

INCOME AND ELIGIBILITY VERIFICATION SYSTEM  
(IEVS)

RECIPIENT SYSTEM PROCEDURES MANUAL

for

AID TO FAMILIES WITH DEPENDENT CHILDREN  
(AFDC)

and

FOOD STAMPS  
(FS)

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

FRAUD PROGRAM MANAGEMENT BUREAU  
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## I. SAFEGUARDING IEVS INFORMATION FROM UNAUTHORIZED DISCLOSURE

Federal and State law and regulations provide that agencies receiving IEVS information, or information provided by other agencies through IEVS, must protect the information from unauthorized access or disclosure.

- o The information shall be used only to the extent necessary to assist in the valid administrative needs of the program....
- o The requesting agency shall not use the information for any purposes not specifically authorized....
- o The information shall be stored in a place physically secure from access by unauthorized persons.
- o Information in electronic format, such as magnetic tapes or discs, shall be stored and processed in such a way that unauthorized persons cannot retrieve the information by means of computer, remote terminal or other means.
- o Precautions shall be taken to ensure that only authorized personnel are given access to on-line files.
- o The county shall instruct all personnel with access to IEVS information regarding the confidential nature of the information and the sanctions against unauthorized disclosure specified in State statute.

### A. REVENUE AND TAXATION CODE, SECTION 19282

#### "Offense

Except as otherwise provided in this article, it is a misdemeanor for the Franchise Tax Board or any member thereof, or any deputy, agent, clerk, or other officer or employee of the state (including its political subdivisions), or any former officer or employee or other individual, who in the course of his or her employment or duty has or had access to returns, reports, or documents required under this part, to disclose or make known in any manner information as to the amount of income or any particulars set forth or disclosed therein."

B. UNEMPLOYMENT INSURANCE CODE, SECTION 2111

"Disclosure of confidential information; misdemeanor

Except as otherwise provided in Section 1094, and except with respect to information furnished by the department in connection with its participation as a party or as a lien claimant in a judicial or administrative proceeding, information obtained in the course of administration of this division is confidential and shall not be published or open to public inspection in any manner. Any officer or employee of the state (including its political subdivisions), or any former member, officer or employee or other individual, who in the course of his or her employment or duty has or had access to returns, reports, or documents maintained under this division, who violates this section is guilty of a misdemeanor."

C. CIVIL CODE, SECTION 1798.53

"Invasion of privacy; intentional disclosure of personal information; state or federal records; exemplary damages; attorney fees and costs

Any person, other than an employee of the state or of a local government agency acting solely in his or her official capacity, who intentionally discloses information, not otherwise public, which they know or should reasonably know was obtained from personal information maintained by a state agency or from "records" within a "system of records" (as these terms are defined in the Federal Privacy Act of 1974 (P.L. 93-579; 5 U.S.C. 552a) maintained by a federal government agency, shall be subject to a civil action for invasion of privacy, by the individual to whom the information pertains.

In any successful action brought under this section, the complainant, in addition to any special or general damages awarded, shall be awarded a minimum of two thousand five hundred dollars (\$2,500) in exemplary damages as well as attorney's fees and other litigation costs reasonably incurred in the suit.

The right, remedy, and cause of action set forth in this section shall be nonexclusive and is in addition to all other rights, remedies, and causes of action for invasion of privacy, inherent to Section 1 of Article I of the California Constitution.

## II. INTRODUCTION

In 1984, the U.S. Congress passed the Deficit Reduction Act (DEFRA) Public Law 98-369 which required state agencies that administer Aid to Families with Dependent Children (AFDC), Food Stamps (FS), and Medicaid (Medi-Cal in California) to develop and implement an Income and Eligibility Verification System (IEVS) for applicants and recipients of those programs. Federal regulations require that states implement a computerized system which matches applicant/recipient name and Social Security Number (SSN) with State welfare files, wage, unemployment and disability benefit files from the Employment Development Department (EDD), interest and dividend income information from the Internal Revenue Service (IRS) and/or Franchise Tax Board (FTB) and Social Security benefit and wage information from the Social Security Administration (SSA).

The Department of Health Services (DHS) and the Department of Social Services (DSS) worked together toward statewide implementation of the federally mandated matching system starting in July 1987. The system is divided into the Applicant System, operated by DHS, and the Recipient System, operated by DSS.

The Applicant system was developed by DHS utilizing the existing statewide Medi-Cal Eligibility Data System (MEDS) communication network. When an applicant applies for AFDC, Food Stamps, or Medi-Cal, the County submits identifying information (name, SSN, etc.) to DHS via the MEDS terminal located in the County. Other methods include transmitting batches of data via computer tape or phone lines connecting the County computer with DHS. DHS then requests information from the aforementioned income and benefit sources twice a week. The information will be made available to the counties within three to five working days in the form of an "abstract". The abstracts are then used during the eligibility determination process to verify the accuracy of income and assets reported by the applicant. Any discrepancy will be followed-up and resolved before eligibility is established.

The other component of IEVS, the Recipient System, provides income information at various times during the year, depending upon the match type. Various tolerance levels and/or thresholds are used to ensure that only information which, if unreported, could be expected to impact eligibility or benefit amount is sent to the counties.

This handbook mainly focuses on the recipient system as it applies to AFDC and Food Stamps. It includes discussions on how IEVS works, what the different IEVS requirements are, how IEVS discrepancies are resolved, and how each report looks. It also contains IEVS related materials that the counties will find helpful, such as a glossary.

### III. IEVS RECIPIENT SYSTEM PROCEDURES

#### A. Recipient Reports

The recipient system includes various reports or abstracts which contain information on income, resources or benefits on welfare recipients. DSS is constantly enhancing IEVS to provide information to the counties for use in their eligibility determination process. In the future, it may include such matches as a Lottery Match or a Prison Match. Presently, the IEVS Recipient System consists of five subsystems:

1. Payment Verification System (PVS)
  - o Monthly Match
  - o Provides information on Retirement, Survivors and Disability Insurance (RSDI), State Unemployment Insurance (UI), and State Disability Insurance (DI) benefits
  - o Generated by matching the Medi-Cal Master Extract File (MMEF) with the SSA Master Beneficiary File for RSDI, and with the EDD master payment file for UI and DI.
2. Integrated Fraud Detection/Earnings Clearance System (IFD)
  - o Quarterly Match
  - o Provides wage information on California employers as well as duplicate aid that may exist between the AFDC, Food Stamps and Supplemental Security Income/State Supplementary Program (SSI/SSP) recipients.
  - o Generated two ways:
    - if the counties submit to the Welfare Recipient File wage data reported by their recipients, the file will be matched against the employer reported wage data from EDD
    - if the counties do not submit wage data to the Welfare Recipient File, DSS will use the MMEF to select active cases and match them against the EDD file.
3. Franchise Tax Board (FTB) Asset Match System
  - o Annual Match

- o Provides information on interest or dividend unearned income from asset accounts, not the amount of the assets themselves. Income information includes those submitted to FTB by banks, insurance companies, financial and investment institutions based in California or which have an office in California.
  - o Generated by using the MMEF and matching it against FTB's latest annual interest and dividend file.
4. Internal Revenue Service (IRS) Asset Match System
- o Annual Match
  - o Provides information on unearned income reported to IRS such as out-of-state accounts, lottery winnings, stocks and bonds, and any other income information not found in FTB's file.
  - o Generated by matching the MMEF against the latest IRS annual unearned income file.
5. Beneficiary Earnings Exchange Record (BEER)
- o Monthly Match
  - o Provides wage information that includes out-of-state wages, self-employment, military wages, federal wages, and California wages not previously reported to EDD.
  - o Generated by matching the MMEF, extracted from MEDS, against the SSA earned income file.

TABLE 1 SCHEDULE OF RECIPIENT SYSTEM MATCHES

<u>MATCH TYPE</u>	<u>FREQUENCY</u>	<u>THRESHOLD/TOLERANCE LEVEL*</u>	<u>DISCREPANCY LEVEL*</u>
PVS	Monthly	None	None
IFD	Quarterly in March, June, September, December	N/A	\$301 or greater/ quarter for AFDC \$701 or greater/ quarter for FS
FTB	Annually in January	\$50 or greater for AFDC \$100 or greater for FS	None
IRS	Annually in February	\$100 for AFDC \$250 for FS	None
BEER	Monthly	\$ 4,800 for AFDC \$11,200 for FS	None

\*These levels are subject to change.

## B. INFORMING RECIPIENTS

Pursuant to Section 1137 of the Social Security Act (PL 98-369), recipients of Public Assistance must be notified in writing at redetermination or recertification regarding IEVS requirements. They shall be informed that income and resource information will be regularly requested from various public agencies and will be used in verifying continuing eligibility and/or benefit level.

The Statement of Facts (CA2, 10/89 and CA 20, 4/88 for AFDC and the DFA 285-A1, 7/88 and DFA 285-A2, 2/87 for Food Stamps) have been revised to provide written IEVS notification. In addition, an IEVS Informing Notice has been developed to provide the initial notification to all recipients. A copy of the notice in English and Spanish is shown on Exhibit 1. The counties may reproduce the notice on county letterhead to give to recipients.

In addition to written notification, IEVS requires that AFDC recipients be notified verbally. While verbal notification is not required for Food Stamp recipients, it is highly recommended since initial findings show that it is helpful in preventing fraud.

## C. MATCH STANDARDS

IEVS abstracts will be produced from one of two sources, depending upon the procedures the county follows. If the county submits earned income information on the Welfare Recipient File to DSS, information on each IFD Match which exceeds the discrepancy levels will be returned to the county. Otherwise, IEVS matches will be produced only for persons who are eligible for AFDC and FS and have a record on MEDS. No information currently can be provided for ineligible family members, e.g., parents of MI children, undocumented aliens, etc.

## D. TIMEFRAMES

Regulations currently require that case action on active cases be completed within 45 days of the "match date" or "run date", that is, the date the State produced the report. Completion may be delayed beyond the 45 day rule on up to 20 percent of the matches if third party verifications have been requested timely but not yet received.

Completion of case action means that IEVS data has been compared with case information; if found to have an impact on current eligibility, recalculate current benefits and send a Notice of Action to the client informing them of the change in benefits.

Case action is also completed when it is determined that there is no impact on current eligibility and such a notation is made in the case file.

## E. CLOSED CASES

The Manual of Policies and Procedures Division 20-006.43 requires the County to follow-up on closed cases in the same way as active cases. The only difference between the two is that timeframes do not apply to closed cases. The County should develop a procedure for reviewing closed cases in order to comply with the regulations. An acceptable procedure could include storing the abstracts in the case files and reviewing them after all active cases have been completed and as time permits.

## F. MAINTENANCE OF RECORDS

IEVS abstracts, except BEER and IRS asset match, must be kept in the case files, for a specified time period, unless it contains information not relevant to the case, in which case, they must be destroyed through confidential destruction methods. BEER and IRS information must be kept in a locked file or room and may be kept in the case files only if they are locked up. The length of time required to maintain the match reports, per MPP Section 23-353, are as follows:

- o AFDC - "...case record material must be retained for three years after the date the last state expenditure report has been made to the Department of Health and Human Services for the period the records were last used to document eligibility..."
- o Food Stamps - "...issuance and program records are to be retained for a period of three years from the month of origin..."

A copy of the response document should be retained in the case file if IEVS information had an impact on prior or current eligibility or benefit level. In addition, the State is required to monitor the timeliness in which the abstracts were processed, therefore, it is important that the County enter the review date on the abstract or in the case narrative.

## G. MATCH VERIFICATION PROCESS

### 1. Match Validity

The worker must review and compare the IEVS information against information contained in the case record to determine whether it applies to the recipient. Factors to be considered in this determination include: positive match between the IEVS match and identifying case information, i.e., name and Social Security Number (SSN); agreement with other information contained in the case record or otherwise available to the County; appropriateness of the information to the known circumstances of the recipient. **EXAMPLE:** An IFD match is produced for a small child. Since this information could not apply to the child, check to see if another family member is using the child's SSN. If the information does not apply to any case member, that part of the report is invalid. If other parts of the report do contain valid information, cross out invalid wage or UI/DI entries; black out invalid FTB data.

## 2. Invalid Reports

The information on the IEVS abstracts is confidential, therefore, adequate precautions must be taken to ensure that it remains confidential. When the abstracts contain information that is completely invalid or is not applicable to the case, they must be destroyed through confidential destruction methods. "Invalid" means that after reviewing the case file, it has been determined that the data does not pertain to any person in the case. They must not be put in a waste basket in which the contents are not disposed of in a confidential manner.

## 3. Report Processing

### a) Resolution of Discrepancies

Once the match validity has been established, compare the information provided by the recipient with the IEVS reported information. If the information matches that supplied by the recipient, note on the abstract or in the case file that no discrepancy exists. EXAMPLE: "NO DISCREPANCY - J. Lewis -3/17/89". No further action is needed.

If the information (reported or unreported) supplied by the recipient is significantly different, that is, the difference between recipient supplied information and IEVS reported information could impact current/prior eligibility or benefit amount; the worker must:

- o Contact the recipient if there is a potential impact on current eligibility or benefit level by requesting verification of accounts. Unless the information is considered questionable by the county, PVS data is considered verified upon receipt and should be used to establish grant amounts or benefit level. EXAMPLE: The Assets Match shows significant income from an undisclosed resource.

NOTE: The county may opt to refer the case to the Special Investigative Unit (SIU) per County referral policy.

- o Contact third party verification, i.e., financial institution, employer, etc., if the recipient requests assistance or if verification supplied is not adequate. If it involves an asset match, request a signed release of information from the recipient. If third party does not respond, request the recipient to sign an affidavit and file it in the case. EXAMPLE: The recipient adamantly denies working for an employer shown on the IEVS abstract.
- o Compute any overpayment or overissuance and send the recipient a Notice of Action.

- o Complete a response document if the IEVS information had impact on current/prior eligibility, or benefit level, send it to the Department of Social Services (DSS), and retain a copy in the case file.
- o Provide a complete documentation of the results of the verification process including the initials of the worker and the date of review.

NOTE: A flow chart was developed to give an overview of how IEVS reports should be processed for AFDC/FS and can be found on Appendix H.

b) Recipient Contact

When a discrepancy must be resolved, the worker may do one of the following according to county policy:

- o Contact the recipient in writing, clearly explaining the information the county has and what actions the county will take if the recipient fails to respond to the notification; or
- o Refer cases to SIU for further investigation. SIU may choose to verify the IEVS data without notifying the recipient.

DSS has developed a contact letter known as CA63 which the counties may use for notification.

If the recipient presents acceptable information which reasonably establishes that the IEVS data does not pertain to any person in the case, this fact shall be noted in the case file and the IEVS abstract destroyed.

If the recipient acknowledges that the IEVS data is generally correct but requests an extension of time to obtain the specific verification, the County must grant a reasonable extension at the time of the request.

If the recipient is unable to obtain verification, the worker should assist the recipient in attempting to obtain the information. If neither the recipient nor the County can get the information, the worker should accept an affidavit and file it in the case. No recipient is to be discontinued as long as he/she is cooperating, unless the worker has clear information that the individual is currently ineligible.

c) Discontinuance Due To Failure To Cooperate

- o AFDC

If the recipient does not respond to a request for clarification within 10 days, or refuses to cooperate in attempting to obtain the needed verification, to verify continuing eligibility, the case should be discontinued for failure to cooperate.

o NAFS

If the household fails or refuses to respond to the notification, the County shall send a Notice of Action terminating the household's participation in the Food Stamps Program.

The County may refer any closed case to the SIU for further investigation, per county referral policy. No action shall be taken to discontinue eligibility or change benefit levels based on IEVS information until such information has been verified or the recipient has failed to cooperate and an adequate and timely Notice of Action has been sent to the recipient.

d) Documentation of Match Results

If the IEVS information is correct and is not significantly different from that reported by the recipient, the worker should annotate "No Discrepancy", write the date and sign the abstract.

If the IEVS information was unreported or was reported but is significantly different from what the recipient reported, this fact should be noted in the case file. The notation should fully document what the County did to clear the discrepancy including the date the case was reviewed and the signature of the County worker.

Documentation may be on the report itself, on a County specified form, or in the case narrative.

e) County Response Documents

Response documents are printed at the end of each IEVS abstract. This document must be completed for each case in which IEVS had an impact on current or prior eligibility or benefit amount. It is recommended that the county assign a central person to keep track of these documents.

The County has 30 days after the completion of the case action to complete the document and send it to DSS. Case completion means that the County has reviewed and verified the IEVS information and, if necessary, issued a Notice of Action terminating eligibility, or reducing benefits. If IEVS information had no impact, no response document is forwarded to DSS.

H. IEVS STATISTICS

The State will provide IEVS statistics to the counties upon request. Statistics could be based on response documents returned by counties or on the regular runs of IEVS recipient reports. Statistical reports are produced by type, e.g., PVS, IFD, FTB Asset, etc. A sample can be seen on Exhibit 4.

## I. PERIODIC IEVS REVIEW

DSS Fraud Program Management Bureau staff will come to the County to conduct a Periodic Review, usually once a year as needed. The review will cover the following areas:

- o Data submission - how recipient data is sent to the State for cross matching with different income and resource files.
- o Match review procedures - how matches are processed for any discrepancies.
- o General systems problems - how the applicant system works.
- o IEVS regulations compliance - how the county complies to IEVS regulations.
- o Sharing other County's experiences with IEVS.

The counties may call the Bureau or its assigned analyst to request assistance on any IEVS questions or problems. Refer to Appendix E, DSS IEVS Liaisons for a list of the analysts and their assigned Counties.

#### IV. IEVS RECIPIENT SYSTEM REPORTS

##### A. PAYMENT VERIFICATION SYSTEM (PVS)

###### 1. Introduction

PVS reports show if a recipient has received or will receive Social Security Title II - Retirement, Survivors and Disability Insurance (RSDI) benefits, State Unemployment Insurance (UI) or Disability Insurance (DI) benefits. The worker should receive the reports between the 5th and the 10th of the month. An EMC2 message will be sent to the counties through their MEDS terminals when the reports will be late for a particular month.

PVS has been available for AFDC and Medi-Cal since 1983. With the start of statewide implementation in July 1987, the NAFS population was added to the system. In addition, Foster Care (FC) was included in the PVS reports on June 1988. However, PVS information on FC are not subject to IEVS guidelines. They are being sent to the counties for informational purposes only.

###### 2. Match Criteria

###### a. RSDI

- o The RSDI match is made on SSN, name, sex, date of birth.
- o RSDI benefit information is prospective. The benefit amount appearing on the PVS report is the amount paid in the prior month and the amount to be paid in the current month, if these amounts differ from prior months' benefits. EXAMPLE: if a recipient received \$150 in October, and will receive \$158 in November, the county will receive a printout showing this change on or about November 8.

###### b. UI/DI

- o The UI/DI match is made on SSN only.
- o UI and DI information is retrospective. It includes about 15 to 18 days of the prior month and the entire month before that. EXAMPLE: a printout received by the county on or about November 8 will contain all UI and DI payments made between September 1 and approximately October 17.
- o Persons who are receiving UI/DI benefits from another state, or who receive state Non-Industrial Disability (NDL) benefits are not included in this match.

### 3. Case Status

PVS does not provide tolerance levels for AFDC and NAFS. The counties will receive PVS information for each case that had a match.

### 4. Processing PVS Data

Establish match validity, appropriateness of the information, and whether an overpayment computation is required, following the instructions given in the Recipient System Procedures, Part III, G, Match Verification Process.

#### a. Roster

If the county transmits the district and/or the eligibility worker number to MEDS, the county will be sent two copies of a roster showing the number of PVS abstracts by worker.

##### Section 1 - Case Identification

This section shows the county code, aid code, identifying case number, case name and Eligibility Worker (EW) code. The worker should ensure that there are reports that correspond to each case name shown in this section.

##### Section 2 - Benefit Amount

This section shows the amount of benefits for RSDI, UI, and DI as well as the total amount of benefits by case number and name. There may be more than one person under that case name receiving benefits.

##### Section 3 - Total cases

This section gives the total number of cases matched by EW.

#### b. Report Format

PVS reports are divided into separate sections and will contain one or more pages. Separate benefit information sections show match results. Section headings indicate and separate the program covered. Program order is RSDI, UI and DI. Recipients in the case are listed in person number order in the appropriate benefit program section. Persons who receive more than one type of benefit will appear separately under each program. The last page of benefit information is identified by the entry "END OF CASE".

##### Section 1 - Page Header/Case Information

This section includes identifying information for individuals in the Assistance Unit (AU) or Household (HH) as reported by the county to MEDS. These are arranged in person number sequence. All persons (with person numbers) are included, whether or not they are receiving RSDI, UI, or DI benefits.

"Run Date" is the date on which the report is printed by the State. The State "run date" is the beginning day of the 45 day processing period.

### Section 2 - Match Found

An "X" in this section indicates a match by benefit type. It also identifies SSNs which were not submitted to SSA because they are not within a valid range. If no matches are found, there will be no PVS printout for the case.

Case Processing Note: If an MC 194 referral has not been made, refer the person to SSA. When the person has previously been referred to SSA, the worker should check to see if the individual cooperated. According to regulations, a person has 60 days to act on SSA card problems. If the person failed to contact SSA and the 60 days has passed, discontinue eligibility for that person. Also, check to see if eligibility for that individual is a critical factor in eligibility for the remaining case members, for example, the only child in the home, etc.

#### c. RSDI Match

##### Benefit Information

The succeeding sections are headed, "RSDI INFO. AS REPORTED BY SSA ON AN EXCEPTION BASIS". Exception basis means that after the initial report of the benefit to the county, no other report for the individual will be generated until the benefit amount changes. It can be assumed that the last reported benefit amount is continuing. A change could be an increase, a decrease, or termination.

There will only be an entry in this section if there is a complete match. SSA will only report benefit information if the SSN, last name, first initial, sex, and year/month of birth on MEDS match the same information on BENDEX. The Communication Code message states which field/item prevented a match, but SSA will not report what its record contains for the field/item. The county should investigate any discrepancy and make necessary corrections as soon as possible so that a further match attempt can be made.

### Section 3 - Information Sent to SSA

This section shows the information on the individual from the MEDS record.

### Section 4 - Information Returned by SSA

This section shows the information on the individual when it matched on SSN, name, sex and DOB. It may or may not show the recipient SSN. If the match cannot be made because of a discrepancy, SSA will simply return the same information it received in this section. The Communication Code message will identify when a match could not be made and why.

#### Section 5 - SSA Claim Number

This is the SSN under which benefits are being paid. If the individual is being paid as a result of his or her own retirement or disability status, the SSA Claim number will be the same as the individual's SSN. If the benefits are being paid from another SSN account, such as to a child of a deceased or disabled parent, the account number upon which benefits are paid will appear here.

There also may be more than one claim being paid simultaneously under the same or different SSNs. All claims for the individual will be shown.

#### Section 6 - Benefit Amount

This section shows the previous month's benefit level. If nothing appears in this block, this does not indicate an absence of benefits. It means that this is the first time the PVS has inquired of SSA regarding this RSDI income and given it to the county.

#### Section 7 - Second Benefit Amount

This section shows the amount the individual will be receiving as of the present month. If a change will occur in the benefit amount (increase or decrease) it will be indicated in this present month block. A printout will only be generated on a first inquiry, or automatically when a change in data (payment amount, payment status message or communication message) has occurred. Once a printout has been generated, no subsequent RSDI printouts will be generated until a change in data occurs.

#### Section 8 - Entitlement

This section shows the month and year that the individual first began receiving benefits on this claim.

#### Section 9 - Premium Payer Code

This section shows who is making the Buy-In payment for Medicare. It will be either the individual or the State of California. The State's payer code is 050. The word "Self" indicates the recipient is making his or her own payment. A blank indicates that there is no buy-in payment.

#### Section 10 - Buy-In Amount

This section shows the amount of any Medicare Buy-In payment. If the recipient pays his/her own Medicare premium and has the amount withheld from the RSDI benefit, the benefit amounts shown in Sections 6 and/or 7 will be the NET benefit. Any reduction will be reflected in the benefit figures in Sections 6 and/or 7.

### Section 11 - Payment Status Message

This is a message regarding the status of the individual's benefit claim. Typically, it will either indicate an open or closed claim or the reason for change to the benefit amount. Appendix D shows a list of these messages.

### Section 12 - Communication Message

This message provides additional information regarding the inquiry that is being made about the individual's claim. Mismatched names, duplicate inquiries, or incorrect SSNs are a few of the types of messages that may appear in this section.

The number of Communication and Payment Status messages that appear on RSDI printouts have been reduced. They have been edited to provide only RSDI information that is of value to eligibility, grant determination, and/or amount of Food Stamp issuance. A list of these messages are shown on Appendix D.

### Section 13 - Signature Block

After reviewing the abstract, the worker should sign it, write the date of review and check if there is no discrepancy.

#### d. UI/DI Match

##### 1. UI Match

This report includes the date that the last claim entered EDD's file, the beginning date of the claim, maximum benefits, weekly benefit amount, and remaining benefits. Reports will be sent each month whether or not there was a benefit or status change from the prior report.

#### Section 1 - Information Sent to EDD

This section shows the MEDS AU member identifying information sent to EDD for matching. It is restated from the AU member listing.

#### Section 2 - Information Returned By EDD

This section shows the information on the individual matched by SSN only.

#### Section 3 - Claim Date

This is the date of the most recent (last) claim filed for the individual.

#### Section 4 - Begin Date

This is the date eligibility for benefits began. There may be a one-week waiting period before benefits are actually paid.

When this date is very recent and no checks have been issued, a date in this field only verifies that the person has applied for UI benefits. It is not verification of eligibility for UI.

#### Section 5 - Benefit Amounts

This section provides:

- o The maximum amount of UI benefits which may be distributed to the individual under this UI claim.
- o The maximum weekly benefit amount, which could be reduced depending on various factors (see explanation in Section 7 -Amount).
- o The remaining benefits left on this particular UI claim.

UI claims are tied to particular quarters in which an individual has sufficient earnings to qualify for a UI benefit. The amount of the benefit is dependent on the amount of those earnings. A claim will run until exhausted or until the individual becomes employed. Any unexpended portion will remain available for the individual to reclaim until the period in which that benefit can be paid expires. To receive UI again after this has occurred, the individual must reapply using a different quarter's earnings. An exhausted UI account does not necessarily mean that the individual is not eligible to receive UI again. Eligibility may be based on another quarter's earnings.

Case Processing Note: If the report for a person who is still eligible for and has UI benefits remaining shows that he/she stopped receiving UI, the worker should inquire about full-time employment.

#### Section 6 - Check Issued

This date represents the date the field EDD office authorized the UI weekly benefit amount for payment. This will not be the actual date the recipient received the check in hand. The recipient probably received the check between one and five days after this date.

#### Section 7 - Amount

This section shows the amount of the weekly UI benefit issued to the individual. This amount may or may not remain constant depending on stop and start of benefits, any earnings the recipient may have had which are subtracted from the benefit, special extensions of benefits, etc.

### Section 8 - Check Number

This section shows the warrant number of the UI check issued to the individual. Normally these will be different numbers. Occasionally the printout will indicate two checks with the same number and dollar amount. EDD splits biweekly benefits for accounting purposes. In reality, the person received only one check. To determine the amount of that check, add the dollar amounts of the split benefits.

### Section 9 - For Week Ending

This section gives the week ending period for which the UI benefit was issued.

### Section 10 - Field Office

This section gives the EDD field office code from which the UI benefit was authorized.

### Section 11 - Reported Earnings

This section gives any earnings that the individual reported to EDD that he/she earned during the period for which the UI benefit was issued. It may also show reductions caused by child support interceptions and UI overpayments. When an amount appears in this field, the worker may need to clarify the nature of this amount with the recipient.

### Section 12 - Signature Block

This section allows the worker to sign and date the abstract and check the box if there is no discrepancy.

## 2. DI Match

### Section 1 - Information Sent to EDD

This section shows the MEDS AU member identifying information sent to EDD for matching. It is restated from the AU member listing.

### Section 2 - Information Returned by EDD

This section shows the information on the individual matched by SSN only.

### Section 3 - Check Issued

This is the date the district office authorized the benefit amount for payment. This date will be deleted when the check clears (see Section 8 below). It does not necessarily represent when the recipient received the DI check. In most cases, the check will have been received a day or more after this date.

Section 4 - Amount

This section shows the amount of the DI benefit issued to the individual.

Section 5 - Check Number

This section gives the warrant number of the DI check issued to the individual.

Section 6 - Field Office

This section gives the EDD field office code from which the DI benefit was authorized.

Section 7 - Check Status

Unlike UI, DI checks will not have dates indicating when they were cleared in this block. The status will either be "cleared" or "not cleared". When a check goes from "not cleared" to "cleared" status, it means that the cashed check has been processed by EDD's accounting system and debited to their account.

Section 8 - Check Clear Date

When the DI check status changes from "not cleared" to "cleared", the date the check cleared EDD's accounting system after being cashed will be shown in this box.

Section 9 - Status Code Message

This section gives an explanation of the Status Code number. A list of messages is shown on Appendix D.

Section 10 - Signature Block

This section asks the worker to sign and date the abstract after it is reviewed and check the box if there is no discrepancy.

End of Case

This statement is printed at the bottom of the last page of the PVS report which contains benefit information for a case member.

e. County Response Form

If the information on the PVS report had an impact on current or prior eligibility or benefit level, complete this form, file a copy in the case file, and send the other copy to the State per County instructions.

### Section 1 - Header

This section contains county number, case number, case name, and run date. The "run date" only applies to the actual PVS report, not the county response document. The response document should be sent to the State within 30 days from case completion.

### Section 2 - Programs Affected/Dollar Amount

This section asks that the amount of any overpayment or overissuance associated with the PVS information be calculated in whole dollars and placed in either "C. AFDC", "D. FS" or "F. Other" space. The amount should be the total of the differences between the actual cash payment or Food Stamp allotment for each month that an individual was aided and what the cash aid or Food Stamps should have been.

Do not include other factors that may increase the overpayment but are not related to the PVS information.

EXAMPLE: The recipient reveals that the absent parent returned home, but the county was not informed. While linkage for the parents may no longer exist, this information is not related to the PVS report. Do not include any potential overpayment amount resulting from this information on the PVS report.

### Section 3 - Type of Income

The type of unreported income from the PVS report that resulted in a change in eligibility or benefit level should be indicated in this section. When appropriate, more than one source of income may be checked.

### Section 4 - Discontinuance

Check this box if the PVS information alone resulted in a discontinuance. As in Section 3, a combination of PVS information and other discovered information that caused a potential overpayment would not be answered "yes". However, if the recipient failed to respond to the county's request for clarification and the case is discontinued, answer "yes" to this question.

### Section 5 - Mailing Address

Once the county response form is completed, it should be sent to the address shown on this section. A central control for tracking county response forms is highly recommended.



PVS030 ROSTER  
\*\*\*\*\*  
\*CONFIDENTIAL INFORMATION\*  
\*\*\*\*\*

DEPARTMENT OF SOCIAL SERVICES  
MATCHED IEVS/PVS CASES  
RUH DATE 10/02/89

DIST-005-EM-NS37

PAGE: 515

2

COUNTY OF FRESNO

1

CASE ID	AID	CASE NBR	FBU	CASE NAME	DIST	EM	REDETERMINE DATE	RSDI	BENEFIT AMOUNT		TOTAL	
									U/I	D/I		
10	30	030	0	[REDACTED]	005	NS37		\$	0	0	721	
10	35	031	20	ELVY A	005	NS37		\$	0	0	565	
10	30	032	59	LEY	005	NS37		\$	205	0	205	
10	35	042	86	DENAS	005	NS37		\$	0	0	128	
10	30	045	52	RIGUEZ	005	NS37		\$	0	0	324	
10	30	053	97	MON	005	NS37		\$	0	0	857	
									\$	0	2,944	2,944

TOTAL CASES COUNT FOR DISTRICT/ELIGIBILITY WORKER 6

3

CASE INFORMATION

CASE NAME

CO CASE NO. FBU  
01 081 43 0

TERSON, LORR

2

MATCH-FOUND

R  
S  
D U D  
I I I

1

CASE INFORMATION AS REPORTED THROUGH MEDS INPUT

NAME		DATE OF BIRTH	SSN	VERF. CODE	AID CODE	PER. NO.	MATCH-FOUND				
LAST	FIRST	M	SEX	BIRTH	SSN	CODE	CODE	NO.	I	I	I
KER	TIMOTHY	M	M	12/ /73	556-6098	J	30	11			
ETTE	NYASHA	F	F	07/ /79	568-0743	J	30	12	X		

RSDI INFO. AS REPORTED BY SSA ON AN EXCEPTION BASIS

INFORMATION SENT TO SSA

3

NAME		SEX	DATE OF BIRTH	SSN	PERSON NUMBER
LAST	FIRST	M	BIRTH	SSN	NUMBER
ETTE	NYASHA	F	07/ /79	568-0743	12

INFORMATION RETURNED BY SSA

4

NAME		SEX	DATE OF BIRTH	BENEFICIARY SSN
LAST	FIRST	M	BIRTH	SSN
ETTE	NYASHA	J	07/ /79	568-0743

SSA CLAIM (SSN #) UPON WHICH BENEFITS ARE PAID IS 568-3416-C2

5

BENEFIT AMOUNT FOR MONTH OF	BENEFIT AMOUNT FOR MONTH OF	ENTITLEMENT TYPE	INITIAL DATE OF	MEDICARE PREMIUM PAYER	BUY-IN AMOUNT
08/89	09/89		10/86		0.00
6 \$ 262.00	7 \$ 273.00		8	9	10

11 PAYMENT STATUS MESSAGE - THIS INDIVIDUAL IS RECEIVING MONTHLY BENEFIT AMOUNT SHOWN.

12 COMMUNICATION MESSAGE - THIS PERSON'S RECORD IS FULLY PROCESSED WITH NO PROBLEMS.

WORKER NAME/# \_\_\_\_\_

DATE OF REVIEW \_\_\_\_\_

IF NO DISCREPANCIES, CHECK THIS BOX

FILE IN CASE

13

CASE INFORMATION  
CO CASE NO. FBU  
01 075 35 9

CASE NAME  
MER, MARK

MATCH-FOUND

I R  
I S  
I D U D  
I I I I

CASE INFORMATION AS REPORTED THROUGH MEDS INPUT

NAME DATE OF SSN VERF. AID PER. I I I I  
LAST FIRST M SEX BIRTH SSN CODE CODE NO. I I I I  
MER MARK M 09/ /57 559- -9976 J 09 01 I X

UI INFO. REPORTED BY EDD AS OF 02/28/89

INFORMATION SENT TO EDD (1)

NAME SEX DATE OF SSN PERSON NUMBER  
LAST FIRST M SEX BIRTH SSN NUMBER  
MER MARK M 09/ /57 559- -9976 01

INFORMATION RETURNED BY EDD (2)

NAME CLAIMANTS SSN  
LAST F.I. M  
MER M W 559- -9976

DATE LAST CLAIM ENTERED EDD FILE (3) BEGIN DATE OF CLAIM (4) MAXIMUM BENEFITS \$ 885  
WEEKLY BENEFITS \$ 47 (5)  
REMAINING BENEFITS \$ 418  
06/20/79 06/18/89

CHECK ISSUED	AMOUNT	CHECK NUMBER	FOR WEEK ENDING	FIELD OFFICE	REPORTED EARNINGS
09/12/89	\$ 94	29062972	09/09/89	0320	\$ 0
08/31/89	\$ 94	28830288	08/26/89	0320	\$ 0
08/17/89	\$ 44	28528283	08/12/89	0320	\$ 28
08/02/89	\$ 94	28178265	07/29/89	0320	\$ 0

(6) (7) (8) (9) (10) (11)

WORKER NAME/# \_\_\_\_\_ DATE OF REVIEW \_\_\_\_\_

IF NO DISCREPANCIES, CHECK THIS BOX

FILE IN CASE (12)

\*\*\*\*\* END OF CASE \*\*\*\*\*  
\*\*\* CONFIDENTIAL INFORMATION \*\*\* CONFIDENTIAL INFORMATION \*\*\*  
\*\*\*\*\*



CASE INFORMATION

CASE NAME

CO CASE NO. FRU  
01 067 41 9

-----  
DURT NANC

1

-----COUNTY RESPONSE-----

PLEASE ANSWER ALL APPLICABLE QUESTIONS AND RETURN THE FORM TO THE ADDRESS BELOW, ONLY IF THE IEVS INFORMATION IMPACTED THE GRANT, ISSUANCE AMOUNT, SHARE OF COST, OR ELIGIBILITY.

A. CASE: 01 067 41 9

B. RUN DATE: 10/02/89

1. WHAT PROGRAM(S) WAS AFFECTED AND WHAT WAS THE ACTUAL/POTENTIAL AMOUNT OF THE OVERPAYMENT/OVERISSUANCE OR MONTHLY SHARE OF COST INCREASE?

2

WHOLE	C. AFDC \$	
DOLLARS	D. FS \$	
ONLY	E. MCO \$	
	F. OTHER \$	

\*X\* ALL THAT APPLY:

2. WHAT TYPE(S) OF UNREPORTED INCOME WAS THE REASON FOR THE ACTUAL/POTENTIAL OVERPAYMENT/OVERISSUANCE OR MONTHLY SHARE OF COST INCREASE?

3

G. UI.....		1
H. DI.....		2
I. RSDI.....		3

\*X\* ONE:

3. DID THE IEVS MATCH INFORMATION RESULT IN THE CASE BEING DISCONTINUED?

4

J. YES.....		1
K. NO.....		2

WHEN COMPLETED, MAIL THE FORMS TO:

DEPARTMENT OF SOCIAL SERVICES  
FRAUD PROGRAM MANAGEMENT BUREAU  
744 P STREET, MS 19-26  
SACRAMENTO, CA 95814

5



## B. INTEGRATED EARNINGS CLEARANCE/FRAUD DETECTION SYSTEM (IFD)

### 1. Introduction

The IFD is a quarterly match which compares AFDC and Food Stamp records submitted by the county against the wage and claim records maintained by the Employment Development Department (EDD) and the State Department of Social Services (SDSS), State Data Exchange (SDX) File of Supplemental Security Income (SSI) recipients. The match is used to detect cases where recipients either failed to report employment or under reported the amount of income earned. The reports contain wage information two quarters prior to the current quarter. For example, wage information for the period January to March will show up two quarters later in September.

In addition to the wage match, the IFD reports contain, on a case by case basis, information regarding the following:

- o Possible recipients of duplicate aid within a county, between counties and/or between California and another State.
- o SSI/SSP recipients who are erroneously receiving Food Stamps and/or AFDC.

IFD has been available for the AFDC program since 1972, when it was called the Earnings Clearance System (ECS). Effective September 1983, ECS was renamed Integrated Earnings Clearance/Fraud Detection System (IFD) and the NAFS population was added to the system at that time.

### 2. Match Criteria

#### a. Wage Match

- o Information is seven to nine months old.
- o The match is made on SSN and the first five characters of the last name or first initial of the first name.
- o Persons who work for the Federal Government (civilian or military), are self employed, or who worked in another State are not included in this match. They are part of a separate match called Beneficiary Earnings Exchange Record (BEER), which will be discussed in Section E.

#### b. Duplicate Aid Match

- o Information is seven to nine months old. A duplicate aid situation will only be reported back to the county if the situation exists for three consecutive months during the quarter.
- o The match is made when two or more county records contain the same SSN, sex, DOB, and the first five characters of the last name or the first three characters of the first name or the

records contain the same SSN, DOB, and the first five characters of the last name and the first three characters of the first name.

### 3. Case Status

The counties will only receive cases which show that the difference between the quarterly wages reported to EDD and those reported by the County exceed specified levels. The discrepancy levels for AFDC is \$301 or greater and for NAFS is \$701 or greater.

### 4. Processing IFD Data

Establish match validity and appropriateness of information following instructions in Recipient System Procedures, Part III, G, Match Verification Process.

Upon receipt of the IFD reports, the EW should compare the wage information on the reports against wages reported by the recipient on the Monthly Income Report (CA 7) covering the three months in the process quarter. Any discrepancy should first be verified with the recipient before pursuing third party verification.

#### a. Roster

A control roster is provided to all counties who have their IFD reports printed by the State. The roster is sent out with the IFD reports on a quarterly basis.

#### Section 1 - Page Header

This section shows the process quarter that covers the IFD information and the county for which the reports were generated. It also gives the type of roster on the top left hand corner. The number 440 shows cases matched over the discrepancy level, 460 contains those cases matched under the level and 530 gives mismatched cases.

#### Section 2 - Case Identification

This section shows the county code, aid code, identifying case number, and case name. The cases are shown in ascending case number order.

#### Section 3 - Earnings Discrepancy

This section shows the discrepancy between the wages reported by recipients and those reported by EDD. When a "Dup Aid Only" appears in this column, it means that the case has a duplicate aid situation and no earnings discrepancy.

#### Section 4 - Total Cases

This section gives the total number of cases sent to the county for processing.

b. Report Format

Section 1 - Page Header/Case Information

This section includes identifying information about the case. It gives the process quarter during which eligibility existed and earnings and/or duplicate aid was detected. It also gives the "Run date", which is to be used to track the 45 day processing period. This section gives the case number, case name, and the district and/or worker number.

Section 2 - Recipient Information

This section gives the recipients' SSN, name, date of birth and sex as reported by the County. It also gives the total number of employers reported by SSN and the number shown on the report. The report will only show the top 5 employers by recipient. The County may request any additional employers by contacting DSS Fraud Bureau.

Section 3 - Eligibility Periods

This section gives the months in the quarter in which eligibility existed. The type of aid received is indicated by a "1" under "A" for AFDC, "F" for Food Stamps and "G" for General Relief. Medi-Cal is indicated by a "2" under "O" for Others.

Section 4 - Employer Information

This section gives the employer name, address and EDD account number. If it shows different/additional employer(s) than what the recipient reported, consider whether the recipient has more than one job.

Section 5 - Employee Name

This section gives the name of the employee as reported by EDD.

Section 6 - EDD Earnings

This section shows the earnings reported by the employer to EDD for the SSN shown in Section 2.

Section 7 - Wages Amount

This section gives the total earnings reported to EDD by the employer(s)(including those that exceed the top 5 employers), the total earnings reported by the county, and the difference between the two wages.

Section 8 - Prior Earnings

This section shows any earnings for four quarters prior to the process quarter. This section should be used, particularly when there is no employer information shown on Section 4 and the

individual was receiving aid during that period. This is optional data and must be requested by the County.

c. County Response Document

If the information on the IFD report had an impact on current or prior eligibility or benefit level, complete this form, file a copy in the case file, and send the other copy to the State per county instructions.

Section 1 - Header

This section contains the county number, case number, case name, district/worker code, if applicable, and the run date. The run date applies only to the IFD report and not the county response document. The counties are required to return the response documents within 30 days from completion of case action.

Section 2 - Programs Affected/Dollar Amount

This section asks that the total amount of any potential overpayment or overissuance identified from the IFD report be calculated in whole dollars and placed in the "C. AFDC", "D. Food Stamp", or "F. Other" space. The amount should be the total of the differences between the actual cash payment or Food Stamp allotment for each month that an individual was on aid, and what the cash aid or Food Stamps should have been. If more than one month or quarter is involved, report the overpayment amount for the entire period.

Section 3 - Type of Income

This section asks for the type of unreported income from the IFD report that resulted in a change in eligibility or benefit level.

Section 4 - Discontinuance

Check this box if the IFD information alone resulted in a discontinuance. If the IFD report uncovers the fact that an "Unemployed" primary wage earner has been fully employed, and that AFDC linkage does not exist, "K. Yes" should be checked.

Section 5 - Mailing Address

Once the county response form is completed, it should be sent to the address shown on this section. A central control for tracking county response forms is highly recommended.

INTEGRATED EARNINGS CLEARANCE/FRAUD DETECTION SYSTEM

PROGRAM IFD440

STATE DEPARTMENT OF SOCIAL SERVICES  
 MATCHED > LIMIT CONTROL ROSTER FOR  
 PROCESS QUARTER OCT - DEC , 1988  
 COUNTY/STATE OF YUBA

PAGE NO. 16  
 RUN DATE 06/08/89

1

3

CASE IDENTIFICATION  
 CO AID CASE NBR FBU

2

CASE NAME

COUNTY USE

EARNINGS  
 DISCREPANCY

58	09	00	41	0	GHMAN ,CRYS	C447	\$	1,048
58	09	00	52	0	SHALL, CHARLES	0805	\$	2,500
58	09	00	57	0	ERS, REBECCA E	0301	\$	1,612
58	06	00	87	0	LIMAN, IMOGENE	0406	\$	1,436
58	30	00	92	0	DER, JANICE L	0603	\$	1,615
58	09	00	98	0	ARD, SANDRA D	0307	\$	2,655
58	32	00	14	0	RIS, DARLENE J	0406	\$	730
58	09	00	15	0	RERA, ANTONIO A	0150	\$	890
58	09	00	16	0	GHTREY, ELIZABE	0805	\$	4,427
58	09	00	20	0	RILLO ,JAIM	R137	\$	1,026
58	09	00	38	0	AY, MICHAEL J	0806	\$	1,309
58	35	00	86	0	G, NAO DOUA	0606	\$	574
58	30	00	00	0	NER, JODY L	0504	\$	733
58	30	00	88	0	IREZ-DIAZ ,TRIN	F182	\$	707
58	30	00	65	8	YON CL	883	\$	811
58	30	02	47	0	UE ,KELL	R26B	\$	1,434
58	30	02	34	0	NETT ,AARO	R2X4	\$	312

TOTAL CASE COUNT

617

4

\* - INDICATES DUPLICATE AID INFORMATION IS ALSO REPORTED FOR THE CASE

1. CASE IDENTIFICATION | 2. CASE NAME | 1 | 13. DIST | 14. WORKER | 15. CO USE |  
 CO AID CASE NO. FBUI | | | | | |  
 03 09 00-60 01EVEN- CLAIRE | | | | | |

EARNINGS MATCH

2  
 SSN RECIPIENT NAME PER. COUNTY /STATE -ELIGIBILITY-  
 008-6431 EVEN CLAIRE 50 11/ /65 F USE AFGO AFGO AFGO 3  
 0000 0000 0100  
 REPORTED EDD WAGE RECORDS THIS SSN = 2. LISTED BELOW = 2.

EMPLOYER NAME AND ADDRESS EDD ACCT NO. EMPLOYEE NAME EDD EARNINGS  
 1. KIRKWOOD ASSOCIATES INC 2800112 EVEN C \$ 739 6  
 BX 1  
 KIRKWOOD CA95646 5  
 2. HAROLD L PRINCE 3431394 EVEN C \$ 997 4  
 CHRISTA R PRINCE  
 BX 638  
 PIONEER CA95666

530-2638 EVEN STEPHEN 60 07/ /54 M 0000 0000 0100  
 REPORTED EDD WAGE RECORDS THIS SSN = 2. LISTED BELOW = 2.

1. KIRKWOOD ASSOCIATES INC 2800112 EVEN S \$ 1,935  
 BX 1  
 KIRKWOOD CA95646  
 2. GO SKIING CORP INC 3573717 EVEN S \$ 429  
 IRON MOUNTAIN SKI RESORT  
 PO BOX 1500  
 PIONEER CA95666

TOTAL EDD CASE WAGES \$ 4,100  
 TOTAL COUNTY CASE WAGES \$ 0 7  
 DIFFERENCE (EDD - COUNTY) \$ 4,100

8

FOUR PRIOR QUARTERS

SSN RECIPIENT NAME  
 008-6431 EVEN CLAIRE E  
 1ST PRIOR: JULY - SEPT 1988 \$ 708 2ND PRIOR: APR - JUNE 1988 \$ 201  
 3RD PRIOR: JAN - MAR 1988 \$ 0 4TH PRIOR: OCT - DEC 1987 \$ 0

FOUR PRIOR QUARTERS

SSN RECIPIENT NAME  
 530-2638 EVEN STEPHEN R  
 1ST PRIOR: JULY - SEPT 1988 \$ 3,599 2ND PRIOR: APR - JUNE 1988 \$ 1,209  
 3RD PRIOR: JAN - MAR 1988 \$ 3,563 4TH PRIOR: OCT - DEC 1987 \$ 2,340

\*\*\* END OF CASE \*\*\*

\*\*\*\*\*  
 \*\* CONFIDENTIAL INFORMATION CONFIDENTIAL INFORMATION \*\*  
 \*\*\*\*\*

1

1. CASE IDENTIFICATION	2. CASE NAME	13. DIST	14. WORKER	15. CO USE
CO AID CASE NO. FBU				
03 30 00-80 0 IEMDE, [REDACTED]				AFDC

COUNTY RESPONSE

PLEASE ANSWER ALL APPLICABLE QUESTIONS AND RETURN THE FORM TO THE ADDRESS BELOW. ONLY IF THE IEVS INFORMATION IMPACTED THE GRANT, ISSUANCE AMOUNT, SHARE OF COST, OR ELIGIBILITY.

A. CASE: 03 00-80 0

B. OTR CODE: 488 1

1. WHAT PROGRAM(S) WAS AFFECTED AND WHAT WAS THE ACTUAL/POTENTIAL AMOUNT OF THE OVERPAYMENT/OVERISSUANCE OR MONTHLY SHARE OF COST INCREASE? (WHOLE DOLLARS ONLY)

C. AFDC \$	
D. FS \$	
E. MCD \$	
F. OTHER \$	

2

2. WHAT TYPE(S) OF UNREPORTED INCOME WAS THE REASON FOR THE ACTUAL/POTENTIAL OVERPAYMENT/OVERISSUANCE OR MONTHLY SHARE OF COST INCREASE?

\*X\* ALL THAT APPLY:

G. EARNINGS.....	<input type="checkbox"/>	1
H. DUP AID.....	<input type="checkbox"/>	2
I. SSI/SSP.....	<input type="checkbox"/>	3
J. OTHER.....	<input type="checkbox"/>	4

3

3. DID THE IEVS MATCH INFORMATION RESULT IN THE CASE BEING DISCONTINUED?

\*X\* ONE:

K. YES.....	<input type="checkbox"/>	1
L. NO.....	<input type="checkbox"/>	2

4

WHEN COMPLETED, MAIL THE FORMS TO:

5

DEPARTMENT OF SOCIAL SERVICES  
FRAUD PROGRAM MANAGEMENT BUREAU  
744 P STREET, MS 19-26  
SACRAMENTO, CA 95814



## C. FTB ASSET MATCH SYSTEM

### 1. Introduction

The FTB Asset Match is a statewide automated system that matches the welfare recipient file, extracted from the Medi-Cal Master Extract File (MMEF), against the State Franchise Tax Board's (FTB) interest and dividend file. FTB's file contains interest and dividend information from financial/investment institutions based in California or have offices in California.

### 2. Match Criteria

- o Information is 12 to 23 months old and shows only the interest and dividend income earned from the assets, not the account balances themselves.
- o The match is made on SSN and the first four characters of the last name only.
- o Data sources are interest and dividend reports submitted to FTB by banks, insurance companies, financial and investment (stocks and bonds) institutions based in California or which have an office in California. Income from out of state institutions generally is not available. Income/taxes from real property is not included. Dollar amount of unearned income reported may be for one day to one year of accrued interest/dividends. Therefore, it is not possible to determine the amount of the asset from the interest/dividend income reported.

### 3. Case Status

The counties will only receive matched cases with interest and dividend income which exceed specified levels. For AFDC and NAFS, the unearned income should be \$50 or more and \$100 or more, respectively. Closed cases should be processed when the workload permits, and only, after all active cases are processed.

### 4. Processing FTB Data

#### a. Roster

- o AMS 3 - This report is printed in County, district, descending \$ order, case number, FBU, and EW sequence. It is expected that the 1990 run will be revised in the following sequence:

County, district, EW, descending \$, case number, FBU.

- o AMS 5 - this is printed by County and descending \$ order.

b. Report Format

Section 1 - Page Header/Case Information

This section shows the tax year when interest/dividend income was received. It also gives the county name, case number, district code (if any) and EW code. The run date refers to the date when the 45-day processing period starts.

Section 2 - Recipient Information

The recipient's SSN, name, date of birth and sex are shown on this section. The SSN and name were used by FTB for matching.

Section 3 - Customer Name/Address

This section shows the name and the address of the account holder as reported to FTB by the financial institution.

Section 4 - Payor Name/Address

This section gives the name and address of the bank or other interest paying institution, account number (up to 20 characters in length), branch code and FEIN or Federal Employer Identification Number. When reviewing different accounts from the same institution, the worker should take particular attention to the account numbers to ensure that all the accounts were reported by the recipient. In addition, when a FEIN does not show a payor name or address, the County should check its copy of the FEIN microfiche provided by the Fraud Bureau or, if not listed, it should contact the Fraud Bureau for the information. The report will show the top 30 accounts per case.

Section 5 - Dollar Amount

This section shows the amount paid by the particular institution and is shown in descending dollar order by welfare name.

Section 6 - Total Amount

This section gives the total interest/dividend income paid on all reported accounts including those accounts exceeding the top 30 accounts.

c. Federal Employer Identification Number (FEIN)

There are instances when the reports will show a FEIN with no name and address. When this happens, the worker should refer to the FEIN list and microfiche supplied by DSS or, if not found, to contact DSS at (916) 445-0031 for information on the financial institution. For those inquiries in which DSS is unable to provide any additional information, the worker should ask the recipient about the account. If the recipient denies any knowledge about the account, the worker should, in the absence of any information to the contrary, take a signed statement from the

recipient and file it in the case. No further action is required.

d. Resource Disclosed

Review the questions on the Statement of Facts and monthly status reports which relate to resources plus narrative/case verification. If the asset disclosed is the same as the information on the report, the worker should:

- o Write "NO DISCREPANCY" on the report or in the case narrative.
- o Date and sign the report.
- o File the report in the case file.

Case Processing Note: When comparing accounts in the same financial institution, make sure that the same account was reported by the recipient. More than one account may appear at the same financial institution.

e. Resource Undisclosed

If there is no record of the asset in the case file, the county should contact the recipient, using either the IEVS Form CA 63, or a similar county form. If the case is referred directly to SIU, SIU has the option of not contacting the recipient if they determine that the contact could affect their investigation. No case action may be taken based on IEVS information alone.

Based on the recipient responses, the following procedures are to be used in determining whether the unreported assets affect current or prior eligibility:

1. Recipient has attempted to obtain verification of the asset and has been unsuccessful. Recipient requests County assistance in accessing records.

Obtain a signed authorization from the recipient and send it to the financial institution. If the institution does not respond within a reasonable time, obtain a signed affidavit from the recipient. File the affidavit in the case file. If the worker feels the information is questionable, the case should be referred to SIU for further investigation.

2. Recipient Fails to Respond

Send a Notice of Action (NOA) discontinuing eligibility for failure to cooperate in resolving incomplete or inconsistent information affecting continuing eligibility.

Document the case action taken on the report or in the case narrative. Documentation should be thorough in order to sustain the discontinuance action at a State Hearing. If the

asset is questionable, refer to SIU for further investigation. The county should have a worker do the initial clearing of cases. SIU investigators should not do non-investigative work. However, a person under SIU may do the clearance.

f. County Response Document

If the information on the Asset Match had an impact on current or prior eligibility or benefit level, complete this form, file a copy in the case file, and send the other copy to the State per County instructions.

Section 1 - Header

This section contains the case identification number and the run date. The "run date" only applies to the actual Asset Match report, not the County response document. The response document should be sent to the State within 30 days from case completion.

Section 2 - Program Affected

This section asks that the amount of any overpayment or overissuance associated with the FTB information be calculated in whole dollars and placed in either "C. AFDC", "D. FS", or "F. Others" space. The amount should be the total of the differences between the actual cash payment or Food Stamp allotment for each month that an individual was aided and what the cash aid or Food Stamp should have been.

Section 3 - Discontinuance

Check the "Yes" box if:

- o The person failed to respond to the County's request for clarification and the case is discontinued, or
- o The asset information made the person ineligible.

Section 4 - Mailing Address

Once the County response form is completed, it should be sent to the address shown on this section. A central control for tracking response forms is highly recommended.

DEPARTMENT OF SOCIAL SERVICES  
IEVS-FTB ASSET MATCH  
SUMMARY BY COUNTY AND DESCENDING DOLLAR AMT

COUNTY OF NAPA

BENEFICIARY ID	RECIPIENT FBU DIST.	EW	LAST-NAME	AMOUNT	COMMENTS
28-30-002	66 2	0702	IELS	\$ 4,538.44	
28-30-006	72 0	0411	TON	\$ 2,124.85	
28-30-002	60 0	0019	KARD	\$ 781.98	
28-30-002	35 0	0411	EZ	\$ 580.83	
28-30-006	36 0	0702	ISTIAN	\$ 544.12	
28-30-001	29 0	0010	M	\$ 476.84	
28-30-005	13 0	0511	TA	\$ 222.20	
28-30-006	98 0	0019	NC	\$ 204.61	
28-30-004	02 0	0058	RY	\$ 185.45	
28-35-006	94 0	0012	ER	\$ 176.29	
28-30-006	80 0	0019	ERTWOOD	\$ 137.08	
28-35-005	21 0	0012	TA	\$ 108.24	
28-30-003	76 0	0411	NSTROM	\$ 106.56	
28-30-003	16 0	0019	TCHER	\$ 69.57	
28-30-003	93 0	0019	FREE	\$ 56.54	
28-30-005	08 0	0014	CHEZ	\$ 55.76	

DEPARTMENT OF SOCIAL SERVICES  
IEVS-FTB ASSET MATCH  
INTEREST AND DIVIDEND AMOUNTS FOR TAX YEAR 1987

COUNTY OF: SACRAMENTO

CASE I.D.: 34 83 01 [REDACTED] 28 FBU 7

DIST: (1)

EW NUM: A224

SSN

(2)

WELFARE NAME

DATE OF BIRTH

SEX

569-[REDACTED]-9044

[REDACTED] R WORTH , BRANDON

05/[REDACTED]/87

M

(5)

CUSTOMER NAME/ADDRESS (3)

PAYOR NAME/ADDRESS (4)

DOLLAR AMOUNT

[REDACTED] R WORTH , BRENDA  
40 [REDACTED] FORESTVIEW AVE  
CONCORD, CA , CA 94521

CITICORP SAVINGS  
4482 TREAT BLVD  
CONCORD , CA 94521  
ACCT. NO. 34540041342  
BRANCH 0345 FEIN 94-0472650

\$ 29.46

560-[REDACTED]-6567

[REDACTED] R WORTH , BRENDA

04/[REDACTED]/59

F

CUSTOMER NAME/ADDRESS

PAYOR NAME/ADDRESS

DOLLAR AMOUNT

[REDACTED] R WORTH , BRENDA  
40 [REDACTED] FORESTVIEW AVE  
CONCORD , CA 94521

WORLD SAVINGS AND LOAN  
1901 HARRISON ST  
OAKLAND , CA 94612  
ACCT. NO. 60101000000015274541  
BRANCH 0000 FEIN 04-1512046

\$ 136.98

[REDACTED] R WORTH , BRENDA  
58 [REDACTED] KENNETH AVENUE  
FAIR OAKS , CA 95628

SACRAMENTO SAVINGS & LOAN  
PO BOX 872  
SACRAMENTO , CA 95804  
ACCT. NO. 0200397560  
BRANCH 0000 FEIN 94-0824815

\$ 42.28

[REDACTED] R WORTH , BRENDA  
40 [REDACTED] FORESTVIEW AVE  
CONCORD , CA 94521

WORLD SAVINGS AND LOAN  
1901 HARRISON ST  
OAKLAND , CA 94612  
ACCT. NO. 60101000000015273956  
BRANCH 0000 FEIN 04-1512046

\$ 10.85

TOTAL CASE AMOUNT \$ 219.57

(6)

DEPARTMENT OF SOCIAL SERVICES  
IEVS-FTB ASSET MATCH  
INTEREST AND DIVIDEND AMOUNTS FOR TAX YEAR 1987

COUNTY OF: SACRAMENTO

CASE I.D.: 34 13 07 [REDACTED] 33 FBU 7

DIST: (1)

EW NUM: V282

SSN (2) WELFARE NAME

DATE OF BIRTH SEX

441-[REDACTED]-9767

BRO [REDACTED]

,CLARENCE

03/[REDACTED]/09

M

(5)

CUSTOMER NAME/ADDRESS (3)

PAYOR NAME/ADDRESS (4)

DOLLAR AMOUNT

BRO [REDACTED], CLARENCE  
20 [REDACTED] CAPITOL AVE  
SACRAMENTO, CA 95814

EL DORADO SAVINGS  
3101 CENTER STREET  
PLACERVILLE, CA 95667  
ACCT. NO. 5433050000331114  
BRANCH 0000 FEIN 94-1400676

\$ 193.99

BRO [REDACTED], CLARENCE  
44 [REDACTED] "V" STREET  
SACRAMENTO, CA 95817

NO PAYOR FOUND 942189148 \$  
00000  
ACCT. NO. 41009697  
BRANCH 0000 FEIN 94-2189148

33.00

TOTAL CASE AMOUNT \$ 226.99 (6)

① IEVS-FTB ASSET MATCH IDENTIFICATION SYSTEM

1. CASE IDENTIFICATION 2. CASE NAME 3. DIST: 4. EW NUM: V282  
CO AID CASE NO FBV  
34 13 07 33 7

----- COUNTY RESPONSE -----

PLEASE ANSWER ALL APPLICABLE QUESTIONS AND RETURN THE FORM TO THE ADDRESS BELOW, ONLY IF THE IEVS INFORMATION IMPACTED THE GRANT, ISSUANCE AMOUNT, SHARE OF COST, OR ELIGIBILITY.

A. CASE: 34 07 33 7  
B. RUN DATE: 04/10/89

1. WHAT PROGRAMS(S) WERE AFFECTED AND WHAT WAS THE ACTUAL/POTENTIAL AMOUNT OF THE OVERPAYMENT/OVERISSUANCE OR MONTHLY SHARE OF COST INCREASE?

②

WHOLE	C. AFDC	\$	
DOLLAR	D. FS	\$	
ONLY	E. MCO	\$	
	F. OTHER	\$	

2. DID THE IEVS MATCH INFORMATION RESULT IN THE CASE BEING DISCONTINUED?

③

\* X \* ONE:  
G. YES..... 1  
H. NO..... 2

WHEN COMPLETED, MAIL THE FORMS TO:

④ DEPARTMENT OF SOCIAL SERVICES  
FRAUD PROGRAM MANAGEMENT BUREAU  
744 P STREET, MS 19-26  
SACRAMENTO, CA 95814

## D. IRS ASSET MATCH SYSTEM

### 1. Introduction

The Internal Revenue Service (IRS) Asset Match is an automated system that matches the MMEF against the IRS Unearned Income File. To ensure that the counties do not receive duplicate information, the IRS and FTB files are crossmatched before sending them to the counties. The process is done by comparing the two files based on SSN and account number for the same tax year.

### 2. Safeguard Requirements

IRS information is subject to strict confidentiality requirements. This means that the information must be kept in a locked file or room and may be kept in the case files only if they are locked up. In addition, IRS reports for confidential destruction must be kept in a locked container until destroyed. A Safeguard Procedures Report was developed for IRS Asset/BEER and sent to the counties to complete and return to DSS Fraud Bureau. The report gives the steps the counties will take to safeguard the IRS reports. It also gives the name of the County liaison who will be responsible for problems or questions that may arise with handling the IRS information. An IRS Asset/BEER Safeguard Activity Report will be due annually once the initial Safeguard Procedures Report has been completed. The County liaison should call the Fraud Bureau for any changes that may occur after completing the report.

### 3. Match Criteria

- a. Information is 12 to 23 months old and shows only the interest and dividends income earned from the assets, not the account balances themselves.
- b. The matching process involves a 4-step activity:
  - o First, the recipient SSN, name and DOB goes through a validation process.
  - o Any validated SSNs are matched against the IRS interest and dividend (1099) file.
  - o DSS then matches the data against the latest MEDS to select only active cases and obtain information on case number, EW, district office, etc.
  - o Lastly, the file is matched against the FTB file of data previously sent to the counties to eliminate duplicate information.

Because of the above match criteria, some accounts may contain a name different from the recipient, e.g., maiden name.

- c. Data sources include interest, dividends, lottery winnings, stocks and bonds, IRA's, mortgage interest, etc. For a complete list of types of unearned income that can be derived from the IRS file, refer to Appendix F. Only 13 income types in this list will be included in the IRS Match.

#### 4. Case Status

Only matched cases with interest and dividend income which exceed specified levels will be sent back to the counties. The counties will receive AFDC cases with unearned income of \$100 or more and NAFS with \$250 or more.

#### 5. Processing IRS Data

##### a. Roster

- o IEV691 - This is printed by County in descending dollar order.
- o IEV693 - This is printed by County, district office, worker number, descending dollar order, case number, and FBU.

##### b. Report Format

###### Section 1 - Page Header/Case Information

This section shows the tax year when interest/dividend income was received. It also gives the County name, case number, case name, district code (if any) and EW code. The run date refers to the date when the 45-day processing period starts.

###### Section 2 - Recipient Information

The information on this section was used for IRS matching namely, SSN, name of recipient, DOB, and Sex.

###### Section 3 - Customer Name/Address

This section gives the name and address on the account, and the account number.

###### Section 4 - Payer Name/Address

This section gives the name and address of the bank or other institution reporting different kinds of transactions to IRS. It also contains the FEIN of the financial institution. Presently, the report will show up to 30 payers per case.

###### Section 5 - Income Type

This section gives any one of the 13 types of income included in the match. It shows the 2-digit type of income and the type of form it is being reported on. It also gives a description of the income type, e.g., real estate sales, gross winnings, etc.

## Section 6 - Total Case Amount

The total amount shown here includes all accounts printed on the report plus any accounts exceeding the 30 payer limit. Information on non-printed accounts may be requested at DSS Fraud Bureau.

### c. Federal Employer Identification Number (FEIN)

Like the FTB Asset Match, IRS Assets may contain FEIN with no name and address. When this happens, the worker should take the following steps.

- 1) Refer to the FEIN list/microfiche supplied by DSS to all counties.
- 2) If there is no record in the FEIN list/microfiche, contact DSS at (916) 445-0031 for information.
- 3) If DSS is unable to provide information, ask the recipient about the account.
- 4) If the recipient denies any knowledge of the account, and in the absence of any information to the contrary, take a signed statement from the recipient and file it in the case.

### d. Resource Disclosed

Processing IRS reports are similar to processing FTB reports. Refer to FTB Asset Match on Section C,4,d for explanation on how they should be processed.

### e. Resource Undisclosed

Refer to FTB Asset Match on Section C,4,e on how they should be processed.

### f. County Response Document

If the information on the IRS match had an impact on current or prior eligibility or benefit level, complete this form, file a copy in the case file, and send the other copy to the State per County instructions.

## Section 1 - Header

This section contains the case identification number, case name, district office, and worker number. It also gives the tax year when the unearned income was received.

## Section 2 - Program Affected

The amount of any overpayment or overissuance associated with the IRS information should be calculated in whole dollars and placed in either "D. AFDC", "E. Food Stamp", or "G. Other" space.

Section 3 - Type of Income

This section asks for the type of unreported income from the IRS report that resulted in a change in eligibility or benefit level.

Section 4 - Discontinuance

Check the "Yes" box if:

- o The person failed to respond to the County's request for clarification and the case is discontinued, or
- o The asset information made the person ineligible.

Section 5 - Mailing Address

Once the response form is completed, it should be sent within 30 days of case completion to the address shown on this section. A central control for tracking response forms is highly recommended.

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL SERVICES  
INCOME AND ELIGIBILITY VERIFICATION SYSTEM

IRS ASSET MATCH ROSTER  
OF ACTIVE AFDC AND FOOD STAMP CASES  
REPORTED TO COUNTY OF YOLO

---	CASE ID	---								
CO	SERIAL	FRU	DIST	EW	CASE NAME		CASE ASSET AMOUNT		COMMENTS	
57	010	51	0	WCB1	YEN	,BINH	\$	125		
57	004	58	9	WMD2	LAIR	,RUSS	\$	112		
57	005	73	0	BCD8	ERTS	,DONN	\$	106		
57	008	35	0	WCA6	NS	,SUZA	\$	106		
57	010	03	9	WMD1	LS	,IRMA	\$	105		
57	010	40	0	BCC1	LOCK	,SUZE	\$	104		
57	010	08	0	WCA6	EN	,ANIT	\$	104		
57	009	31	0	WCB4	O	,PATR	\$	101		
57	010	30	0	WCB4	NZOW	,CYNT	\$	100		
57	010	30	0	WCB4	AN	,BARB	\$	99		
57	010	67	0	BCD8	H	,THEK	\$	89		
57	010	38	0	WCA3	IOTT	,DOMI	\$	76		
57	008	11	0	BCD3	ENBURG	,KELL	\$	76		
57	005	50	0	WCB4		,CHRI	\$	67		
57	010	80	0	WCB4	W	,JULI	\$	63		
57	010	89	0	WCA2	GADO	,NANC	\$	58		
57	010	47	0	WCB1	LETT	,THER	\$	57		
57	005	33	0	WCA6	NTERO	,MARG	\$	53		

TOTAL CASES:

64

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL SERVICES  
INCOME AND ELIGIBILITY VERIFICATION SYSTEM

IRS ASSET MATCH ROSTER  
OF ACTIVE AFDC AND FOOD STAMP CASES  
REPORTED TO COUNTY OF YOLO

CO	SERIAL	FBU	DIST	EW	CASE NAME	CASE ASSET AMOUNT	COMMENTS
57	006	52	0	WCB4	GAN . ,KATH	\$ 49,000	
57	010	07	0	WCB4	ZALES ,MARG	\$ 6,447	
57	009	20	0	WCB4	LLIPS ,JOYC	\$ 6,275	
57	009	73	0	WCB4	DRICK ,JANE	\$ 1,041	
57	008	82	0	WCB4	HAN ,LAUR	\$ 404	
57	009	55	0	WCB4	ETEN ,MERL	\$ 291	
57	009	31	0	WCB4	O ,PATR	\$ 101	
57	010	30	0	WCB4	NZOW ,CYNT	\$ 100	
57	010	30	0	WCB4	AN ,BARB	\$ 99	
57	005	50	0	WCB4	,CHRI	\$ 67	
57	010	80	0	WCB4	W ,JULI	\$ 63	

TOTAL CASES:

11

COUNTY OF: EL DORADO

1

CO	CASE NO.	FBU	CASE NAME	DISTRICT	WORKER
09	00[REDACTED]35	0	LU[REDACTED] DIMPLE J		0035

SSN	WELFARE NAME	DATE OF BIRTH	SEX	AID
545-[REDACTED]-7911	CRIM[REDACTED], ERIKA	08/[REDACTED]/83	F	09

2

CUSTOMER NAME/ADDRESS	PAYER NAME/ADDRESS
-----------------------	--------------------

ERI[REDACTED] CRIM[REDACTED]  
207 RIECHLING AVE  
PACIFICA, CA 94044-3037  
ACCOUNT NO. DTUEF0123598092240

HIS BASIC VALUE SERIES  
DST SYSTEMS INC  
21 W 10TH ST  
KANSAS CITY MO 64105  
FEIN 13-3089608

3

4

INCOME TYPE 91 - FORM 1099-DIV  
DIVIDENDS ..... \$ 10

5

CUSTOMER NAME/ADDRESS	PAYER NAME/ADDRESS
-----------------------	--------------------

CRIM[REDACTED] ERI[REDACTED]  
[REDACTED]UND [REDACTED]NN  
207 RIECHLING AVE  
PACIFICA, CA 94044-3037  
ACCOUNT NO. K5070704

E F HUTTON AND COMPANY INC  
1 BATTERY PARK PLAZA  
NEW YORK N Y 10004  
FEIN 13-1937069

INCOME TYPE 79 - FORM 1099-B  
STOCKS AND BONDS ..... \$ 500

TOTAL CASE AMOUNT \$ 510

6

\*\*\*\*\* END OF CASE \*\*\*\*\*

\*\*\*\*\* CONFIDENTIAL INFORMATION \*\*\*\*\* DO NOT KEEP IN CASE FOLDER \*\*\*\*\*

COUNTY OF: EL DORADO

CO	CASE NO.	FBU	CASE NAME	DISTRICT	WORKER
09	00[REDACTED]73	0	WICH[REDACTED] LARK D	(1)	0038

SSN	WELFARE NAME	(2) DATE OF BIRTH	SEX	AID
555-[REDACTED]-4621	WICH[REDACTED], LARK	01/[REDACTED]/55	F	30

CUSTOMER NAME/ADDRESS	PAYER NAME/ADDRESS
-----------------------	--------------------

LARK D KARW[REDACTED] (3)  
 [REDACTED] 15 CLARK ST 310  
 BALDWIN PARK, CA 91706-0000  
 ACCOUNT NO. 87-4533-CF

BRIGHTWOOD ESCROW INC. (4)  
 1901 S ATLANTIC BLVD  
 MONTEREY PARK CA91754  
 FEIN 95-3574960

INCOME TYPE 79 - FORM 1099-B (5) \$ 145,000  
 REAL ESTATE SALES .....

CUSTOMER NAME/ADDRESS	PAYER NAME/ADDRESS
-----------------------	--------------------

LARK D KARW[REDACTED]  
 [REDACTED] 15 CLARK STREET 310  
 BALDWIN PARK, CA 91706-0000  
 ACCOUNT NO. 6919097519 TA

WELLS FARGO BANK N.A.  
 AU 7583 1099 RETURNS  
 111 SUTTER STREET 3RD FL MAC 0188 037  
 SAN FRANCISCO CALIFORNIA 94163  
 FEIN 94-1347393

INCOME TYPE 92 - FORM 1099-INT \$ 551  
 INTEREST .....

TOTAL CASE AMOUNT \$ (6) 145,551

\*\*\*\*\* END OF CASE \*\*\*\*\*  
 \*\*\*\*\* CONFIDENTIAL INFORMATION \*\*\*\*\* DO NOT KEEP IN CASE FOLDER \*\*\*\*\*

COUNTY OF: EL DORADO

CO 09 CASE NO. 00[REDACTED]44 FBU 1 CASE NAME ANDE[REDACTED] RICHARD DISTRICT 1 WORKER 0024

-----COUNTY RESPONSE-----

PLEASE ANSWER ALL APPLICABLE QUESTIONS AND RETURN THE FORM TO THE ADDRESS BELOW, ONLY IF THE IEVS INFORMATION IMPACTED THE GRANT, ISSUANCE AMOUNT, SHARE OF COST, OR ELIGIBILITY.

A. CASE: 09 00[REDACTED]44 1  
B. RUN DATE: 07/12/89  
C. TAX YEAR: 87

1. WHAT PROGRAM(S) WAS AFFECTED AND WHAT WAS THE ACTUAL/POTENTIAL AMOUNT OF THE OVERPAYMENT/OVERISSUANCE OR MONTHLY SHARE OF COST INCREASE?

(WHOLE DOLLARS ONLY)

D. AFDC	\$	
E. FS	\$	
F. MCO	\$	
G. OTHER	\$	

2

2. WHAT TYPE(S) OF UNREPORTED UNEARNED INCOME WAS THE REASON FOR THE ACTUAL/POTENTIAL OVERPAYMENT/OVERISSUANCE OR MONTHLY SHARE OF COST INCREASE?

"X" ALL INCOME TYPES THAT APPLY:

H. TYPE 28 OR 98			1
I. TYPE 32			2
J. TYPE 65,66,67,91,92,96,97			3
K. TYPE 79			4
L. TYPE 80			5
M. TYPE 86			6
N. TYPE 95			7
O. OTHER			8

3

3. DID THE IEVS IRS MATCH INFORMATION RESULT IN THE CASE BEING DISCONTINUED?

"X" ONE:

P. YES			1
Q. NO			2

4

WHEN COMPLETED, MAIL THE FORMS TO:

DEPARTMENT OF SOCIAL SERVICES  
FRAUD PROGRAM MANAGEMENT BUREAU  
744 P STREET, M.S. 19-26  
SACRAMENTO, CA 95814

5



## E. BENEFICIARY EARNINGS EXCHANGE RECORD (BEER)

### 1. Introduction

BEER reports contain wage information from the Social Security Administration (SSA) which includes self-employment, out-of-state wages, military wages, and Federal wages. They may also include California wages not previously reported to the State Employment Development Department (EDD). Effective December 1988, the State sent the counties BEER information for AFDC and Food Stamp recipients for follow-up. The reports will be sent on a monthly basis to each County which must work them according to the IEVS Recipient System Procedures discussed on Part III.

### 2. Safeguard Requirements

BEER information is considered IRS information and as such, is subject to IRS confidentiality requirements. Therefore, this information must be kept in a locked file or room and may be kept in the case files only if they are locked up. In addition, BEER reports for confidential destruction must be kept in a locked container until destroyed. In line with this, a Safeguard Procedures Report was sent to each County to complete and return to DSS Fraud Bureau. The report outlines the steps that each County will take to safeguard the BEER reports as well as the County person who will receive and act as a liaison for any questions or problems that may arise. A Safeguard Activity Report will be due annually once the initial Safeguard Procedures Report has been completed. Any changes in the report should be reported to the Fraud Bureau by the liaison.

### 3. Match Criteria

- a. Information is 12 to 24 months old.
- b. The matching process involves a 3-step activity:
  - o The SSN is used to match the MMEF against the BEER file at SSA.
  - o The matched records are sent back to the State and matched on FEIN against the EDD wage file to eliminate records already sent to the counties via the IFD system.
  - o The remaining BEER records are then matched against the MMEF by using the SSN, DOB and sex to ensure a more accurate match and to obtain the latest district and worker number.

### 4. Case Status

Tolerance levels have been set at \$4,800 for AFDC and \$11,200 for NAFS. If combined BEER annual wages are below these levels, the report will not be sent to the County. As with the other reports, BEER reports that are closed when received by the County should be processed after all active cases are completed.

## 5. Multiple SSN BEER

As part of the BEER process the counties will sometimes receive printouts for active and/or inactive cases where SSA has identified another SSN and/or name being used by the recipient. We recommend that the active cases be reviewed immediately by submitting the new SSN into the IEVS Applicant System for possible link to the case. The closed cases should be reviewed following normal County procedures. A copy of a multiple SSN BEER printout is shown on the succeeding pages.

## 6. Processing BEER Data

Establish match validity and appropriateness of information following instructions in Recipient System Procedures, Part III, G, Match Verification Process.

Upon receipt of the BEER reports, the EW should compare the wage information on the reports against wages reported by the recipient on the Monthly Income Report (CA 7) or the Statement of Facts (CA 2, CA 20 for AFDC, DFA 285 for Food Stamps). Any discrepancy should first be verified with the recipient before pursuing third party verification.

### a. Roster

Each County will receive a roster which shows all the cases that were sent to them by the State. The roster will show the following:

- o The County receiving the reports
- o The recipients case number
- o District Number (if any)
- o EW Code
- o Case Name
- o Total wages per case
- o Total number of cases

### b. Report Format

#### Section 1 - Page Header/Case Information

This section includes identifying information about the case which includes the county code, case number, and case name. It also gives the "Run Date", which is the beginning date of the 45 day processing period. NOTE: This area will show the 3 different types of BEER reports as follows:

- o Single SSN - Active case
- o Multiple SSN - Active case
- o Multiple SSN - Inactive case

## Section 2 - Information Sent to SSA

This section shows the recipient information derived from the MEDS record.

## Section 3 - BEER Information as Reported by SSA

This section shows the information on the recipient based on SSA records. It gives the employee name, SSN, sex and date of birth as reported to SSA. For multiple SSN BEER, this section will show another SSN which was cross referenced by SSA to our recipient's SSN giving another name or names associated with this other SSN. The Wage Year shows the year in which the wages were earned.

## Section 4 - Employer Information

This section gives the employer name, address, employer number and total wages reported by the particular employer. It also tells the type of wages that were reported to SSA. It will usually show "annual" which refers to Federal, military, and pensions; "agri" for agricultural; and "self-empl." for self-employment.

## Section 5 - Total Case Wages

This section gives the combined wages of person(s) in the case. If this amount does not meet the tolerance level set for each program, the report will not be sent to the County.

## Section 6 - Signature Block

This section allows the worker to sign and date the abstract and check the box if there is no discrepancy.

## Section 7 - End of Case

This statement is shown at the bottom of the last page of the BEER report which also gives a reminder of the confidentiality of the information given.

### c. County Response Document

The County is required to complete a response document only if the BEER information had an impact on current or prior eligibility or benefit level. This document should be sent to the State per County instructions while a copy is retained in the file.

## Section 1 - Header

The Header gives the County number, case number, case name and the run date. The "run date" applies only to the BEER report and not the County response document. The counties are required to return the response documents within 30 days from case completion.

Section 2 - Programs Affected/Dollar Amount

This question asks that the total amount of any potential overpayment/overissuance identified from the BEER report be calculated in whole dollars and placed in the appropriate program space.

Section 3 - Type of Income

This question asks what type of unreported income resulted in a change in overpayment/overissuance.

Section 4 - Discontinuance

Check this box if information derived from the report alone resulted in a discontinuance. If IEVS was not the reason for the discontinuance, check "no".

Section 5 - Mailing Address

This shows the address where the response document should be sent upon completion, and only if IEVS had an impact on the case.

COUNTY OF SONOMA

RECIPIENTS

BENEFICIARY-ID	FBU	DIST	EW	CASE-	NAME		COMMENT
49-35-028	32	0	EA12	SHAR	.PAUL	\$ 5,490.86	
49-30-003	21	0	EA44	AS	.VIRG	\$ 5,612.46	
49-30-014	29	0	EA47	KINS	.JANI	\$ 7,487.63	
49-30-003	30	0	EA52	TEOLI	.BDNN	\$ 11,605.55	
49-30-023	85	0	EA54	MES	.MONI	\$ 4,834.00	
49-30-026	85	0	EA64	STON	.MARK	\$ 6,351.51	
49-35-028	49	0	EA68	LA	.ASIA	\$ 7,870.34	
49-30-029	39	0	EA75	RP	.AUDR	\$ 5,296.81	
49-30-028	99	0	EA77	RAK	.KATH	\$ 5,466.99	
49-30-022	74	0	EA84	RADA	.SALL	\$ 6,371.75	
49-30-025	36	0	EA84	INOZA	.GRAC	\$ 6,267.14	
49-30-028	52	0	EA86	ASLIN	.HOLL	\$ 17,410.21	
49-09-024	16	9	ED13	G	.CHUE	\$ 18,674.17	
49-09-025	36	9	ED13	EETER	.PAUL	\$ 11,698.33	
49-09-025	52	9	ED17	LISTER	.CYNT	\$ 14,041.91	

TOTAL CASE COUNT

15

CASE INFORMATION      CASE NAME  
CO    CASE-NO.    FBU      (1)  
19    59-68        1      WILL    RE

INFORMATION SENT TO SSA						
SSN	NAME		PERSON	DATE OF	SEX	AID
	LAST	FIRST	M.	BIRTH		CODE
547-8343	WILL	RE	M	11/60	F	30

BEER INFORMATION AS REPORTED BY SSA

EMPLOYEE NAME		SSN	SEX	DATE OF	WAGE
LAST	(2ND)	F. M.		BIRTH	YEAR
WILL	(AN)	547-8343	F	11/60	88

EMPLOYER NAME AND ADDRESS	TYPE	EMPLOYER NO.	REPORTED WAGES
1. B & W SERVICE INDUSTRIES INC 111 S OAK ST INGLEWOOD, CA 90301	ANNUAL	95-2908953	\$ 6,256.80

2. PASADENA AREA COMMUNITY COLLEG 1570 E COLORADO BLVD PASADENA, CA 91106	ANNUAL	95-2505000	\$ 185.37
---	--------	------------	-----------

TOTAL CASE WAGES      \$      6,442.17

WORKER NAME/# \_\_\_\_\_ DATE OF REVIEW \_\_\_\_\_

IF NO DISCREPANCIES, CHECK THIS BOX

\*\*\*\*\* CONFIDENTIAL INFORMATION \*\*\* DO NOT KEEP IN CASE FOLDER \*\*\*\*\*

\*\*\*\*\* END OF CASE \*\*\*\*\*



CASE INFORMATION  
CO CASE NO. FBU  
07 03 39 0

CASE NAME  
DA BOBB

1

COUNTY RESPONSE

PLEASE ANSWER ALL APPLICABLE QUESTIONS AND RETURN THE FORM TO THE ADDRESS BELOW, ONLY IF THE IEVS INFORMATION IMPACTED THE GRANT, ISSUANCE AMOUNT, SHARE OF COST, OR ELIGIBILITY.

A. CASE: 07 03 39 0  
B. RUN DATE: 03/06/89  
C. WAGE YEAR: 87

1. WHAT PROGRAM(S) WAS AFFECTED AND WHAT WAS THE ACTUAL/POTENTIAL AMOUNT OF THE OVERPAYMENT/OVERISSUANCE OR MONTHLY SHARE OF COST INCREASE?

D. AFDC	\$	
E. FS	\$	
F. MCO	\$	
G. OTHER	\$	

2

(WHOLE DOLLARS ONLY)

2. WHAT TYPE(S) OF UNREPORTED INCOME WAS THE REASON FOR THE ACTUAL/POTENTIAL OVERPAYMENT/OVER ISSUANCE OR MONTHLY SHARE OF COST INCREASE?

\*X\* ALL THAT APPLY:

- H. OUT-OF-STATE WAGES..... 1
- I. IN-STATE WAGES..... 2
- J. MILITARY WAGES..... 3
- K. SELF EMPLOYMENT WAGES... 4
- L. FED EMPLOYMENT WAGES... 5
- M. PENSION INCOME..... 6
- N. OTHER..... 7

3

\*X\* ONE:

3. DID THE IEVS MATCH INFORMATION RESULT IN THE CASE BEING DISCONTINUED?

- O. YES..... 1
- P. NO..... 2

4

WHEN COMPLETED, MAIL THE FORMS TO:

5

DEPARTMENT OF SOCIAL SERVICES  
FRAUD PROGRAM MANAGEMENT BUREAU  
744 P STREET, MS 19-26  
SACRAMENTO, CA 95814

## V. APPENDICES



APPENDIX A

COMMON ABBREVIATIONS

ACIN	All-County Information Notice
ACL	All-County Letter
ACM	Asset Clearance Match
AFDC	Aid to Families with Dependent Children
AMS	Asset Match System
A/P	Absent Parent
AU	Assistance Unit
BEER	Beneficiary Earnings Exchange Record
BENDEX	Beneficiary Data Exchange
CDB	Central Data Base
CWL	County Welfare Department
DA	District Attorney
DADS	Duplicate Aid Detection System (replaced by the IEC/FDS or Wage Match)
DEFRA	Deficit Reduction Act (Federal)
DHS	Department of Health Services (State)
DHHS	Department of Health and Human Services (Federal)
DIB or DI	Disability Insurance Benefits
DOB	Date of Birth
DSS	Department of Social Services (State)
ECS	Earnings Clearance System (replaced by the IFD/FDS)
EDD	Employment Development Department (State)
EMC2	Electronic Mail Communication Center
ET	Eligibility Technician
EW	Eligibility Worker
FBU	Family Budget Unit
FC	Foster Care
FEIN	Federal Employer Identification Number
FG	Family Group
FNS	Food and Nutrition Service (of USDA)
FPMB	Fraud Program Management Bureau
FS	Food Stamps
FTB	Franchise Tax Board (State)
GA	General Assistance; grant adjustment
GR	General Relief
HHS	Department of Health and Human Services (Federal)
IEVS	Income and Eligibility Verification System
IDA	Interstate Duplicate Aid (Detection System)
IEC/FDS, or IFD	Integrated Earnings Clearance/Fraud Detection System
IRS	Internal Revenue Service (Federal)
MCO	Medi-Cal Only
MEDS	Medi-Cal Eligibility Data System
MI	Medically Indigent
MMEF	Medi-Cal Master Extract File
MN, MNO	Medically Needy (Linked to Aid Category)
MPP	Manual of Policy and Procedures

## COMMON ABBREVIATIONS

(Continued)

NAFS	Nonassistance Household (Food Stamp Program)
PAFS	Public Assistance Household (Food Stamp Program)
PVS	Payment Verification System
QC/QA	Quality Control, Quality Assurance
RSDI	Retirement, Survivors Disability Insurance
SDSS	State Department of Social Services
SDX	State Data Exchange
SIU	Special Investigative Unit
SSA	Social Security Administration (Federal)
SSN	Social Security Number
SSI/SSP	Supplemental Security Income/State Supplementary Program
TITLE II	RSDI - Social Security
TITLE XVI	SSI/SSP
TPQY	Third Party Query (SSA Inquiry)
UIB or UI	Unemployment Insurance Benefits
USDA	United States Department of Agriculture (Federal)

APPENDIX B

GLOSSARY

**ABSTRACT** - A document which contains a summary of information on a case and is to be used by the County for eligibility determination.

**AFFIDAVIT** - A signed statement of facts sworn to be true by the person making the statement.

**AID** - A general term used to describe benefits under all welfare programs. "Aid" includes cash grants, medical assistance, food stamps, and social services.

**AID CODE** - The two digit number which indicates the aid category under which a person is eligible.

**AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC)** - A public assistance program established to meet the needs of children who are deprived of the support of one or both parents through unemployment, incapacity, death, or absence.

**ALL-COUNTY INFORMATION NOTICES** - Letters issued by DSS to all counties which disseminate statewide information, and do not usually require the county to take any specific action.

**ALL-COUNTY LETTERS** - Letters issued by DSS which provide direction to all counties on matters requiring statewide compliance (i.e., implementation of court orders, changes or additions to policy, new reporting requirements, etc.).

**ALLEGATION** - An assertion that a party undertakes to prove.

**APPLICANT** - A person who requests public assistance, including individuals being added to an existing case, and any other person(s) whose income or resources is considered in determining the amount of benefits.

**APPLICATION** - A form a person must complete to request public assistance. The information on the form is used to determine if the person is eligible for aid. (See CA-2)

**ASSET MATCH SYSTEM** - A state operated system which matches the welfare recipient file against FTB interest and dividend file and IRS unearned income file in order to determine if a recipient has concealed liquid assets.

**ASSISTANCE UNIT** - All eligible persons (AFDC) for whom a grant is paid. This term is interchangeable with "Family Budget Unit".

**BENEFICIARY EARNINGS EXCHANGE RECORD** - The BEER file, supplied by Social Security Administration (SSA), contains wages earned by California recipients that are not included in the Employment Development Department (EDD) file (e.g., military, out-of-state, Federal and self-employment) and must be treated as IRS data.

**BUDGET** - The public assistance grant computation.

## GLOSSARY

CA-2 - (Formerly WR 2) - The Statement of Facts Supporting Eligibility for Assistance Form which an applicant must complete when applying for aid. This and the other CA series of forms are signed under penalty of perjury.

CA-7 - (Formerly WR 7) - Monthly AFDC Eligibility and Income Report - Used to indicate changes to the CA-2. An AFDC recipient must complete, sign and submit this form to the county every month.

CASE - A person or family receiving aid.

CASE RECORD - A collection of documents and information relating to a person's receipt of aid. The investigation record is usually separate and confidential.

CERTIFICATION - A term used when applicant is determined to be eligible to receive aid.

CERTIFICATION PERIOD - The period during which a household has been determined to be eligible for food stamps.

CHILD SUPPORT - Payments made by an absent parent for support of his or her child.

DEPARTMENT OF AGRICULTURE - The U.S. Government Agency responsible for administering the Food Stamp Program. FNS is a unit of this agency.

DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS) - The U.S. Government Agency responsible for issuing regulations on welfare programs controlled by Federal Government funds.

DEPARTMENT OF SOCIAL SERVICES (DSS OR SDSS) - The state agency responsible for supervising the major public assistance programs (AFDC, Food Stamps) and certain service programs such as In-Home Supportive Services and child welfare and refugee services. DSS also administers the adoption programs in California.

DEPRIVATION - An AFDC eligibility requirement that the child for whom aid is sought must be without the support of one or both parents because a parent is deceased, absent from the home, incapacitated, or unemployed.

DFA 285 - Application form used in the Food Stamp Program.

DISABILITY INSURANCE BENEFITS (DIB) - Temporary cash payments for persons who have become disabled. Such payments are considered as unearned income in computing aid.

DISCONTINUANCE - Termination of aid by the county.

DUPLICATE AID DETECTION SYSTEM (DADS) - A computerized system that uses Social Security Numbers to identify those individuals who may be receiving aid in more than one county (or district) simultaneously.

EARNED INCOME - Income received in cash or in kind as wages, salary, commissions or profit from business.

## GLOSSARY

**EARNINGS** - The sum of all rewards gained for labor and services.

**EARNINGS CLEARANCE SYSTEM (ECS)** - A computerized earnings verification system in which those earnings reported by the recipient are compared with those reported by his/her employer to EDD. (Replaced in 1984 by the "Integrated Earnings Clearance/Fraud Detection System").

**ELIGIBLE** - Qualified to receive benefits which have been applied for under a particular program.

**ELIGIBILITY WORKER (EW)** - An employee of the county who is responsible for determining public assistance eligibility and grant amount.

**ELIGIBILITY TECHNICIAN (ET)** - Another term for Eligibility Worker, used by some counties.

**EMPLOYMENT DEVELOPMENT DEPARTMENT (EDD)** - The state department responsible for the administration of programs mandated by the U.S. Department of Labor, (i.e., WIN Program, UI/DI programs).

**EXCLUDED INDIVIDUAL** - Any individual not receiving public assistance but whose income or resources is considered in determining the amount of benefit.

**FAMILY BUDGET UNIT (FBU)** - The family members who are included in the computation of an AFDC grant. (See "Assistance Unit").

**FELONY** - In welfare fraud, the overpayment must be \$400.00 or more to be charged as a felony, unless it is a duplicate/multiple aid situation. Generally punishable by imprisonment for more than one year.

**FOOD STAMP PROGRAM** - The program which permits low-income households to obtain a more nutritious diet through normal channels of trade by increasing food purchasing power for all eligible households that apply for participation.

**FOOD AND NUTRITION SERVICE (FNS)** - The branch of the U.S. Department of Agriculture responsible for administering the Food Stamp Program.

**FOSTER CARE** - A person or an institution licensed and approved by a County Welfare Department to provide parental services to minor children under their charge.

**FRAUD** - An intentional misrepresentation of the truth for the purpose of deceiving another person. The elements of fraud are: (1) false representation of fact, not opinion, intentionally made; (2) intent that the deceived person act thereon; (3) knowledge that such statements would naturally deceive; and (4) that the deceived person acted to his injury.

**FRAUD PROGRAM MANAGEMENT BUREAU (FPMB)** - The unit within DSS which implements policy relevant to investigations of improper receipt of AFDC, FS and Adult Aids.

## GLOSSARY

**FRAUD REFERRAL** - A referral of a case by the EW to the SIU when there is valid reason to suspect fraud.

**GRANT** - The amount of aid a person is eligible to receive.

**HOUSEHOLD** - The group of individuals included in the computation of a food stamp budget. A household is not necessarily a family, but a group of individuals living together as one economic unit who cook their food together.

**IMMEDIATE NEED** - The situation of an AFDC or food stamp applicant who has no resources to meet expenses and thereby is eligible to an expedited payment and eligibility determination. These applications are to be processed by the welfare department within 48 hours.

**INCAPACITY** - The physical or mental disability of one or both of a child's parents. A basis of deprivation in AFDC.

**INCOME** - For welfare eligibility purposes, any cash or noncash benefit (in-kind income) which is currently available to the applicant or recipient.

**INCOME AND ELIGIBILITY VERIFICATION SYSTEM (IEVS)** - Mandated in 1984 by the Federal Deficit Reduction Act (DEFRA) Public Law 98-369 requirements - This is a system in which the AFDC, Adult Assistance, Medically Needy Only, Food Stamp and unemployment compensation programs request, exchange, and use information to verify initial and ongoing eligibility and benefit amount.

**INTAKE WORKER** - An eligibility worker whose responsibility is to determine if applicants qualify to receive assistance.

**INTERCOUNTY TRANSFER (ICT)** - Reassignment of a welfare case from a county where a recipient has lived to a new county of residence. Both counties must be in California.

**INTEGRATED EARNINGS CLEARANCE/FRAUD DETECTION SYSTEM (IEC/FDS)** - formerly EARNINGS CLEARANCE SYSTEM (ECS) - An automated statewide which compares AFDC and food stamp records submitted by the county with wage and claim records maintained by the Employment Development Department (EDD) and the State Department of Social Services' (SDSS) State Data Exchange (SDX) File of SSI recipients. See "Income and Eligibility Verification System" (IEVS).

**INTERSTATE DUPLICATE AID (IDA)** - A computerized searching system, matching welfare case file Social Security Numbers between states with the goal of discovering duplicate/multiple aid payments.

**MAXIMUM AID PAYMENT (MAP)** - The maximum amount of aid an AFDC family may receive.

**MEDI-CAL** - The California program which provides health care for low-income state residents.

## GLOSSARY

**MISDEMEANOR** - An offense lower than a felony and generally punishable by fine or imprisonment other than in a penitentiary. In welfare fraud, if the amount of the overpayment is \$400.00 or less, the offense is a misdemeanor.

**NET INCOME** - The amount of income which is left after all allowable exemptions and deductions have been subtracted. Net income is used to determine eligibility under various aid programs usually using different standards of computation.

**NONASSISTANCE HOUSEHOLD (NA HOUSEHOLD)** - A food stamp household including one or more members who are not cash grant recipients.

**OVERISSUANCE** - More food stamps issued to a recipient than he or she was entitled.

**OVERPAYMENT** - An amount of aid paid to a recipient which is more than he or she was entitled.

**PAYEE** - The person to whom an aid check is paid or payable.

**PAYMENT VERIFICATION SYSTEM (PVS)** - The Payment Verification System provides information on recipients who receive, or will receive, Retirement Survivors Disability Insurance (RSDI), Unemployment Insurance (UI), or Disability Insurance (DI).

**PUBLIC ASSISTANCE** - A general term describing all welfare programs.

**PUBLIC ASSISTANCE HOUSEHOLD (PA HOUSEHOLD)** - A food stamp household whose members are all receiving cash grants.

**RECIPIENT** - A person who receives public assistance.

**RELEASE OF INFORMATION** - A document signed by the recipient, giving the agency permission to obtain verification of income, assets, or other eligibility criteria to assist in the determination of eligibility/grant amount.

**SOCIAL SECURITY** - A general social insurance program which provides retirement, disability, survivors' benefits, and medical insurance.

**SOCIAL SECURITY ADMINISTRATION (SSA)** - The branch of the U.S. Department of Health, Education, and Welfare which is responsible for operating the various Social Security Programs.

**SPECIAL INVESTIGATIVE UNIT (SIU)** - The section in most county welfare departments charged with investigating cases of suspected welfare crimes.

**STATE DATA EXCHANGE (SDX)** - The data system by which the Federal Government provides information to the State regarding the eligibility of SSI/SSP applicants and recipients.

## GLOSSARY

STATE DEPARTMENT OF SOCIAL SERVICES (SDSS) - See Department of Social Services (DSS).

STATUTE - A law passed by the legislative body of a governing unit.

STATUTE OF LIMITATIONS - A statute that imposes time limits upon the right of action in certain cases.

SUPPLEMENTAL SECURITY INCOME/STATE SUPPLEMENTARY PROGRAM (SSI/SSP) - A federal program administered by the Social Security Administration to provide public assistance to the aged, blind, or disabled. The SSI/SSP Program is financed by both state and federal governments.

UNRELATED ADULT - A person over age 18 living with an AFDC caretaker who is not related to any FBU members by blood or marriage, and is not a bona fide lodger, roomer, or boarder. Formerly known as an Unrelated Adult Male (UAM).

UNBORN CHILD - In AFDC a woman whose pregnancy has been medically verified is entitled to have her unborn child counted in the grant computation as a special need.

UNEARNED INCOME - Money which is not received as compensation for employment or business activity. Unlike Earned Income, there are usually no exemptions applied to Unearned Income.

UNEMPLOYMENT - Jobless and employed for less than 100 hours per month if in reference to an AFDC parent.

UNEMPLOYMENT INSURANCE BENEFITS (UIB) - Cash payments for persons who have recently lost their jobs. Considered unearned income in most aid programs.

VERIFICATION - The process of obtaining acceptable evidence which substantiates statements made by an applicant/recipient.

WARRANT - A check issued to a recipient which serves as authorization for payment of money.

WITHDRAWAL - A claimant's voluntary step to stop an action which he or she has requested (i.e., state hearing, application for aid, etc.).

APPENDIX C

I E V S   A I D   C O D E S

<u>AID</u>	<u>PROGRAM</u>
01	RCA
02	RMA/EMA
06	EA - UP
08	ECA
09	FOOD STAMPS
13	AGED - LTC
14	AGED - MN
16	AGED - Pickle Eligible
17	AGED - MN-SOC
23	BLIND - LTC
24	BLIND - MN
26	BLIND - Pickle Eligible
27	BLIND - MN-SOC
30	AFDC - FG
31	AFDC - FG State Only
32	AFDC - U State Only
34	AFDC - MN
35	AFDC - U
36	DISABLED - COBRA-Widow/ers
37	AFDC - MN-SOC
40	AFDC - FC/Non-Federal
42	AFDC - FC/Federal
51	IRCA Amnesty Alien
52	IRCA Amnesty Alien (limited services)
53	MI - LTC
56	IRCA SAWS Alien
57	IRCA SAWS Alien (limited services)
58	OBRA Aliens (undocumented)
63	DISABLED - LTC
64	DISABLED - MN
66	DISABLED - Pickle Eligible
67	DISABLED - MN-SOC
77	RDP - FG
78	RDP - U
82	MI - C
83	MI - C-SOC
86	MI - CP
87	MI - CP-SOC
90-99	GA/GR

APPENDIX D

LIST OF PVS MESSAGES

RSDI  
PAYMENT STATUS CODES

1. THIS INDIVIDUAL IS RECEIVING THE MONTHLY BENEFIT AMOUNT SHOWN.
2. THIS INDIVIDUAL IS ELIGIBLE BUT IS NOT NOW RECEIVING BENEFITS, BECAUSE BENEFICIARY IS RECEIVING WORKER'S COMPENSATION.
3. THIS PERSON'S CLAIM HAS BEEN DISALLOWED BECAUSE (S)HE HAS NOT BEEN DETERMINED AS DISABLED.
4. THIS PERSON'S CLAIM HAS BEEN DENIED BECAUSE (S)HE IS NOT DISABLED.
5. THIS PERSON'S BENEFITS ARE SUSPENDED BECAUSE THERE IS NO CHILD IN THE HOME.
6. THIS PERSON'S BENEFITS ARE SUSPENDED BECAUSE (S)HE IS AN ALIEN NOT ENTITLED TO BENEFITS.
7. THIS PERSON'S BENEFITS ARE SUSPENDED BECAUSE (S)HE REFUSED SSA PAYMENTS.
8. THIS PERSON'S BENEFITS ARE SUSPENDED BECAUSE (S)HE IS RECEIVING WORKER'S COMPENSATION PAYMENTS.
9. THIS PERSON'S BENEFITS WERE TERMINATED BECAUSE (S)HE DIED.
10. THIS PERSON'S BENEFITS WERE TERMINATED BECAUSE (S)HE TURNED 18, OR 22 AND WASN'T DISABLED, OR IN SCHOOL, OR THE MOTHER OR FATHER'S ENTITLEMENT ENDED WHEN LAST ENTITLED CHILD REACHED 18.
11. THIS PERSON'S BENEFITS WERE TERMINATED BECAUSE PRIMARY BENEFICIARY IS NO LONGER DISABLED, OR THE MOTHER OR FATHER'S ENTITLEMENT ENDED WHEN LAST ENTITLED CHILD RECOVERED.
12. THIS PERSON'S BENEFITS WERE TERMINATED.

RSDI  
COMMUNICATION CODES

1. THIS PERSON'S RECORD IS FULLY PROCESSED WITH NO PROBLEMS.
2. THIS PERSON'S BENEFITS, IF PAYABLE, ARE PAID TO A REPRESENTATIVE PAYEE INSTEAD OF THE BENEFICIARY.
3. THIS PERSON HAS BEEN DISCONTINUED (TERMINATED) EFFECTIVE MM/YY.
4. THIS SOCIAL SECURITY NUMBER DOES NOT AGREE WITH SSA RECORDS. PLEASE CHECK ON THIS PERSON'S SSN AND ENTER IT INTO THE MEDS FILE IF APPROPRIATE.
5. THIS PERSON DIED IN MM/YY. BENEFITS STOPPED.
6. THE DATE OF BIRTH, MONTH AND YEAR, INPUT TO MEDS IS DIFFERENT FROM SSA'S. PLEASE RESOLVE SINCE UNTIL THE DATE MATCHES, INFORMATION WILL NOT BE RECEIVED FROM SSA.
7. THIS PERSON'S FIRST NAME AS SHOWN ON MEDS IS DIFFERENT FROM SSA'S. PLEASE CHECK AND RESOLVE.
8. THIS PERSON'S LAST NAME AS SHOWN ON MEDS IS DIFFERENT FROM SSA'S. PLEASE CHECK AND RESOLVE.

UI/DI  
STATUS MESSAGES

1. EMPLOYMENT STATUS HAS NOT BEEN DETERMINED.
2. ON THE DATE DISABILITY BEGAN, THE INDIVIDUAL WAS NOT EMPLOYED.
3. ON THE DATE DISABILITY BEGAN, THE PERSON HAD NOT BEEN TERMINATED FROM HIS/HER EMPLOYMENT.

APPENDIX E

DSS IEVS LIAISONS

<u>Analyst/Phone #s</u>	<u>Assigned Counties</u>	
Ken Worman (916) 445-2847	01 Alameda	33 Riverside
	04 Butte	43 Santa Clara
	14 Inyo	54 Tulare
	26 Mono	
Bill Schmidt (916) 445-2757	19 Los Angeles	37 San Diego
	30 Orange	42 Santa Barbara
	36 San Bernardino	56 Ventura
Gigi Sabile (916) 445-2123	03 Amador	40 San Luis Obispo
	15 Kern	51 Sutter
	28 Napa	55 Tuolumne
	39 San Joaquin	58 Yuba
Maurice Robertson (916) 445-2232	02 Alpine	22 Mariposa
	05 Calaveras	25 Modoc
	09 El Dorado	29 Nevada
	11 Glenn	38 San Francisco
	16 Kings	44 Santa Cruz
	21 Marin	49 Sonoma
Barbara Triplett (916) 445-2423	06 Colusa	47 Siskiyou
	31 Placer	53 Trinity
	46 Sierra	
Maureen Paizs (916) 445-3417	08 Del Norte	41 San Mateo
	12 Humboldt	45 Shasta
	13 Imperial	50 Stanislaus
	18 Lassen	52 Tehama
	32 Plumas	57 Yolo
Nanci O'Brien (916) 445-0638	07 Contra Costa	24 Merced
	10 Fresno	27 Monterey
	17 Lake	34 Sacramento
	20 Madera	35 San Benito
	23 Mendocino	48 Solano

CONTACT PERSONS FOR SPECIFIC AREAS RELATED TO IEVS:

Gary Scriven (916) 445-1851	All Recipient Abstract Problems except PVS
Bill Schmidt (916) 445-2757	PVS Abstract Interpretation
Ken Worman (916) 445-2847	IEVS Policy Interpretation

APPENDIX F

LIST OF IRS INCOME TYPES

Guide to Information Returns

Form Number	Title	What to Report	Amounts to Report	Due Date	
				To IRS	To Recipient (unless indicated otherwise)
1042S	Foreign Person's U S Source Income Subject to Withholding	Payments subject to withholding under Chapter 3 of the Code, including interest, dividends, royalties, pensions and annuities, and compensation for personal services.	All amounts	March 15	March 15
1098	Mortgage Interest Statement	Mortgage interest you received in the course of your trade or business from individuals.	\$600 or more	February 28	(To Payer) January 31
1099-A	Information Return for Acquisition or Abandonment of Secured Property	Information about the acquisition or abandonment of property that is security for a debt for which you are the lender.	All amounts	February 28	(To Borrower) January 31
1099-B	Statement for Recipients of Proceeds From Broker and Barter Exchange Transactions	Sales or redemptions of securities, futures transactions, commodities, and bartering exchange transactions.	All amounts	February 28	January 31
1099-DIV	Statement for Recipients of Dividends and Distributions	Distributions, such as dividends, capital gains, or nontaxable distributions, that were paid on stock, and distributions in liquidation of \$600 or more.	\$10 or more, except \$600 or more for liquidations	February 28	January 31
1099-G	Statement for Recipients of Certain Government Payments	Unemployment compensation, state and local income tax refunds, agricultural payments, taxable grants, and discharge of indebtedness.	\$10 or more for unemployment and tax refunds; \$600 or more for all others	February 28	January 31
1099-INT	Statement for Recipients of Interest Income	Interest payments not including interest on an IRA, SEP, or DEC.	\$10 or more (\$600 or more in some cases)	February 28	January 31
1099-MISC	Statement for Recipients of Miscellaneous Income  (Also, use this form to report the occurrence of direct sales of \$5,000 or more of consumer goods for resale.)	Rent or royalty payments; prizes and awards that are not for services, such as winnings on TV or radio shows.  Payments to crew members by owners or operators of fishing boats. Report payments of proceeds from sale of catch.  Payments to a physician, physicians' corporation or other supplier of health and medical services. Issued mainly by medical assistance programs or health and accident insurance plans.  Payments for services performed for a trade or business by people not treated as its employees. Examples: fees to subcontractors or directors, expenses incurred for use of an entertainment facility treated as compensation to a nonemployee and golden parachute payments. Substitute dividend and interest payments reportable by brokers.	\$600 or more  All payments  \$600 or more  \$600 or more  \$10 or more	February 28	January 31
1099-OID	Statement for Recipients of Original Issue Discount	Original issue discount.	\$10 or more	February 28	January 31
1099-PATR	Statement for Recipients (Patrons) of Taxable Distributions Received From Cooperatives	Distributions from cooperatives to their patrons.	\$10 or more	February 28	January 31
1099-R	Statement for Recipients of Total Distributions From Profit-Sharing, Retirement Plans, Individual Retirement Arrangements, Insurance Contracts, Etc.	Distributions from retirement or profit-sharing plans or from individual retirement arrangements (IRAs). Use Form 1099-R only if the distribution closed the payee's account.	All amounts	February 28	January 31
5498	Individual Retirement Arrangement Information	Contributions (including rollover contributions) to an individual retirement arrangement (IRA), simplified employee pension (SEP), or a plan that accepts qualified deductible voluntary employee contributions (DECs).	All amounts	May 31	(To Participant) May 31 (IRA, SEP) January 31 (DEC)

Guide to Information Returns (Continued)

Form Number	Title	What to Report	Amounts to Report	Due Date	
				To IRS	To Recipient (unless indicated otherwise)
8027	Employer's Annual Information Return of Tip Income and Allocated Tips	Receipts from food or beverage operations, tips reported by employees, and allocated tips	See separate instructions.	February 28	Allocated tips are shown on Form W-2 due January 31
8300	Report of Cash Payments Over \$10,000 Received in a Trade or Business	Payments in cash or foreign currency received in one transaction, or two or more related transactions, in the course of a trade or business. Does not apply to banks and financial institutions filing Form 4789, Currency Transaction Report, and casinos that are required to report such transactions on Form 8362, or, generally, to transactions outside the United States.	Over \$10,000	Within 15 days after the date of the transaction	(To Payer) January 31
8308	Report of a Sale or Exchange of Certain Partnership Interests	Sales or exchanges of a partnership interest involving unrealized receivables or substantially appreciated inventory items.	(Transaction only)	(Attach to Form 1065)	(To Transferor and Transferees) January 31
8362	Currency Transaction Report by Casinos	Each deposit, withdrawal, exchange of currency or gambling tokens or chips, or other payment or transfer, by, through, or to a casino (with gross annual gaming revenue in excess of \$1,000,000) that involves a transaction in cash.	Over \$10,000	Within 15 days after the date of the transaction	Not required
W-2G	Statement for Recipients of Certain Gambling Winnings	Gambling winnings from horse racing, dog racing, jai alai, lotteries, raffles, drawings, bingo, slot machines, and keno.	Generally, \$600 or more (\$1,200 or more from bingo or slot machines; \$1,500 or more from keno)	February 28	January 31
W-2	Wage and Tax Statement	Wages, tips, other compensation, withheld income and FICA taxes, and advance earned income credit (EIC) payments. Include bonuses, vacation allowances, severance pay, moving expense payments, some kinds of travel allowances and third-party payments of sick pay.	See separate instructions	To SSA February 28	To Recipient January 31
W-2P	Statement for Recipients of Annuities, Pensions, Retired Pay, or IRA Payments	Retirement payments other than total distributions.	See separate instructions	February 28	January 31

INCOME TYPE AND REPORTING FORM NAME

<u>INCOME TYPE</u>	<u>REPORTING FORM</u>
32	Form W-2G
65	Form 1065 Schedule K1
66	Form 1041 Schedule K1
67	Form 1120S Schedule K1
79	Form 1099-B
80	Form 1099-A
86	Form 1099-G
91	Form 1099-DIV
92	Form 1099-INT
95	Form 1099-MISC
96	Form 1099-OID
97	Form 1099-PATR
98	Form 1099-R

NOTE: The above list shows the 13 income types that are included in the IRS Match.

APPENDIX G

IEVS SAMPLE FORMS

*TRAMP*  
N O T I C E  
AFDC, FOOD STAMP AND MEDI-CAL RECIPIENTS

EXHIBIT 1

We will use the Social Security Numbers (SSNs) for everyone who gets cash aid, Medi-Cal or Food Stamp benefits to check income and resources.

We will use a computer system to check your:

- o Earnings.
- o Social Security Number and Income.
- o Unemployment Insurance Benefits (UIB) or Disability Insurance Benefits (DIB).
- o Interest or dividends from bank accounts, stocks, bonds, or mutual funds.
- o Other income such as pensions, SSI and welfare payments.

We may also check for tax refunds and lottery winnings.

When the income and resources you tell us about are not the same as what we get from the computer system, we may:

- o Ask you for more facts.
- o Check with your bank, employer or others.
- o Use the new facts to refigure your cash aid, Medi-Cal or Food Stamp benefits.

If you have questions or anything to tell us, call your worker.

NOTE: The State is authorized to obtain and use this information pursuant to Section 1137 of the Social Security Act (PL 98-369).

AVISO - PARA LOS QUE RECIBEN AFDC  
ESTAMPILLAS PARA ALIMENTOS Y MEDI-CAL

Nosotros usaremos los Numeros del Seguro Social (Social Security Numbers (SSNs) de cada persona que recibe los beneficios de asistencia monetaria, Medi-Cal, o Estampillas para Alimentos para verificar su ingreso y recursos.

Usaremos un sistema de computadora para verificar su:

- o Salario.
- o Numero del Seguro Social e Ingresos.
- o Los Beneficios del Seguro por Desempleo (Unemployment Insurance Benefits (UIB)) o los Beneficios del Seguro por Incapacidad (Disability Insurance Benefits (DIB)).
- o Intereses o dividendos de las cuentas bancarias, acciones, bonos, o fondos mutualistas.
- o Otros Ingresos tales como pensiones, SSI y pagos de ayuda publica.

Tambien podemos verificar la devolucion de los impuestos y los premios ganados en la loteria.

Cuando el ingreso y recursos que Ud nos informa no son los mismos que obtenemos del sistema de computadora, podemos:

- o Pedirle a Ud. mas datos.
- o Confrontar los datos con su banco, empleador u otras fuentes.
- o Usar estos datos para calcular de nuevo los beneficios que recibe en asistencia monetaria, Medi-Cal, o Estampillas para Alimentos.

Si Ud. tiene preguntas o cualquier cosa que nos quiera informar, por favor llama a su trabajador de elegibilidad.

NOTA: El Estado esta autorizado para obtener y usar esta informacion conforme a la Seccion 1137 del Acta del Seguro Social (PL 98-369).

# INCOME AND ELIGIBILITY VERIFICATION FORM

Worker Name: \_\_\_\_\_  
 Worker Number: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Case Number: \_\_\_\_\_  
 Date: \_\_\_\_\_

(ADDRESSEE)

┌  
  
└

Questions? Ask your worker.

┌  
  
└

We told you when you applied for Cash Aid and/or Food Stamps that we would check your income and resources with different agencies to verify information which you reported.

We have some facts that are different from what you told us. They have to do with:

- Earnings
- Unemployment Insurance (UI)
- Social Security Benefits or SSI
- Disability Insurance (DI)
- Bank Accounts/Stocks/Bonds
- Other \_\_\_\_\_

The facts are:

You must tell us by \_\_\_\_\_, if you think these facts are right or wrong.

- If you think these facts are wrong, you need to show us why.
- If these facts are right, your
  - Cash Aid  Food Stamps may change or stop. You will get a Notice of Action.
- If you get Cash Aid and you don't let us know the facts by the above date, we may check with the source of these facts.
- If you get Food Stamps and you don't let us know the facts by the above date, you will get a Notice of Action to stop your Food Stamps.

(ATTACHMENT 1)

IRS ASSET/BEER SAFEGUARD ACTIVITY REPORT  
COUNTY OF \_\_\_\_\_  
STATE OF CALIFORNIA

- A. Reporting/Participating Programs We have received IRS unearned income information for the following programs:
1. Aid to Families with Dependent Children program under Part A of Title IV of the Social Security Act
  2. Food Stamp program under the Food Stamp Act of 1977
- B. Required Report Information (Reference, Section VII of IRS Pub. 1075)
1. Name, Title and Telephone Number of the Official responsible for implementing safeguard programs and procedures:
  2. Authorizing Statutes: Section 2651 of the Deficit Reduction Act of 1984 (DEFRA) (Public Law 98-369) requires specific activities regarding income and eligibility verification procedures. The specific federal regulations which authorize states and counties to request and receive IRS unearned income information are:  

7 CFR Part 272.8  
45 CFR Part 205.55
  3. Agency Organization  
The \_\_\_\_\_ organizational structure is enclosed as Attachment A. Also enclosed is Attachment B which is the organizational structure of the \_\_\_\_\_, (unit or department title) which has responsibility for providing and maintaining the safeguard procedures.

4. Flow of IRS Unearned Income Information

(The county will review the case file information against the IRS unearned income information to determine if the recipient accurately reported information on the statement of facts or monthly CA 7 or equivalent.)

At this time the flow of IRS information once it is received by \_\_\_\_\_ county, is as follows:

5. Access to the IRS information by other departments.

\_\_\_\_\_ county will not allow access to the IRS information by any other department.

6. IRS information commingled with other information kept by the department.

\_\_\_\_\_ county will not commingle the IRS information with any of its other applicant or recipient files.

7. Written procedures and other related memoranda concerning the safeguards applied to IRS information, reference item VII.7 of IRS Pub. 1075.

8. Safeguard procedures established and applied in the field offices of the participating programs.

9. Written procedures and other memoranda concerning the use of independent contractors in connection with any aspect of handling federal tax data, reference item VII.9 of IRS Pub. 1075.

\_\_\_\_\_ county has no independent contractors in connection with any aspect of handling federal tax data.

C. This Safeguard Procedures Report documents the action the \_\_\_\_\_ is taking to safeguard (county welfare department title) information in accordance with IRC 6103 (p)(4). If and when there is any expanded use and exposure of the IRS information we will advise in our annual Safeguard Activity Report.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

Date: \_\_\_\_\_

(ATTACHMENT 2)

IRS ASSET/BEER LIAISON CONTACT PERSON(S)

County Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

BEER Program Contact: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

Will above persons represent all District Offices?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If not, please attach list of all District Offices:

District: \_\_\_\_\_

BEER Contact: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

Please return by January 31, 1990 to:

Department of Social Services  
Fraud Program Management Bureau  
ATTN: Maureen Paizs  
744 P Street, M.S. 19-26  
Sacramento, CA 95814

IFVS Recipient System Statistics

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL SERVICES  
\*\*\* IEV420 \*\*\*

		IFD WAGE RESPONSE SUMMARY		PROCESS QUARTER ALL IN 1987	

COUNTY	TOTAL NO. OF CASES	DOLLAR AMOUNT AND NUMBER		AFDC	DUAL/CASES	FOOD STAMP	DUAL/CASES	DBL/CASES	DUAL/CASES	OTHER	MCO	ERRORS	NUMBER OF OCCURRENCES FOR EACH TYPE OF UNRECORDED INCOME					
		AFDC	FOOD STAMP										DBL/CASES	DUAL/CASES	OTHER	MCO	ERRORS	EARNINGS
ALAMEDA	1516	\$ 1354458	\$ 183540	\$ 34550	\$ 16184								1280	5	2	9	0	0
ANADOR	5	\$ 1626	\$ 482	\$ 0	\$ 0								5	0	0	0	0	0
BUTTE	7	\$ 4252	\$ 1243	\$ 106	\$ 0								4	0	0	0	0	0
CALAVERAS	11	\$ 7114	\$ 807	\$ 0	\$ 0								10	0	0	1	0	0
COLUSA	22	\$ 5468	\$ 4739	\$ 1143	\$ 0								22	0	0	0	0	0
CONTRA COSTA	1333	\$ 962343	\$ 201224	\$ 51097	\$ 135263								1240	58	4	1	0	0
DEL NORTE	7	\$ 9031	\$ 1222	\$ 0	\$ 0								7	0	0	0	0	0
FRESNO	2899	\$ 2107066	\$ 766163	\$ 96884	\$ 6179								2655	14	9	10	0	0
HUMBOLDT	134	\$ 55921	\$ 22170	\$ 0	\$ 0								126	1	0	8	0	0
IMPERIAL	16	\$ 8539	\$ 813	\$ 861	\$ 0								15	0	0	0	0	0
INYO	31	\$ 13417	\$ 2230	\$ 0	\$ 0								31	0	0	1	0	0
KERN	855	\$ 170546	\$ 124559	\$ 0	\$ 0								844	5	3	0	0	0
KINGS	111	\$ 76247	\$ 25326	\$ 0	\$ 0								111	0	0	0	0	0
LAKE		\$ 0	\$ 29	\$ 0	\$ 0								0	0	0	0	0	0

# IEVS RECIPIENT SYSTEM PROCEDURES GENERAL FLOW FOR AFDC/FC

