

DEPARTMENT OF BENEFIT PAYMENTS

744 P Street, Sacramento, CA 95814
(916) 445-0813



August 9, 1977

ALL-COUNTY LETTER NO. 77-35

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY DATA PROCESSING

SUBJECT: MODIFICATION IN STATE DATA EXCHANGE (SDX) COUNTY REPORTS

REFERENCE:

This is to inform you of changes in the format of SDX data being transmitted to the counties by the state. These changes will appear in the reports for the September eligibility month.

In order to accommodate the provision of new information, the Earned Income Wage Estimate and Net Self Employment Estimate Fields have been eliminated. In their place, counties that receive SDX reports on magnetic tape will receive additional data for use on the Interim Assistance Program. Counties that receive printed SDX reports will receive the Medicaid Effective Date and additional data for use on the Interim Assistance Program.

The Interim Assistance Program information will consist of the State/County Reimbursement Code and Assistance Reimbursement Status Code.

The four attachments that follow give detailed descriptions of the changes that will occur in the magnetic tape layout and the printed reports layout.

If there are any questions concerning these changes, please contact Bill Rotas of Adult Program Management Branch at (916) 445-0813.

Sincerely,

A handwritten signature in black ink, appearing to read "Kyle S. McKinsey".
KYLE S. MCKINSEY
Deputy Director

Atch.

ATTACHMENT I

DESCRIPTION OF NEW DATA FIELDS

Reimbursement State and County Code - Reflects the state/county code (attachment IV) corresponding to the agency with which the SSI/SSP applicant signed an agreement for reimbursement of Interim Assistance payments. This field will be zero filled in the following situations:

- The SDX record is for an essential person, an applicant who may not have authorized (or timely authorized) reimbursement to the state, or where there is no federal/state agreement for reimbursement.
- The SDX record is for the month following the month of a recipient's move from the state of reimbursement.

Assistance Reimbursement Status Code - Indicates the timing of SSA reimbursement of state Interim Assistance payment(s) or the reason for not effecting reimbursement. The assistance reimbursement status code may change (e.g., where reimbursement has been effected or attempted.)

- Codes:
- 0 - Essential person record, applicant did not authorize reimbursement, there is no federal/state agreement for reimbursement or SDX record is for the month following the month of the recipient's move from the state of reimbursement.
 - 1 - Total amount shown in Field 18 and 102 is being or was sent to the state/county.
 - 2 - All or part of the amount shown in Field 18 or 102 in current record was sent to the state/county; or reimbursement occurred prior to the current month.
 - 3 - Reimbursement not being effected; applicant ineligible or retroactive payment not due.
 - 4 - Reimbursement assistance case pending or denied.
 - 5 - Reimbursement check returned.

Medicaid Effective Date - Printed SDX Format Only (Already on Magnetic Tape File) - Date for which eligibility or referral is established. For interstate move from non-federal Medicaid determination state to federal Medicaid determination state, field will contain the date for which residence in the current state is established. This field will be zero filled if record is going to a non-federal Medicaid determination state or record is for an essential person.

ATTACHMENT II

CHANGES TO SDX MAGNETIC TAPE LAYOUT

The following data has been removed from the Title XVI tape format:

<u>Position</u>	<u>Data Description</u>
841-846	Earned Income Wage Estimate
847-852	Net Self-Employment Income Estimate

The following data has been added in place of above deleted data:

<u>Position</u>	<u>Data Description</u>
841-845	Reimbursement State and County Code
846	Assistance Reimbursement Status Code
847-852	Blanks

The third page of this attachment indicates on the tape layout the fields affected by this change.

Record Name: SSN (continued)

Record Number: 1110

SOCIAL SECURITY NUMBER	LAST NAME	FIRST NAME	RECORD NUMBER	BLOCKING Factor	Precidence
TYPE II CLAIM ACCOUNT NUMBER	AN	AN	AN	AN	AN
123-45-6789	SMITH	JOHN	AN	N	N

1110 PREPOSITIONS (4)

PAYEE NAME AND MAILING

ADDRESS

PAYEE NAME AND MAILING (CONTINUED)

SOCIAL SECURITY NUMBER	LAST NAME	FIRST NAME	RECORD NUMBER	BLOCKING Factor	Precidence
TYPE II CLAIM ACCOUNT NUMBER	AN	AN	AN	AN	AN
123-45-6789	SMITH	JOHN	AN	N	N

1110 PREPOSITIONS (4)

1110

STATE COST	FARES STATE COST	FARE ABILITY DATE	SSI MONTHLY ASSISTANCE AMOUNT	TITLE II MONTHLY BENEFIT AMOUNT	STATE DETERMINANT AMOUNT	STATE SUBSIDY EFFECTIVE DATE	STATE COST	DISABILITY ONSET DATE	DATE OF APPLICATION	DATE OF DEATH
AN	AN	AN	AN	AN	AN	AN	AN	AN	AN	AN

1110 PREPOSITIONS (4)

1110

STATE COST	STATE WELFARE ID NUMBER	DATE WELFARE WAS ESTABLISHED ON THE SSR	MINIMUM INCOME LEVEL (WIL)	SPONSOR PARENT SOCIAL SECURITY NUMBER	MINIMUM SPONSOR STATE ID NUMBER
AN	AN	AN	AN	AN	AN

1110 PREPOSITIONS (4)

1110

STATE COST	STATE WELFARE ID NUMBER	DATE WELFARE WAS ESTABLISHED ON THE SSR	MINIMUM INCOME LEVEL (WIL)	SPONSOR PARENT SOCIAL SECURITY NUMBER	PATENT #2 SOCIAL SECURITY NUMBER	PATENT #2 SOCIAL SECURITY NUMBER
AN	AN	AN	AN	AN	AN	AN

1110 PREPOSITIONS (4)

1110

Data Layout		Record Name		Record Type		Record Size		Blocking Factor		Program			
Field	Description	Field	Description	Field	Description	Field	Description	Field	Description	Field	Description		
1	SSN	2	DISPOSED MARKED AS PAYMENT METHOD	3	ZIPPER NUMBER	4	DATE CONE FOR SUPPLY MENTION	5	ADJUSTED PAYMENT LEVEL	6	STATE OR COUNTY CODE	7	RESERVE COMS
1	123-45-6789	2	1	3	555	4	1979	5	4	6	1		
1	123-45-6789	2	1	3	555	4	1979	5	4	6	1		

INCOME INFORMATION MAY CONTAIN WRITE

Data Layout		Record Name		Record Type		Record Size		Blocking Factor		Program			
Field	Description	Field	Description	Field	Description	Field	Description	Field	Description	Field	Description		
1	SSN	2	DISPOSED MARKED AS PAYMENT METHOD	3	ZIPPER NUMBER	4	DATE CONE FOR SUPPLY MENTION	5	ADJUSTED PAYMENT LEVEL	6	STATE OR COUNTY CODE	7	RESERVE COMS
1	123-45-6789	2	1	3	555	4	1979	5	4	6	1		
1	123-45-6789	2	1	3	555	4	1979	5	4	6	1		

Data Layout		Record Name		Record Type		Record Size		Blocking Factor		Program			
Field	Description	Field	Description	Field	Description	Field	Description	Field	Description	Field	Description		
1	SSN	2	DISPOSED MARKED AS PAYMENT METHOD	3	ZIPPER NUMBER	4	DATE CONE FOR SUPPLY MENTION	5	ADJUSTED PAYMENT LEVEL	6	STATE OR COUNTY CODE	7	RESERVE COMS
1	123-45-6789	2	1	3	555	4	1979	5	4	6	1		
1	123-45-6789	2	1	3	555	4	1979	5	4	6	1		

UNSTANDARD INCOME FIELDS

Data Layout		Record Name		Record Type		Record Size		Blocking Factor		Program			
Field	Description	Field	Description	Field	Description	Field	Description	Field	Description	Field	Description		
1	SSN	2	DISPOSED MARKED AS PAYMENT METHOD	3	ZIPPER NUMBER	4	DATE CONE FOR SUPPLY MENTION	5	ADJUSTED PAYMENT LEVEL	6	STATE OR COUNTY CODE	7	RESERVE COMS
1	123-45-6789	2	1	3	555	4	1979	5	4	6	1		
1	123-45-6789	2	1	3	555	4	1979	5	4	6	1		

Data Layout		Record Name		Record Type		Record Size		Blocking Factor		Program			
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1	123-45-6789	2	1	3	555	4	1979	5	4	6	1		
1	123-45-6789	2	1	3	555	4	1979	5	4	6	1		

New data in
these fields

ATTACHMENT III

CHANGES TO PRINTED SDX REPORTS

The Assistance Reimbursement Status Code, the Reimbursement State and County Code and the Medicaid Effective Date Fields have been added as shown on the print layout sheet that follows. The Earned Income Wage Estimate and Net Self-Employment Income Estimate Fields have been removed. The Indochinese Code, the Drug Code and the Title II Claim Number Fields have been repositioned for readability.

<u>Data Element</u>		<u>Mnemonic</u>	<u>Field Size</u>	<u>Type</u>
Reimbursement State and County Code		RSCC	5	N
Assistance Reimbursement Status Code		AREIM-CDE	1	N
Medicaid Effective Date		MEDEFFDT	6	AN

The print layout that follows indicates the position of the new data fields.

Page 2 of 2

16010.6 PRINT CHART

PROGRAM 10 - ASSISTANCE PAYMENT, AT 10 CHARACTERS PER INCH. + LINES PER VERTICAL INCH)

PROGRAM TITLE DATE 5/24/77

TIME XVI

PRACTICER OR DOCUMENTALIST: J. FUNKHORN

ELIGIBILITY SUMMARY LIST TO COUNTIES

PAGE 1 OF 1

Field book or control line.

Print starting at

US GOVERNMENT PRINTING OFFICE
1973
CHART ELIGIBILITY SUMMARY LIST TO COUNTIES
FOR PRACTICER OR DOCUMENTALIST

CHART-TITLE

CHARACTER/CODES:

CHAN

CODE

NAME

STATE

DEPARTMENT

OF BENEFIT

PAYMENTS

COUNTY

NO. TITLE

XVT ELIGIBILITY

NAME

AMT

SST-AMT

NET PAY-AMT

NET-CHRG-UINC

NET-CHRG-LINC

RES-PAYEE-CDE

REP-PAYEE-BTC

DEFEND-LINC

TOTAL-UINC

RES-BEGIN-DTC

MEDICAID

SPCIAL-ELIG

PAGE-NUM

TRANCODE

XXXXXX

AREIM-CDE = Assistance Reimbursement Status Code

BSCC = Reimbursement State and County Code
MEDDEFDT = Medicaid Effective Date

REIMBURSEMENT STATE AND COUNTY CODE

State and County is a five character numeric field. The first two numbers will be 05 which is California's Code. The three remaining numbers will be the county codes which are listed below.

<u>Number</u>	<u>County</u>	<u>County Code</u>	<u>Number</u>	<u>County</u>	<u>County Code</u>
1	Alameda	000	30	Orange	400
2	Alpine	010	31	Placer	410
3	Amador	020	32	Plumas	420
4	Butte	030	33	Riverside	430
5	Calaveras	040	34	Sacramento	440
6	Colusa	050	35	San Benito	450
7	Contra Costa	060	36	San Bernardino	460
8	Del Norte	070	37	San Diego	470
9	El Dorado	080	38	San Francisco	480
10	Fresno	090	39	San Joaquin	490
11	Glenn	100	40	San Luis Obispo	500
12	Humboldt	110	41	San Mateo	510
13	Imperial	120	42	Santa Barbara	520
14	Inyo	130	43	Santa Clara	530
15	Kern	140	44	Santa Cruz	540
16	Kings	150	45	Shasta	550
17	Lake	160	46	Sierra	560
18	Lassen	170	47	Siskiyou	570
19	Los Angeles	200	48	Solano	580
20	Madera	300	49	Sonoma	590
21	Marin	310	50	Stanislaus	600
22	Mariposa	320	51	Sutter	610
23	Mendocino	330	52	Tehama	620
24	Merced	340	53	Trinity	630
25	Modoc	350	54	Tulare	640
26	Mono	360	55	Tuolumne	650
27	Monterey	370	56	Ventura	660
28	Napa	380	57	Yolo	670
29	Nevada	390	58	Yuba	680