the CDHS withdraws the GLA's certification, or if FNS revokes a GLA's SNAP Retailer Authorization for any reason, no resident of the GLA will be allowed to participate in the SNAP while he or she is residing at the GLA.

CONTACTS

For information regarding State Certification as a GLA:

Department of Public Health and Environment
4300 Cherry Creek Drive South
Denver, CO 80246
Phone: (303) 692-2000
(800) 866-7689
TDD: (303) 691-7700
Website: <http://www.LinkingCare.org>

Colorado Department of Human Services
Division of Community Behavioral Health
3824 West Princeton Circle
Denver, CO 80236
Phone: (303) 866-7400

For information on how to obtain FNS authorization:

United States Department of Agriculture (USDA) Food and Nutrition Services
Phone: (877) 823-4369
Website: <http://www.fns.usda.gov/snap/retailers/application-process.htm>

For information and questions related to the use of benefits on the EBT card:

Colorado Department of Human Services
EBT Program
1575 Sherman Street, 3rd Floor,
Denver, CO 80203
Phone: (303) 866-2327
Email: cdhs_ebt_policy@state.co.us

Contact the local SNAP office for the following:

- To request applications, CRFs, or "GLA Monthly SNAP Participants Report Form (Roster)"
- To submit applications;
- To report the departure of a resident or other changes;
- To ask questions related to the eligibility of residents.



GLA MONTHLY SNAP PARTICIPANTS REPORT FORM (ROSTER)

Page: ___ of ___

Facility Name: _____

Facility Address: _____

Facility FNS #: _____

Resident's Name	CBMS Case Number	Participation Level (1 or 2)	Arrival Date (New Arrivals)	Date Left Facility (if applicable)	SNAP Benefit Transactions			
					Date of 1st Swipe	Amount Withdrawn	Date of 2nd Swipe	Amount Withdrawn

I certify that this is an accurate report of all SNAP transactions completed by this facility.

Signature: _____ Date: _____
 (Responsible Facility Official)

Title: _____ Phone #: _____

- *Completed forms are due to the local SNAP office by the 15th of each month for the previous month.
- *Contact the local SNAP office to verify monthly allotment to ensure correct deductions for each resident.

EXAMPLE: GLA MONTHLY SNAP PARTICIPANTS REPORT FORM (ROSTER)

Page: ___ of ___

Facility Name: Example - A1

Facility Address: 1234 Colorado Way

Facility FNS #: 4299999

Resident's Name	CBMS Case Number	Participation Level (1 or 2)	Arrival Date (New Arrivals)	Date Left Facility (if applicable)	SNAP Benefit Transactions			
					Date of 1st Swipe	Amount Withdrawn	Date of 2nd Swipe	Amount Withdrawn
Roberto Smith	1BXXXX1	2			6/10/2023	\$97.00	6/16/2023	\$97.00
April Jones	1BXXXX2	2			6/10/2023	\$97.00	6/16/2023	\$97.00
John Marquez	1BXXXX3	2	6/11/2023		6/10/2023	\$25.00	6/16/2023	\$97.00
Sara Logan	1BXXXX4	2		6/15/2023	6/10/2023	\$97.00		\$0.00
Jane Smith	1BXXXX5	2	6/7/2023		None	No benefits available	None	No benefits available
Joe Chen	1BXXXX6	1			None		None	

I certify that this is an accurate report of all SNAP transactions completed by this facility.

Signature: _____ Date: _____
(Responsible Facility Official)

Title: _____ Phone #: _____

FACILITY AUTHORIZED REPRESENTATIVE FORM TO OBTAIN EBT CARD AND ACCESS SNAP BENEFITS

Part A – Facility Information

Facility Name:			
Facility Address:			
Mailing Address:			
Phone #:	Fax #:	Type of Program (GLA/DNA)	Name of Resident:
Authorized Representative Name:		Description of Identification Viewed (attach copy):	

Part B – Authorized Representative Statement

I understand that by acting on the facility’s behalf as an Authorized Representative, I cannot withdraw SNAP benefits from the EBT card of any individual who is no longer a resident in the above-named facility. I also understand the responsibilities of an Authorized Representative outlined in the Drug and Alcohol Treatment Center Handbook or the Group Living Arrangement Handbook, whichever applies to the facility I represent.

Part C – Acknowledgement of Receipt Statement

I acknowledge that I have received the following forms and handbook:

- Drug and Alcohol Treatment Centers Handbook, or
- Group Living Arrangement Handbook
- Monthly SNAP Participants Report Form (Roster)
- SNAP Change Report Form

Authorized Representative’s Signature

Date

County Worker’s Signature

Date



NOTICE OF CHANGES TO AUTHORIZED REPRESENTATION

To: {Insert Facility Name}

CC: {Insert Authorized Representative(s) Name(s)}

From: {Insert County Name}

Date: {Insert Today's Date}

RE: {Insert Clients Name and CBMS #}

This notice is to inform {Insert Facility Name} that the {Insert County Name} County Department of Human Services has received notification that {Insert Client's Name} no longer resides at your facility.

As a result, your facility is no longer eligible to obtain benefits for this individual. You must return the Authorized Representative EBT card that is associated with this individual to the {Insert County Name} County of Human Services. If the individual has left your facility without collecting their personal EBT card, then that EBT card must also be returned.

Your facility is required to return the EBT card(s) by the last day of the month in which the client left your facility. The due date is: {Insert Due Date}

Please be advised that your facility will no longer be liable for this individual's case upon the County's receipt of the Authorized Representative's card.

If you have any questions or concerns regarding the process or content of this notification, please contact us at:

{Insert County Name}

{Insert County Contact Name}

{Insert County Address}

{Insert County City, State, Zip}

{Insert Contact Phone #}

{Insert Contact Email}

Respectfully,

{Sign Here}

{Insert Name}

{Insert Job Title}

