DEPARTMENT OF BENEFIT PAYMENTS
744 P Street, Sacramento, CA. 95814
(916) 322-2214

February 2, 1977

ALL-COUNTY LETTER NO. 77-5

TO: All County Welfare Directors

SUBJECT: Earnings Clearance System (ECS) Modification

REFERENCE: Earnings Clearance System Review Report (September 1976)
All County Information Letter - August 31, 1976

As a follow up to the recommendations made in the above referenced material, the Earnings Clearance System (ECS) is being modified to provide counties with a long anticipated tool for verification of Unemployment and Disability Insurance (UI/DI) income and supplemental earnings information to the locally selected cut-off levels ($901/$501) on the current ECS program.

Inclusion of UI/DI Claim Information

Effective with the next quarter run, Unemployment Insurance and Disability Insurance (UI&DI) claim information will be printed on the current DPS 155 form. This modification is an interim step pending exploration of actual claim amount data once the EDD's automated system is operational and will in essence add the balance of the information contained on the optional DE 507 to the ECS. The ECS is being programmed so that the output data will include the five (5) most recent UI/DI claim records, which will be overprinted on the current DPS 155 form. You will be receiving this new data on the next process cycle, approximately March 1, 1977.

*Special Note to Counties Who Receive ECS Data on Magnetic Tape

Tape counties currently receive two types of records, a totals records (type '0') and a detail wage record (type '1'). A new record type

(type '3') will contain UI/DI claims information. Attached* is the record format/description and field definitions for the new input to the counties. In an attempt to reduce the impact of this change to the counties, the format for the totals record and the earnings record will remain the same with the exception of the 'MPF Eligibility Code' (Position 67-68 of type 1), which will no longer be available. With a simple check for a three ('3') in position 250, the new records can be bypassed until time is available to include the new data in the county processes. The first eighty-two (82) positions of the new record are identical to the existing records (type '0' and '1').

The data in positions 111 through 177 is the print format of either a UI/DI claim or UI/DI flag information exactly as produced on the 507 form from EDD. There may be from zero (0) to five (5) claim records for each employee on the file. If five (5) claim records are present, they are the most recent on file.

Earnings Information Report to Supplement Current Cut-Off Levels

The ECS county reports and tapes will be produced as they are currently with the existing income level cut-offs. Approximately one (1) week later additional reports with a changed income level (of one dollar-$1.00) will be sent to those counties which presently have $501 and $901 cut-offs. These one dollar ($1.00) cut-off reports can be used by counties in a variety of ways to supplement current corrective action and quality control efforts.

The training materials associated with line staff utilization of the ECS, to include the detail instructions on use of the UI/DI data, have been developed and will be made available to all counties in approximately three weeks. As the need for these ECS modifications has been demonstrated and has been continually requested by counties, we are including this data at this time in addition to ongoing program development and further evaluation of the current system. To address concerns expressed regarding coordination and program management for the ECS, the following contact points have been established:

For Policy and Program Concerns

Fraud Prevention Bureau
744 P Street
Sacramento, CA. 95814
(916) 322-2296

For Data Processing Concerns

Computer Services Branch
Systems and Programming Bureau
744 P Street
Sacramento, CA. 95814
(916) 445-0250

Sincerely,

Kyle S. McKinsey

KYLE S. McKINSEY
Deputy Director

cc: CWDA

* Attachments are relevant to ECS Magnetic Tape counties only.

State of California - Health and Welfare Agency

Department of Benefit Payments

RECORD LAYOUT — Job Name: EARNINGS CLEARANCE — Record Name: UI/DI CLAIM/FLAG — Record Size: 250 — Blocking Factor: 4 — Programmer: BLADES — Date: 1/28/77

0.

Des.	CONSTANT VALUE '209'	PROCESS QUARTER ENDING MM	PROCESS QUARTER ENDING YY	CASE IDENFITICATION CO.	CASE IDENFITICATION AID	CASE IDENFITICATION SERIAL NO.	CASE IDENFITICATION FBU	CASE IDENFITICATION PERS.	DATE OF BIRTH MM	DATE OF BIRTH DD	DATE OF BIRTH YY	SEX	SOCIAL SECURITY NUMBER	FILLER	COUNTY USE	RECIPIENT NAME	FILLER	MONTH ELIG MO. 1	MONTH ELIG MO. 2	MONTH ELIG MO. 3	EMPLOYEE NAME	FILLER
Mod.	3	2	2	2	2	7	1	2	2	2	2	1	9	3	4	22	2	1	1	1	11	18
Pos.	1	5		10		15		20		25			30	35	40	45 50 55 60 65			70		75 80	85 90 95
No.	1	2		3					4			5	6	7	8	9	10	11			12	13

1.

Des.	FILLER	DI HIGH QTR WAGES ON U.I. CLAIMS	FILLER	PROCESS MONTH MM	FILLER	PROCESS DAY DD	FILLER	PROCESS YEAR Y	FILLER	CLAIM F INITIAL	FILLER	CLAIM M INITIAL	FILLER	CLAIMANT NAME (LAST)	FILLER	CLAIM CYCLE MONTH MM	FILLER	CLAIM CYCLE DAY DD	FILLER	CLAIM CYCLE YEAR YY	FILLER	PROGRAM CODE	FILLER	NUMBER OFFICE	FILLER	DI TOTAL WAGES ON U.I. CLAIMS	FILLER	COMP. CODE	FILLER	COMP. YEAR	FILLER
Mod.	10	7	1	2	1	2	1	1	1	1	1	1	1	8	1	2	1	2	1	2	1	1	1	3	13	7	1	1	1	1	23
Pos.	1	5		10		15		20		25			30	35		40			45				50		55 60 65	70		75			80 85 90 95
No.	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43

2.

Des.	FILLER	RECORD TYPE '51'	UI/DI CLAIM LINE
Mod.	49	1	
Pos.	1 5 10 15 20 25 30 35 40 45	50	55 60 65 70 75 80 85 90 95
No.	43	44	

3.

Des.	FILLER	PROCESS MONTH MM	FILLER	PROCESS DAY DD	FILLER	PROCESS YEAR Y	FILLER	CLAIM F INITIAL	FILLER	CLAIM M INITIAL	FILLER	CLAIMANT NAME (LAST)	FILLER	BYB MONTH MM	FILLER	BYB DAY DD	FILLER	BYB YEAR YY	FILLER	PROGRAM CODE	FILLER	NUMBER OFFICE	FILLER	TYPE OF FLAG DESCRIPTION	FILLER	REFERENCE	FILLER	COMP. CODE	FILLER	COMP. YEAR	FILLER
Mod.		2	1	2	1	1	1	1	1	1	1	8	1	2	1	2	1	2	1	1	1	3	1	9		9	1	1	1	1	23
Pos.	1	5		10		15		20		25			30	35		40			45				50		55 60	65		70		75		80 85 90 95
No.	13		14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43

4.

Des.	FILLER	RECORD TYPE '51'	UI/DI FLAG LINE
Mod.	49	1	
Pos.	1 5 10 15 20 25 30 35 40 45	50	55 60 65 70 75 80 85 90 95
No.	43	44	

DPS 44 (1/76)

SYSTEM: EARNINGS CLEARANCE
FILE NAME: 20950-COUNTY-TAPE
RECORD NAME: UI/DI CLAIM/FLAG

FIELD	POSITION	LENGTH	PICTURE	FIELD DESCRIPTION
1	1-3	3	X(3)	Constant - value '209'
2	4-7	4		Process Quarter
	4-5	2	X(2)	Month Ending
	6-7	2	X(2)	Year Ending
3	8-21	14		Case Identification
	8-9	2	X(2)	County Number
	10-11	2	X(2)	Aid Category
	12-18	7	X(7)	Serial Number
	19	1	X	Family Budget Unit
	20-21	2	X(2)	Person
4	22-27	6		Date of Birth
	22-23	2	X(2)	Month
	24-25	2	X(2)	Day
	26-27	2	X(2)	Year
5	28	1	X	Sex
6	29-37	9	X(9)	Social Security Number
7	38-40	3	X(3)	Filler not used
8	41-44	4	X(4)	County Use
9	45-66	22	X(22)	Recipient Name
10	67-68	2	X(2)	Filler Not Used
11	69-71	3		Months of Eligibility
	69	1	X	Month 1
	70	1	X	Month 2
	71	1	X	Month 3
12	72-82	11	X(11)	Employee Name

SYSTEM: EARNINGS CLEARANCE
FILE NAME: 20950-COUNTY-TAPE
RECORD NAME: UI/DI CLAIM/FLAG

FIELD	POSITION	LENGTH	PICTURE	FIELD DESCRIPTION
13	83-110	28	X(28)	Blanks
14	111-117	7	X(7)	DI High Qtr. Wages on U.I. Claims
15	118	1	X	Blank
16	119-120	2	X(2)	Process Month MM
17	121	1	X	Blank
18	122-123	2	X(2)	Process Day DD
19	124	1	X	Blank
20	125	1	X	Process Year Y
21	126	1	X	Blank
22	127	1	X	Claimant Name (F Initial)
23	128	1	X	Blank
24	129	1	X	Claimant Name (M Initial)
25	130	1	X	Blank
26	131-138	8	X(8)	Claimant Name (Last)
27	139	1	X	Blank
28	140-141	2	X)2)	Claimant Cycle Month MM
29	142	1	X	Blank
30	143-144	2	X(2)	Claim Cycle Day DD
31	145	1	X	Blank
32	146-147	2	X(2)	Claim Cycle Year YY
33	148	1	X	Blank
34	149	1	X	Program Code
35	150	1	X	Blank
36	151-153	3	X(3)	Number Office
37	154-166	13	X(13)	Blanks
38	167-173	7	X(7)	DI Total Wages on U.I. Claims
39	174	1	X	Blank
40	175	1	X	Computation Code
41	176	1	X	Blank
42	177	1	X	Computation Year
3	178-249	72	X(72)	Blanks
44	250	1	X	Record Mark

UI/DI CLAIM INFORMATION

SYSTEM: EARNINGS CLEARANCE
FILE NAME: 20950-COUNTY-TAPE
RECORD NAME: UI/DI CLAIM/FLAG

FIELD	POSITION	LENGTH	PICTURE	FIELD DESCRIPTION
13	83-118	36	X(36)	Blanks
14	119-120	2	X(2)	Process Month MM
15	121	1	X	Blank
16	122-123	2	X(2)	Process Day DD
17	124	1	X	Blank
18	125	1	X	Process Year Y
19	126	1	X	Blank
20	127	1	X	Claimant's Name (F Initial)
21	128	1	X	Blank
22	129	1	X	Claimant's Name (M Initial)
23	130	1	X	Blank
24	131-138	8	X(8)	Claimant's Name (Last)
25	139	1	X	Blank
26	140-141	2	X(2)	BYB Month MM
27	142	1	X	Blank
28	143-144	2	X(2)	BYB Day DD
29	145	1	X	Blank
30	146-147	2	X(2)	BYB Year YY
31	148	1	X	Blank
32	149	1	X	Program Code
33	150	1	X	Blank
34	151-153	3	X(3)	Number, Office
35	154	1	X	Blank
36	155-163	9	X(9)	Type of Flag Description
37	164	1	X	Blank
38	165-173	9	X(9)	Reference
39	174	1	X	Blank
40	175	1	X	Computation Code
41	176	1	X	Blank
42	177	1	X	Computation Year
43	178-249	72	X(72)	Blanks
44	250	1	X	Record Type Value '3'

UI/DI FLAG INFORMATION