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April 6, 2000

**MEDI-CAL ELIGIBILITY PROCEDURES MANUAL LETTER NO.: 220**

**TO: All Holders of the Medi-Cal Eligibility Procedures Manual**

Enclosed is a revision to Article 21, all sections, for the Income and Eligibility Verification System (IEVS) Procedures. The entire procedure section has been updated to reflect current processing of the Applicant and Recipient systems in existence as of the date of the revision of this section. In addition, all matches now currently in production have been added to this section.

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**Any questions regarding the above information should be directed to Ms. Linda Monroe  
of my staff at (909) 483-0240.**

Original signed by

**Angelina Mrva, Chief  
Medi-Cal Eligibility Branch**

**Enclosures**

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### 21A--SAFEGUARDING INFORMATION FROM UNAUTHORIZED DISCLOSURE

#### A. Overview

Federal and state law and regulation provide that, those agencies receiving Income and Eligibility Verification (IEVS) information, or information provided by other agencies through IEVS, must protect the confidentiality of the information from unauthorized access or disclosure. 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.

- The information shall be used only to the extent necessary to assist in the valid administrative needs of the program receiving such information and shall be disclosed only for these purposes.
- The requesting agency shall not use the information for any purposes not specifically authorized.
- The information shall be stored in a place physically secure from access by unauthorized persons.
- 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.
- Precautions shall be taken to ensure that only authorized personnel are given access to on-line files.
- 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.
- BEER and IRS Asset Match reports must be kept in a locked file or room and those for confidential destruction must be kept locked up until destroyed.

#### B. Safeguard Report

A Safeguard Procedures Report was developed for IRS Asset and BEER earnings information and sent to the counties to complete and return to CDSS Fraud Bureau. The report gives the steps the counties will take to safeguard the federal reports. It also provides the name of the County Liaison responsible for problems or questions that may arise with handling the federal information. An annual Safeguard Activity Report is due annually. The County IEVS Liaison may call the CDSS Fraud Bureau for any changes that may occur after completing the report.

#### C. Regulatory Citations

The citations listed below are those most commonly cited for the confidentiality and safeguard requirements for IEVS information.

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1. 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."

2. 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."

3. 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 an 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 in Section 1 of Article 1 of the California Constitution."

4. Medi-Cal Eligibility Manual Regulation Section 50111

"(a) The county department shall adhere to the requirements of Divisions 19 and 23, Manual of Policies and Procedures, Department of Social Services, governing: (1) Maintenance of case records, (2) Confidentiality of case records, (3) Safeguarding federal tax information, (4) Access to case records."

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## 21B-IEVS PROCESSING REQUIREMENTS

### A. General

The governing guidelines and criteria for operation of the Income and Eligibility Verification System (IEVS) in the Medi-Cal programs are included in state and federal law.

### B. California Administrative Code, Title 22

The following Medi-Cal Eligibility Manual Regulation sections provide the basic guidelines and criteria for operation of IEVS. Other manual sections specific to an income or asset source or institutional status may also apply.

1. Section 50045.3 provides an explanation of the Income and Eligibility Verification System and the purpose of the system in obtaining income and eligibility information.
2. Section 50111 provides that the county department must follow the requirements of Division 20-006, Manual of Policies and Procedures (MPP) in maintaining confidentiality of IEVS information and safeguarding federal tax information.
3. Section 50157(f)(3) provides that the county department must provide during the face-to-face interview, a verbal and written explanation of the confidentiality of information through IEVS.
4. Section 50157(f)(4) provides that the county department must provide during the face-to-face interview, a verbal and written explanation of the exchange of income and eligibility information through IEVS.
5. Section 50167 provides that the county department must obtain verification of data from an IEVS applicant match, which confirms information on the Statement of Facts prior to approval of benefits.
6. Section 50167.2 provides that the county department must follow the requirements of Division 20-006, Manual of Policies and Procedures (MPP) in part in operating IEVS in the Medi-Cal program.
7. Section 50167.5 provides that the county department must obtain verification of unearned income from IRS and FTB matches within 60 days from the date of application.
8. Section 50168(a)(1) provides that the county department must submit Social Security Numbers through IEVS for verification for each applicant who is required to provide an SSN.
9. Section 50175(a)(5) provides that the county department shall deny or discontinue Medi-Cal benefits due to lack of information or loss of contact when the applicant or recipient fails, without good cause, to respond within 10 days to a letter from the county identifying information received from IEVS and requesting further information.
10. Section 50175(b)-(c) provides that the county department shall consider good cause for failure to cooperate prior to taking a denial or discontinuance action.

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### C. California Welfare and Institution Code

The following W&I Code sections provide direct reference to IEVS matches.

#### 1. Section 1088.5

"(a) In addition to information reported in accordance with Section 1088, each employer shall file with the department the information provided in subdivision (b) on new employees.

(b) Each employer shall report all of the following information to the department:

(1) The hiring of any person who resides or works in this state whom the employer anticipates paying earnings.

(2) The rehiring or return to work of any person who has been laid off, furloughed, separated, granted a leave without pay, or terminated from employment, and to whom the employer anticipates paying wages.

(c) Employers shall not be required to report on any of the following persons:

(1) Any person whom the employer pays wages of less than three hundred dollars (\$300) each month.

(2) Any person who is under 18 years of age.

(d)

(1) The department and the State Department of Social Services, jointly, shall adopt rules and regulations to establish exemptions in addition to those provided in subdivision (c), if the department and the State Department of Social Services determine exemptions are needed to reduce unnecessary or burdensome reports or are needed to reduce unnecessary or burdensome reporting or are needed to facilitate cost-effective operation of this section.

#### 2. Section 10985

"(a) Each city, county, or city and county, that operates a jail, shall report twice each month to the department the name, aliases, birth date, social security number, and expected release date, if known, of any person whose period of incarceration in it has exceeded 30 days. The report shall not include names previously reported unless it is for a new period of incarceration."

(c) The director shall distribute information received pursuant to this subdivision (a) to departments of the state and federal governments and to local agencies that administer public benefits for which incarceration affects eligibility, to ensure that public assistance payments and other public benefits are not paid to persons who are ineligible to receive those benefits based on incarceration, or the absence from the household would result in a recalculation of those benefits of other members of the household. For the purpose of reports to federal agencies under this section, the local jail shall be considered the reporting institution.

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(d) The director may suspend the reporting requirement established in this section if the director determines that data available from other sources provide timely information on the identify of jail inmates that will ensure that public assistance payments and other public benefits are not paid to ineligible persons."

3. Section 11025

"(a) The State Department of Social Services and the State Department of Health Services shall utilize the records of the Franchise Tax Board to match unearned income against reported income of applicants for and recipients of aid or public social services under this division. The matching information shall then be forwarded to the appropriate county welfare department for use in determining the eligibility of, and proper grant amount for, applicants for, and recipients of, aid or public social services under this division. Any and all documents and records which result from the matching of records with the Franchise Tax Board shall be subject to the confidentiality requirements of Section 10850.

(b) This section shall not be construed to supersede the requirements and protections in the California Right to Financial Privacy Act under Chapter 20 (commencing with Section 7460) of Division 7 of Title 1 of the Government Code in obtaining information in possession of any financial institution.

(c) This section shall be implemented only to the extent it is funded in the annual Budget Act."

4. Section 11026

"(a) Notwithstanding any other provision of law, the State Department of Social Services and the State Department of Health Services shall annually inform the Franchise Tax Board of the name and Social Security Numbers of all applicants or recipients of public social services or public assistance programs. The Franchise Tax Board, upon receipt of that information, shall furnish to the departments the information required by Section 19286.7 of the Revenue and Taxation Code.

(b) This section shall be implemented only to the extent it is funded in the annual Budget Act."

5. Section 14016.9

"Where determined to be cost effective, the department shall utilize the earnings clearance system to verify the eligibility of persons who have applied for or are receiving benefits pursuant to Sections 14005.4 and 14005.7."

D. Eligibility Assistance Standards, Manual of Policies and Procedures, Division 20

The entire Division 20-006 from the EAS manual is reproduced on the following pages.



20-005 COUNTY RESPONSIBILITY

20-005

.1 General

The CWD is responsible for making all determinations as to eligibility or ineligibility for assistance and for establishing the amount of overpayment/overissuance where ineligibility for any benefit is found. The CWD is also responsible for preventing and discovering fraudulent actions by recipients to the furthest extent possible, and for taking prompt and decisive steps to investigate and establish the facts regarding any situation in which it appears possible that benefits are being received on the basis of incorrect, incomplete or false data. When the CWD has grounds to suspect that eligibility was established or an overpayment/overissuance of assistance, regardless of amount, was due to fraud, the CWD is responsible for completing an investigation and, where evidence dictates, requesting a complaint from the prosecuting authority. At the request of the prosecuting authority, the CWD is responsible for providing documentary evidence, and ensuring the appearance of investigators and other county employees at hearings and trials.

.2 Special County Responsibilities

Each county shall:

- .21 Subject to the provisions of Section 20-007.1, establish and maintain a Special Investigative Unit (SIU) consisting of staff trained and qualified to prevent, detect, and investigate fraud and carry out investigations of other possible criminal activity within the purview of the CWD.
- .22 Notify the California Department of Social Services (CDSS) of those investigators exercising the option to carry firearms, pursuant to Penal Code Section 830.35.
- .23 Maintain complete records on all fraud investigation activities for statistical reports to be submitted to CDSS.
- .24 Provide periodic refresher and special training in the prevention and detection of fraud to all program staff and first-line supervisors, utilizing curricula approved by the CDSS. It is recommended that new employees receive a minimum of eight hours of such training during the first four months of their employment. Minimum adequate refresher training is considered to be four hours annually.

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**FRAUD AND SUSPECTED LAW VIOLATIONS  
RECIPIENT FRAUD**

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**Regulations**

**20-006 (Cont.)**

**20-005 COUNTY RESPONSIBILITY (Continued)**

**20-005**

- .322 All cases in which county employees have reasons to suspect fraud based on the criteria set forth in Section 20-003.2 shall be referred to the SIU within five working days. When an applicant is suspected of fraud, the case shall be referred to the SIU immediately and prior to completion of the application for or granting of benefits. Because of the pendency of the application, the SIU shall investigate these cases on a priority basis in order to resolve any questions of possible fraud in time to allow the county to complete the determination of eligibility within the time limits imposed upon the particular program. The fact of, or information concerning, a referral to the SIU shall not be disclosed to unauthorized persons.

**NOTE:** Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Sections 10553, 10554, and 10600, Welfare and Institutions Code.

**20-006 INCOME AND ELIGIBILITY VERIFICATION SYSTEM  
(IEVS) REQUIREMENTS**

**20-006**

**.1 Definition**

- .11 The Income and Eligibility Verification System (IEVS) is a federally-mandated system under Title IV-A, for Temporary Assistance for Needy Families/California Work Opportunity and Responsibility for Kids (TANF/CalWORKs), and Title XIX, for the Medi-Cal Only programs, of the Social Security Act for the purpose of verifying eligibility and benefit amounts available under these programs. The system is a state mandate for the federal Food Stamp Program and the California Food Assistance Program.
- .12 IEVS consists of a coordinated data exchange among the various benefit programs using a standardized format for matching purposes.
- .121 The databases used in the ongoing IEVS "match" include, but are not limited to:
- (a) Wage information from the State Wage Information Collection Agency;
  - (b) Unemployment/disability compensation benefits from the agencies administering those programs;



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## 21C—INCOME AND ELIGIBILITY VERIFICATION SYSTEM (IEVS) APPLICANT SYSTEM PROCEDURES

### A. Overview

IEVS, which is mandated by federal law, is a computerized system which matches applicant name and Social Security Number (SSN) against federal and state data files. The current matches are made against:

- State welfare information files.
- California State Employment Development Department (EDD) wage, unemployment (UI) and disability (DI) benefit files. A match to the EDD New Hire Registry file is planned for future development.
- California State Franchise Tax Board interest and dividend files.
- AFDC/FS disqualification and overpayment/overissuance files.
- Social Security Administration Title II, Title XVI and Medicare benefit files, 40-Quarter Work History files, Social Security Number Validation files and Nationwide Prisoner files.

The system returns information quickly on printed abstract reports and is also available through an on-line query as part of the MEDS system. The reports and on-line screens are clear and easy to read. Because IEVS is a verification system, it:

- Confirms/verifies information provided by applicants.
- Reduces or eliminates the need to refer applicants to Employment Development Department (EDD) to verify receipt or nonreceipt of benefits.
- Reduces or eliminates the need to refer applicants to Social Security Administration (SSA) to verify receipt or nonreceipt of benefits.
- Reduces or eliminates the need to refer applicants to Social Security Administration (SSA) for proof of Social Security account numbers.
- Helps identify missing or erroneous applicant information.
- Reduces future workload by reducing/preventing overpayments.

The following procedures outline the requirements of IEVS in the Medi-Cal application process.

### B. Informing Applicants

During the application process, all applicants must be informed verbally and in writing that:

- Everyone who wants Medi-Cal must apply for and/or provide a Social Security Number unless specifically exempted by regulations.
- Social Security Numbers will be checked with records from the Social Security Administration.

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- Social Security Numbers will be used in computer matches to check on income and assets with records of tax, welfare, employment and other agencies.
- Differences between the information provided by the applicant and that provided in the computer matches must be resolved if that information has an impact on eligibility, share of cost or scope of benefits which the applicant is entitled to receive.

The Medi-Cal Statement of Facts (MC 210), the Medi-Cal Rights and Responsibilities checklist (MC 219) and other Medi-Cal documents contain information for the applicant to advise them of the IEVS processes. The applicant's signature on these documents acknowledges an understanding of the use of the information obtained from the IEVS processes as part of the application process.

For the purposes of IEVS, the term "applicant" includes any individual requesting Medi-Cal assistance in a new or existing case. An applicant is also any other individual whose income or resources are considered in determining the amount of benefits for the person requesting assistance. Applications for a child applying for any of the Special Minor Consent programs should not be included in the IEVS applicant process since that child's SSN is not to be used in the eligibility process. The IEVS applicant procedures also do not apply to a Foster Care child. If an IEVS applicant match is received for a foster care child, the information may be reviewed for available resources for the child, but no follow-up action is required.

When a person who is not required to provide a Social Security Number because of alien status provides a number at application, that number should be used in the IEVS process to determine if income or assets are recorded. If the SSN for the alien is determined to be invalid, do not submit the SSN to MEDS if benefits are approved for this individual.

### C. Collection and Submission of Applicant Data

#### 1. County Data Collection

Adequate information to submit an inquiry to IEVS must be obtained at the first opportunity and submitted to IEVS no later than five working days after receipt of the signed statement of facts form. This information includes:

- Name
- Social Security Number
- Sex
- Date of Birth
- County Case Serial Number
- District and Worker Number (county option for distribution)

The Social Security Number shall be confirmed by viewing the Social Security card or other acceptable documentation within 60 days. The Social Security Number does not need to be sight-verified prior to submitting IEVS applicant information or granting the Medi-Cal case. IEVS Validation is also acceptable as proof of the Social Security Number. If the applicant previously received benefits and can be identified in MEDS with a MEDS validated SSN, the SSN is considered to be verified.

Applicants who do not have an SSN must be referred to the Social Security Administration with an MC 194 Social Security Administration Referral Notice, unless otherwise exempt. Applicants who have an SSN but not a card should be advised to obtain a replacement card for other reasons, including for employment purposes.

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Except for certain aliens, most applicants for Medi-Cal will have an SSN because of federal tax laws that require SSNs for children age 1 and older. In addition, the SSN enumeration project has greatly increased the number of younger children with numbers. There may be situations in which an applicant with a valid SSN disavows the existence of the SSN. If the county has reason to believe that the SSN exists but is being withheld to avoid identification of income and assets, a fraud confrontation and/or referral for investigation to DHS Investigation Branch prior to processing the application is appropriate.

If an applicant who does not provide a SSN at application is later found to have an SSN, evaluate if the SSN was not reported for purposes of avoiding income and asset information through IEVS. If that is the situation, determine if an overpayment occurred as a result of receiving new information and complete a fraud or overpayment referral as appropriate per guidelines in Article 16.

Once the SSN is obtained from the person or from Social Security, information on the individual must be submitted to IEVS as soon as possible. The information may be submitted to the Applicant system even if the application has already been granted. Otherwise, the information must be submitted to the Recipient System at the first opportunity. For information on how information is submitted to the Recipient System see Procedure Article 21E and the specific procedure for the individual matches.

### 2. County Data Submission

IEVS applicant matches may be completed through a batch system process from a county system or through the IEVS Menu functions on-line to MEDS. See MEDS User Manual Chapter V for instructions on accessing the IEVS Applicant System through MEDS. The IEVS Menu function also provides a means to access INS status through the SAVE process and a real-time on-line status for UI and DI benefits. Refer to Procedure Article 7 for SAVE guidelines.

### 3. DHS Processing

Each night DHS will process applicant data submitted by the counties and will cross match it with the IEVS applicant file. Records will be matched against:

- EDD for unemployment insurance (UI) and disability insurance (DI) benefits and state wage file.
- Franchise Tax Board (FTB) for unearned income.
- SSA for SSN validation, Title II Retirement, Survivors, and Disability Insurance (RSDI), Medicare and Title XVI Supplemental Security Income/State Supplemental programs (SSI/SSP) information, 40-Quarter Wage information and Nationwide Prisoner files.
- Federal AFDC/FS Disqualification and Overpayment/Overissuance matches.

There are two methods of receiving IEVS applicant match information, paper output and on-line display. At this time, the paper output provides more information than the on-line display with the exception of FTB matches. When there is more than 5 payors of interest income reporting to FTB, only 5 will display on the paper output. All will display on the on-line system.

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The matches are completed daily but the responses are timed based on the schedule for the other agencies. The 40-quarters match will delay the response from Social Security by one day. A 40-quarter match will only be completed when there is a person identified with an alien number. The following is a schedule that can be used to determine when a response will be completed. It is important to remember that the on-line system will be available before the actual printed abstract is returned at the county level.

Table 1 - Frequency of IEVS Applicant Matches By State

Action	Monday	Tuesday	Wednesday	Thursday	Friday
Request received from County	By	By	By	By	by
Known to welfare update made	Monday PM	Tuesday PM	Wednesday PM	Thursday PM	Friday PM
Request sent to EDD	Monday PM	Tuesday PM	Wednesday PM	Thursday PM	Friday PM
Process EDD response	Tuesday AM	Wednesday AM	Thursday AM	Friday AM	Monday AM
Request sent to FTB	Monday PM	Tuesday PM	Wednesday PM	Thursday PM	Friday PM
Process FTB response	Wednesday AM	Thursday AM	Friday AM	Monday AM	Tuesday AM
Request sent to SSA	Monday PM	Tuesday PM	Wednesday PM	Thursday PM	Friday PM
Process SSA response w/o 40 quarters	Wednesday AM	Thursday AM	Friday AM	Monday AM	Tuesday AM
Update to IEVS On-Line*	Wednesday AM	Thursday AM	Friday AM	Monday AM	Tuesday AM
Print file sent to County*	Wednesday AM	Thursday AM	Friday AM	Monday AM	Tuesday AM
Abstract received on or after*	Wednesday PM	Thursday PM	Friday PM	Monday PM	Tuesday PM

\* Abstracts with 40 quarters data will be delayed by one day.

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Table 2 - Age of Data

Match	Age of Data
PVS-Payment Verification System UI/DI Social Security	1 to 14 weeks old. Future Month.
AMS - Asset Match System from Franchise Tax Board	13 to 24 months old. The FTB year normally rolls forward in December of each year. If the current date is 12/97 the FTB tax year is 1995 and rolls to 1996 by the end of the month
IFD/ECS-Earnings Clearance System Wages	Detailed information is 5-7 months old. Summary information is 8-19 months old.
Social Security Title II - RSDI Title XVI - SSI/SSP Medicare 40-Quarter Work History * Nationwide Prisoner Match	Title II, Title XVI, SSN Validation, and Medicare information is current entitlement/payment information over past year.  Social Security 40 Quarter information is current as of mandated reporting by employers for Social Security earnings purposes. Nationwide Prisoner match is current as of mandated reporting by correctional institutions.
AFDC/FS Overpayment* AFDC/FS Fraud Disqualification *	1 to 12 months old, or older if listed on previous year's OP file. Files go back to 1985.

Those matches indicated with an asterisk (\*) are only received in the batch print file and will not currently display on-line. The time frame depends on when the matches are made with the other agencies. On-line information can be screen printed at county option. Once all matches have been completed for a case, positive match or no record results, the matched information will be sent to the county. The matches will be on an abstract. All abstracts should be received within five to ten calendar days from the county input date, unless a system problem has occurred. The time frame depends on how long it takes the county data to arrive in Sacramento, when the matches are made, and how long it takes for the county to print and distribute the abstracts.

At this time, IEVS on-line data is retained for up to 61 days from the date that the match is completed by the state, with older data purged from active display every Monday.

#### 4. County Processing of IEVS Data

The county is not to delay the Medi-Cal eligibility process until after IEVS information is received if the applicant has supplied the necessary information upon which to establish his/her eligibility, share of cost and scope of services. IEVS does not supersede Medi-Cal rules concerning timeliness in determining and granting eligibility.

IEVS information is to be used as additional information and/or verification sources, if available, prior to granting eligibility. If IEVS information is not available prior to Medi-Cal eligibility being granted, it must be reviewed when received, and if it has an impact on eligibility or share of cost, appropriate case action must be taken.

## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

### D. IEVS Verification Process

#### 1. Match Validity

An abstract should print for each case for individuals who have provided a SSN. The information on the abstracts is confidential and adequate precautions must be taken to ensure that the information remains confidential. (A complete abstract is provided at the end of this procedure with detailed data element description.) Upon receipt of an abstract, the worker is required to review the detail provided and evaluate the impact on Medi-Cal eligibility accordingly.

#### 2. Review Summary Abstract

Review the summary abstract to ensure that the county submitted correct case and person data to DHS for the IEVS Applicant match. The top portion of the summary abstract provides the information that was submitted. If applicant information is correct, review the match result columns to see which of the inquiries resulted in a match. AFDC/FS fraud and disqualification information, SSA 40-Quarter and SSA Nationwide Prisoner matches will not be identified under a match column at this time. The columns displaying after "PERS" are the match columns. If name, SSN, date of birth, or sex are incorrect for any applicant, resubmit an IEVS inquiry for that person through either the county batch system or on-line through MEDS to the IEVS match process. The match columns do not identify all matches that are included in the IEVS Applicant system at this time. It is therefore important that all pages of the abstract be reviewed in detail.

REPORT: RS-IEV410-R001						10/06/99			
PROGRAM: IEV410						PAGE 1			
STATE OF CALIFORNIA - DEPARTMENT OF HEALTH SERVICES INCOME AND ELIGIBILITY VERIFICATION SYSTEM ABSTRACT									
COUNTY: 59		DISTRICT:		APP-DATE: 10/02/99		EW: C200			
CASE NAME: TUITT		FELIPE		SERIAL NUMBER: 9999999		FBU: 7			
NAME		S		P		E		S	
		E		R		D		S	
LAST		FIRST		DATE OF BIRTH		SSN		SV	
		X		S		D		NE	
TUITT		FELIPE		04/29/91		555-55-5555		J	
TUITT		TRINIDAD		06/09/63		444-44-4444		J	
TUITT		EXPERANZ		02/26/93		333-33-3333		J	
TUITT		MARIA		12/26/62		222-22-2222		X	

The section entitled MEDS/CDB file information shows whether there is any eligibility history on the applicant in MEDS. (See example on following page.) It contains MEDS/CDB case information, the Eligibility Status Code (ESC), Social Security Number Verification Code (SSAN-VER), Welfare Program Code and Current Program Indicators as minimum displays. This detail will not display if an individual in the case is unknown to MEDS.

## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

```

***** MEDS/CDB FILE *****
NAME: FELIPE          TUITT      BIRTHDATE: 04-29-991 SEX: M SSAN-VER: J
                   COUNTY-ID    DIST   EW   ESC
MEDI-CAL:          59-83-      - -           999      M/C TERM DATE: 02/01/94
FOOD STAMP:        - -          - -           F/S TERM DATE:  /  /
M/C PENDING CHANGE:      F/S PENDING CHANGE: FUTURE ESC:      RECOVERY
APDP IND:

-----
NAME: FELIPE          TUITT      BIRTHDATE: 04-29-991 SEX: M SSAN-VER: 3
                   COUNTY-ID    DIST   EW   ESC
MEDI-CAL:          59-72-      - -           999      M/C TERM DATE: 00/00/00
FOOD STAMP:        - -          - -           F/S TERM DATE:  /  /
M/C PENDING CHANGE:      F/S PENDING CHANGE: FUTURE ESC:      RECOVERY
APDP IND:

-----
NAME: EXPERANZ       TUITT      BIRTHDATE: 02-26-993 SEX: F SSAN-VER: J
                   COUNTY-ID    DIST   EW   ESC -
MEDI-CAL:          59-83-      - -           999      M/C TERM DATE: 02/01/94
FOOD STAMP:        - -          - -           F/S TERM DATE:  /  /
M/C PENDING CHANGE:      F/S PENDING CHANGE: FUTURE ESC:      RECOVERY
APDP IND:

-----

```

### 3. Review Match Abstracts

Review and compare the IEVS information against information contained in the case record to determine whether it applies to the applicant. Factors to be considered in this determination include:

- Complete and positive match between the IEVS match and identifying case information, i.e., name, SSN, age and date of birth.
- Agreement with other information contained in the case record or otherwise available to the county.
- Appropriateness of the information in relation to the known circumstances of the applicant.

If not the same person, resolve the discrepancy and resubmit a request to IEVS if necessary. For example, the IEVS abstract shows UI benefits for a young child. Since this information would not normally apply to the child, check to see if an adult family member may have been using the child's SSN.

If the information does not apply to any case member, then the abstract is invalid and should be destroyed. Note however if someone outside the case is using the SSN of a family member erroneously for future match reviews. If part of the information is erroneous while other information is correct, cross out the invalid information. Because of the confidentiality requirements in accessing FTB data, current security guidelines require that invalid FTB data be blacked out entirely if retained in the case. Notations on the abstract may be beneficial in the event this information is later questioned.

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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Abstracts from all matches, which are completely invalid or otherwise inapplicable to the case, must be destroyed through confidential destruction methods. These abstracts contain confidential information and must not be put in with wastepaper/trash that is not disposed of as confidential information. For example, the IEVS match was submitted with an incorrect SSN for a single-person case. The information that returns will contain information about the SSN and not the applicant. A new applicant match should be submitted for the correct SSN.

#### 4. IEVS Match Processing

##### a. IEVS Information as Verification

IEVS UI/DI and Social Security Title II, Title XVI, Medicare and 40-quarter information which confirms information the applicant supplied on the statement of facts may be used as verification. IEVS may also be used to verify the Social Security Number. (See page 21C-3.)

##### b. Resolution of Discrepancies

Once match validity has been established, compare the information provided by the applicant with the IEVS match information.

Any information that is significantly different from applicant-supplied information must be clarified. Significantly different means that the difference between applicant-supplied information (disclosed or undisclosed) and IEVS match results could impact current or prior eligibility or share of cost. All IEVS information is considered discrepant if it does not match applicant-supplied information and must be verified prior to use if it is significantly different from applicant-supplied data. If possible, discrepancies should be discussed and resolved at the interview.

For example, the wage match shows prior work history for an applicant who is currently receiving UI benefits, but this work history is not on the MC 210 or other Medi-Cal document. Linkage is based on absent parent deprivation. Unless the applicant has been receiving Medi-Cal in the wage match quarter the information would have no impact. No follow-up would be required.

##### c. Applicant Contact

When significantly different information is received after the face-to-face interview, the county must contact the applicant immediately, inform him/her of the IEVS information which is significantly different from current or prior applicant information, and request clarification/verification. Workers should follow standard procedures for requesting additional clarification on inconsistent or unclear information.

If the applicant requests an extension of time in which to obtain the needed information, the county must grant a reasonable extension at the time of the request and consider any reasons given for delays under good cause criteria, Medi-Cal Eligibility Manual (MEM) Regulation Section 50175(b)-(c).



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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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Although the applicant is responsible for providing the necessary information, the worker is to assist the applicant in attempting to obtain the information if the applicant is unable to do so. If neither the applicant nor the county can get the information, the worker should accept an affidavit as provided in MEM Regulation Section 50167 (c).

No applicant is to be denied as long as the applicant is cooperating in providing the information, unless the worker is able to determine without further inquiry that the applicant is not eligible for benefits. For example, income verification is pending, but property exceeds the maximum for the program that the individual has requested. Unless the applicant takes action to spend the excess property according to property spend down regulations in Procedures Article 9, the application would be denied. The applicant must have been advised of the requirements under the Principe v. Belshé lawsuit per guidelines in ACWDL Letter 97-41 dated 10-24-97. The current revision of the "Medi-Cal General Property Limitations" informing notice (MC 007) must be provided at the application. LTC applicants must also be given the MC 005 informing notice. The denial notice must include a statement regarding Principe to advise of the applicant's right to request a reconsideration of the denial during the next three years.

d. Denial or Discontinuance Due to Failure to Cooperate

If the applicant does not respond to a request for clarification, the worker must follow the reasonable effort requirements as stated in MEM Regulation Sections 50167 and 50175, and make one additional attempt to contact the applicant and obtain the necessary information. Reasonable effort guidelines are outlined in ACWDL No. 90-07. If the applicant does not respond within 10 days, and has no valid reason for failing to respond to the original request, the application is to be denied for failure to cooperate per MEM Regulation Section 50175. The Notice of Action should clearly state what information the applicant failed or refused to provide

e. Documentation of Match Results

IEVS applicant abstracts for cases denied prior to receipt of IEVS information or denied for reasons unrelated to IEVS may be destroyed or filed in the case file based on the county's local procedures. Abstracts for closed cases are to be handled as specified in the IEVS Recipient System Procedures for each match type. In most situations it is to the county's advantage to retain the information for future applications.

The outcome of all other IEVS matches must be noted in the case file. Notation may be made on the abstract or equivalent county form or on the case narrative, in accordance with county procedures. For example, if all applicant information is correct but the summary indicates no IEVS matches, this information must be noted.

However, unless the situation is simple and can be explained in a few words, the worker must fully document the steps taken to resolve the discrepancy in the case. For example, if IEVS discloses assets, which are found to have been transferred prior to the application date, the worker must document what happened and how the issue was resolved whether or not the application is for LTC scope of services. The abstract must be filed with the case.

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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f. Follow-Up on Granted Cases

All granted cases leaving the intake worker must contain an abstract for each person referred with a Social Security Number, or, a review must be established within 45 days of the match date on the abstract. See MPP Division 20-006 included as an attachment to Procedure Article 21B. The worker resolution section of the abstract should be completed when all issues related to the IEVS Applicant Abstract have been resolved.

WORKER NAME/# _____ DATE OF REVIEW _____
IF NO DISCREPANCIES, CHECK THIS BOX
FILE IN CASE

E. Processing IEVS Matches

Individual pages will print for each member of the MFBU that had a Social Security Number submitted to IEVS, and will come after the case summary page(s). The worker should expect to see data displayed for each match identified on the case summary page. Data from CalWORKs/FS fraud and/or disqualification files will appear when the SSN matches but will not be listed in the match columns that appear to the right of the submitted client data. (Note that the report will display as AFDC and not CalWORKs at this time.) These columns identify most of the matches that will be provided. SSA 40-quarter data will only appear when a match was requested.

Some of the matches currently in the IEVS Applicant System may not require follow-up by the worker but are explained below for information.

1. IEVS Person Summary Information

The information printed will be what was submitted to the IEVS Applicant System by the county either through a batch or on-line process as the information known about the applicants. This information includes the County Code, District if submitted and EW code used in distributing the applicant data at the state level. The header will also include the individual's Social Security Number and Individual Case Serial Number. Note that this abstract has a unique segment code. This code will match the sequence on IEVS on-line for this date of match.

REPORT: RS-IEV410-R001	10/06/99
PROGRAM: IEV410	PAGE 3
STATE OF CALIFORNIA DEPARTMENT OF HEALTH SERVICES INCOME AND ELIGIBILITY VERIFICATION SYSTEM ABSTRACT	
COUNTY: 59	DISTRICT: EW: C200
SSN: 444-44-4444	SEGMENT 01 COUNTY-ID: 59-34-9999999-7-02
***** APPLICANT FILE *****	
TRINIDAD TUITT	SEX M DOB 06-09-963
CASE NAME TUITT	TRIN APPLICATION DATE 10-02-99

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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### 2. Disqualification Information

This information identifies that the person listed for this Social Security Number has been disqualified for the program listed in another county or counties. The information is 1 to 12 months old. There is no requirement to take any actions for this case if applying for Medi-Cal only at this time. Information displayed should be reviewed.

```
*****DISQUALIFICATION INFORMATION*****  
TYPE: AFDC STATE: CA FIPS CODE: 0345 SSN: 555-55-5555  
NAME: PHIL HARMONIC DOB: 01/05/87 SEX: m  
DISQUALIFICATION NUMBER: 2 LENGTH (MONTHS): 06 DECISION DATE: 12/15/96  
START DATE OF PENALTY: 01/01/96 PROGRAM INFO:  
CONTACT NAME: JIM NOSEIT PHONE: 916-322-1000 X 3201  
CONTACT ORGANIZATION: SACRAMENTO COUNTY SIU USES AKAS: Y
```

### 3. Outstanding Overpayment/Overissuance Information

This information identifies that the person listed for this Social Security Number has an outstanding CaWORKs (AFDC) overpayment and/or Food Stamp overissuance in another county or counties. The information is one to 12 months old. There is no requirement to take any actions for this case if applying for Medi-Cal only at this time. Information displayed should be reviewed.

```
*****OUTSTANDING OVERPAYMENT/OVER ISSUANCE INFORMATION*****  
PLEASE CONTACT THE COUNTY COLLECTION DEPARTMENT FOR MORE INFORMATION  
  
SSN: 123-12-1234 CLIENT NAME: AHAWK TOM COUNTY: 01  
CLIENT NAME: STRAIT STAN COUNTY: 07  
*****
```

## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

### 4. UI/DI Matches

#### a. Match Criteria

The match is made on Social Security Number only. Information is current and shows all checks issued in the past 1 to 14 weeks as well as the most recent claim filed in the past 2 years. DI information may go back an additional 2 weeks. Persons who are receiving UI/DI from another state or who receive state Nonindustrial Disability (NDI) benefits are not included in this match.

#### b. Processing UI/DI Information

The worker should process the match following the instructions below and as noted in Procedure Articles 21E and 21F.

- (1). IEVS UI/DI information which confirms the applicant's statement concerning receipt of and amount of benefits is acceptable verification.
- (2). The worker need not refer the applicant to EDD if the IEVS abstract shows that a current claim has been filed or the UI benefits have been exhausted, unless the BEGIN DATE of CLAIM is more than 11 months old.
- (3). The information is approximately 2 weeks old and will list all payments made in the last 12 weeks prior to that date, with the most recent claim in the last 2 years.

#### Example of Current UI Claim, Payments Issued

The SSN that was submitted by the county matched to EDD was for the applicant's name. This example shows that the match was completed with EDD on 10/06/99 and that the beginning date of the most recent claim is 08/02/99 with payments made through 09/25/99. The weekly amount is identified and should be used in budgeting for UI as unearned income per income regulations, apportioned at 4.33 for the weekly amount. If the UI payment covers a two-week period the multiplier is 2.167 times that amount. There are no adjustments being made from this claim payment. If there is an amount showing as a reduction, follow current Medi-Cal policy for allowance of that deduction from the gross UI amount.

**** EDD UI INFO REPORTED BY EDD AS OF 10/06/99 FOR T TUITT *****						
CROSS REF SSN	BEGIN DATE OF CLAIM 08/02/99	FIELD OFFICE 0170	MAXIMUM BENEFITS: \$ 5,430 WEEKLY BENEFITS: \$ 230 REMAINING BENEFITS: \$ 3,920			
CHECK ISSUED	AMOUNT	CHECK NUMBER	WEEK ENDING	CLEARED DATE	REDUCT AMOUNT	REDUCT REASONS
1 09/25/99	\$ 230	77777779	09/20/99	09/29/99	\$ 0	
2 09/11/99	\$ 230	77777778	09/05/99	09/10/99	\$ 0	
3 08/28/99	\$ 230	77777777	08/24/99	08/31/99	\$ 0	
4 08/14/99	\$ 230	77777776	08/10/99	08/19/99	\$ 0	

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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### Example of Current UI Claim, No Payments Issued

The SSN that was submitted by the county matched to EDD was for the applicant's name. This example shows that the match was completed with EDD on 10/06/99 and that the beginning date of the most recent claim is 08/02/99 with no payments issued. Because of the date of the claim it is possible that the applicant may have returned to work or, may not have complied with EDD UI requirements for receipt of benefits. This status will need to be resolved, as there is potentially unconditionally available income for this individual. A clearance to the Real-Time on-line EDD system through the IEVS applicant system may identify the reason a benefit claim is pending. If not, request that the applicant obtain clarification from EDD.

**** EDD UI INFO REPORTED BY EDD AS OF 10/06/99 FOR T TUITT *****						
CROSS REF SSN	BEGIN DATE OF CLAIM 08/02/99	FIELD OFFICE 0170	MAXIMUM BENEFITS: \$ 5,430 WEEKLY BENEFITS: \$ 230 REMAINING BENEFITS: \$ 5,430			
CHECK ISSUED	AMOUNT	CHECK NUMBER	WEEK ENDING	CLEARED DATE	REDUCT AMOUNT	REDUCT REASONS

### Example of Current UI Claim, Payments Exhausted

The SSN that was submitted by the county matched to EDD was for the applicant's name. This example shows that the match was completed with EDD on 10/06/99 and that the beginning date of the most recent claim is 09/02/99 with no payments issued in the last 12 weeks. Because the last date of the claim is more than 11 months ago, this individual should be referred back to EDD for a UI application per current policy.

**** EDD UI INFO REPORTED BY EDD AS OF 10/06/98 FOR T TUITT *****						
CROSS REF SSN	BEGIN DATE OF CLAIM 09/02/99	FIELD OFFICE 0170	MAXIMUM BENEFITS: \$ 5,430 WEEKLY BENEFITS: \$ 230 REMAINING BENEFITS: \$			
CHECK ISSUED	AMOUNT	CHECK NUMBER	WEEK ENDING	CLEARED DATE	REDUCT AMOUNT	REDUCT REASONS

## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

### Example of Current DI Claim, Payments Issued

The SSN that was submitted by the county matched to EDD for the name that was submitted. The weekly amount is identified and should be used in budgeting for DI as earned income when received by AFDC-MN/MI person and may be offset by the 4 allowable earned income deductions under the Tinoco v. Belshé lawsuit. DI income should be apportioned at 4.33 for the weekly amount or 2.167 if payment is biweekly. Because of medical reports required at various intervals, DI payments are not always paid as routinely as UI payments. There are no adjustments being made from this claim payment. If there is an amount showing as a reduction, follow current Medi-Cal policy for allowance of that deduction from the gross DI amount.

**** EDD DI INFO REPORTED BY EDD AS OF 10/06/99 FOR M TUITT *****						
CROSS REF SSN			FIELD OFFICE 2190	MAXIMUM BENEFITS: \$ 8,632 WEEKLY BENEFITS: \$ 166 REMAINING BENEFITS: \$ 6,853		
CHECK ISSUED	AMOUNT	CHECK NUMBER	CLEARED DATE	REDUCT AMOUNT	REDUCT REASONS	
1	09/29/99 \$ 308	55555555	10/02/99	\$ 0		
2	09/07/99 \$ 996	55444444	09/09/99	\$ 0		
3	08/01/99 \$ 47	44444444	08/06/99	\$ 0		
4	07/01/99 \$ 823	33333333	07/08/99	\$ 0		

#### 5. EDD Wage Match

##### a. Match Criteria

The match is made on SSN only and contains detailed information 5-7 months old. Summary information is 8 to 19 months old. Persons who work for the Federal Government (civilian or military), who are self-employed, or who worked in another state will not be included in this match.

##### b. Processing EDD Wage information

The worker should process the match following the instructions below and as noted in Procedure Articles 21E and G.

- (1). If the match shows prior employment and no current UI benefits or claim filed, question whether the applicant is currently employed.
- (2). If currently unemployed and there is no UI match, determine if the applicant should apply for UI. Follow the guidelines in Medi-Cal Eligibility Manual, Procedure 4M - Verification of Unconditionally Available Income and MEM Regulation Section 50167(a)(7)(U).
- (3). If eligibility will be based on Section 1931(b) or Aid to Families with Dependent Children (AFDC) Medi-Cal only Unemployed Parent linkage, check the wage match information to see if the person identified as the primary wage earner appears to have the greater earnings. If not, ask the applicant to clarify the situation.

## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

- (4). If IEVS shows prior employment, determine whether the applicant received Medi-Cal benefits during the period shown on the abstract and, if so, whether the county had been informed of the wage information. If the applicant had failed to inform the county of such prior income, establish whether a potential overpayment occurred, following instructions in Procedure Article 16. The referral should identify that the reason for referral is due to IEVS data.
- (5). If there is either prior employment, during which the applicant received Medi-Cal benefits, or current employment, determine if there was or is other health coverage that would require completion of the Health Insurance Questionnaire DHS 6155 form per Procedure Article 15.

### Example of Current EDD Wage Match

This example shows that wages were reported for the most recent quarter available, October through December, 1997, and that the SSN and name matched that submitted for the applicant. Only one employer is identified for this applicant.

```
***** WAGE AND EMPLOYER INFO REPORTED BY EDD AS OF 10/06/99 *****
WAGES BY QUARTER:      TOTAL NUMBER OF EMPLOYERS:      1
CURRENT (OCT-DEC 98)   $      5,588
FIRST PRIOR (JUL-SEP 98) $      5,701 SECOND PRIOR (APR-JUN 98) $      5,421
THIRD PRIOR (JAN-MAR 98) $      4,687 FOURTH PRIOR (OCT-DEC 97) $      6,127

EARNINGS:
$      5,588 EMPLOYEE NAME: M TUITT          LITTLE PEOPLE PLUGS
              EMPLOYER NAME: LITTLE ONE    & TAKE ME HOME
EMPLOYER BRANCH: 00          2222 FAR AWAY
ACCOUNT NUMBER: 2222222     COSTA MESA      CA 92626
```

### Example of Current EDD wage match with discrepancies

This example shows that wages were reported for the same SSN as the example above for applicant named Tuitt. This abstract contains potentially erroneous information, because the employee name reported by Terrific Bell does not match the applicant's name. Review the application for other names associated with the case, or alias names. Question the applicant about the discrepancy.

```
***** WAGE AND EMPLOYER INFO REPORTED BY EDD AS OF 10/06/99 *****
WAGES BY QUARTER:      TOTAL NUMBER OF EMPLOYERS:      1
CURRENT (OCT-DEC 98)   $      5,588
FIRST PRIOR (JUL-SEP 98) $      5,701 SECOND PRIOR (APR-JUN 98) $      5,421
THIRD PRIOR (JAN-MAR 98) $      4,687 FOURTH PRIOR (OCT-DEC 97) $      6,127

EARNINGS:
$      5,588 EMPLOYEE NAME: M GARCIA        TERRIFIC BELL
              EMPLOYER NAME: TERRIFIC BELL  2222 FAIR WAY
EMPLOYER BRANCH: 00          COSTA MESA      CA 92626
ACCOUNT NUMBER: 2222222
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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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### 6. Franchise Tax Board - FTB Asset Match

#### a. Match Criteria

The match is made on Social Security Number and the first four characters of the last name only. Information is 13 to 24 months old and shows only the interest or dividend income from the assets, not the value of the assets themselves. The asset could have been owned at any time and for any period of the tax year.

Data sources are interest and dividend income reports submitted to FTB by banks, insurance companies, financial and investment institutions based in California or which have an office in California. Out-of-state institutions generally do not report interest or dividend income to FTB, so income information from these sources would not be available through the applicant process.

The dollar amount of income reported may be for one day to one year of accrued interest or dividends. Therefore, it is not possible to determine the amount of the asset from the interest or dividend amount reported. Income or taxes from real property is not included.

#### b. Processing FTB Asset Match Data

The worker should process the match following the instructions below and as noted in Procedure Articles 21E and 21H, IEVS Recipient Processing of FTB information.

##### (1). Resource Disclosed

Review the questions on the Statement of Facts or Property Supplemental forms that relate to resources plus case verification. If the asset is disclosed or verification/documentation of spenddown exists, the applicant-supplied verification agrees with the abstract.

Review income from the asset per MEM Regulation Section 50542. If the income is posted monthly and can reasonably be anticipated, i.e., it fluctuated somewhat, but is at least the same dollar amount each month, it should be counted in the income computation. If the income is posted quarterly, it should be reviewed to see if either the first \$60 or \$30 can be exempted per criteria in MEM Regulation Section 50542(a) and (b) with the balance apportioned monthly.

##### (2). Resource Undisclosed

If IEVS data is received before the face-to-face interview, the worker should question the applicant at the interview. Otherwise, the county must resolve the discrepancy by phone, mail or follow-up office appointment. Based upon the applicant's responses, the following procedures are to be used to determine whether the asset(s) affect eligibility.



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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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(a). IEVS Match Invalid

The applicant provides verification/information that shows that the IEVS data was inaccurate. For example, the applicant provides a statement from the bank indicating that the account number does not exist or the person did not have an account at the bank during the period in question. IEVS data will have no impact on this case.

(b). Resource Spent Down

The applicant provides verification/information that shows that the asset was spent down prior to establishing Medi-Cal eligibility. For example, the applicant had \$10,000 prior to applying for Medi-Cal but used the money to pay for medical bills and living expenses. IEVS data will have no impact on this case.

(c). Applicant has resource as reported on IEVS but is incompetent

The resource(s) is considered unavailable if the applicant is senile or otherwise mentally incompetent, there is no spouse or conservator, and the person acting on the applicant's behalf does not have the right, power and authority to access the accounts. Incompetence should be confirmed by a written medical statement to be retained in the file. Appropriate action must immediately be taken to make the accounts available. If there is a spouse or conservator, or the person does have authority, evaluate availability.

(d). Applicant has resource and there is Unrestricted Access

If the applicant has unrestricted access, there is only one name or more than one name with "or", determine if the resource is exempt. Types of exempt assets could be burial trusts, exempt life insurance, retroactive SSI/Title II lump sum payment, etc. Determine if the value of nonexempt resources plus other resources is within the applicable property limit. If the value of the resource plus other resources exceeds the property limit, the case is ineligible for the months that resources exceed the property limit. Follow guidelines for Principe v. Belshé.

Check for previous periods of Medi-Cal eligibility to see if the person reported or concealed the asset and if a fraud or overpayment referral is appropriate per Procedure Article 16.

(e). Applicant has resource and there is Restricted Access

If the applicant has restricted access, account requires another signature to sell, withdraw funds or access funds, and the co-owner is in the MFBU, the resource is available.

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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When the co-owner is the spouse, but the applicant is in his/her own MFBU, evaluate treatment of property based on guidelines in Procedure Article 9.

If the co-owner is not in the MFBU, is a relative other than the spouse, or is not a relative and the asset is a checking or savings Account, follow MEM Regulation Section 50453 and establish availability. If the resource is other than a bank account, establish whose money went into the account. If an LTC applicant, follow rules based on date of entry into LTC and date of application. Was there unrestricted access to the account in the 30 months preceding the application date? If there was access consider if the applicant transferred without adequate consideration. If an LTC applicant, determine if access to the resource was restricted for more than 30 months prior to the application date, and establish what amount is available to the applicant to meet his/her needs. If entirely unavailable, note this fact and the reason why.

If the applicant was added to the account of another person who is not a responsible relative, question whether any money is available. If not, consider the asset unavailable.

If the resource is available and a person other than the applicant completed the application process and willfully concealed information (i.e., was on account), evaluate referral for perjured application and referral to DHS Investigations per Procedure Article 16.

(f). **Resource Given Away or Transferred**

If the resource was available and was given away or transferred within the last 30 months before the applicant applied for Medi-Cal, and the applicant is not in LTC, document the date of transfer and to whom the transfers were made to validate that the resources were transferred, spent down to at or below the allowable resource property limit, and no longer available to the applicant. If the resources were transferred after the month of application according to the Principe v. Belshé lawsuit the case should be documented accordingly.

If the applicant is in LTC, establish whether the amount of the resource would have caused the person to be ineligible for LTC scope of services, including the evaluation of Community Spousal Allocation. If yes, establish a period of ineligibility and complete appropriate notification documents. If the property transferred was a trust or annuity, a referral to SDHS Policy for a Kassenbaum-Kennedy evaluation must be completed before denying LTC scope of benefits.

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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### 3. Applicant Requests Assistance in Accessing Records

Obtain a signed authorization from the applicant and prepare and send a letter to the financial institution. If the institution does not respond or it refuses to provide the information until a fee is paid, obtain an affidavit from the applicant per Section 50167(c). File the affidavit in the case file.

### 4. Applicant Fails to Respond

If the applicant fails to respond to the contact letter within ten days, attempt follow-up contact per MEM Regulation Section 50167. If there is either no response or no valid reason for delay, send a Notice of Action denying eligibility per MEM Regulation Section 50175 for failure to cooperate. Enter a complete explanation in case file in order to be able to sustain the denial action at a state hearing.

Factors to consider are evidence showing the onset of traumatic injury or illness, or diagnosis of a previously undetected disability condition or the unexpected loss of income or resources after the transfer. Include an evaluation of whether the resources were available at the time of the transfer for the person's support and medical care, considering such things as age, health, life expectancy, and ability to understand the extent of his/her resources. Also consider evidence that the transfer was solely for some other purpose. See All County Welfare Directors Letter 81-37 on application of the Beltran v. Myers lawsuit criteria for principal residences.

#### Example of FTB Asset Match, Single Account

This example shows interest/dividend income for the name/SSN submitted by the county.

**** ASSET INFORMATION REPORTED BY FTB FOR TAX YEAR 1997 AS OF 10/06/99 ****			
NUMBER OF PAYORS: 1		TOTAL UNEARNED INCOME: \$ 111	
NO	AMOUNT	PAYEE	PAYOR
1	\$ 111	TRINIDAD TUITT	AMERICAN SAVINGS BANK
		1111 ANYWAY STREET	BRANCH OF THE WEST 555
		SANTA ANA CA 92703	111 ANYPLACE BLVD
		ACCOUNT NUMBER: 99999999999999999999	GO THERE CA 99999

## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

### Example of FTB Asset Match, Discrepant Match

This example does not give detailed information because the name submitted to FTB did not match the name information in FTB files for this SSN. Resubmit an inquiry to IEVS with other known names in the case, i.e., maiden name, prior married name, or request further information from the applicant.

**** ASSET INFORMATION REPORTED BY FTB FOR TAX YEAR 1997 AS OF 10/06/99 *****			
NUMBER OF PAYORS: 1		TOTAL UNEARNED INCOME: \$ 111	
NO	AMOUNT	PAYEE	PAYOR
\$	N/A	FTB HAD SSN MATCH BUT NOT FOR GIVEN NAME	

### Example of FTB Asset Match, Multiple Accounts

This example shows that the person has seven accounts. However, the abstract shows only five of these accounts. Since the highest amounts are shown first, the income from the two accounts not shown is less than the last amount given. The total unearned income gives the total of all seven accounts. When payor information is missing from the printed abstract, complete a query to the IEVS applicant system. All payors will display.

**** ASSET INFORMATION REPORTED BY FTB FOR TAX YEAR 1997 AS OF 10/06/99 *****			
NUMBER OF PAYORS: 7		TOTAL UNEARNED INCOME: \$ 11,111	
NO	AMOUNT	PAYEE	PAYOR
1	\$ 5,034	TRINIDAD TUITT	AMERICAN SAVINGS BANK
		1111 ANYWAY STREET	BRANCH OF THE WEST 555
		SANTA ANA CA 92703	111 ANYPLACE BLVD
		ACCOUNT NUMBER: 99999999999999999999	GOTHERE CA 99999
2	\$ 2,899	TRINIDAD TUITT	LOCAL SAVINGS BANK
		1111 ANYWAY STREET	123 CLOSEBY DRIVE
		SANTA ANA CA 92703	SANTA ANA CA 92703
		ACCOUNT NUMBER: 88888888888888888888	
3	\$ 1,586	TRINIDAD TUITT	INVESTORS CLUB OF SOUTHERN CALIFORNIA
		2683 GRANDE PLAZA	9999 CRAZY DRIVE
		SAN FRANCISCO CA 99999	SAN FRANCISCO CA 99999
		ACCOUNT NUMBER: 77777777777777777777	
4	\$ 999	TRINIDAD TUITT	PUBLIC EMPLOYEE CREDIT UNION
		2683 GRANDE PLAZA	987 PUBLIC HIGHWAY
		SAN FRANCISCO CA 99999	YOUR TOWN CA 99999
		ACCOUNT NUMBER: 66666666666666666666	
5	\$ 323	TRINIDAD TUITT	AMERICAN SAVINGS BANK
		1111 ANYWAY STREET	BRANCH OF THE WEST 555
		SANTA ANA CA 92703	111 ANYPLACE BLVD
		ACCOUNT NUMBER: 55555555555555555555	GOTHERE CA 99999

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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### 7. Social Security Title II and SSI/SSP Title XVI Benefits

#### a. Match Criteria

The match is made on SSN, name and date of birth. Information provided is current entitlement information over the past year. If an applicant is receiving Social Security Title II or SSI/SSP Title XVI benefits, an X will appear in the SSA Column on the case summary page. If the SSA column is blank, check the SSN validation code before assuming that there are no Title II or Title XVI benefits. A new IEVS applicant match should be submitted when incorrect or transposed SSNs, incorrect name, or incorrect birthdate was previously submitted for the applicant. Once the SSN validation is processed with the correct SSN, name and date of birth, the SSA match for Title II or XVI benefits should be correct.

If this individual was previously receiving benefits from Social Security and Medi-Cal, old information may display in MEDS on the INQX and the INQB screens. This will be information as of the date of discontinuance from the most current public entitlement program. If the individual is currently receiving Medi-Cal, Social Security information will display on the INQB screen and Medicare information on the INQX screens and is verified. If the individual is currently receiving Medi-Cal through Title XVI, those benefits will display on the INQX screen and is verified.

#### b. Processing Title II and Title XVI data information

The worker should process the match following the instructions below and as noted in Procedure Articles 21E and 21F.

- (1). Review the case against the applicant match for the reported benefits.
- (2). If the case information differs from the applicant match, check for allowance of Medicare premium payment or possible overpayment adjustments that are in place. Case verification may include an SSA award letter or form including the annual notice of SSA COLA that is issued in December of each year, photo copies of checks, bank statements showing automatic debit deposits.
- (3). If the information provided on the IEVS match is discrepant with the case and cannot be resolved, contact the client to clarify and verify the income information. If the client is unable to provide the information and needs assistance, send a written request to Social Security with a copy of the discrepant information. Do not send the client to SSA.
- (4). Once the discrepancy is clarified or verification is received, compare the Title II benefits against the amounts used to calculate the share of cost and recompute the share of cost accordingly. If appropriate complete an overpayment referral according to guidelines in Procedure Article 16.

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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- (5). If there are no discrepancies no further action is needed.

Example - SSA Title II RSDI Income Match

The applicant is currently receiving Title II benefits and the payment is current. Increases have occurred annually with the Social Security COLA.

```
***** TITLE II BENEFIT DATA REPORTED BY SSA AS OF 10/06/99 *****
NAME: EXPERANZA          TUITT          TERMINATION DATE:
TRANSPOSED SSN:          DATE-OF-DEATH:
CLAIM NUMBER: 555-55-5555D06    DUAL ENTITLEMENT NUMBER:
CURRENT ENTITLEMENT: $ 453.00    PRIOR DUE AMOUNT: $      0.00
PAYMENT STATUS: C -RECEIVING MONTHLY BENEFIT SHOWN
SPECIAL PAY DATE:          SPECIAL MONTHLY PAYMENT: $      0.00 BLACK LUNG
STATUS:
DATE OF INITIAL ENTITLEMENT: 12/92
HISTORY:  DATE      GROSS AMOUNT
          12/98      $ 442.00
          12/97      $ 431.00
          12/96      $ 420.00
          12/95      $ 409.00
          12/94      $ 381.00
          12/93      $ 370.00
          12/92      $ 359.00
```

Example - Dual Entitlement to Title II

Another SSN will display after the DUAL ENTITLEMENT NUMBER field on the Title II display. When this appears, submit a new IEVS applicant match with that SSN in order to obtain information regarding any benefits that may be issued under that SSN. You may need to submit the name of the person with the dual entitlement SSN as well.

```
***** TITLE II BENEFIT DATA REPORTED BY SSA AS OF 10/06/99 *****
NAME: EXPERANZA          TUITT          TERMINATION DATE:
TRANSPOSED SSN:          DATE-OF-DEATH:
CLAIM NUMBER: 555-55-5555D06    DUAL ENTITLEMENT NUMBER: 444-44-4444
CURRENT ENTITLEMENT: $ 453.00    PRIOR DUE AMOUNT: $      0.00
PAYMENT STATUS: C RECEIVING MONTHLY BENEFIT SHOWN
SPECIAL PAY DATE:          SPECIAL MONTHLY PAYMENT: $      0.00 BLACK LUNG
STATUS:
DATE OF INITIAL ENTITLEMENT: 12/92
HISTORY:  DATE      GROSS AMOUNT
          12/98      $ 442.00
          12/97      $ 431.00
          12/96      $ 420.00
          12/95      $ 409.00
          12/94      $ 381.00
          12/93      $ 370.00
          12/92      $ 359.00
```

# MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

## Example - Records Belong to Someone Else

When the SSA code on the summary page is X and the SSN VER is W or Y, the input name and birthdate failed the SSN validation edits and IEVS contains a record for this SSN that was input within the past 60 days and did pass the validation edits.

The Title II and XVI benefit information and the transposed SSN if any on the detail page are associated with the record that passed the validation edits. These records should be processed as if the SSN did not validate. A message will display under the Title II Benefit line as follows:

\*\*\*\*\* THESE RECORDS MAY BELONG TO ANOTHER APPLICANT \*\*\*\*\*

## Example - SSI/SSP Benefits Under Title XVI

This record shows nonpayment as of 5/97 for SSI/SSP benefits. Previous benefits were received prior to that date with an amount showing for 1996.

NAME: EXPERANZA TUITT  
TRANSPOSED SSN: DATE-OF-DEATH:  
DATE OF ELIGIBILITY: 09/88 PAYMENT STATUS CODE: N01-NONPAY AS OF 05/97  
APPLICATION DATE: 09/07/88 DATE OF LAST REDETERMINATION: 10/29/96  
NET CURRENT BENEFIT FOR 06/01/97 - FED AMT \$ 0.00 STATE AMT \$ 0.00  
HISTORY: DATE FEDERAL STATE TYPE OF PAYMENT  
08/01/96 \$ 0.00 \$ 0.00 NONE MADE  
07/01/96 \$ 0.00 \$ 33.34 REGULAR MONTHLY  
06/15/96 \$ 0.00 \$ 38.34 SUPPLEMENTAL  
TYPE OF BENEFIT: AGED INDIVIDUAL  
NUMBER OF MULTIPLE SSNS: OTHER SSNS:  
DENIAL DATE: APPEAL CODE: APPEAL DATE:

## 8. Medicare Information

Medicare information will identify premium payment and current or previous buy-in status for either Part A or Part B coverage. This information can be used to identify if there is a need to refer an individual for Medicare benefits as a condition of Medi-Cal eligibility. This section also provides verification of Part A status for QMB and QDWI and Part B status for SLMB. If the applicant does not declare Medicare eligibility but information displays, check the individual's claim number which may not always be the same as the SSN. The claim number may be that of a spouse, or for a child of a parent.

This information should be submitted when approving Medi-Cal to generate buy-in for Part B at a minimum. The claim number should display at the bottom of this section in the Cross Reference Claim Number field.

MEDICARE DATA (PART A AND B):	START	STOP	PREMIUM	BUY-IN	START	STOP
HOSPITAL INSURANCE (A):	09/87			N		
SUPPLEMENTAL INSURANCE (B):	09/87		\$ 41.10	Y	09/88	
CROSS REFERENCE CLAIM NUMBERS:						

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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### 9. Social Security Forty Quarters Data

This information will only be returned when an Alien Number is included in the IEVS match for this individual. The 40-Quarter Data is currently not used for evaluation of Medi-Cal benefits for Aliens. It does identify, by calendar year, quarters when an applicant has earned the *minimum number of dollar earnings to qualify for Social Security related benefits and can assist in the determination of whether an individual should be referred for potential benefits.* This information may also be useful in determining the work history of parents for AFDC/Section 1931(b) linkage, Title II or Medicare eligibility.

The following display will appear on the case summary screens.

```
***** FORTY QUARTERS DATA REPORTED BY SSA AS OF 10/06/99 *****
444-44-4444      SEE 40 QUARTERS DETAIL REPORT
***** FORTY QUARTERS DATA REPORTED BY SSA AS OF 10/06/99 *****
222-22-2222      SEE 40 QUARTERS DETAIL REPORT
```

The following display will appear as a separate page for the individual applicant.

```
***** FORTY QUARTERS DATA REPORTED BY SSA AS OF 10/06/99 *****
QUALIFYING QUARTERS FOR THIS INDIVIDUAL:    29
QUALIFYING QUARTERS AFTER 1998:           0

YR  Q1  Q2  Q3  Q4
1998 *
1997 *  *  *
1996 *  *  *  *
1995 *  *  *  *
1994 *  *  *  *
1993 *  *  *  *
1992 *  *  *  *
1991 *  *  *  *
1990 *  *  *  *
```



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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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### 10. Social Security Number Validation

#### a. Match Criteria

The validation procedure looks at the Social Security Number (SSN) that was submitted and attempts to match the client data with Social Security Administration (SSA) records. If a match is not found for that SSN, the system attempts validation by transposing adjacent numbers in an effort to find a match. When an SSN is validated by this means, both the validated and input SSN is listed on the IEVS abstract.

The validation is made on SSN and the birthdate (DOB). There must be an SSN on file that meets one of the following criteria to validate.

- The input last name and first name must match the name on file for this SSN and the birthdate MM/YY must match with the YY plus or minus one year.
- The input last name and middle initial must match the name on file for this SSN and the birthdate MM/YY must match with the YY plus or minus one year.
- The input first name must match the name on file for this SSN and the birthdate MM/DD/YY must be an exact match.

Once a match occurs between the input record and NUMIDENT (SSN Validation file) or the Master Beneficiary Record (MBR) file for Title II Social Security benefits, or the Supplemental Security Record (SSR) for Title XVI benefits, the system will then match on SSN only.

The Medi-Cal Eligibility Data System (MEDS) and the IEVS Applicant system have different SSN validation criteria. MEDS will eventually use the IEVS validation process. Thus a record that validates through IEVS may not validate through MEDS at this time. In addition, the IEVS applicant system will provide a listing of other SSNS previously issued to the applicant.

The SSN Validation codes found using this system are:

Blank	-	Not Validated
J	-	Validated SSN, match with SSA files
W	-	SSN not validated, DOB is different by more than 1 year.
Y	-	SSN not validated, name or SSN does not match SSA file, DOB not checked.
Z	-	SSN not validated, SSN is not in SSA files.
*	-	Transposed SSN Validated.

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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A message will print for this applicant as follows:

\*\*\*\*\*SSN VALIDATION INFORMATION REPORTED BY SSA AS OF 10/06/99 \*\*\*\*\*

VERIFIED SSN: 555-55-5555

The SSN validation will appear on the summary page for the IEVS Applicant abstract. This is not the same code that will appear on the individual MEDS/CDB file display for this individual. That code is one that has been previously validated through the MEDS validation process. The SSN VER column on the far right will identify the validation for each individual applicant in the case.

If the SSN does not validate through IEVS and displays either a blank, W, Y or Z, the EW should first check the input to see if the information that was submitted to IEVS was correct. For example, was an SSN for another family member submitted, were the numbers in the SSN transposed, was the spelling of the first or last name incorrect or first and last name transposed. Is the name that Social Security knows the applicant by different because of maiden name, nickname, previous married name, or other. Was an incorrect date of birth entered?

b. Processing SSN Validation Information

(1). SSN Not Validated

- (a). If an error is found, resubmit the correct information through the applicant system per the county policy.
- (b). If there is no error in entry, contact the client and request additional information to verify following guidelines in MEM Regulation Section 50175. This includes sight verification of the SSN card, Birth Certificate to verify DOB, and determine if the SSA known name is different than the name currently used and why. Resubmit additional or corrected information through IEVS.
- (c). If the information provided by the applicant is the same as submitted to the IEVS system, refer the applicant to SSA with the MC 194 form and a copy of the IEVS summary sheet identifying the discrepancy. Referrals should only be made to SSA if the discrepancy cannot be resolved by the client at this point. The determination of eligibility and issuance of benefits is not to be held pending verification of the SSN if the applicant is cooperating in the verification process.

(2). If the SSN validated but was identified as transposed, resubmit correct SSN through IEVS.

(3). If the SSN is validated no further action is needed.

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11. As part of the match with the Social Security Administration a response may be received for the nationwide prisoner match. Information provided in this match is to be treated according to guidelines in Article 6, Incarceration.

***** PRISONER REPORT *****	
REPORT DATE: 00/00/0000	PRISONER ID NO:
NAME: XXXXXX XXXXXXXXXXXXX	SEX:
DATE OF BIRTH: 00/00/0000	RELEASE DATE: 00/00/0000
CONFINEMENT DATE:	
FACILITY CONTACT:	
FACILITY TELEPHONE:	(000)-000-0000
FACILITY FAX NUMBER:	(000)-000-0000
FACILITY/PRISON NAME:	
FACILITY/PRISON ADDRESS:	00000-0000

**F. Maintenance of Records**

Counties are required to maintain the completed abstracts on cases, which are granted eligibility or denied due to IEVS in the case folders as an audit trail.

**G. Confidentiality**

Federal and state laws require that all IEVS information be protected against unauthorized access or disclosure, as for all other confidential case documents. The specific regulatory citations are found in the Revenue and Taxation Code, Section 19542, Unemployment Insurance Code, Section 2111 and Civil Code, Section 1798.53. Accordingly, the agency must agree that the following actions will occur:

- Information shall be used only to the extent necessary to assist in the valid administrative needs of the program receiving such information, and shall be disclosed only for those purposes.
- Information will not be used for any purpose not specifically authorized.
- Information shall be stored in a place physically secure from access by unauthorized persons.
- Information in electronic format shall be sorted and processed in such a way that unauthorized persons cannot retrieve the information by means of computer, remote technical or other means.
- Precautions are taken to ensure that only authorized personnel are given access to on-line files.
- County instructs all personnel with access to IEVS information regarding the confidential nature of the information and the sanctions against unauthorized disclosure specified in state statute.

All names, Social Security Numbers and account information used as examples in this procedure are fictitious and can be reproduced without concerns regarding confidentiality.

**H. Applicant Abstract Match Document**

The following pages provide an example of a complete Applicant Abstract and an explanation of all data that can be provided through the applicant batch print file.

# MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

## 1. Case Summary

REPORT: RS-IEV410-R001						10/06/99			
PROGRAM: IEV410						PAGE 1			
STATE OF CALIFORNIA ? DEPARTMENT OF HEALTH SERVICES INCOME AND ELIGIBILITY VERIFICATION SYSTEM ABSTRACT									
COUNTY: 59		DISTRICT:		APP-DATE: 10/02/99			EW:C200		
CASE NAME: TUITT		FELIPE		SERIAL NUMBER: 9999999			FBU: 7		
NAME	S	E	DATE OF	SSN	P E R S	E D D	F T B	S S A	S S V N E R
LAST	FIRST	X	BIRTH						
TUITT	FELIPE	M	04/29/91	555-55-5555	11				J
TUITT	TRINIDAD	F	06/09/63	444-44-4444	02	X	X	X	J
TUITT	EXPERANZ	F	02/26/93	333-33-3333	12				J
TUITT	MARIA	F	12/26/62	222-22-2222	01	X			X

\*\*\*\*\* MEDS/CDB FILE \*\*\*\*\*

NAME: FELIPE TUITT BIRTHDATE: 04-29-991 SEX: M SSAN-VER: J  
COUNTY-ID DIST EW ESC  
MEDI-CAL: 59-83- -- 999 M/C TERM DATE: 02/01/94  
FOOD STAMP: -- -- F/S TERM DATE: / /  
M/C PENDING CHANGE: F/S PENDING CHANGE: FUTURE ESC: RECOVERY  
APDP IND:

-----

NAME: FELIPE TUITT BIRTHDATE: 04-29-991 SEX: M SSAN-VER: 3  
COUNTY-ID DIST EW ESC  
MEDI-CAL: 59-72- -- 999 M/C TERM DATE: 00/00/00  
FOOD STAMP: -- -- F/S TERM DATE: / /  
M/C PENDING CHANGE: F/S PENDING CHANGE: FUTURE ESC: RECOVERY  
APDP IND:

-----

NAME: EXPERANZ TUITT BIRTHDATE: 02-26-993 SEX: F SSAN-VER: J  
COUNTY-ID DIST EW ESC  
MEDI-CAL: 59-83- -- 999 M/C TERM DATE: 02/01/94  
FOOD STAMP: -- -- F/S TERM DATE: / /  
M/C PENDING CHANGE: F/S PENDING CHANGE: FUTURE ESC: RECOVERY  
APDP IND:

-----

\*\*\*\*\*DISQUALIFICATION INFORMATION \*\*\*\*\*

TYPE: AFDC STATE: CA FIPS CODE: 0345 SSN: 555-55-5555  
NAME: PHIL HARMONIC DOB: 01/05/87 SEX: m  
DISQUALIFICATION NUMBER: 2 LENGTH (MONTHS): 06 DECISION DATE: 12/15/96  
START DATE OF PENALTY: 01/01/96 PROGRAM INFO:  
CONTACT NAME: JIM NOSEIT PHONE: 916-322-1000 X 3201  
CONTACT ORGANIZATION: SACRAMENTO COUNTY SIU USES AKAS: Y

# MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

\*\*\*\*\*OUTSTANDING OVERPAYMENT/OVERISSUANCE INFORMATION\*\*\*\*\*  
 PLEASE CONTACT THE COUNTY COLLECTION DEPARTMENT FOR MORE INFORMATION

SSN: 123-12-1234    CLIENT NAME: AHAWK    TOM    COUNTY: 01  
                          CLIENT NAME: STRAIT    STAN    COUNTY: 07

\*\*\*\*\*

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

IF NO DISCREPANCIES, CHECK THIS BOX

FILE IN CASE

Header Information	
1. REPORT NO	RS-IEV410-R001
2. Date	MM/DD/YY - Date that the match was processed by SDHS.
3. Program	IEV410 - identifies the match as processed through the IEVS applicant system.
4. Page X	Page number for this applicant match for this case serial number. Multiple pages will print as needed for information being provided. If SSNs are sent on different days, individual matches will be returned for each SSN or group of SSNs submitted.
5. Title	STATE OF CALIFORNIA--DEPARTMENT OF HEALTH SERVICES INCOME AND ELIGIBILITY VERIFICATION SYSTEM ABSTRACT
Case Information for the Applicant Match That Was Completed	
6. County	2-digit number for county submitting match request.
7. District	1-digit number for the district office in the county submitting match request.
8. APP-DATE	MM/DD/YY identified as the application date for the match request as submitted by the county.
9. EW	4-digit number for the worker for the match request as submitted by the county.
10. Case Name	Last and First name of the case (not person) for the match request as submitted by the county.
11. Serial Number	7-digit case serial number of the case for the match request as submitted by the county.
12. FBU	1-digit FBU of the case for the match request as submitted by the county. Is the second digit of the CDS 2-digit FBU.
Person Detail Information for the Applicant Match That Was Completed	
13. Person Name	Last and First name of the person for the match request as submitted by the county for the listed SSN.
14. Sex	F for female and M for male, for the match request as submitted by the county for the listed SSN.
15. Date of birth	MM/DD/YY for the match request for this SSN as submitted by the county.
16. SSN	SSN submitted for match.
17. PER	2-digit person number for the match request as submitted by the county for the listed SSN.

## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

18. EDD	An X identifies that there is wage, UI or DI information for the SSN as submitted by the county. Detailed information will be displayed in a following section.
19. FTB	An X identifies that there is unearned income information for the SSN as submitted by the county. Detailed information will be displayed in a following section.
20. SSA	An X identifies that there is information for Social Security, SSI/SSP and/or Medicare benefits for the SSN as submitted by the county. Detailed information will be displayed in a following section.
21. VER	An alphanumeric entry will display. This code will identify whether the SSN, name and date of birth were validated for the Social Security Number that was submitted. These are the same codes that display in MEDS.
<b>MEDS/CDB Information For Each Person Submitted Through Applicant Match If Available</b>	
22. Name	First and Last name of individual based on the SSN listed from MEDS. This name should be compared to the name that was submitted as there are situations in which another individual may have used the same SSN in error. If this has occurred, corrective actions may be required directly on-line to MEDS.
23. Birthdate	The date of birth, MM-DD-CYY, for the individual based on the SSN listed from MEDS. See item #1 for discrepancies. A discrepancy may also occur if the individual is the same but the previously entered date of birth was incorrect, or the date of birth submitted for match was incorrect.
24. Sex	Will be F for female or M for male.
25. SSAN-VER	Code will be alphanumeric and identifies the verification code in MEDS for the individual based on the SSN listed in MEDS. May be different than the code displayed in the header listing.
26. County-ID	Will list a separate 14-digit County-ID code for the individual based on the SSN listed in MEDS.
27. Dist	Will identify the district code for the 14-digit County-ID code for the individual based on the SSN listed in MEDS. If SSI, there will be nothing entered.
28. EW	Will identify the 4-digit worker number for the individual based on the SSN listed in MEDS. If SSI, there will be nothing entered.
29. ESC	Will identify the current eligibility status code for the individual based on the SSN listed in MEDS.
30. M/C Term Date	MM/DD/YY, termination date for the Medi-Cal benefits for the individual based on the SSN listed in MEDS.
31. F/S Term Date	MM/DD/YY, termination date for the Food Stamp benefits for the individual based on the SSN listed in MEDS.
32. M/C Pending Change	Will identify if future month changes are pending for this person in Medi-Cal.
33. F/S Pending Change	Will identify if future month changes are pending for this person in Food Stamps.
34. Future ESC	The Future ESC related to the future month change.
35. Recovery	Identifies that an OP/OI has been established in the county indicated.
36. APDP IND	Special tracking code not in use at this time.

## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

AFDC/FS Disqualification Information if Available	
37. Type	Program from which the individual was disqualified. Will be AFDC or FS. CalWORKs included under the AFDC code.
38. State	State in which the individual was disqualified. Will be a 2-digit display based on Post Office methodology.
39. FIPS Code	No information available at this time.
40. SSN	The Social Security Number identified with a disqualification.
41. Client Name	The first and last name of individual based on the SSN listed.
42. DOB	Date of birth, MM/DD/YY for the individual based on the SSN listed.
43. Disqualification Number	Number assigned to this disqualification.
44. Lengths of months	Number of months to be disqualified.
45. Decision Date	MM/DD/YY
46. Start Date of Penalty	MM/DD/YY
47. Program Info	Contact Name: First and last name of person to be contacted regarding the disqualification.
48. Phone	Phone number for contact item #47.
49. Contact Organization	Agency for contact item #47.
50. Uses AKAS	Y for yes and N for No.
AFDC/FS Overpayment Information If Available	
51. SSN	The Social Security Number identified with an outstanding OP/OI in the county as identified.
52. Client Name	Last name and first name of the individual based on the SSN listed. Will list separately all persons identified as having OP/OI
53. County	2-digit county code for county reporting the OP/OI. Will list each county for each person listed.
Worker Sign-Off Area	
54. Worker Name/#	The worker will sign and enter their name and 4-digit worker number when all reviews have been completed for the information provided in the applicant match following the appropriate program guidelines.
55. Date of Review	The date that the form is signed, when all information provided with the applicant match has been resolved.
56. Non Discrepant	If not discrepant, check the box.

**MEDI-CAL ELIGIBILITY PROCEDURES MANUAL**

**b. Person Summary Pages**

REPORT: RS-IEV410-R001	10/06/99					
PROGRAM: IEV410	PAGE 3					
STATE OF CALIFORNIA - DEPARTMENT OF HEALTH SERVICES INCOME AND ELIGIBILITY VERIFICATION SYSTEM ABSTRACT						
COUNTY: 59	DISTRICT: EW: C200					
SSN: 444-44-4444	SEGMENT 01 COUNTY-ID: 59-34-9999999-7-02					
***** APPLICANT FILE *****						
TRINIDAD TUITT	SEX M DOB 06-09-963					
CASE NAME TUITT	TRIN APPLICATION DATE 10-02-99					
**** EDD UI INFO REPORTED BY EDD AS OF 10/06/99 FOR T TUITT *****						
CROSS REF SSN	BEGIN DATE OF CLAIM	FIELD OFFICE	MAXIMUM BENEFITS: \$ 5,430	WEEKLY BENEFITS: \$ 230	REMAINING BENEFITS: \$ 3,920	
08/02/99	0170					
CHECK ISSUED	AMOUNT	CHECK NUMBER	WEEK ENDING	CLEARED DATE	REDUCT AMOUNT	REDUCT REASONS
1 09/25/99	\$ 230	77777779	09/20/99	09/29/99	\$ 0	
2 09/11/99	\$ 230	77777778	09/05/99	09/10/99	\$ 0	
3 08/28/99	\$ 230	77777777	08/24/99	08/31/99	\$ 0	
4 08/14/99	\$ 230	77777776	08/10/99	08/19/99	\$ 0	
**** EDD DI INFO REPORTED BY EDD AS OF 10/06/99 FOR M TUITT *****						
CROSS REF SSN		FIELD OFFICE	MAXIMUM BENEFITS: \$ 8,632	WEEKLY BENEFITS: \$ 166	REMAINING BENEFITS: \$ 6,853	
		2190				
CHECK ISSUED	AMOUNT	CHECK NUMBER		CLEARED DATE	REDUCT AMOUNT	REDUCT REASONS
1 09/29/99	\$ 308	55555555		10/03/99	\$ 0	
2 08/07/99	\$ 996	55444444		08/29/99	\$ 0	
3 07/01/99	\$ 47	44444444		07/03/99	\$ 0	
4 06/01/99	\$ 823	33333333		06/08/99	\$ 0	
***** WAGE AND EMPLOYER INFO REPORTED BY EDD AS OF 10/06/99 *****						
WAGES BY QUARTER:	TOTAL NUMBER OF EMPLOYERS:		1			
CURRENT (OCT-DEC 98)	\$	5,588				
FIRST PRIOR (JUL-SEP 98)	\$	5,701	SECOND PRIOR (APR-JUN 98)	\$	5,421	
THIRD PRIOR (JAN-MAR 98)	\$	4,687	FOURTH PRIOR (OCT-DEC 97)	\$	6,127	
EARNINGS:						
\$ 5,588	EMPLOYEE NAME:	M TUITT	LITTLE PEOPLE .PLUGS			
	EMPLOYER NAME:	LITTLE ONE	& TAKE ME HOME			
EMPLOYER BRANCH:	00	2222 FAR AWAY				
ACCOUNT NUMBER:	222222	COSTA MESA	CA 92626			



## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

1. Header	Will include the Report No. RS-IEV410-R001 and Program IEV410.
2. Date	Date the report was sent by the state.
3. Page	The page number for this page for the entire Applicant match that was received for the case from the single transaction. It is important to check that all pages are received. If not, the majority of the information may be reviewed from the on-line system.
4. County	Will be for county that submitted the match.
5. District	Should be blank unless the request was made on-line to IEVS and the District code was entered.
6. EW	The worker number that was on the county case at the time of the transaction or the worker number entered on the on-line match request.
7. SSN	The SSN for which the information on this and any subsequent pages was received.
8. Segment	Will be from 01 to 10. There may be up to 10 segments on the IEVS applicant system at one time. If match was submitted by another worker within the past 60-90 days, this response will display a larger number.
9. County ID	The County 14 digit ID that was submitted for the IEVS applicant request.
10. Applicant File	Header for the information in items #11 through 15 below.
11. Name	First and Last Name submitted for the IEVS applicant request.
12. Sex	Either M or F as submitted for the IEVS applicant request.
13. DOB	Birthdate as submitted for the IEVS applicant request.
14. Case Name	Last Name followed by First Name as submitted for the IEVS applicant request.
15. Application Date	Application date submitted for the IEVS application request.
16. SSN Validation	If validation was made and the input SSN was transposed, a message will print to identify the transposed SSN. Resubmit the correct SSN.
<b>UI Information</b>	
17. Date	Information from EDD UI file as of MM/DD/YY
18. SSN	Social Security number for which information is reported. Match is only on SSN, not DOB or name.
19. Account name	Name on EDD UI file for given SSN. If different from applicant's name, someone else may have used name in error/fraudulently.
20. Cross REF SSN	Another SSN under which the applicant may have a claim or have reported wages. This SSN should be matched against the full IEVS file.
21. Begin Date of Claim	MM/DD/YY. Identifies the beginning date of the most recent UI claim for this SSN.
22. Field Office	The # of the office that processed the UI claim.
23. Maximum benefits	Maximum Dollar amount of the most recently filed UI claim for this SSN.
24. Weekly benefits	The weekly maximum amount for this current UI claim.
25. Remaining benefits	The balance of unpaid benefits available for this current UI claim.
The following lines will print for each payment check issued	
26. Check Issued	Date check was issued. Is not the date that the applicant received nor cashed the check. Compare to cleared date.
27. Amount	Total amount authorized for this payment. Includes amount reduced by item #31

## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

28. Check Number	As assigned by EDD.												
29. Week Ending	MM/DD/YY for the UI payment week ending.												
30. Cleared Date	Date that the check cleared the State Treasurer's office for payment. Applicant would have received and cashed the check no later than this date as some financial institutions clear deposits electronically with the state.												
31. Reduction Amount	Dollar amount that the UI check was reduced for this payment for any reason.												
32. Reduction Reason	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1 = Earnings</td> <td style="width: 50%;">2 = Penalty</td> </tr> <tr> <td>3 = Worker Comp</td> <td>4 = Two persons sharing one job</td> </tr> <tr> <td>5 = recomputed claim, lower total</td> <td>6 = full OP offset</td> </tr> <tr> <td>8 = partial OP offset</td> <td>9 = pension payment offset</td> </tr> <tr> <td colspan="2">A = child support intercept</td> </tr> </table>	1 = Earnings	2 = Penalty	3 = Worker Comp	4 = Two persons sharing one job	5 = recomputed claim, lower total	6 = full OP offset	8 = partial OP offset	9 = pension payment offset	A = child support intercept			
1 = Earnings	2 = Penalty												
3 = Worker Comp	4 = Two persons sharing one job												
5 = recomputed claim, lower total	6 = full OP offset												
8 = partial OP offset	9 = pension payment offset												
A = child support intercept													
33. NON Payment	Claim Data may be present but no check information displayed. In that situation a message will print as follows: CLAIM DATA PRESENT, BUT NO CHECKS ISSUED.												
DI Information if Available													
34. Date	Information from EDD DI file as of MM/DD/YY.												
35. SSN	Social Security Number for which information is reported. Match is only on SSN, not DOB or name.												
36. Account Name	Name on EDD DI file for given SSN. If different from applicant's name, someone else may have used name in error/fraudulently.												
37. Cross REF SSN	Another SSN under which the applicant may have a claim or have reported wages. This SSN should be matched against the full IEVS file.												
38. Field office	The # of the office that processed the DI claim.												
39. Maximum benefits	Maximum Dollar amount of the most recently filed UI claim for this SSN.												
40. Weekly benefits	The weekly maximum amount for this current UI claim.												
41. Remaining benefits	The balance of unpaid benefits available for this claimant DI claim.												
	The following will print for each payment check issued.												
42. Check issued	Date check was issued. Is not the date that the applicant received nor cashed the check. Compare to cleared date.												
43. Amount	Total amount authorized for this payment. Includes amount reduced by item # 47.												
44. Check number	As assigned by EDD.												
45. Week Ending	MM/DD/YY for the DI payment week ending.												
46. Cleared Date	Date the cashed check cleared the State Treasurer's office.												
47. Reduction Amount	Amounts subtracted from a DI check for the reason indicated in #48.												
48. Reduction Reasons	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1 = earnings on UI claim</td> <td style="width: 50%;">A = child support intercept</td> </tr> <tr> <td>2 = voluntary plan reduction, reimbursement to insurance co.</td> <td>B = benefit garnishment</td> </tr> <tr> <td>3 = workers comp offset</td> <td>C = prepayment reduction</td> </tr> <tr> <td>5 = recomputation down</td> <td>D = sick leave wages, unallocated</td> </tr> <tr> <td>6 = full overpayment offset</td> <td>E = sick leave wages, allocated</td> </tr> <tr> <td>8 = partial overpayment offset</td> <td>F = simultaneous coverage</td> </tr> </table>	1 = earnings on UI claim	A = child support intercept	2 = voluntary plan reduction, reimbursement to insurance co.	B = benefit garnishment	3 = workers comp offset	C = prepayment reduction	5 = recomputation down	D = sick leave wages, unallocated	6 = full overpayment offset	E = sick leave wages, allocated	8 = partial overpayment offset	F = simultaneous coverage
1 = earnings on UI claim	A = child support intercept												
2 = voluntary plan reduction, reimbursement to insurance co.	B = benefit garnishment												
3 = workers comp offset	C = prepayment reduction												
5 = recomputation down	D = sick leave wages, unallocated												
6 = full overpayment offset	E = sick leave wages, allocated												
8 = partial overpayment offset	F = simultaneous coverage												

## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

EDD Wage Information: If Available	
49. Reported by EDD as of MM/DD/YY	Date that EDD received request and provided information for the SSN submitted.
50. Total Number of Employers	Total of Employers for the current quarter listed.
51. Current (MM-MM YY) \$	Will display the most current quarter of earnings available from EDD files followed by the dollar amount of those total earnings.
52. First Prior	Will display the first quarter prior to the current quarter and the dollar amount of those total earnings.
53. Second Prior	Will display the second quarter prior to the current quarter and the dollar amount of those earnings.
54. Third Prior	Will display the third quarter prior to the current quarter and the dollar amount of those earnings.
55. Fourth Prior	Will display the fourth quarter prior to the current quarter and the dollar amount of those earnings.
56. Message	If the dollar amount for the current quarter is \$0, the message NO EARNINGS REPORTED FOR CURRENT (PROCESS) QUARTER will display.
57. Earnings	If the dollar amount for the current quarter is \$1 or more, the employers identified for this SSN will listed separately with the information as noted in #58 through #65.
58. \$9,999	The total earnings from the employer for the quarter will display.
59. Employee Name	The first initial and the last name of the employee as reported by the employer. This name should be compared to the client's name.
60. Employer Name	The name of the employer, business reporting the wages for this SSN.
61. Employer Branch	If reported to EDD this will display.
62. Account Number	The federal employer or state employer ID number. These are known as FEINs and SEINs.
63. Company Name	The name of the company reporting the wages.
64. Street Address	The street address or P.O. Box of the company reporting the wages. This may not be the actual physical work location for the individual.
65. City, State and Zip Code	The City, state and zip code of the company reporting the wages. This may not be the actual physical work location for the individual.

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\*\*\*\* ASSET INFORMATION REPORTED BY FTB FOR TAX YEAR 1997 AS OF 10/06/99 \*\*\*\*\*

NUMBER OF PAYORS: 1            TOTAL UNEARNED INCOME: \$    111

NO	AMOUNT	PAYEE	PAYOR
1 \$	111	TRINIDAD TUITT	AMERICAN SAVINGS BANK
		1111 ANYWAY STREET	BRANCH OF THE WEST 555
		SANTA ANA CA 92703	111 ANYPLACE BLVD
		ACCOUNT NUMBER: 99999999999999999999	GOTHERE CA 99999

1. Header	Asset Information Reported by FTB as of the tax year noted and the date that the match was made.
2. Number of Payors	Will identify the total number of accounts that the individual has.
3. Total Unearned Income	Will identify the total unearned income as reported to FTB for this SSN.
The following information will print for each payor	
4. No	Will begin with #1 and list sequentially down.
5. Amount	The total amount of interest income from this individual account.
6. Payee	The person identified as the owner or payee of the interest income and the address that is identified on the account.
7. Payor	The payor, financial institution identified a paying the interest income and the address.
8. Account Number	The account number for this account is in a Federal Employer identification format. When only the FEIN is listed without payor information, request per county policy.

\*\*\*\*\* TITLE II BENEFIT DATA REPORTED BY SSA AS OF 10/06/99 \*\*\*\*\*

NAME: EXPERANZA            TUITT	TERMINATION DATE:
TRANSPOSED SSN:	DATE-OF-DEATH:
CLAIM NUMBER: 555-55-5555D06	DUAL ENTITLEMENT NUMBER:
CURRENT ENTITLEMENT: \$ 453.00	PRIOR DUE AMOUNT: \$    0.00
PAYMENT STATUS: C -RECEIVING MONTHLY BENEFIT SHOWN	SPECIAL MONTHLY PAYMENT: \$    0.00 BLACK LUNG
SPECIAL PAY DATE:	
STATUS:	
DATE OF INITIAL ENTITLEMENT: 12/92	
HISTORY:	
DATE            GROSS AMOUNT	
12/98            \$ 442.00	
12/97            \$ 431.00	
12/96            \$ 420.00	
12/95            \$ 409.00	
12/94            \$ 381.00	
12/93            \$ 370.00	
12/92            \$ 359.00	

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NAME: EXPERANZA      TUITT	
TRANSPOSED SSN:	DATE-OF-DEATH:
DATE OF ELIGIBILITY: 09/88	PAYMENT STATUS CODE: N01-NONPAY AS OF 05/97
APPLICATION DATE: 09/07/88	DATE OF LAST REDETERMINATION: 10/29/96
NET CURRENT BENEFIT FOR 06/01/97 - FED AMT \$    0.00    STATE AMT \$    0.00	
HISTORY:    DATE	FEDERAL      STATE      TYPE OF PAYMENT
08/01/96	\$    0.00    \$    0.00      NONE MADE
07/01/96	\$    0.00    \$    33.34    REGULAR MONTHLY
06/15/96	\$    0.00    \$    38.34    SUPPLEMENTAL
TYPE OF BENEFIT: AGED INDIVIDUAL	
NUMBER OF MULTIPLE SSNS:	OTHER SSNS:
DENIAL DATE:	APPEAL CODE:      APPEAL DATE:

  

MEDICARE DATA (PART A AND B):	START	STOP	PREMIUM	BUY-IN	START	STOP
HOSPITAL INSURANCE (A):		09/87		N		
SUPPLEMENTAL INSURANCE (B):		09/87	\$ 41.10	Y	09/88	
CROSS REFERENCE CLAIM NUMBERS:						

1. Name	Name of beneficiary receiving Title II benefits. Not the name if a payee.
2. Transposed SSN	SSN validated by SSA if different from the input SSN.
3. Claim Number	The SSN claim account number followed by 1 to 3 digit claim suffix called a Beneficiary Identification Code- BIC, on which the applicant has Title II entitlement.
4. Current Entitlement	Net amount of the monthly cash benefits after premium deductions or overpayment adjustment. Amount may be shown even if not payable. See payment status code.
5. Payment Status	Indicates the current payment status for this beneficiary. Possible codes are: adjustment; no action being taken on this claim; receiving monthly benefits shown; deferred, -receiving workers comp; pay thru RR board; future pay, - thru RR board; claim denied; claim disallowed; pending; record being corrected; suspended - no child in home, - alien, - refused SSA payments, - receiving workers comp; terminated - death of claimant, - age of child, - no longer disabled; nonpay.
6. Special Pay Date	Date associated with the special monthly payment or prior due amount if no special monthly payment is present.
7. Black Lung Status	Black lung payment status will be N = nonpayment E = entitled P = pending Black Lung Entitlement T = terminated D = deceased
8. Date of Initial Entitlement	Date the beneficiary was entitled to initial benefits.
9. History Date and Gross Amount	Entries will be shown for one year prior to the date of the request with a maximum of 8 entries. New history will display first. The Date will be the effective date of the change regardless of when the change was made. The gross amount will be the amount of the benefit rounded before any Medicare premium deductions.
10. Termination Date	Month and year the beneficiary's benefits were terminated.
11. Date of Death	Month, day and year of the beneficiary's death if appropriate or known. Payment status should be T1. If not T1, disregard date of death.
12. Dual Entitlement Number	Will display another SSN if the beneficiary is entitled to benefits on that SSN.
13. Prior Due Amount	Payment for one or more retroactive months. Can be issued on same date as Special Monthly Payment or in preceding month.

## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

14. Special Monthly Payment	Payment for the month shown in the Special Pay Date field. It is money due but paid outside of the regular payment cycle.
15. Black Lung Benefit if Payable	Amount paid to a miner or a miner's widow and includes all benefits due a family in the same household.
16. Date Disability Began	Date the beneficiary's disability began as established by SSA. Will only appear for disabled individuals.
17. Paid/Credit	Yes indicates benefit was paid or credited. No indicates benefit was not paid or should not have been paid.
18. Messages	Additional messages may display below the Title II information. These records may belong to another applicant - the input name/BIRTHDATE failed the SSN validation edits, however IEVS has this SSN on file within the last 60 days for another record and validation did occur.
19. Name	Name of beneficiary receiving Title XVI benefits. Not the name if a payee.
20. Transposed SSN	SSN validated by SSA if different from the input SSN.
21. Date of Eligibility	MM/YY of initial eligibility determination, or most recent eligibility redetermination, after a period of ineligibility. In disability cases, usually the date disability began for SSI purposes.
22. Application Date	MM/DD/YY the Title XVI application was filed or re-filed.
23. Net Current Benefit for MM/DD/YY	FED AMT - Federal SSI payment actually paid to the recipient. Includes zero amounts. STATE AMT - State SSP payment actually paid to the recipient. Includes zero amounts.
24. History	Date - MM/DD/YY of payment of the SSI Monthly Assistance Amount and the SSP amount. Federal - Net federal amount paid after any adjustments for overpayments, underpayments, etc. State - Net federal amount paid after any adjustments for overpayments, underpayments. Type of Payment - messages explaining payment history data to indicate regular payments, adjustments. Could be: None made; Overpayment recovery; Duplicate; Returned; Regular Underpayment; Supplemental; Manually Issued; Regular Monthly; One Time Supplemental; Substitute for Missing Check; IAR Payment to County.
25. Date of Death	MM/DD/YY of the beneficiary's death if appropriate or known.
26. Payment Status Code	Indicates the status of SSI/SSP payment eligibility and could be: Pay as of, Pending as of, Nonpay as of, Suspended as of, Terminated as of.
27. Date of Last Redetermination	Completion date of the last redetermination, indicates that redetermination forms were received and all actions completed.
28. Number of Multiple SSNs	Indicates number of additional SSNs used by the individual, up to a maximum of five.
29. Denial Date	Date the applicant was denied SSI/SSP.
30. Type of Benefit	Type of individual involved in the type record. If recipient is initially disabled will not change at age 65. Aged Individual Aged Spouse Blind Individual Blind Spouse Disabled Individual Disabled Spouse Disabled Child Blind Child
31. Other SSNs	Additional SSNs used by the individual, up to a maximum of five.

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32. Appeal Code	Level of appeal and latest action. Will show an alpha code. A = appeal request filed, reconsideration B = appeal request dismissed or withdrawn, reconsideration C = affirmation of prior decision, reconsideration D = reversal or modification of prior decision, reconsideration P = appeal request filed, hearing Q = appeal request dismissed or withdrawn, hearing R = affirmation of prior decision, hearing S = reversal or modification of prior decision, hearing W = appeal request filed, appeals council X = appeal request dismissed or withdrawn, appeals council Y = affirmation of prior decision, appeals council Z = reversal or modification of prior decision, appeals council
33. Appeal Date	Date of the most recent appeal action.
34. Hospital Insurance, Part A, also called HI	Start - date of entitlement. Stop - most recent date of termination. Premium amount that is being paid or deducted from the benefit check. Buy-In - Y or N if a third party is paying or has paid for the premium. Start - MM/YY that a third party started paying the premium. Stop - last MM/YY that premium was paid by a third party.
35. Supplemental Insurance, Part B, Also called SMI	Start - date of entitlement. Stop - most recent date of termination. Premium - amount that is being paid or deducted from the benefit check. Buy-In - Y or N if a third party is paying or has paid for the premium. Start - MM/YY that a third party started paying the premium. Stop - last MM/YY that premium was paid by a third party.
36. Cross Reference Claim Numbers	Indicates either additional SSN used by the individual or another claim number upon which a beneficiary is receiving benefits. An SSN followed by an "M" indicates multiple SSN. An SSN followed by a Benefits Identification Claim indicates the individual is receiving Title II benefits under another claim number.

<p>444-44-4444</p> <p>222-22-2222</p>	<p>***** FORTY QUARTERS DATA REPORTED BY SSA AS OF 10/06/99 *****</p> <p>SEE 40 QUARTERS DETAIL REPORT</p> <p>***** FORTY QUARTERS DATA REPORTED BY SSA AS OF 10/06/99 *****</p> <p>SEE 40 QUARTERS DETAIL REPORT</p>
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1. SSN	Social Security number for which 40 quarters information is received.
2. Message	Several could print. See 40 quarters detail report - will display on the individual abstract sheets. SSN/Name/DOB did not match SSA's files so no match was made. Check and resubmit. SSN/Name/DOB does match SSA's files but no earnings on file for this client SSN/Name/DOB does match SSA's files and there are earnings on file for this client.

## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

***** FORTY QUARTERS DATA REPORTED BY SSA AS OF 10/06/99 *****				
QUALIFYING QUARTERS FOR THIS INDIVIDUAL:     29				
QUALIFYING QUARTERS AFTER 1998:         0				
YR	Q1	Q2	Q3	Q4
1998	*			
1997	*	*	*	
1996	*	*	*	*
1995	*	*	*	*
1994	*	*	*	*
1993	*	*	*	*
1992	*	*	*	*
1991	*	*	*	*
1990	*	*	*	*

1. Heading	40 QUARTERS DATA REPORTED BY SSA AS OF MM/DD/YY - will identify the date that the 40 quarters earnings match was made by Social Security Administration.
2. SSN	The Social Security Number earnings are provided for the 40 quarters.
3. Qualifying Quarters for this Individual	Number of quarters for displayed Social Security number for 1997.
4. Qualifying Quarters After yyyy	Number of quarters for displayed Social Security number after 1997.
5. Quarters	Each year with earnings will be listed and under each quarter an asterisk will display if there were sufficient earnings in that quarter to qualify under Social Security criteria for benefits.

***** PRISONER REPORT *****	
REPORT DATE: (2) 00/00/0000	PRISONER ID NO: (12)
NAME: XXXXXX (3) XXXXXXXXXXXX	SEX: (13)
DATE OF BIRTH: (4) 00/00/0000	RELEASE DATE: 00/00/0000 (14)
CONFINEMENT DATE: (5)	
FACILITY CONTACT: (6)	
FACILITY TELEPHONE: (7)	(000)-000-0000
FACILITY FAX NUMBER: (8)	(000)-000-0000
FACILITY/PRISON NAME: (9)	
FACILITY/PRISON ADDRESS: (10)	00000-0000

1. Heading	Prisoner Report - will identify that a prisoner report information is being provided.
2. Report Date	Date the information was reported to SSA.
3. Name	Last name followed by first name.
4. Date of Birth	Date of birth as known by the correctional facility.
5. Confinement Date	Date the individual entered the correctional facility.



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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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6. Facility Type	
7. Facility Contact	Name of person who can be contacted for further information.
8. Facility Telephone	Phone number for facility contact.
9. Facility Fax Number	Fax number for facility contact.
10. Facility/Prison Name	Name of the facility.
11. Facility/Prison Address	Address of the facility.
12. Prisoner ID No.	Identification number used by the facility for this individual.
13. Sex	Sex of the individual per facility records.
14. Release Date	Date of actual release from the facility if known.



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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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### 21D—ON-LINE APPLICANT SYSTEM

The Income Eligibility Verification System On-Line Applicant System instructions are included in the State Department of Health Services Medi-Cal Eligibility Data System Manual, Chapter V. Refer to that manual and chapter for more detail.



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# MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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## 21E--RECIPIENT SYSTEM PROCEDURES

### A. General

Income Eligibility Verification System (IEVS), as mandated by federal law, is a computerized system that matches an applicant/beneficiary to other databases. IEVS is divided into the Applicant System operated by Department of Health Services (DHS), and the Recipient System operated by Department of Social Services (DSS). The Applicant System provides information on applicants during the application process, usually within one to three calendar days, including submission and turnaround time. 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 share of cost (SOC) is sent to counties.

The IEVS Recipient System for Medi-Cal consists of seven subsystems as of November 1, 1999.

1. Payment Verification System (PVS).
  - Monthly match.
  - Provides information on Retirement, Survivors and Disability Insurance (RSDI), State Unemployment Insurance (UI), and State Disability Insurance (DI) benefits.
  - Generated by matching the Medi-Cal Master Extract File (MMEF) with the Social Security Master Beneficiary File for RSDI, and with the EDD master payment file for UI and DI.
  - Social Security Beneficiary Data Exchange (BENDEX) to obtain information on Social Security Title II Retirement, Survivors and Disability Insurance and the State Data Exchange (SDX) for SSI/SSP Title XVI. The data is one month old at the time that the match process is completed.
2. Integrated Fraud Detection/Earnings Clearance System (IFD-ECS).
  - Quarterly match.
  - Provides wage information from California employers as well as duplicate aid that may exist between the CalWORKs, Food Stamps, Medi-Cal and Supplemental Security/State Supplementary Program (SSI/SSP) recipients.
  - Generated in two ways:
    - If the counties submit the County 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 on a County Welfare Recipient file, DSS will use the MEDS Master Eligibility File to select active cases and match them against the EDD file.

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3. Franchise Tax Board (FTB) Asset Match System.
  - Annual match.
  - 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.
  - Generated by using the MEDS Master Eligibility file and matching it against FTB's latest annual interest and dividend file.
4. Internal Revenue Service (IRS) Asset Match System.
  - Annual match.
  - 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.
  - Generated by matching the MEDS Master Eligibility file against the latest IRS annual unearned income file. Suppressing duplicate matches that may be present in the FTB match for the same tax year further refines the match.
5. California Youth Authority (CYA) System.
  - Monthly match.
  - Provides information on persons age through who are reported to be incarcerated at a California Youth Authority facility.
  - Generated by matching the MEDS Master Eligibility file against the CYA inmate file.
6. Beneficiary Earnings Exchange Record (BEER) System.
  - Monthly match.
  - Provides wage information that includes out-of-state wages, self-employment, military wages, and California wages not previously reported to EDD.
  - Generated by matching the MEDS Master Eligibility file against the Social Security earned income file.
7. Jail Match Registry (JMR) System.
  - Monthly match.
  - Provides information on persons reported as being incarcerated at a county jail facility for 30 days or longer.

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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- Generated by matching the MEDS Master Eligibility file against the County Jail Registry System.

### B. Procedure

The following procedures outline the requirements of IEVS for continuing Medi-Cal cases. Specific treatment of income and resources identified in the recipient matches follow the same guidelines as for any information identified in the eligibility determination process unless expressly stated below and in the individual recipient procedures that follow.

#### 1. General Information

##### a. Informing Recipients

Recipients are informed of the IEVS Matching Requirements at the initial application, and at each annual redetermination with review of the Medi-Cal statement of facts and informing documents and advised that:

- (1) All persons, except those specifically exempted by regulations, are required to apply for and provide a Social Security Number (SSN) and
- (2) Their SSN will be used to check with records from state and federal agencies in processing computer matches to check on income, employment, assets, institutional status, and
- (3) Differences between information provided by the individual and the information provided in the computer matches will be checked out. It may have an impact on eligibility or Share of Cost or scope of benefits.

##### b. Timeliness

Regulations currently require that case action on active cases be completed within 45 days of the "match date" or "run date". The match/run date is the date the match is produced at the state level. The timeliness processing criteria is required on 80 percent of the cases with matches. The 45-day timeliness does not apply to those cases in which the worker has completed the initial review and determined a potential discrepancy and must contact a third party and wait for a response. Action on potential overpayment reporting for prior periods does not fall within the 45-day rule.

##### c. Closed Cases

Only certain closed Medi-Cal only cases need to be processed. The specific criterion is given in the Case Status description under each match.

#### 2. Match Verification Process

##### a. 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 beneficiary.

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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Factors to be considered in this determination include:

- (1) Positive match between the IEVS match and identifying case information, i.e., name and SSN.
- (2) Agreement with other information contained in the case record or otherwise available to the county.
- (3) Appropriateness of the information to the known circumstances of the beneficiary. For example, an IFD-ECS match is produced for a small child. Since this information could not in the majority of cases 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 and UI/DI entries, black out invalid FTB data.

b. **Invalid Reports**

The information on IEVS reports is confidential and adequate precautions must be taken to ensure that it remains confidential. Reports from matches that are completely invalid, or otherwise inapplicable to the case, must be destroyed through confidential destruction methods. The reports **MUST NOT BE PUT IN WITH WASTEPAPER/TRASH** that is not disposed of in a confidential manner.

c. **Report Processing**

(1) **Resolution of Discrepancies**

Once the match validity has been established, compare the information provided by the beneficiary with the IEVS-reported information. If the information matches that supplied by the beneficiary, note on the report that no discrepancy exists. Sign and date the notation. No further action is needed.

If the information reported or unreported supplied by the beneficiary is significantly different, that is, the difference between beneficiary-supplied information and IEVS-reported information could impact current or prior eligibility, or the beneficiary should have/had a higher SOC, the worker must:

- (a) Contact the beneficiary if there is a potential impact on current and ongoing eligibility or share of cost. For example, the Asset Match shows significant income from an undisclosed resource that may impact property eligibility or share of cost based on the resource availability.
- (b) Contact the beneficiary if Medi-Cal benefits have been certified and the reported discrepancy could cause potential ineligibility or a potential understated share of cost of \$100 or more for the period in question. Refer to Procedure Article 16 for guidelines on reporting overpayments and establishing potential overpayment



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period and amount. For example, the IFD-ECS report identifies that the beneficiary had unreported earned income six months ago and the beneficiary failed to report his/her employment on the Quarterly Status report form MC 176S.

- (c) Note on the IEVS report that no overpayment report is required if the unreported information could cause a potential understated share of cost of less than \$100.
- (d) With the exception of IRS and BEER reports, file the IEVS report and all documentation in the case file. No further action is needed. For IRS and BEER, return all reports and rosters to the IEVS County Coordinator for confidential storage.

### (2) Beneficiary Contact

When a discrepancy must be resolved, the county must contact the beneficiary, inform him/her of the IEVS information which is significantly different from information he/she supplied for a current or prior period, and request clarification/verification. Workers should follow standard county procedures for requesting additional clarification on inconsistent or unclear information.

If the beneficiary presents acceptable information that reasonably establishes that the IEVS-reported information is in error, this fact shall be noted in the case file. For example, IFD-ECS reported a person who is not part of the Medi-Cal Family Budget Unit but who used the beneficiary's SSN earned wages. No other family member had wages. The invalid name should be crossed out but the report maintained for future match processing. The beneficiary should be advised to contact EDD in these cases to have their wage files corrected to prevent this problem from occurring in the future.

If the beneficiary acknowledges that the IEVS-reported information is generally correct but requests an extension of time in which to obtain the specific verification, the county must grant a reasonable extension.

Although the beneficiary is responsible for providing the necessary verification to the county, the worker is to provide assistance if the beneficiary is unable to obtain requested information. If neither the beneficiary nor the county can get the information, the worker should accept an affidavit as provided for in MEM Regulation Section 50167(c).

No beneficiary is to be discontinued as long as he/she is cooperating in providing/attempting to obtain the information, unless the worker has clear information that the person is currently ineligible. For example, the only child in the home leaves or turns 21 and there is no other basis for linkage. Or a beneficiary who is not eligible for the Asset Waiver program still owns and has unrestricted access to a resource and this resource together with other nonexempt resources places the person over the property limit. In both of these cases, the beneficiary is ineligible and should be discontinued with timely notice.

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Once the discrepancy is resolved, potential overpayments must be reported, following the guidelines in Procedure Article 16. The referral should clearly indicate that the case is referred as a result of IEVS.

(3) Discontinuance Due to Failure to Cooperate

If the beneficiary does not respond to a request for clarification within ten days, or refuses to cooperate in attempting to obtain the needed verification, the worker must make one additional request for clarification. Guidelines for reasonable effort by the eligibility worker are contained in Procedure Article 41. If the beneficiary still does not respond or cooperate, the case should be discontinued per MEM Regulation Section 50175. A notation should be made in the case file that a second request was made and the beneficiary failed to cooperate.

If the potential overpayment equals or exceeds the specific match threshold for working closed cases, refer the case to DHS Investigations Section for the Region that is identified for your county based on guidelines in Procedure Article 16.

(4) Notice of Action Requirements

No action shall be taken to discontinue eligibility or increase the share of cost based on IEVS information until the IEVS information has been verified or the beneficiary has failed to cooperate and an adequate and timely Notice of Action has been sent to the beneficiary.

(5) Documentation of Match Results

The outcome of all IEVS reports must be noted in the case file. For example, if the information is correct and not significantly different from that reported by the beneficiary, this fact must be noted. The notation may be on the report itself, on a county-specific form, or in the case narrative.

(6) County Response Documents

The IFD-ECS, New Hire Registry, California Youth Authority and Jail matches do not come with individual response documents. The FTB, IRS and BEER reports have attached discrepant matches. The PVS match utilizes the DPA 525 form created by DSS for PVS only.

Discrepant response documents for PVS, FTB, IRS and BEER matches with established overpayment amounts only are currently submitted to DSS Fraud Bureau. If the amount of the overpayment cannot be established a response document is NOT to be submitted. Response documents are not required for non-discrepant matches.

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d. Social Security Number (SSN) Verification

If an IEVS report is determined to be invalid, check to see that the SSN was verified by Social Security. If Social Security rejected the SSN as unverified, the worker must contact the beneficiary and refer to Social Security with Referral Notice MC 194 in order to resolve the problem. Eligibility for persons who refuse to cooperate in the SSN referral process must be discontinued per MEM Regulation Section 50187. Corrected SSNs must be submitted to MEDS following MEDS procedures if the MEDS record cannot be updated from the Social Security response.

C. Maintenance of Records.

With the exception of federal IRS and BEER reports, the county is required to maintain the IEVS match reports in case folders for one year when the IEVS report had no impact on eligibility or share of cost or scope of services. The date the report was reviewed and processed should be entered on the report or in the case narrative. This date will be used to validate timeliness of IEVS Recipient System match processing by the county.

If the IEVS match report led to an adverse action, including a change in the SOC, discontinuance, or overpayment/fraud referral, the report must be retained in the case folder for the full case record retention period, three years from date of closing or if fraud until fraud disposition resolved. If the information had an impact on prior or current eligibility or share of cost or scope of services, a copy of the county response form should also be retained in the case file.



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### 21F--INCOME AND ELIGIBILITY VERIFICATION SYSTEM (IEVS) PAYMENT VERIFICATION SYSTEM (PVS)

#### A. General

The Payment Verification System (PVS) matches are completed monthly using the Social Security Title II - - Retirement, Survivors, and Disability Insurance (RSDI) benefits and EDD Unemployment Insurance (UI) or Disability Insurance (DI) benefit files and matching against PVS Master File which is an extract of the MEDS Medi-Cal Master Eligibility File (MMEF). The match is intended to detect cases where beneficiaries have failed to report income from those sources.

#### B. Case Status

Workers are required to process only open cases in which the reported income exceeds the specified tolerance level amount. Information on closed cases may be filed with the case or destroyed, at county option.

#### C. Match Criteria

The Medi-Cal Eligibility Data System Medi-Cal beneficiary file is matched against the:

1. Employment Development Department's UI/DI files of all persons reported as receiving UI and/or DI benefits. The UI/DI match is made on SSN only.
  - UI and DI information is retrospective. If the county option is for a monthly report, it includes about 15 to 18 days of the prior month and the entire month before that. For 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<sup>th</sup>. If the county option is for a quarterly report, it includes about 15 to 18 days of the prior month and the entire three months before that. For example, a printout received by the county on or about November 8 will contain all UI and DI payments made between July 1 and approximately October 17<sup>th</sup>.
  - Persons who are receiving UI/DI benefits from another state, or who receive state Non-industrial Disability (NDI) benefits, are not included in this match.
2. Social Security's RSDI files of all persons when the information is different from that reported the prior month.
  - When the information is unchanged, no new report will be provided. 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 month's benefits. For example, if a beneficiary received \$150 in October and will receive \$158 in November, the county will receive a printout showing this change on or about November 8.
  - The RSDI match is made on SSN, name, sex, and birthdate. When those items all match, payment information will only return when the information is new or changed. When payment information continues in the same amount no PVS match will occur for RSDI.

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The process is completed after MEDS renewal each month and sent to the county after that date. Counties receive the PVS data in a variety of formats including printed abstracts, print file format through CPU, print file format on tape, and data file for those counties that match PVS data to their local county systems. Timing for receipt by eligibility workers is based on county policy and processes. Counties may also opt to receive the PVS reports quarterly rather than monthly for UI and DI information, with the report generated based on the case annual reinvestigation (RV) cycle.

### D. Processing PVS Data

1. The report should be reviewed to establish match validity, appropriateness of the information, and whether an overpayment referral is required.
2. Review the case to determine if the individual identified on the PVS match is the same individual in the Medi-Cal case. For example, check the Statement of Facts forms for names and SSNs, including absent parents, to compare to the PVS and information in MEDS. Review the income information sections to determine what types of income this individual reported receiving. Review the MC 176 Quarterly Status Report to determine if a change in income was reported. Review the budget for income used in the share of cost determination.

Although there may be discrepancies in the UI/DI matches based on the match criteria, it is unlikely that discrepancies will occur with RSDI because of the integrity of the match process. In addition, unlike RSDI, UI and DI income will be reported on the PVS until those benefits are exhausted.

3. Review the case to determine if the UI/DI benefits are already budgeted and there is no change in case status or share of cost or eligibility for any person.
4. Review the case to determine if the beneficiary reported as receiving UI/DI was previously employed and no longer reporting wages due to unemployment or incapacity.
5. Review the case to determine if the beneficiary reported as receiving RSDI was previously employed and no longer reporting wages due to disability or incapacity and is now disabled and no longer reporting DI payments.
6. Review the case to determine if the beneficiary is receiving RSDI as the result of a child/spouse allotment due to the disability or age of a parent/spouse.
7. If the individual identified on the PVS is the same as the Medi-Cal beneficiary identified for this SSN, determine result of receipt of the UI, DI or RSDI benefits on eligibility and share of cost of all family members.
  - a. If the income was reported and this is the first time for the PVS report, review the beginning dates of payments against the beginning months that the income was included in the budget process. Determine if any period of increased share of cost should have been budgeted that would have resulted in an overpayment for that individual and other family members or if any family members are no longer eligible because of the income. Check to see if an overpayment evaluation was completed if appropriate.

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- b. If the income was not reported and continues, determine the impact on the MFBU based on the individual's status in the family and the changes in share of cost for all eligible family members. If some family members are no longer eligible, issue the appropriate notice of action based on ten-day timeliness criteria.
  - c. Complete overpayment/fraud referrals following criteria in Procedure Article 16.
  - d. If the case is discrepant, income was not reported timely, complete an IEVS Response Document DPA525 to validate the discrepancy and an overpayment amount can be determined the results of the IEVS review and forward to CDSS Fraud.
8. If the individual identified on the PVS match is not the same as the Medi-Cal beneficiary identified for this SSN, but is a member of the Medi-Cal budget unit, determine if the income was reported to the county and what actions were taken. For example a parent is using a child's SSN erroneously and worked and now receives UI benefits as a result. Follow steps above to complete case review.
9. If the individual identified on the PVS match is not the Medi-Cal beneficiary identified for this SSN, narrate the case for future matches. Notate on the PVS match the reason for non-discrepancy.

```

PVS030 ROSTER                                DEPARTMENT OF SOCIAL SERVICES          DIST-   -EW-
C200
*****
*CONFIDENTIAL INFORMATION*
*****
                                MATCHED IEVS/PVS CASES
                                RUN DATE 06/28/99
                                PAGE:      2
                                COUNTY OF XXXXXXXX
    
```

CASE IDENTIFICATION				REDETERM-----				BENEFIT AMOUNT-----			
CO AID	CASE	NBR	FBU	CASE NAME	DIST	EW	DATE	RSDI	U/I	DI/	TOTAL
59	14	0555555	7	DUITT ,TUIT	C200	0300	\$ 787.00	.00	.00		787.00
59	67	0666666	7	TIMELY ,GRAC	C200	0500	\$ .00	.00	175.85		175.85
59	87	0777777	7	AGAIN ,ONCE	C200	1299	\$ .00	89.00	.00		89.00

TOTAL CASES COUNT FOR DISTRICT/ELIGIBILITY WORKER 3

### E. Report Format for PVS030 Roster

The PVS030 Roster will be generated for each caseworker number for all cases with PVS abstract reports created during the month's PVS process. The roster will identify all cases for that worker. There is no county level report listing but there is a county level total page.

- 1. Section 1 - Header Information
  - a. State of California, Department of Social Services - the agency responsible for the recipient match process.
  - b. PVS030, IEVS/PVS Cases - number and name of the match.
  - c. DIST/EW - number of the district and the EW in the county receiving the matches listed on the roster.

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- d. Run Date - Date on which the match was made. This is the beginning of the 45 days for compliance with timeliness.
- e. Page Number - page number for this report page. There may be more than one.
- f. County Name - name of county receiving roster.

### 2. Section 2 - Case Information

- a. Case Number - includes 2-digit county code, 2-digit aid code, 7-digit serial number and 1-digit FBU.
- b. Case Name - Last name and first name of case as provided in MEDS.
- c. DIST - 3-character district code assigned to case in MEDS.
- d. EW - 4-character worker number assigned to case in MEDS.
- e. REDETERM DATE - month and year of next redetermination if available in MEDS in format MM/YY.
- f. BENEFIT AMOUNT RSDI - total amount of new Social Security benefits to be received.
- g. BENEFIT AMOUNT UI - total amount of UI benefits received during quarter of report.
- h. BENEFIT AMOUNT DI - total amount of Di benefits received during quarter of report.
- i. BENEFIT AMOUNT TOTAL - total of all RSDI, UI and DI benefits displayed.

### F. Report Format for PVS040, PVS Match

#### 1. General

PVS reports are divided into separate sections and will contain one page or more. Separate benefit information sections show match results. Section headings indicate and separate the program covered. Program order is first by RSDI, then UI and followed by DI. Beneficiaries 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".

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

This section includes identifying information for individuals in the Medi-Cal Family Budget Unit (MFBU) as reported by the county to MEDS. These are arrayed in person number sequence. All persons (with person numbers) are included, whether or not they are receiving RSDI, UI or DI benefits.

- a. State of California, Department of Social Services - agency responsible for the recipient match process.



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- b. PVS040, IEVS/Payment Verification System - number and name of the match.
- c. DIST/EW - number of the district and EW in the county receiving the match per MEDS record.

STATE OF CALIFORNIA		DEPARTMENT OF SOCIAL SERVICES		ROUTE:	DIST:	EW: C200
PVS040		IEVS/PAYMENT VERIFICATION SYSTEM		CO: 30		
		RUN DATE MM/DD/YY		PG: 01		
CASE INFORMATION			CASE NAME			
CO	CASE NO.	FBU	-----			
30	9999999	9	TUITT , RALPH			
						MATCH-FOUND
						R
						S
						D U D
<u>CASE INFORMATION AS REPORTED THROUGH MEDS INPUT</u>						
-----NAME-----		DATE OF		SSN	VERF.AID PER	D U D
LAST	FIRST	M	SEX	BIRTH	SSN	CODE CODE NO.
TUITT	MICHELLE		F	07/10/64	444-44-4444	J 30 01
TUITT	RALPH		M	06/28/58	555-55-5555	J 30 02
TUITT	JENNIFER		F	11/13/84	333-33-3333	J 30 11
TUITT	SAMUEL		M	05/07/93	222-22-2222	7 30 12
						X
						X X
						SSN INVAL

- d. County Number - 2-digit number assigned to county receiving the match.
- e. Run Date - date on which the match is made. This is the beginning of the 45<sup>th</sup> day for compliance with timeliness.
- f. PG - page number for this case abstract. There may be more than one. There is no discrepancy response form attached. A separate form is currently used for PVS.
- g. Case Information and Case Name - includes county code, case serial number, MEDS FBU and case name.
- h. Case Information as Reported Through MEDS Input - this is a listing of all persons in the case per MEDS. Data will include the SSNs that were sent to EDD and SSA for matching and the individual's last name, first name, middle initial, sex, date of birth, SSN verification code, aid code and person number.

### 3. Section 2 - Match Found

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

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.

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## 4. RSDI Match

### a. Benefit Information

This section is headed RSDI INFO AS REPORTED BY SSA ON AN EXCEPTION BASIS. Exception basis means that after the initial report of the benefit, no other report for the individual will appear 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, first six letters of the last name, first letter of the first name, sex and year/month of birth on MEDS match the same information on SSA BENDEX files. The Communication Code message states which field/item prevented a match, but SSA will not report what information SSA has for the field/item. The county should investigate any discrepancy and make any necessary corrections as soon as possible so that a further match attempt can be made.

```

-----RSDI INFO. AS REPORTED BY SSA ON AN EXCEPTION BASIS -----
INFORMATION SENT TO SSA
-----NAME ----- SEX DATE OF SSN PERSON
LAST FIRST M BIRTH NUMBER
TUITT RALPH M 06/28/78 555-55-5555 11

INFORMATION RETURNED BY SSA
----- NAME ----- SEX DATE OF BENEFICIARY
LAST FIRST M BIRTH SSN
TUITT RALPH M 06/28/78 555-55-5555

SSA CLAIM (SSN #) UPON WHICH BENEFITS ARE PAID IS 555-55-5555

BENEFIT AMOUNT BENEFIT AMOUNT ENTITLEMENT ----- MEDICARE -----
FOR MONTH OF FOR MONTH OF INITIAL PREMIUM BUY-IN
MM/YY MM/YY TYPE DATE OF PAYER AMOUNT
$ 0.00 0 / 0 0 $ 0.00

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

COMMUNICATION MESSAGE - THIS PERSON'S FIRST NAME AS SHOWN ON MEDS
IS DIFFERENT FROM SSA'S. PLEASE CHECK AND RESOLVE.

.....
THIS IS THE LAST BENDIX (T-2 RSDI - INFORMATION YOU WILL RECEIVE ON
RALPH TUITT. BENDIX DATA EXCHANGE HAS BEEN
TRANSFERRED TO FLORIDA STATE.

BASED ON YOUR COUNTY INPUT TO MEDS RALPH TUITT
IS CURRENTLY ELIGIBLE. INFORMATION WAS RECEIVED FROM BENDEX (T-2
RSDI) DATA EXCHANGE THAT RALPH WAS/IS ALSO ELIGIBLE IN
FLORIDA STATE.
    
```

### b. Information Sent to SSA

This section shows the information on the individual from the MEDS record and will include the individual's last name, first name, middle initial, sex, date of birth, SSN and person number per MEDS.

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**c. Information Returned from SSA**

This section shows the information on the individual when the name, date of birth, and SSN on MEDS matches BENDEX. It may or may not show the beneficiary SSN. If the match cannot be made because of a discrepancy, SSA will simply return the same information it received. The Communication Code message will identify when a match could not be made and why. The Eligibility Worker should resolve discrepancy based on the message.

**d. 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 an other SSN account, such as to a child of a deceased or disabled parent, the account number upon which benefits are paid will usually appear here. If paid on multiple SSNs, those numbers will also display. All individual claims will be shown.

**e. 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 month that PVS has inquired of SSA regarding this RSDI income. This will be a net amount if the individual pays for own Medicare premium or has a reduction in payment for any reason.

**f. 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, there will be no further printouts generated until a change in data occurs. The county can assume the amount of benefit being received is continuing for that individual until another printout is received. This will be a net amount if the individual pays for own Medicare premium or has a reduction in payment for any reason.

**g. Entitlement**

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

**h. Premium Payer Code**

This section shows who is making the Buy-In payment for Medicare. It will be either the individual (payor code is SELF) or the State of California (code is 050), or blank when premium is not being paid. Refer to DHS Procedure Articles 15F for guidelines on Medicare Buy-In, and Article 5 procedures for QMB, SLMB and QDWI.

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```

-----RSDI INFO. AS REPORTED BY SSA ON AN EXCEPTION BASIS -----
INFORMATION SENT TO SSA
-----NAME-----
LAST      FIRST  M
TUITT    RALPH
SEX      DATE OF      SSN      PERSON
        BIRTH      555-55-5555  NUMBER
        M        06/28/78
INFORMATION RETURNED BY SSA
-----NAME-----
LAST      FIRST  M
TUITT    RALPH
SEX      DATE OF      BENEFICIARY
        BIRTH      SSN
        M        06/28/78  555-55-5555
SSA CLAIM (SSN #) UPON WHICH BENEFITS ARE PAID IS 555-55-5555

BENEFIT AMOUNT   BENEFIT AMOUNT   ENTITLEMENT   ---- MEDICARE ----
FOR MONTH OF     FOR MONTH OF     INITIAL       PREMIUM       BUY-IN
MM/YY            MM/YY           TYPE  DATE OF     PAYER        AMOUNT
                $    0.00      0    /  0      0    $    0.00

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

COMMUNICATION MESSAGE - THIS PERSON'S FIRST NAME AS SHOWN ON MEDS
IS DIFFERENT FROM SSA'S. PLEASE CHECK AND RESOLVE.
.....
THIS IS THE LAST BENDIX (T-2 RSDI - INFORMATION YOU WILL RECEIVE ON
RALPH TUITT. BENDIX DATA EXCHANGE HAS BEEN
TRANSFERRED TO FLORIDA STATE.

BASED ON YOUR COUNTY INPUT TO MEDS RALPH TUITT
IS CURRENTLY ELIGIBLE. INFORMATION WAS RECEIVED FROM BENDIX (T-2
RSDI) DATA EXCHANGE THAT RALPH WAS/IS ALSO ELIGIBLE IN
FLORIDA STATE.
    
```

**i. Buy-In Amount**

This section shows the amount of any Medicare Buy-In payment. If the beneficiary pays his/her own Medicare premium and has the amount withheld from the RSDI benefit, the benefit amounts shown will be the NET benefit. Any reduction will be reflected in the benefit figures. The worker is to assume Medicare Buy-In is to be effective in the third month of eligibility, regardless of the code displayed when establishing the Medi-Cal budget for the first time.

**j. 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.

**k. 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.

**l. SSA Other State Conflict**

This is a message that identifies a client who moved from California to another state, or another state to California.

## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

```

-----UI INFO.  REPORTED BY EDD AS OF 07/28/99 -----
INFORMATION SENT TO EDD
----- NAME ----- SEX  DATE OF      SSN      REDT.  PERSON
      LAST      FIRST  M      BIRTH      444-44-4444  MONTH  NUMBER
TUITT      MICHELLE  F      07/10/64
INFORMATION RETURNED BY EDD
----- NAME ----- FIELD  CLAIMANTS  CROSS REF
      LAST      FIRST  M      OFFICE      SSN      SSN
TUITT      MICHELLE  0170  444-44-4444  000-00-0000

DATE LAST CLAIM  BEGIN DATE  EXTENSION  MAXIMUM BENEFITS $ 1085.00
ENTERED EDD FILE  OF CLAIM  EFF. DATE  WEEKLY BENEFITS $ 64.00
09/21/98      09/21/98  00/00/00  REMAINING BENEFITS $ 0.00

CHECK  AMOUNT  CHECK  FOR WEEK  TREASURER  REDUCTION  REDUCTION
ISSUED  NUMBER  ENDING  CLEAR DATE  AMOUNT  REASON
06/08/99 $ 48.00 33333333 05/22/99 06/17/99 $ 16.00 A
05/22/99 $ 56.00 22222222 05/08/99 06/17/99 $ 8.00 A
05/04/99 $ 48.00 11111111 05/01/99 05/12/99 $ 16.00 A

      (REDUCTION REASONS)
1) EARNINGS          6) FULL OVERPAYMENT OFFSET
2) BENEFIT REDUCTION 8) PARTIAL OVERPAYMENT OFFSET
3) WORKERS COMP      9) PENSION PAYMENT
4) WORK SHARE        A) CHILD SUPPORT
5) RECOMPUTATION DOWN
    
```

5. UI Match

a. UI Info Reported by EDD as of MM/DD/YY

This is the date that the match was made with the EDD Unemployment benefit files.

b. Information sent to EDD

This is the information that was sent to EDD to complete the match and includes the recipient's Last Name, First Name, Middle Initial, Sex and Date of Birth and SSN. Although all information is sent the match is only completed on the SSN. It is restated from the case member listing.

c. Information Returned by EDD

This is the information that is received from EDD and includes the claimant associated with this SSN by EDD, including the Last Name, First Name, UI Field Office administering the claim, SSN, Cross Reference Number (if receiving under a number other than listed as the primary claim number).

d. Date Last Claim Entered EDD file

This is the date of the most recent claim filed for this SSN.

## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

```

-----UI INFO.  REPORTED BY EDD AS OF 07/28/99 -----
INFORMATION SENT TO EDD
----- NAME ----- SEX  DATE OF          SSN          REDT.    PERSON
      LAST      FIRST  M   BIRTH          444-44-4444  MONTH   NUMBER
TUITT      MICHELLE  F   07/10/64
INFORMATION RETURNED BY EDD
----- NAME ----- FIELD    CLAIMANT'S    CROSS REF
      LAST      FIRST  M   OFFICE        SSN          SSN
TUITT      MICHELLE  M   0170         444-44-4444  000-00-0000

DATE LAST CLAIM   BEGIN DATE   EXTENSION   MAXIMUM BENEFITS   $   1085.00
ENTERED EDD FILE OF CLAIM   EFF. DATE   WEEKLY BENEFITS   $   64.00
      09/21/98      09/21/98   00/00/00   REMAINING BENEFITS $   0.00

CHECK    AMOUNT    CHECK    FOR WEEK    TREASURER    REDUCTION    REDUCTION
ISSUED   $           NUMBER   ENDING      CLEAR DATE   AMOUNT      REASON
06/08/99 $  48.00  33333333  05/22/99   06/17/99    $  16.00    A
05/22/99 $  56.00  22222222  05/08/99   06/17/99    $   8.00    A
05/04/99 $  48.00  11111111  05/01/99   05/12/99    $  16.00    A

              (REDUCTION REASONS)
1) EARNINGS                6) FULL OVERPAYMENT OFFSET
2) BENEFIT REDUCTION       8) PARTIAL OVERPAYMENT OFFSET
3) WORKERS COMP            9) PENSION PAYMENT
4) WORK SHARE              A) CHILD SUPPORT
5) RECOMPUTATION DOWN
    
```

**e. Begin Date of Claim**

This is the date that eligibility for benefits under the current claim 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.

**f. Extension Effective Date**

This is the date that an extension rather than a new claim was filed and the effective date of that extension.

**g. Maximum Benefits**

This is the total amount of benefits available under the current claim or current extension.

**h. Weekly Benefits**

This is the maximum weekly payment to be made and the amount that should be used in computing income to the Medi-Cal Family budget unit unless the reduction identified in Section 15 is an allowable deduction for Medi-Cal purposes. Follow guidelines in Article 10.

---

## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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i. Remaining Benefits

This is the total of benefits left to be paid from this claim. UI benefits are tied to quarters of earnings in which an individual has sufficient earnings to qualify for a 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. If the report for a person who still has UI benefits remaining shows that he/she stopped receiving UI, the worker should inquire about full-time employment and other health coverage.

j. Check Issued

This is the date that the UI payment was authorized for the UI weekly benefit amount for payment. This may, but more likely will not, be the actual date the beneficiary received this check in hand. The beneficiary probably received the check between one and five days after this date. For Medi-Cal purposes, the exact date ongoing UI benefit checks are processed or received will not affect the share of cost. The income from UI will be apportioned over time per MEM Regulation Section 50517, based upon how frequently benefits are paid.

k. Amount

This is the amount of 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 beneficiary may have had which are subtracted from the benefit, special extensions of benefits, etc. The beneficiary is responsible for reporting to the county any earned income he/she receives and any change in the amount of benefits. The county will not reduce the share of cost based on the UI report if the beneficiary fails to report a reduction in benefits.

l. Check Number

This section shows the 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 purpose. In reality, the person received only one check.

m. Week Ending

This is the end of the week for which the UI benefit was issued.

n. Treasurer Clear Date

This is the date that the State Treasurer office paid on the check, not always the date that the beneficiary cashed the check. If the beneficiary cashed the check at a financial institution with wire transfer capabilities with the State Treasurer, this could be the same day that the check was cashed.

## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

**o. Reduction Amount**

This is the amount being deducted from the maximum allowable weekly payments. The reduction and check amount should equal the total weekly amount allowable.

**p. Reduction Reason**

This is the reason for any reduction in UI payment. Follow Medi-Cal income rules in determining whether that amount should be allowed.

```

-----DI INFO REPORTED BY EDD AS OF 06/09/99-----
INFORMATION SENT TO EDD
-----NAME-----SEX  DATE OF      SSN          REDT.    PERSON
LAST  FIRST  M   BIRTH      777-77-7777  MONTH   NUMBER
TUITT DANIELLE F   11/21/70   11         01

INFORMATION RETURNED BY EDD
-----NAME-----FIELD    CLAIMANTS    CROSS REF
LAST  FIRST  M   OFFICE     SSN          SSN
TUITT DANIELLE M   2220       777-77-7777 000-00-0000

      BEGIN DATE      MAXIMUM BENEFITS    $ 12584.00
      OF CLAIM        WEEKLY BENEFITS    $   242.00
      05/15/99        REMAINING BENEFITS $ 10112.00

CHECK    AMOUNT    CHECK    TREASURER    REDUCTION    REDUCTION
ISSUED   $           NUMBER     CLEAR DATE   AMOUNT      REASON
06/01/99 $ 207.43    44444444  06/05/99

      (REDUCTION REASONS)
1) PARTIAL WAGES                8) PARTIAL OVPMT OFFSET
2) DI VOLUNTARY PLAN REDUCTION  A) CHILD SUPPORT
3) WORKERS COMP                 B) BENEFIT GARNISHMENT
4) WCVR                         C) PREPAYMENT REDUCTION
5) RECOMP DOWN                 D) UNALLOCATED SICK LEAVE - WAGE
6) FULL OVERPAYMENT OFFSET     E) SICK LEAVE - WAGE
                                F) SIMULTANEOUS COVERAGE
    
```

**6. DI Information**

**a. Information Sent to EDD**

This section shows the MEDS individual case member identifying information sent to EDD for matching.

**b. Information Returned by EDD**

This section shows the information on the individual matched by SSN. Last name, and first initial.

**c. Check Issued**

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



**MEDI-CAL ELIGIBILITY PROCEDURES MANUAL**

d. Amount

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

e. Check Number

This section gives the number of the DI check issued to the individual. Normally, these will all be different numbers. Occasionally two checks with the same number will be issued and show up on the PVS printout. This happens most often when EDD offices mistakenly issue two checks with the same number. If this should occur, the county should confirm with the beneficiary and/or the EDD field office that issued the check what amount the beneficiary actually received.

f. Treasurer Clear Date

This is the date that the State Treasurer office paid on the check, not always the date that the beneficiary cashed the check. If the beneficiary cashed the check at a financial institution with wire transfer capabilities with the State Treasurer, this could be the same day that the check was cashed.

g. Reduction Amount

This is the amount being deducted from the maximum allowable weekly payments for the reason. The reduction amount and the check amount should equal the total weekly amount allowable. Since DI income is apportioned over time per Section 50517, the important information is whether a check is authorized and the amount. It is not necessary to determine whether the beneficiary has cashed the check. Based on the changes implemented due to Sawyer, DI income is considered earned income instead of unearned at this time for AFDC-MN/MI individuals.

h. Reduction Reason

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.

_____	
WORKER NAME/# _____	DATE OF REVIEW _____
IF NO DISCREPANCIES, CHECK THIS BOX <input type="checkbox"/>	
FILE IN CASE	
*****	END OF CASE *****
*** CONFIDENTIAL INFORMATION	CONFIDENTIAL INFORMATION ***
*****	*****

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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### 7. End of Case

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

#### a. Worker Name/#

The Eligibility Worker completing the review and case actions should sign and enter their caseworker number.

#### b. Date of Review

This is the date that all case actions have been completed for this abstract.

#### c. No Discrepancy

This box is only checked when the review does not result in a discrepancy resulting in an overpayment.

### H. Reporting Discrepancies

The DPA525 Discrepant document is to be completed when it is determined that the information on the PVS report had any impact on current or prior eligibility or share of cost or scope of services. The document is to be completed for the case file regardless of whether a dollar value for overpayment. If the county is able to establish the dollar amount of overpayment, a copy of this report should be forwarded to CDSS Fraud Bureau for data collection purposes. Counties may also submit a data file for this purpose.

#### 1. Header

Complete the information as printed on the heading section of the PVS document.

#### 2. Programs Affected

This question asks that the amount of any overpayment associated with the receipt of the PVS information be calculated in whole dollars in the E. MCO space. The amount should be the total of the differences between the actual share of cost and the correct share of cost for all month that Medi-Cal benefit were issued incorrectly.

# MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

STATE OF CALIFORNIA-HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

DEPARTMENT OF SOCIAL SERVICES  
IEVS/PAYMENT VERIFICATION DOCUMENT

COUNTY RESPONSE DOCUMENT

*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.*

	Co.	Case Number	FBU
A.	Case:	____ - ____ - ____	
		Mo.    Day    Year	
B.	Run Date:	____ - ____ - ____	
	(From Abstract)		

1. What program(s) was affected and what was the actual amount of the overpayment/overissuance or monthly share of cost increase?

<u>List</u>	C. AFDC	\$	
<u>Whole</u>	D. FS	\$	
<u>Dollars</u>	E. MCO	\$	
<u>Only</u>	F. Other	\$	

2. What type(s) of unreported income was the reason for the actual overpayment/overissuance or monthly share-of-cost increase?

"X" all that apply:

- |          |   |
|----------|---|
| G. UI    | 1 |
| H. DI    | 2 |
| I. RSDI  | 3 |
| "X" one: |   |

3. Did the IEVS Match information result in the case being discontinued?

- |        |   |
|--------|---|
| J. Yes | 1 |
| K. No  | 2 |

4. Completed By:

Name	Worker Number	Date
------	---------------	------

When response Document is complete, mail the original form to:

California Department of Social Services  
Fraud Bureau  
744 P Street, MS 19-26  
Sacramento, CA 95814

File copy in the case.

DPS 525 (5/93) PVS040

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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Do not include other factors that may increase the overpayment but are not related to the PVS information. **EXAMPLE:** The beneficiary 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.

3. Type of Income

The type of unreported income resulted in a change in the Medi-Cal SOC should be indicated in this section. There may be more than one source of income checked, if appropriate.

4. Discontinuance

Check this box if PVS 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 unless, the beneficiary failed to respond to the county's request for clarification and the case is discontinued.

5. Mailing Address

Once the county response form is completed, it should be sent to this address. Since some counties have a central control for tracking county response forms, county procedures are to be followed.

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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### 21G—INCOME AND ELIGIBILITY VERIFICATION (IEVS) RECIPIENT SYSTEM INTEGRATED FRAUD DETECTION – EARNINGS CLEARANCE SYSTEM (IFD-ECS)

#### A. Overview

The Integrated Fraud Detection System (IFDS) formerly known as the Earnings Clearance System, is a quarterly match, which identifies wages earned by the Medi-Cal beneficiary two quarters prior to the current quarter. The match is used to detect cases where beneficiaries either failed to report employment or under-reported the amount of income earned.

#### B. Case Status

Workers are required to process reports for all open cases that show that quarterly wages exceed \$5,000 per quarter. These threshold levels are preliminary and may be adjusted in the near future. Information on closed cases sent to the county must be processed only if the quarterly wages exceed \$5,000 per quarter. Reports for all other closed cases may be filed in the case file or destroyed, at county option. There is a tolerance level of \$500 per quarter when comparing reported wages to the Employment Development Department wages.

#### C. Match Criteria

1. Information is seven to nine months old.
2. The match is made on the Social Security number (SSN) and first five characters of the last name or first initial of the first name.
3. 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. Those individuals will be listed on the BEER recipient matches.

#### D. Processing IFD/ECS Matches

1. The report should be reviewed to establish match validity, appropriateness of the information, and whether an overpayment referral is required.
2. Review the case to determine if the individual identified on the ECS match is the same individual as in the Medi-Cal case. A contact, including fraud confrontation with the head of household may be required to complete the review.

For example, check the Statement of facts form for income sources. Review case narratives and MC 176 Quarterly Status Reports for reports of changes in circumstances and earnings.

3. If the individual identified on the IFD/ECS match is the same as the Medi-Cal beneficiary, compare the months of reported earnings to those reported to the county.
  - a. If the earnings were reported and continue, compare the IFD/ECS match by dividing the total quarterly earnings by three. Compare this monthly average to those earnings reported for the case. If a Sneed case, the monthly earnings should first be compared to the MFBU level and not the MBU level.
  - b. If the amounts do not match, check to see if the beneficiary was on aid or earnings were countable for the entire quarter. If countable for only one or two months, compare the monthly average of those months only to 1/3 of the total quarterly earnings.

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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- c. If the amounts do not match, check to see if the beneficiary reported the employment beginning after the first of the ECS quarter or employment ending before the end of the ECS quarter. Compare those portions of months with countable earnings to the total earnings. For example, beneficiary reported this employment began in month two. Compare the monthly average of those months to 1/3 of the total quarterly earnings.
  - d. If the amounts do not match, if a determination cannot be made that the individual reported all earnings, or if it appears that the beneficiary had additional employers for the quarter, contact the beneficiary to obtain earnings information for the quarters identified on the ECS report plus through current month if not already provided.
  - e. If the beneficiary does not have earnings verifications available, or is unable or unwilling to provide verification, send a written request for earnings information to the employer and request that a written response be sent directly to the county.
  - f. If employment is discovered which was not previously reported, question whether the beneficiary or any family member is covered under employer provided health insurance, and complete a DHS 6155 per guidelines in Procedure Article 15.
  - g. If it is determined that the unreported earnings resulted in an understated share of cost or ineligibility for any family member or erroneous scope of services complete overpayment referrals following criteria in Procedure Article 16.
4. If the individual identified on the ECS match is not the same as the Medi-Cal beneficiary identified for this SSN, review the name identified on the ECS match to see if it belongs to another family member who used the SSN erroneously. If yes, complete steps under above and advise the family of the necessity of correcting the SSN with the employer.
  5. If the individual identified on the ECS match is not the same as the Medi-Cal beneficiary identified for this SSN, nor another member of the Medi-Cal family unit, narrate the case for future matches.

### E. Print Format for the IFD Rosters

The exact format of the ECS abstracts and rosters may vary from county to county based on special programs that the county may complete for this match. The examples below are for those matches that are provided by CDSS Data Systems without those county unique changes. Refer to local guidelines for differences in format. 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.

1. Roster Numbers
  - a. IFD440 - The report lists cases matched over the discrepancy level.
  - b. IFD460 - The report lists cases matched under the discrepancy level.
  - c. IFD530 - The report lists mismatched cases.
2. Roster Detail

## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

### 2. Roster Detail

- a. Program IFD440 - Name of program and report number.
- b. Integrated Earnings Clearance/Fraud Detection System - Name of match.
- c. State Department of Social Services - Agency responsible for the match.
- d. Page No. - Sequential page number for this report.
- e. Matched > Limit Control Roster for Process Quarter mm-mm/yyyy - Identifies the type of match that occurred and the quarter of earnings reported.
- f. Run Date - Date that the report is processed. This is normally the date that determines the 45-day timeliness requirement unless delays occur at the state level.
- g. County/State of - Name of County responsible for case for this match.
- h. Case Identification - Includes the two-digit County code, two-character aid code, seven-digit case serial and one-character FBU for the case per MEDS.
- i. Case Name - The case last and first name if input by the county per MEDS.
- k. County Use - The four-character worker number in MEDS.
- l. Earnings Discrepancy - The difference in earnings reported by the county when compared to earnings reported by the employer.
- m. Total Case Count - Total all cases reported on the report sort.

PROGRAM IFD440	INTEGRATED EARNINGS CLEARANCE/FRAUD DETECTION SYSTEM			PAGE NO. 15
	STATE DEPARTMENT OF SOCIAL SERVICES			RUN DATE 09/15/99
	MATCHED > LIMIT CONTROL ROSTER FOR			
	PROCESS QUARTER JAN-MAR , 1998			
	COUNTY/STATE OF xxxxxxxxxxxxxxxxxxxx			
CASE IDENTIFICATION CO AID CASE NBR FBU	CASE NAME	COUNTY USE	EARNINGS DISCREPANCY	
XX 34 0000001 7	CLEVELAND, FOREST	0001	\$	720
XX 63 0000002 7	GROVER, QUICK	0002	\$	1,698
XX 58 0000003 6	KEVORKA, BONNIE	0003	\$	9,923
TOTAL CASE COUNTY	3			
INDICATES DUPLICATE AID INFORMATION IS ALSO REPORTED FOR THE CASE				

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

STATE OF CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
REPORT IFD440 IEVS/INTEGRATED FRAUD DETECTION SYSTEM
MATCHED > LIMIT PROCESS QUARTER OCT - DEC , 1998 RUN DATE 09/08/99
COUNTY OF XXXXXXXXXXXXXXXXXXXX PAGE 01

1.CASE IDENTIFICATION| 2.CASE NAME |3.DIST|4.WORKER|5.CO USE|
CO AID CASE NO. FUB| | | | |
XX 82 9999999 8 |MCDUGALL, LEE | | | | |

EARNINGS MATCH-----

SSN -----RECIPIENT NAME----- PER. COUNTY -ELIGIBILITY-
NO. D.O.B. SEX USE MO.1 MO.2 MO.3
555-55-5555 MCDUGALL LEE 01 10/12/79 F 82 AFGO AFGO AFGO
REPORTED EDD WAGE RECORDS THIS SSN = 1. LISTED BELOW = 1.

EMPLOYER NAME AND ADDRESS EDD ACCT NO. EMPLOYEE NAME EDD EARNINGS
1.P & M CEDAR PRODUCTS INC 9999999 YOUNG P \$ 3,583
2222 WEST MARCH LANE
SACRAMENTO CA97834

666-66-6666 MCDUGALL PAUL 02 10/13/80 M 82 0002 0002 0002
REPORTED EDD WAGE RECORDS THIS SSN = 1. LISTED BELOW = 1.

1.SHORTAL ELECTRONICS INC 88888888 MCDOU P \$ 3,333
BX 999
VOLCANO CA99999

TOTAL EDD EARNINGS \$ 6,916
TOTAL COUNTY CASE WAGES \$ 3,596
DIFFERENCE (EDD ? COUNTY) \$ 3,320

FOUR PRIOR QUARTERS-----

SSN -----RECIPIENT NAME-----
555-55-5555 MCDUGALL LEE R
1ST PRIOR: JULY - SEPT 1996 \$ 888 2ND PRIOR: APR - JUNE 1996 \$ 999
3RD PRIOR: JAN - MAR 1996 \$ 1,222 4TH PRIOR: OCT - DEC 1995 \$ 777

FOUR PRIOR QUARTERS-----

SSN -----RECIPIENT NAME-----
666-66-6666 MCDUGALL PAUL
1ST PRIOR: JULY - SEPT 1996 \$ 0 2ND PRIOR: APR - JUNE 1996 \$ 0
3RD PRIOR: JAN - MAR 1996 \$ 0 4TH PRIOR: OCT - DEC 1995 \$ 0

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

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

IF NO DISCREPANCIES, CHECK THIS BOX

FILE\*IN\*CASE\*\*\*\*\*
\*\*\* CONFIDENTIAL INFORMATION CONFIDENTIAL INFORMATION \*\*\*
\*\*\*\*\*



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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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### F. Print Format for the IFD440 Abstract

#### 1. Section 1 - Page Header

- a. State of California Department of Social Services - Agency responsible for completing the match process.
- b. Report IFD440 - Report number. Identifies IFD earnings clearance match.
- c. Matched > Limit - Identifies the type of match in this case that the match was caused because the difference in reported earnings was above the allowable threshold. The other options are matched < discrepancy limit, or mismatched.
- d. IEVS/Integrated Fraud Detection System - Name of the Match.
- e. Process Quarter - Identifies the quarter and year in which the earnings were paid and reported by the employer.
- f. Run Date - Date that the report is processed. This is normally the date that determines the 45-day timeliness requirement unless delays occur at the state level.
- g. Page - Number of the page for this individual case. More than one page may print.
- h. County - Name of county responsible for the case for the period of the match.

#### 2. Case Information

- a. Case Identification - Includes the two-digit county code, followed by the two-character aid code, followed by the seven-digit serial number, followed by the one-character FBU as reported by the county.
- b. Case Name - The case name, last and first, if input by the county. May not be the beneficiary's name.
- c. Dist - The three-character county office code per MEDS.
- d. Worker - The four-character worker number in MEDS at the time of the match.
- e. Co. Use - Blank field for county use.

#### 3. Beneficiary Information from MEDS

The following information will display for each individual and will be followed by employment information (see No. 4) for that same individual.

- a. SSN - The Social Security Number for which the match was processed.
- b. Recipient Name - The last and first name and middle initial of the person for the matched SSN per MEDS.
- c. Per No. - The two-character person number for the person for the matched SSN per MEDS.

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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- d. DOB - The date of birth for the person for the matched SSN per MEDS.
  - e. SEX - The sex code for the person for the matched SSN per MEDS.
  - f. County/State Use - The two-character aid code for the person for the matched SSN per MEDS.
  - g. Eligibility
    - (1). Mo X - Three months will display and will be the months in the quarter identified for earnings.
    - (2). Program - Under each month the initials AFGO will display. An 2 under O means that the individual received Medi-Cal in that month.
  - h. Reported EDD Wage Records for This SSN - Will identify the number of employers reporting wages for this quarter. See Section 4.
  - i. Listed below - Will identify the number of employers listed on this report.
4. Section 4 - Employment Information from EDD for Current Quarter

The following information will display for each individual and will follow individual information (see No. 3) for that same individual. Each employer will display separately.

- a. Employer Name and Address - Employer's name and address reporting wages for the quarter.
  - b. EDD Acct No - The account number assigned to this employer by the Employment Development Department.
  - c. Employee Name - The name that the employer has on record for this SSN.
  - d. EDD Earnings - The total earnings for the quarter as claimed by the employer.
5. Section 5 - Four Prior Quarters

If there is more than one person included in this wage with reported wages each will have a four prior quarter display in SSN order.

- a. SSN - The Social Security Number for the reported individual.
- b. Recipient Name - The name of the person in MEDS for the matched SSN.
- c. Quarters - prior quarter will print with the most recent quarter first.

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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6. Section 6 - Case Processing

- a. Worker Name/# - The name and worker number of the person completing the case review should be printed in this section whether or not the case is or is not discrepant. This may not be the worker number identified as responsible for the case based on county operations.
- b. Date of Review - The date that the final action is taken for this match and case review whether the case is or is not discrepant.
- c. If No Discrepancies - This box is checked only when there are no discrepancies in the information provided on the IFD match and the case record. If the case is discrepant the county response form is to be completed as well.

7. County Response form.

When it is determined that the information provided on the IFD match is discrepant with the information in the case record, this response form is to be completed. If an actual overpayment amount can be determined in Section 2, the form is to be mailed by CDSS fraud.

- a. Section 1 - Program and Case Information. See detail on page 5.
- b. Section 2 - Program Affected

This section asks that the actual amount of any overpayment associated with the IFD information be calculated in whole dollars and written in "F.MCO" space. The amount should be the total difference between the actual share of cost that was certified and what the share of cost should have been if still eligible.

- c. Section 3 - Discontinuance

If the case is discontinued because of the actions taken to process the IFD match, check YES. This includes those situations in which the county requests information and the beneficiary fails to provide, or, when the asset continues to make the individual ineligible.

- d. Section 4 - Mailing Address

CDSS Fraud Bureau address for discrepant matches with known amounts of overpayments.

**MEDI-CAL ELIGIBILITY PROCEDURES MANUAL**

STATE OF CALIFORNIA	DEPARTMENT OF SOCIAL SERVICES		
REPORT AFD440	IEVS/INTEGRATED FRAUD DETECTION SYSTEM		
MATCHED > LIMIT	PROCESS QUARTER	OCT - DEC , 1997	RUN DATE 08/08/98
	COUNTY OF xxxxxxxxxxxxxxxx		PAGE 01

  

1. CASE IDENTIFICATION	2. CASE NAME	3. DIST	4. WORKER	5. CO USE
CO AID CASE NO. FBU				
XX 82 9999999 8	MCDUGALL, LEE			

  

EARNINGS MATCH-----

SSN	-----RECIPIENT NAME-----	PER.	NO.	D.O.B.	SEX	USE	COUNTY /STATE	-ELIGIBILITY-		
								MO.1	MO.2	MO.3
555-55-5555	MCDUGALL LEE	01	10/12/79	F			82	0002	0002	0002
REPORTED EDD WAGE RECORDS THIS SSN = 1. LISTED BELOW = 1.										

  

EMPLOYER NAME AND ADDRESS	EDD ACCT NO.	EMPLOYEE NAME	EDD EARNINGS
1. P & M CEDAR PRODUCTS INC 2222 WEST MARCH LANE SACRAMENTO CA 97834	9999999	YOUNG P	\$ 3,583

  

666-66-6666	MCDUGALL PAUL	02	10/13/80	M	82	0002	0002	0002
REPORTED EDD WAGE RECORDS THIS SSN = 1. LISTED BELOW = 1.								

  

1. SHORTAL ELECTRONICS INC BX 999 VOLCANO CA99999	88888888	MCDOU P	\$	3,333
---	----------	---------	----	-------

  

	TOTAL EDD EARNINGS	\$	6,916
	TOTAL COUNTY CASE WAGES	\$	3,596
	DIFFERENCE (EDD ? COUNTY)	\$	3,320

  

FOUR PRIOR QUARTERS-----

SSN	-----RECIPIENT NAME-----						
555-55-5555	MCDUGALL LEE	R					
1 <sup>ST</sup> PRIOR:	JULY - SEPT 1996	\$	888	2 <sup>ND</sup> PRIOR:	APR - JUNE 1996	\$	999
3 <sup>RD</sup> PRIOR:	JAN - MAR 1996	\$	1,222	4 <sup>TH</sup> PRIOR:	OCT - DEC 1995	\$	777

  

FOUR PRIOR QUARTERS-----

SSN	-----RECIPIENT NAME-----						
666-66-6666	MCDUGALL PAUL						
1 <sup>ST</sup> PRIOR:	JULY - SEPT 1996	\$	0	2 <sup>ND</sup> PRIOR:	APR - JUNE 1996	\$	0
3 <sup>RD</sup> PRIOR:	JAN - MAR 1996	\$	0	4 <sup>TH</sup> PRIOR:	OCT - DEC 1995	\$	0

  

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

  

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

  

IF NO DISCREPANCIES, CHECK THIS BOX

  

FILE\*IN\*CASE\*\*\*\*\*  
 \*\*\* CONFIDENTIAL INFORMATION CONFIDENTIAL INFORMATION \*\*\*  
 \*\*\*\*\*

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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### 21H--INCOME AND ELIGIBILITY VERIFICATION (IEVS) RECIPIENT SYSTEM ASSET MATCH SYSTEM - FRANCHISE TAX BOARD (AMS-FTB)

#### A. Overview

The Medi-Cal Eligibility Data System Medi-Cal beneficiary file is matched against FTB's interest and dividend file in order to identify those beneficiaries who have interest or dividends paid in a specific year. FTB's file contains interest and dividend information from financial/investment institutions based in California or have offices in California.

#### B. Case Status

The county is required to process match reports on all open cases with reported income from assets of \$100 or more. Cases with income below \$100 will not be sent to the county.

If the case is closed by the time the county receives the abstract and the income from the asset(s) is less than \$250, no further action is required. The report may be filed in the case file or destroyed based on county option. When income from the asset is \$250 or more, the closed case must be reviewed to establish whether the asset was disclosed, and if not, whether fraud or an overpayment may have occurred.

#### C. Match Criteria

1. Information is 13 to 24 months old and show only the interest and dividend income earned from the assets, not the account balances.
2. The match is made on the Social Security Number (SSN) and the first four characters of the last name only.
3. 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. Interest/dividend income reports from out-of-state financial institutions generally are not available in this match but will be picked up in the IRS asset match. Income/taxes from real property is not included. Dollar amount of 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 or dividend income reported.

#### D. Processing Asset Match Data

1. The report should be reviewed to establish match validity, appropriateness of the information, and whether an overpayment referral is required.
2. Review the case to determine if the individual identified on the FTB match is the same individual as in the Medi-Cal case. For example, review the questions on the Statement of Facts and the MC 176 Quarterly Status report regarding resources and the current status including spend down, transfer and current principal and income if resource is still available.
3. If the individual identified on the FTB match is the same as the Medi-Cal beneficiary identified for this SSN, determine if asset was reported and the impact on eligibility.

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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4. Resource Disclosed

If the asset is disclosed or verification/documentation of spend down exists, the beneficiary information is considered to agree with the abstract. If the asset has been retained, review income from the asset per MEM Regulation Section 50542. If the income is posted monthly and can reasonably be anticipated, i.e., it fluctuates somewhat, determine if the income should be counted in the income computation. If the income is posted no more than twice quarterly and is casual or inconsequential income, it should be subject to the "first \$60 exemption" and then apportioned monthly.

5. Resource Undisclosed

If there is no record of the asset in the case file, the county must contact the beneficiary to resolve the discrepancy. No case action may be taken based on IEVS information alone.

a. Beneficiary Requests Assistance in Accessing Records

Obtain a signed authorization from the beneficiary and prepare and send a letter to the financial institution identified on the match. If a response cannot be obtained from the institution, obtain an affidavit from the beneficiary per MEM Regulation Section 50167(c). File the affidavit in the case file. If the worker believes that the information provided by the beneficiary is questionable, complete a referral to DHS Investigation Section for further evaluation.

b. Beneficiary Fails to Respond

If the beneficiary fails to respond to the contact letter within ten days, attempt a follow-up contact per MEM Regulation Section 50165(b). If there is either no response or no valid reason for delay, send a timely Notice of Action to discontinue eligibility per MEM Regulation Section 50175 for failure to cooperate in resolving incomplete or inconsistent information that may affect continuing eligibility. Enter a complete explanation in the case file in order to sustain the discontinuance action at a state hearing. Complete a referral to DHS Investigations per guidelines in Procedure Article 16.

c. Resource is Spent Down Prior to Establishing Medi-Cal Eligibility

If the beneficiary provides verification or information that shows the asset was spent down prior to establishing Medi-Cal eligibility, determine if the spend down impacted LTC scope of services per guidelines in Procedure Article 9, Property. If LTC scope of services is not applicable, document the case record in the event the individual enters LTC status in the future.

d. Resource is Spent Down After Establishing Medi-Cal Eligibility

If the resource was available, but the beneficiary spent it after establishing Medi-Cal eligibility, a potential overpayment occurred for the months the beneficiary owned the account, whether there is an impact on current eligibility or not. Follow guidelines in Procedure Article 16 for fraud and/or overpayment referral to DHS Investigations Branch.

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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e. Beneficiary Still Has Resource

(1) Beneficiary Incompetent

The resource is considered unavailable if the beneficiary was senile or otherwise mentally incompetent when the application was made, there is no spouse or conservator, and the person acting on the beneficiary's behalf does not have the "right, power, and authority" to access the accounts. A completed Medical Report-Medical Assistance Only (MC 1708) confirming mental incapacity is adequate documentation that the beneficiary is not able to handle his/her own affairs unless a court determines otherwise. Appropriate action must be taken immediately to make the accounts available.

If the beneficiary completed the application process but later became incapable of handling his/her own affairs, evaluate availability.

If there is a spouse or conservator, or the person acting on behalf of the beneficiary does have authority to access the accounts, evaluate availability. If the conservator or responsible person acting on behalf of the beneficiary had no prior knowledge of the resource(s), the account(s) will have no effect on prior eligibility. No overpayment has occurred. Evaluate availability of the resource(s) for current and ongoing eligibility. However, if the conservator or responsible person did have knowledge of the accounts, i.e., was on the account or acknowledges he/she was aware of the account, evaluate availability and report any potential overpayment to DHS.

(2). Unrestricted Access to Accounts

If the beneficiary has unrestricted access, evaluate eligibility for prior months to determine if the resource is exempt, i.e., burial trust, exempt life insurance, retroactive Supplemental Security Income/Title II lump sum payment, etc., or if the value of nonexempt resource plus other resources exceeds the property limit following guidelines in Procedure Article 9. If resources exceed the property limit for any month, the case is ineligible for those months. Complete an overpayment referral per guidelines in Procedure Article 16.

(3). Restricted Access to Accounts

If the beneficiary has restricted access (the account requires another signature to sell, withdraw funds, etc.) and the co-owner is in the Medi-Cal Family Budget Unit (MFBU), the resource is available.

When the co-owner is the spouse, but the beneficiary is in his/her own MFBU, establish whether there is a written interspousal agreement covering the ownership of the property. If the beneficiary is in long-term-care (LTC) evaluate ownership based on the date of entrance into LTC to determine treatment of resource per pre-MCCA or MCCA guidelines.

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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If the co-owner is not in the MFBU (relative other than spouse or non-relative) and the asset is a checking or savings account, follow guidelines in MEM Regulation Section 50453(b) and establish availability. For all other resources, establish whose money went into the account. Did the beneficiary have unrestricted access to the account in the 30 months preceding the application date? If the account was solely the beneficiary's at any time in the period, consider the resource available.

If access to the resource was restricted for more than 30 months prior to the application date, establish what amount is available to the beneficiary to meet his/her needs. If the account was entirely unavailable, note this fact and the reason why in the case record.

If the beneficiary was added to the account of another person who is not a responsible relative, question whether any money is made available. If not, consider the asset unavailable. -

If the resource is available and a person other than the beneficiary completed the application, process and evaluate whether there was a willful attempt to conceal information. If yes, complete a referral to DHS Investigations per guidelines in Procedure Article 16.

f. **Resource Transferred or Given Away**

If the resource was available and was given away or transferred within 30 months of the application date, establish the date of the transfer, the value of the resource at the time of the transfer, and who the resource was transferred to, and if the resource was converted from one type of property item to another. For example, a home was sold and the entire proceeds were placed in a living trust.

If the applicant is in a skilled nursing facility, determine whether the transfer was made without adequate considerations, which would have resulted in a period of ineligibility for LTC scope of services. If yes, determine the period of ineligibility per guidelines in Procedure Article 9, using the MC 176 PI Period of Ineligibility Worksheet to determine the number of months.

If the period of ineligibility has ended by the time that the county discovers the transfer, complete a referral for overpayment per guidelines in Procedure Article 16.

6. **Not The Medi-Cal Beneficiary**

- a. If the individual identified on the FTB match is not the same as the Medi-Cal beneficiary identified for this SSN, but is a member of the Medi-Cal budget unit, determine if the asset was reported to the county and what actions were taken. For example, the parent is using the child's SSN erroneously. Follow steps above to complete case review.
- b. If the individual identified on the FTB match is not the same as the Medi-Cal beneficiary identified for this SSN, nor a member of the MFBU, narrate the case for future matches.



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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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### E. Print Format for FTB Rosters

1. There are two rosters provided except for Los Angeles County who receives a roster sorted by district not requested by other counties. The information on the reports is the same.

IEV540 - The report is printed by County and is in descending order of interest/income from all assets for the individual.

IEV542 - The report is printed in County, district, EW and descending order of interest/income from all assets for the individual, case number and FBU sequence.

2. Roster Detail

- a. Program IEV540 - name of program and report number.
- b. State of California Department of Social Services - agency responsible for the match.
- c. Date - date that the report is processed. This is normally the date that determines the 45-day timeliness-requirement unless delays occur at the state level.
- d. Income and Eligibility Verification System FTB Asset Match Roster - name of the IEVS Match and identification of active or inactive status in MEDS.
- e. Reported to County of XXXXX - name of county responsible for case for the match.
- f. Page No. - sequential page number for this report number.
- g. Case ID - Includes the 2-digit county code followed by the 7-digit case serial number, followed by the 1-digit FBU per MEDS.
- h. DIST - The 3-character county office code per MEDS.
- i. EW - The 4-character worker number in MEDS at the time of the match.
- j. Case Name - The case last name if input by the county per MEDS.
- k. Case Asset Amount - The total amount of income reported for all assets for the case.
- l. Comments - The types of income reported. See section H.
- m. Total Cases - The total of all cases for this report level.

# MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

PROGRAM IEV540	STATE OF CALIFORNIA					DATE: 04/10/99	
	DEPARTMENT OF SOCIAL SERVICES						
	INCOME AND ELIGIBILITY VERIFICATION SYSTEM					PAGE NO. 12	
FTB ASSET MATCH ROSTER OF ACTIVE MEDI-CAL CASES REPORTED TO COUNTY OF XXXXXXXXXXXXXXXXXXXX							
----- CASE ID -----							
CO	SERIAL	FBU	DIST	EW	CASE NAME	CASE ASSET AMOUNT	COMMENTS
XX	0000001	7	001	0001	JONES	\$ 111	
XX	0000002	7	002	0002	SMITH	\$ 99	
XX	0000003	7	003	0003	BROWN	\$ 88	
XX	0000004	7	004	0004	WHITE	\$ 77	
TOTAL CASES:				268			

## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

STATE OF CALIFORNIA REPORT IEV535	DEPARTMENT OF SOCIAL SERVICES IEVS FTB ASSET MATCH UNEARNED INCOME FOR TAX YEAR 1997 MCO CASES	RUN DATE: 04/10/99 PAGE: 01			
COUNTY OF: XXXXXXXXXXXXXXXXX					
<u>CO</u>	<u>CASE NO.</u>	<u>FBU</u>	<u>CASE NAME</u>	<u>DISTRICT</u>	<u>WORKER</u>
07	0111111	7	BUNYUAN , PAUL		C200
<u>SSN</u>	<u>WELFARE NAME</u>	<u>DATE OF BIRTH</u>	<u>SEX</u>	<u>AID</u>	
555-55-5555	BUNYUAN , JOHN	09/01/87	M	82	
<u>CUSTOMER NAME/ADDRESS</u>			<u>PAYER NAME/ADDRESS</u>		
BUNYUAN	JOHN T *	PACIFIC GRAPE AND FRUIT CO			
3333 ANYWHERE STREET GO PLACES , CA 99999 ACCOUNT NO. 9999999 001			77 BEAGLE STREET SAN FRANCISCO, CA 99999		
<u>INCOME TYPE</u>					
DIVIDEND . . . . .					\$ 32.41
<u>CUSTOMER NAME/ADDRESS</u>			<u>PAYER NAME/ADDRESS</u>		
BUNYUAN	PAUL	CITIFIED SAVINGS			
3333 ANYWHERE STREET GO PLACES , CA 99999 ACCOUNT NO. 8888888			P O BOX 9999999 OAKLAND , CA 94604		
<u>INCOME TYPE</u>					
INTEREST . . . . .					\$ 101.44
TOTAL CASE AMOUNT . . . . .					\$ 133.85
INDICATES ACCOUNT SENT TO COUNTY, LAST TAX YEAR.					
WORKER NAME/# _____			DATE OF REVIEW _____		
IF NO DISCREPANCIES, CHECK THIS BOX <input type="checkbox"/>					
***** END OF CASE *****					
*****CONFIDENTIAL INFORMATION *****					

**F. Print Format for the IEV535 FTB Abstract**

1. Section 1 - Page Header/Case Information
  - a. State of California, Department of Social Services - Agency responsible for completing the match process.
  - b. Report IEV535 - Report number. Identifies FTB Asset Match report.

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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- c. Run Date - Date that the report is processed. This is normally the date that determines the 45-day timeliness requirement unless delays occur at the state level.
  - d. IEVS FTB Asset Match Unearned Income for Tax Year 1997 MCO Cases - Name of abstract. Note that the year of reported assets is included in the name.
  - e. Page - Number of the page for this individual case.
  - f. County of - Name of county responsible for the case for the period of the match.
2. Section 2 - Recipient Information
- a. CO - 2-digit county code.
  - b. CASE NO - the 7-digit case serial number.
  - c. FBU - the 1-digit family budget unit code.
  - d. CASE NAME - The case name, last then first, if input by the county. May not be the beneficiary's name.
  - e. DISTRICT - The 3-character county office code per MEDS.
  - f. WORKER - The 4-character worker number in MEDS at the time of the match.
  - g. SSN - The Social Security Number for which the match was processed.
  - h. WELFARE NAME - The last and first name and middle initial of the person for the matched SSN per MEDS.
  - i. DATE OF BIRTH - The date of birth for the person for the matched SSN per MEDS.
  - j. SEX - The sex code for the person for the matched SSN per MEDS.
  - k. AID - The aid code for the SSN for the month of the match.
3. Section 3 - Customer Name and Address
- a. Name - The last name will print, followed by the first name and middle initial. This is the name reported by the financial institution and may differ from the beneficiary's name.
  - b. Address - The address reported for this customer by the financial institution. May differ from the beneficiary's reported address.
  - c. Account No. - The account number for this asset. When reviewing different accounts from the same institution, the worker should take particular notice of the account numbers to ensure that the recipient reported all accounts.

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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4. Section 4 - Payer Name and Address

- a. Name - The name of the financial institution reporting the asset. An asterisk (\*) before the payer's name indicates that the asset was reported on the IRS match for the previous year.
- b. Address - The address of the financial institution reporting this account.
- c. FEIN - The federal employer identification number of the financial institution reporting this account.

5. Section 5 - Income Type

- a. This section lists the type and brief description of the income included in the match. See section H for a more detailed explanation.
- b. Total Asset Amount - This is the total for the asset listed. If there are more than one account for a single payer, each account will have an annual reported total.

6. Section 6 - Total Case Amount

This section gives the total of all incomes for all accounts printed on the report plus any accounts exceeding the 30-payer limit. Information of non-printed accounts may be obtained from CDSS Fraud Bureau.

7. Section 7 - Case Processing

- a. Worker Name/# - The name and worker number of the person completing the case review should be printed in this section whether or not the case is or is not discrepant. This may not be the worker number identified as responsible for the case based on county operations.
- b. Date of Review - The date that the final action is taken for this match and case review whether the case is or is not discrepant.
- c. If No Discrepancies - This box is checked only when there are no discrepancies in the information provided on the FTB match and the case record. If the case is discrepant the county response form is to be completed as well.

8. County Response Form

When it is determined that the information provided on the FTB match is discrepant with the information in the case record, this response form is to be completed. If an actual overpayment amount can be determined in Section 2, the original of the form is to be mailed to CDSS Fraud for statistical purposes. If an actual amount of overpayment cannot be determined, do not mail a copy of the form.

- a. Section 1 - Program and Case Information. See detail on pages 6-7.

**MEDI-CAL ELIGIBILITY PROCEDURES MANUAL**

STATE OF CALIFORNIA REPORT IEV535	DEPARTMENT OF SOCIAL SERVICES IEVS FTB ASSET MATCH UNEARNED INCOME FOR TAX YEAR 1997 MCO CASES	RUN DATE: 04/10/99 PAGE: 02			
COUNTY OF: XXXXXXXXXXXXXXXXX					
<u>CO</u> 07	<u>CASE NO.</u> 0111111	<u>FBU</u> 7	<u>CASE NAME</u> BUNYUAN , PAUL	<u>DISTRICT</u>	<u>WORKER</u> C200

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 0111111 7
B: RUN DATE: 04/10/98
C: TAX YEAR: 88

1. WHAT PROGRAM(S) WAS AFFECTED AND WHAT WAS THE ACTUAL AMOUNT OF THE OVER-PAYMENT/OVERISSANCE OR MONTHLY SHARE OF COST INCREASE?

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

(WHOLE DOLLARS ONLY)

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

		"X" ONE:		
H. YES . . . . .			<input type="checkbox"/>	1
I. NO . . . . .			<input type="checkbox"/>	2

WHEN COMPLETED, MAIL THE FORMS TO:

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

- b. Section 2 - Program Affected
 

This section asks that the actual amount of any overpayment associated with the FTB information be calculated in whole dollars and written in "F. MCO" space. The amount should be the total difference between the actual share of cost that was certified and what the share of cost should have been if still eligible.
- c. Section 3 - Discontinuance
 

If the case is discontinued because of the actions taken to process the FTB match, check YES. This includes those situations in which the county requests information and the beneficiary fails to provide, or, when the asset continues to make the individual ineligible.
- d. Section 4 - Mailing Address
 

CDSS Fraud Bureau address for discrepant matches with known amounts of overpayments.

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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### G. Federal Employer Identification Number - FEIN

There are instances when the reports will show a FEIN with no name and/or address for the payer of the income. When this happens, the worker should refer to the FEIN microfiche provided by the CDSS Fraud Bureau per county operational instructions.

### H. Home Type Code and Explanations

<u>Type</u>	<u>Document Number/Name</u>
	<u>Subcategory</u>
32	- W2-G Statement of Gambling Winnings
	03 Gross Winnings
	21 Additional Winnings
65	- 1065-KI Partners Share of Income, Credits, Deductions, ETC
	01 Dividends
	02 Interest
	19 Royalties
	73 Ordinary Income K1
	74 Real Estate
	75 Other Rental
	76 Guaranteed Payments
	97 Short Term Capital Gain
	98 Long Term Capital Gain
66	- 1041-K1 Beneficiary's Share of Income, Credits, Deductions, ETC
	01 Dividends
	02 Interest
	32 Business Income
	90 Passive Income
	97 Short Term Capital Gain
	98 Long Term Capital Gain
67	- 1120S-KI Shareholder's Share of Undistributed Taxable Income
	01 Dividends
	02 Interest
	97 Short Term Capital Gain
	98 Long Term Capital Gain
75	- 1099S Statement for Recipients of Proceeds from Real Estate Transactions
	50 Real Estate Sales
79	- 1099B Statement for Recipients of Proceeds from Real Estate Brokers and Barter Exchange Transactions
	61 Stocks and Bonds
	63 Aggregate Profit and Loss
	64 Realized Profit and Loss

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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80	-	1099A Information Return for Acquisition or Abandonment of Secured Property
	69	Debt Outstanding
	70	Debt Satisfied
	88	Appraisal Value
82	-	SSA 1099 Social Security Benefit Statement
	04	Total Benefits Paid Regardless of Adjustments/Offsets

<u>Type</u>	<u>Document Number/Name</u>
<u>Subcategory</u>	

86	-	1099G Statement for Recipients of Certain Government
	14	Unemployment Compensation
	54	Agricultural Subsidies
	55	State/Local Tax Refund
	56	Discharge of Indebtedness
91	-	1099DIV Statement for Recipients of Dividends and Distributions
	01	Income from any of the following sources
	27	Cash Liquidation Distribution
	28	Non-Cash Liquidation Distribution
92	-	1099INT Statement for Recipients of Interest Income
	02	Interest
	22	Savings Bonds
95	-	1099MISC Statement for Recipients of Miscellaneous Income
	18	Rents
	19	Royalties
	20	Prizes and Awards
	30	Substitute Payments for Dividends
96	-	1099OID Statement for Recipients of Original Issue Discount
	02	Interest
	53	Original Issue Discount
97	-	1099PATR Statement for Recipients of Taxable Distributions Received from Cooperatives
	43	Patronage Dividends
	44	Non-Patronage Dividends
	45	Retained Allocations
	46	Redemption Amount
98	-	1099R Statement for Recipients of Retirement Plans
	38	Unrealized Appreciation
	39	Other Income
	80	Gross Distributions



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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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The following may also be listed:

1042S Foreign person's US source income subject to withholding. Payments subject to withholding under Chapter 3 or the IRS Code.

Mortgage Interest Statement. Mortgage interest of more than \$600 received in the course of trade or business from individuals.

Currency Transaction Report. Each deposit, withdrawal, exchange of currency, or other payment or transfer by, through, or to financial institutions other than casinos that involves a transaction in currency of more than \$10,000.

Individual retirement arrangement information. Contributions including rollover contributions to an individual retirement arrangement (IRA) and the value of an IRA or simplified employee pension (SEP) account.

Employer's Annual Information Return of Tip Income and Allocated Tips. Receipts from food or beverage operations, tips reported by employees and allocated tips.

Report of Cash Payments Over \$10,000 Received in a trade or business. Payments in case of 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, casinos filing Form 8362 or transactions outside the US.

Report of a sale or exchange of certain partnership interests. Sales or exchanges or a partnership interest involving unrealized receivables or substantially appreciated inventory items.

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 gambling revenue in excess of \$1,000,000 that involves a cash transaction over \$10,000.

W2P Statement for Recipients of Annuities, Pensions, Retired Pay or IRA Payments. Retirement payments other than total distributions.



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# MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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## 21I--INCOME AND ELIGIBILITY VERIFICATION (IEVS) RECIPIENT SYSTEM INTERNAL REVENUE SYSTEM ASSET MATCH - IRS

### A. Overview

The Medi-Cal Eligibility Data System Medi-Cal beneficiary file is matched against IRS's Unearned Income File. To ensure that the counties do not receive duplicate information, the IRS and Franchise Tax Board (FTB) files are cross-matched before sending them to the counties. The final process compares the two files based on Social Security number (SSN) and account number for the same tax year and only those on IRS and not FTB are included in the match.

### B. 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 the files are in a locked file or room. In addition, IRS reports for confidential destruction must be kept in a locked container until destroyed.

### C. Case Status

The county is required to process match reports on all open cases with reported income from assets of \$100 or more. Cases with income below \$100 will not be sent to the county. If the case is closed by the time the county receives the abstract and the income from the asset(s) is less than \$250, no further action is required. The report may be filed in the case file or destroyed based on county option. When income from the asset is \$250 or more, the closed case must be reviewed to establish whether the asset was disclosed, and if not, whether fraud or an overpayment have occurred.

### D. Match Criteria

1. Information is 13 to 24 months old and shows only the interest and dividend income earned from the assets, not the account balances.
2. The matching process involves a four-step activity that may result in names different than the names on MEDS. For example, maiden names may appear.
  - a. The recipient SSN, name and DOB goes through a validation process.
  - b. Validated SSNs are matched against the IRS interest and dividend 1099 file.
  - c. Validated SSNs with IRS interest and dividends reported on the 1099 file are matched against MEDS for active cases and to obtain information on case number, eligibility worker (EW), district office, etc.
  - d. Validated SSNs with IRS interest and dividends are matched against the FTB annual asset match and duplicated information is suppressed from inclusion in the IRS match.
3. Data sources include interest, dividends, lottery winnings, stocks and bonds, IRA's, mortgage interest, etc. A list of types of unearned income that are reported is included in section I. The dollar amount of income reported may be for one day or for the entire year. Therefore, it is not possible to determine the amount of the asset from the interest/dividend income reported.

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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### E. Processing Asset Match Data

1. The report should be reviewed to establish match validity, appropriateness of the information, and whether an overpayment referral is required.
2. Review the case to determine if the individual identified on the FTB match is the same individual in the Medi-Cal case. For example, review the questions on the Statement of Facts and MC 176 Quarterly Status report regarding resources and the current status including spend down, transfer and current principal and income if resource is still available.
3. If the individual identified on the IRS match is the same as the Medi-Cal beneficiary identified for the SSN, determine if the asset was reported and the impact on eligibility.
4. Resource Disclosed

If the asset is disclosed or verification/documentation of spend down exists, the beneficiary information is considered to agree with the abstract. If the asset has been retained, review income from the asset per MEM Regulation Section 50542. If the income is posted monthly and can reasonably be anticipated, i.e., it fluctuates somewhat, determine if the income should be counted in the income computation. If the income is posted no more than twice quarterly and is casual or inconsequential income, it should be subject to the "first \$60 exemption" and then apportioned monthly.

5. Resource Undisclosed

If there is no record of the asset in the case file, the county must contact the beneficiary to resolve the discrepancy. No case action may be taken based on IEVS information alone.

- a. Beneficiary Requests Assistance in Accessing Records

Obtain a signed authorization from the beneficiary and prepare and send a letter to the financial institution identified on the match. If a response cannot be obtained from the institution, obtain an affidavit from the beneficiary per MEM Regulation Section 50167(c). File the affidavit in the case file. If the worker believes that the information provided by the beneficiary is questionable, complete a referral to DHS Investigation Section for further evaluation.

- b. Beneficiary Fails to Respond

If the beneficiary fails to respond to the contact letter within ten days, attempt a follow-up contact per MEM Regulation Section 50165(b). If there is either no response or no valid reason for delay, send a timely Notice of Action to discontinue eligibility per MEM Regulation Section 50175 for failure to cooperate in resolving incomplete or inconsistent information that may affect continuing eligibility. Enter a complete explanation in the case file in order to sustain the discontinuance action at a state hearing. Complete a referral to DHS Investigations per guidelines in Procedure Article 16.

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c. Resource is Spent Down Prior to Establishing Medi-Cal Eligibility

If the beneficiary provides verification or information that shows that the asset was spent down prior to establishing Medi-Cal eligibility, determine if the spend down impacted long-term care (LTC) scope of services per guidelines in Procedure Article 9, Property. If LTC scope of services is not applicable, document the case record in the event the individual enters LTC status in the future.

d. Resource is Spent Down After Establishing Medi-Cal Eligibility

If the resource was available, but the beneficiary spent it after establishing Medi-Cal eligibility, a potential overpayment occurred for the months the beneficiary owned the account, whether there is an impact on current eligibility or not. Follow guidelines in Procedure Article 16 for fraud and/or overpayment referral to DHS Investigations Section.

e. Beneficiary Still Has Resource

(1) Beneficiary Incompetent

The resource is considered unavailable if the beneficiary was senile or otherwise mentally incompetent when the application was made, when there is no spouse or conservator, and the person acting on the beneficiary's behalf does not have the "right, power and authority" to access the accounts. A complete Medical Report - Medical Assistance Only (MC 1708) confirming mental incapacity is adequate documentation that the beneficiary is not able to handle his/her own affairs unless a court determines otherwise. Appropriate action must be taken immediately to make the accounts available.

If the beneficiary complete the application process but later became incapable of handling his/her own affairs, evaluate availability.

If there is a spouse or conservator, or the person acting on behalf of the beneficiary does have authority to access the accounts, evaluate availability. If the conservator, or the person acting on behalf of the beneficiary had no prior knowledge of the resource(s), the account(s) will have no effect on prior eligibility. No overpayment has occurred. Evaluate availability of the resource(s) for current and ongoing eligibility. However, if the conservator or responsible relative did have knowledge of the accounts, i.e., was on the account or acknowledges he/she was aware of the account, evaluate availability and report any potential overpayment to DHS Investigations.

(2) Unrestricted Access to Accounts

If the beneficiary has unrestricted access, evaluate eligibility for prior months to determine if the resource is exempt, i.e., burial trust, exempt life insurance, retroactive Supplemental Security Income/Title II lump sum payment, etc., or if the value of nonexempt resource plus other resources exceeds the property limit following guidelines in Procedure Article 9. If resources exceed the property limit for any month, the case is ineligible for those months. Complete overpayment referrals per guidelines in Procedure Article 16.

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### (3) Restricted Access to Accounts

If the beneficiary has restricted access, for example, the account requires another signature to sell, withdraw funds, and the co-owner is in the Medi-Cal family budget unit (MFBU), the resource is available.

When the co-owner is the spouse, but the beneficiary is in his/her own MFBU, establish whether there is a written interspousal agreement covering the ownership of the property. If the beneficiary is in long term care (LTC) evaluate ownership based on the date of entrance into LTC to determine treatment of resource per pre-MCCA or MCCA guidelines.

If the co-owner is not in the MFBU, is a relative other than a spouse or is a non-relative, and the asset is a checking account, follow guidelines in MEM Regulation Section 50453(b) and establish availability. For all other resources, establish whose money went into the account. Did the beneficiary have unrestricted access to the account in the 30 months preceding the application date? If the account was solely the beneficiary's at any time in the period, consider the resource available.

If access to the resource was restricted for more than 30 months prior to the application date, establish what amount is available to the beneficiary to meet his/her needs. If the account was entirely unavailable, note this fact and the reason why in the case record.

If the beneficiary was added to the account of another person who is not a responsible relative, question whether any money is made available. If not, consider the asset unavailable.

If the resource is available and a person other than the beneficiary completed the application, process and evaluate whether there was a willful attempt to conceal information. If yes, complete a referral to DHS Investigations per guidelines in Procedure Article 16.

### f. Resource Transferred or Given Away

If the resource was available and was given away or transferred within 30 months of the application date, establish the date of transfer, the value of the resource at the time of the transfer, who the asset was transferred to, and if the resource was converted from one property type to another. For example, was a home sold and the entire proceeds placed in a living trust?

If the applicant is in a skilled nursing facility, determine whether the transfer was made without adequate consideration which would have resulted in a period of ineligibility for LTC scope of services. If yes, determine the period of ineligibility per guidelines in Procedure Article 9, using the MC 176PI Period of Ineligibility Worksheet to determine the number of months.

If the period of ineligibility has ended by the time that the county discovers the transfer, complete a referral for overpayment per guidelines in Procedure Article 16.

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6. Not the Medi-Cal Beneficiary

- a. If the individual identified on the IRS match is not the same as the Medi-Cal beneficiary identified for this SSN, but the individual is a member of the Medi-Cal budget unit, determine if the asset was reported to the county and what actions were taken to evaluate value and availability. For example, a parent is using the child's SSN erroneously. Follow steps above to complete the case review.
- b. If the individual identified on the IRS match is not the same as the Medi-Cal beneficiary identified for this SSN, nor a member of the MFBU, narrate the case for future matches.

F. Print Format for IRS Rosters

1. Active cases

There are two rosters provided to the counties for active cases. The information on the report is the same regardless of the case status or sorting process.

IEV701 - The report is printed by County and is in descending dollar order of income from all assets for the individuals in the case.

IEV703 - The report is printed in County, District, EW and descending dollar order of income from all assets for the individual in the case, in case number and FBU sequence.

2. Inactive Cases

There are two rosters provided to the counties for inactive cases. The information on the report is the same regardless of the case status or sorting process.

IEV711 - The report is printed by County and is in descending order of income from all assets for the individuals in the case.

IEV713 - The report is printed in County, District, EW and descending dollar order of income from all assets for the individuals in the case, case number and FBU sequence.

3. Roster Detail

- a. Program IEV703 - name of program and report number.
- b. State of California Department of Social Services - agency responsible for completing the match process.
- c. Date - date that the report is processed. This is normally the date that determines the 45-day timeliness requirement unless delays occur at the state level.
- d. Income and Eligibility Verification System IRS Asset Match Roster of Medi-Cal Cases - name of the IEVS match and identification of active or inactive status in MEDS.

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- e. Reported to County of XXXX - name of county responsible for the case for the period of the match.
- f. Page No. - sequential page number for this report number.
- g. Case ID - Includes the two-digit county code followed by the seven-digit case serial number, followed by the one-digit FBU per MEDS.
- h. DIST - the three-character county office code per MEDS.
- i. EW - the four-character worker number in MEDS at the time of the match.
- j. Case Name - the case last name if input by the county per MEDS.
- k. Case Asset Amount - the total amount of income reported for all assets for this case.
- l. Comments - the types of income reported. See section I.
- m. Total Cases - total of all cases for this report level.

PROGRAM IEV703	STATE OF CALIFORNIA DEPARTMENT OF SOCIAL SERVICES INCOME AND ELIGIBILITY VERIFICATION SYSTEM IRS ASSET MATCH ROSTER OF ACTIVE MEDI-CAL CASES REPORTED TO COUNTY OF XXXXXXXXXXXXXXXXX	DATE: 04/10/99  PAGE NO. 12					
---- CASE ID ----							
<u>CO</u> <u>SERIAL</u> <u>FBU</u> <u>DIST</u> <u>EW</u> <u>CASE NAME</u> <u>CASE ASSET AMOUNT</u> <u>COMMENTS</u>							
XX	0000001	7	001	0001	JONES	\$ 111	92
XX	0000002	7	002	0002	SMITH	\$ 99	98
XX	0000003	7	003	0003	BROWN	\$ 88	98 92
XX	0000004	7	004	0004	WHITE	\$ 77	92
TOTAL CASES:					268		

**G. Print Format for IEV800 Abstract Report**

If the case is inactive the abstract will be numbered IEV810.

**1. Section 1 - Page Header/Case Information**

- a. State of California, Department of Social Services - agency responsible for completing the match process.
- b. Report IEV800 - report number. Identifies IRS Asset match report.
- c. Run Date - date that the report is processed. This is normally the date that determines the 45-day timeliness requirement unless delays occur at the state level.



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- d. IEVS IRS Asset Match Unearned Income for Tax Year 1996 MCO Cases - name of abstract. Note that the year of reported assets is included in the name.
- e. Page - Number of the page for this individual case.
- f. County of - name of county responsible for the case for the period of the match.

### 2. Section 2 - Recipient Information

- a. CO - two-digit county code
- b. CASE NO. - the seven-digit case serial number.
- c. FBU - the one-digit family budget unit code.
- d. CASE NAME - the case name, last then first, if input by the county. May not be the beneficiary's name.
- e. DISTRICT - the three-character county office code per MEDS.
- f. WORKER - the four-character worker number in MEDS at the time of the match.
- g. SSN - The Social Security Number for which the match was processed.
- h. WELFARE NAME - The last and first name and middle initial of the person for the matched SSN per MEDS.
- i. DATE OF BIRTH - The date of birth for the person for the matched SSN per MEDS.
- j. SEX - The sex code for the person for the matched SSN per MEDS.
- k. AID - The aid code for the SSN for the month of the match.

### 3. Section 3 - Customer Name and Address

- a. Name - the last name will print, followed by the first name and middle initial. This is the name reported by the financial institution and may differ from the beneficiary's name.
- b. Address - The address reported for this customer by the financial institution. May differ from the beneficiary's reported address.
- c. Account No. - The account number for this asset. When reviewing different accounts from the same institution, the worker should take particular notice of the account numbers to ensure that the recipient reported all accounts.

### 4. Section 4 - Payer Name and Address

- a. Name - The name of the financial institution reporting this asset. An asterisk (\*) before the payer's name indicates that the asset was reported on the IRS match for the previous year.

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STATE OF CALIFORNIA REPORT IEV800	DEPARTMENT OF SOCIAL SERVICES IEVS IRS ASSET MATCH UNEARNED INCOME FOR TAX YEAR 1997 MCO CASES	RUN DATE: 04/10/99 PAGE: 01			
COUNTY OF: XXXXXXXXXXXXXXXXX					
<u>CO</u>	<u>CASE NO.</u>	<u>FBU</u>	<u>CASE NAME</u>	<u>DISTRICT</u>	<u>WORKER</u>
07	0111111	7	BUNYUAN , PAUL		C200
<u>SSN</u>	<u>WELFARE NAME</u>	<u>DATE OF BIRTH</u>	<u>SEX</u>	<u>AID</u>	
555-55-5555	BUNYUAN , JOHN	09/01/87	M	82	
<u>CUSTOMER NAME/ADDRESS</u>			<u>PAYER NAME/ADDRESS</u>		
BUNYUAN	JOHN T *	AMERIGO VESPUCCI INVESTMENTS			
3333 ANYWHERE STREET GO PLACES , CA 99999 ACCOUNT NO. 00000000000000000444			P O BOX 998877 SANTA MARIA KY 40201 FEIN 66-6666666		
INCOME TYPE 91 - FORM 1099-DIV DIVIDENDS . . . . .					\$ 32.41
<u>CUSTOMER NAME/ADDRESS</u>			<u>PAYER NAME/ADDRESS</u>		
BUNYUAN	PAUL	RAYMOND BURR & ASSOCIATES INC & PAYROLL TAX DIVISION P O BOX 9999999 OAKLAND , FL 33716 FEIN 59-1234567			
3333 ANYWHERE STREET GO PLACES , CA 99999 ACCOUNT NO. 8888888					
INCOME TYPE 79 - FORM 1099-B STOCKS AND BONDS . . . . .					\$ 101.44
TOTAL CASE AMOUNT . . . . .					\$ 133.85
INDICATES ACCOUNT SENT TO COUNTY, LAST TAX YEAR.					
WORKER NAME/# _____			DATE OF REVIEW _____		
IF NO DISCREPANCIES, CHECK THIS BOX <input type="checkbox"/>					
***** END OF CASE *****					
*****CONFIDENTIAL INFORMATION *****					

- b. Address - The address of the financial institution reporting this account.
  - c. FEIN - The federal employer identification number of the financial institution reporting this account.
5. Section 5 - Income Type
- a. This section lists the type and brief description of the income included in the match. See section I for a more detailed explanation.

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- b. Total asset amount - This is the total for the asset listed. If there are more than one account for a single payer, each account will have an annual reported total.

6. Section 6 - Total Case Amount

This section gives the total of all incomes for all accounts printed on the report plus any accounts exceeding the 30-payer limit. Information of non-printed accounts may be obtained from CDSS Fraud Bureau.

7. Section 7 - Case Processing

- a. Worker Name/# - the name and worker number of the person completing the case review should be printed in this section whether or not the case is or is not discrepant. This may not be the worker number identified as responsible for the case based on county operations.
- b. Date of Review - the date that the final action is taken for this match and case review whether the case is or is not discrepant.
- c. If No Discrepancies - This box is checked only when there are no discrepancies in the information provided on the IRS match and the case record. If the case is discrepant the county response form is to be completed as well.

8. County Response Form

When it is determined that the information provided on the IRS match is discrepant with the information in the case record, this response form is to be completed. If an actual overpayment amount can be determined in Section 2, the original of the form is to be mailed to CDSS Fraud for statistical purposes. If an actual amount of overpayment cannot be determined, do not mail a copy of the form.

- a. Section 1 - Program and Case Information. See detail on page 7.
- b. Section 2 - Program Affected

This section asks that the actual amount of any overpayment associated with the IRS information be calculated in whole dollars and written in "F. MCO" space. The amount should be the total difference between the actual share of cost that was certified and what the share of cost should have been if still eligible.

- c. Section 3 - Type of Income

Check the box for the type of unreported income identified on the IRS report that was discrepant. If more than one type of income was involved check all boxes as applicable.

# MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

STATE OF CALIFORNIA  
REPORT IEV800

DEPARTMENT OF SOCIAL SERVICES  
IEVS IRS ASSET MATCH  
UNEARNED INCOME FOR TAX YEAR 1997  
MCO CASES

RUN DATE: 04/10/99  
PAGE: 02

COUNTY OF: XXXXXXXXXXXXXXXXX

<u>CO</u>	<u>CASE NO.</u>	<u>FBU</u>	<u>CASE NAME</u>	<u>DISTRICT</u>	<u>WORKER</u>
07	0111111	7	BUNYUAN , PAUL		C200

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 0111111 7  
B: RUN DATE: 04/10/98  
C: TAX YEAR: 88

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

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

(WHOLE DOLLARS ONLY)

"X" ALL INCOME TYPES THAT APPLY

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

H. TYPE 28 OR 98			1
I. TYPE 32			2
J. TYPE 65, 66, 67, 91, 92, 96, 97.			3
K. TYPE 75 OR 79. . . . .			4
L. TYPE 80. . . . .			5
M. TYPE 86. . . . .			6
N. TYPE 95. . . . .			7
O. OTHER. . . . .			8

"X" ONE:

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

P. YES . . . . .			1
q. NO . . . . .			2

WHEN COMPLETED, MAIL THE FORMS TO:

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

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d. Section 4 - Discontinuance

If the case is discontinued because of the actions taken to process the IRS match, check YES. This includes those situations in which the county requests information and the beneficiary fails to provide, or, when the asset continues to make the individual ineligible.

e. Section 5 - Mailing Address

CDSS Fraud Bureau address for discrepant matches with known amounts of overpayments.

H. Federal Employer Identification Number (FEIN)

There are instances when the reports will show a FEIN with no name and/or address for the payer of the income. When this happens, the worker should refer to the FEIN list/microfiche provided by CDSS Fraud Bureau per county operational instructions.

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I. Income Type Code and Explanations

<u>Type</u>	<u>Document Number/Name</u>
	<u>Subcategory</u>
32	- W2-G Statement of Gambling Winnings
	03 Gross Winnings
	21 Additional Winnings
65	- 1065-KI Partners Share of Income, Credits, Deductions, ETC
	01 Dividends
	02 Interest
	19 Royalties
	73 Ordinary Income K1
	74 Real Estate
	75 Other Rental
	76 Guaranteed Payments
	97 Short Term Capital Gain
	98 Long Term Capital Gain
66	- 1041-K1 Beneficiary's Share of Income, Credits, Deductions, ETC
	01 Dividends
	02 Interest
	32 Business Income
	90 Passive Income
	97 Short Term Capital Gain
	98 Long Term Capital Gain
67	- 1120S-KI Shareholder's Share of Undistributed Taxable Income
	01 Dividends
	02 Interest
	97 Short Term Capital Gain
	98 Long Term Capital Gain
75	- 1099S Statement for Recipients of Proceeds from Real Estate Transactions
	50 Real Estate Sales
79	- 1099B Statement for Recipients of Proceeds from Real Estate Brokers and Barter Exchange Transactions
	61 Stocks and Bonds
	63 Aggregate Profit and Loss
	64 Realized Profit and Loss
80	- 1099A Information Return for Acquisition or Abandonment of Secured Property
	69 Debt Outstanding
	70 Debt Satisfied
	88 Appraisal Value
82	- SSA 1099 Social Security Benefit Statement
	04 Total Benefits Paid Regardless of Adjustments/Offsets

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<u>Type</u>	<u>Document Number/Name</u>
	<u>Subcategory</u>
86	- 1099G Statement for Recipients of Certain Government
	14 Unemployment Compensation
	54 Agricultural Subsidies
	55 State/Local Tax Refund
	56 Discharge of Indebtedness
91	- 1099DIV Statement for Recipients of Dividends and Distributions
	01 Income from any of the following sources
	27 Cash Liquidation Distribution
	28 Non-Cash Liquidation Distribution
92	- 1099INT Statement for Recipients of Interest Income
	02 Interest
	22 Savings Bonds
95	- 1099MISC Statement for Recipients of Miscellaneous Income
	18 Rents
	19 Royalties
	20 Prizes and Awards
	30 Substitute Payments for Dividends
96	- 1099OID Statement for Recipients of Original Issue Discount
	02 Interest
	53 Original Issue Discount
97	- 1099PATR Statement for Recipients of Taxable Distributions Received from Cooperatives
	43 Patronage Dividends
	44 Non-Patronage Dividends
	45 Retained Allocations
	46 Redemption Amount
98	- 1099R Statement for Recipients of Retirement Plans
	38 Unrealized Appreciation
	39 Other Income
	80 Gross Distributions

The following may also be listed:

1042S Foreign person's US source income subject to withholding. Payments subject to withholding under Chapter 3 or the IRS Code.

Mortgage Interest Statement. Mortgage interest of more than \$600 received in the course of trade or business from individuals.

Currency Transaction Report. Each deposit, withdrawal, exchange of currency, or other payment or transfer by, through, or to financial institutions other than casinos that involves a transaction in currency of more than \$10,000.

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Individual retirement arrangement information. Contributions including rollover contributions to an individual retirement arrangement (IRA) and the value of an IRA or simplified employee pension (SEP) account.

Employer's Annual Information Return of Tip Income and Allocated Tips. Receipts from food or beverage operations, tips reported by employees and allocated tips.

Report of Cash Payments Over \$10,000 Received in a trade or business. Payments in case of 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, casinos filing Form 8362 or transactions outside the U.S.

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.

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 gambling revenue in excess of \$1,000,000 that involves a cash transaction over \$10,000.

W2P Statement for Recipients of Annuities, Pensions, Retired Pay or IRA Payments. Retirement payments other than total distributions.



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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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### 21J--INCOME AND ELIGIBILITY VERIFICATION SYSTEM (IEVS) CALIFORNIA YOUTH AUTHORITY SYSTEM (CYA)

#### A. Overview

The CYA matches are completed monthly using the California Youth Authority (CYA) files and matching against the MEDS Medi-Cal Master Eligibility File (MMEF) for beneficiaries for the month of incarceration plus one prior month. The data is from all CYA facilities. The match is intended to identify persons in CYA facilities who received Medi-Cal benefits during a month of incarceration.

Per Regulation Sections 50271-50273, as outlined in MEM Procedural Article 6, individuals who are inmates of public institutions, including a county or city jail, are not eligible for Medi-Cal beginning on the date that the institutional status commenced and ending on the day that institutional status ends. This includes persons who are on work release or work furlough and who must return to the jail facility at specific intervals. In addition, a person is considered to be incarcerated when he/she is under sentence in an IMD, or was booked but sent to a psychiatric hospital for evaluation before court disposition.

Medi-Cal eligibility for persons who are incarcerated ends on the date that the incarceration begins. There is no requirement to issue a ten-day timely Notice of Action to discontinue benefits for this individual. The date of incarceration should be the termination date that is sent to MEDS to terminate benefits. However, if there are other family members receiving Medi-Cal benefits, a ten-Day Timely Notice of Action is required before an increased share of cost for remaining family members is made effective.

#### B. Case Status

Workers are required to process matches received on all active cases to determine if the individual in the CYA match is the Medi-Cal beneficiary. Matches received on closed cases should be processed when it is determined that Medi-Cal benefits were issued for the period of incarceration. Matches received on closed cases with no Medi-Cal benefit issuance for the period of incarceration should be filed in the case record for future information.

#### C. Match Criteria

1. The CYA match is completed in two phases.
2. A data file of all individuals 10-35 years of age reported to be in a CYA facility is matched to MEDS using the Social Security Number reported in the CYA data base for the initial match. If the SSN matches no further processing is completed.
3. If the Social Security Number in CYA database does not match to MEDS, a secondary match is completed using the name, date of birth and sex.

#### D. Processing California Youth Authority Matches

1. The report should be reviewed to establish match validity, appropriateness of the information and whether an overpayment referral is needed.

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2. Review the case to determine if the individual identified on the CYA match is the same individual in the Medi-Cal case. A contact, including fraud confrontation interview with the head of household, may be required to complete the review.

For example, check the statement of facts for report of absent parents and notations regarding absence due to incarceration. Review case narratives and MC 176 Quarterly Status reports for changes in circumstances including a report of a family member leaving the home.

3. Further information may be obtained from the CYA facility via FAX to the CYA Centralized Index using the CYA FAX transmittal form. This FAX transmittal form may also be used to advise the CYA facility of erroneous SSNs when it is determined that the Medi-Cal beneficiary is not the individual at the CYA facility.
4. Assistance may also be obtained from SDHS Investigations as needed to provide additional information regarding dates of confinement at other institutions as identified by the CYA facility.
5. If the individual identified on the CYA match is the same as the Medi-Cal beneficiary, determine if the incarceration was reported to the county and what actions were taken.
6. If the incarceration was reported and the individual remains incarcerated, review the date that the individual was discontinued from Medi-Cal. Determine if any period of ineligibility existed that would have resulted in an overpayment for that individual and other family members. Check to see if an overpayment evaluation was completed.
7. If the incarceration was reported but the individual is no longer incarcerated, review the date that the individual was released and whether that individual was reported as returning to the home. Determine if any period of ineligibility existed that would have resulted in an overpayment for that individual and other family members because of the incarceration or return to the home.
8. If the incarceration was not reported and the incarceration continues, complete an adequate discontinuance notice to discontinue the individual from Medi-Cal. If other family members continue to be eligible, but changes in scope of benefits or share of cost occurs, complete changes and issue the appropriate notice of action based on ten-day timeliness criteria. Determine what period of time the individual was not entitled to receive benefits and the impact on eligibility and share of cost of other family members.
9. Complete overpayment referrals following criteria in Medi-Cal Eligibility Procedure Article 16.
10. If the individual reported on the CYA match is not the Medi-Cal beneficiary, narrate the case for future matches.
11. If the match was completed on SSN, and is not for the Medi-Cal beneficiary, send a FAX transmittal to the CYA Central Index to advise that the SSN is being used in error to eliminate future erroneous matches.

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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### E. Print Format for the WIM130A CYA Abstract

#### 1. Section 1 - CYA Data Information

- a. SSN - the 9-digit Social Security Number reported to the CYA facility. Will be blank if no number is known.
- b. Name - the first, middle and last name of the individual up to 25 characters.
- c. DOB - the date of birth of the individual as reported to CYA database at the time of admission.
- d. Sex - either M or F.
- e. CYA No. - the 5-character number assigned to the CYA facility when first placed in that facility for custody. If the number begins with M, the individual is a California Department of Corrections commitment being held at the CYA facility. If the number begins with a C or D, the individual is a diagnostic case and not under CYA control and has only 90-day maximum stay at the facility.
- f. Ward Physical Location - identifies the CYA facility. See Section H.
- g. CII No. - 9-character Criminal Identification Intelligence identifier assigned by the California Department of Justice to the Individual's fingerprints.
- h. CDL or CIC - 8-character identified of the California Driver's License or Identification Card.
- i. Jurisdiction County code - 2-digit county code that committed the individual to the CYA facility, not the county where the CYA facility is located nor where the individual is housed, nor the county from which benefits are being received.
- j. Record Type - alphanumeric code that identifies the type of placement in the facility.
  - A - First Commitment and recommitment. In custody for first or subsequent offense.
  - B - Parole Violators. Returned to custody for violation of some phase of parole.
  - C - Temporary Detention Only. In need or short term service for medical, new placement, attitude adjustment.
  - D - Diagnostics. In CYA from county court referral for diagnostic testing for maximum of 90 days to determine type of facility required (farm, prison, jail, etc.)
  - E - Temporary Detention/Parole Violators. In custody waiting for formal ruling on Case by CYA board and has violated parole.
  - F - Temporary Detention/First Commitments/Recommitment. Temporary detainee with no formal parole.

# MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

STATE OF CALIFORNIA REPORT WIM130A ABSTRACT		DEPARTMENT OF SOCIAL SERVICES INCOME & ELIGIBILITY VERIFICATION SYSTEM MATCHED AGAINST CALIFORNIA YOUTH AUTHORITY WARD POPULATION				RUN DATE: 10/16/99						
COUNTY: 99												
WARD DATA:												
S S N	----- N A M E -----	D.O.B.	S E X	C Y A N O.	W A R D P H Y S I C A L L O C A T I O N	C I I N O.	C D L O R C I C	J U R I S D I C T I O N C O U N T Y C O D E				
333-33-3333	JONES	CASEY	01/15/1946 F	38590	SRCC			30				
	R E C O R D T Y P E	C O N F I N E M E N T C O U R T D A T E	C O N F I N E M E N T C R E D I T D A Y S	L A T E S T A D M I S S I O N D A T E	P A R O L E C O N S I D E R A T I O N D A T E	P A R O L E V I O L A T O R C R E D I T D A Y S	E F F E C T I V E D A T E	R E L E A S E D A T E	R E F E R R A L A C C E P T D A T E			
	A	02/28/1999	0365			00000						
-----												
MATCHING MEDS DATA:												
S S N	C	----- N A M E -----	D.O.B.	S E X	C O	A I D	C A S E N O	F B U N O	D I S T W O R K E R	---	C A S E N A M E	---
333-33-3333	J	JONES	CASEY	01/15/1946 F	59	30	9999999	1 01	C200		JONES	,CASEY
CURRENT MONTH												
OCT. 99	JAN 99	FEB 99	MAR 99	APR 99	MAY 99	JUN 99	JUL 99	AUG 99	SEP 99	OCT 98	NOV 98	DEC 98
A F M O	A F M O	A F M O	A F M O	A F M O	A F M O	A F M O	A F M O	A F M O	A F M O	A F M O	A F M O	A F M O
Y Y Y N	Y Y Y N	Y Y Y N	Y Y Y N	N N N N	N N N N	N N N N	N N N N	N N N N	N N N N	N N N N	N N N N	N N N N
CO 59	CO 59	CO 59	CO 59	CO 59	CO 59	CO 59	CO 59	CO 59	CO 59	CO 59	CO 59	CO 59
*****												

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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- G - Parolees released from local custody. Parolees not in CYA facility who are released to local facility and served at least 30 days at that facility.
- k. Confinement Court Date - date the court has sentenced the individual to CYA facility.
- l. Confinement Credit Days - number of days the individual was locked up prior to court sentencing.
- m. Latest Admission Date - arrival date after the CYA parole board formally revokes parole of ward. For record type B only.
- n. Parole Consideration Date - date of possible parole.
- o. Parole Violator Credit Days - number of days parolee was confined prior to admission due to parole revocation.
- p. Effective Date - date individual came into custody as Temporary Detainee while awaiting formal ruling from CYA Board. Record types E, F and G only.
- q. Release Date - date individual was released from local custody. Record type G only.
- r. Referral Accepted Date - date CYA has accepted an individual from county court on a diagnostic basis. Record type D only.
2. Section 2 - MMEF Data
- a. SSN - the Social Security Number in MEDS.
- b. SVC - the SSN verification code. See list in section I .
- c. Name - the first, middle initial and last name up to 25 characters.
- d. DOB - the MEDS birth date reported to MEDS by the county.
- e. Sex - the sex code reported to MEDS by the county.
- f. Aid - the primary aid code the person is currently receiving benefits under (most recent aid code).
- g. Case No. - the seven-digit case serial number in which person was aided for match month.
- h. FBU - the one-digit FBU in which person was aided for match month.
- i. PER No. - the two-digit person number in which the person was aided for match month.
- j. DIST - the three-digit office number within the county as reported by the county.

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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- k. Worker - the four-digit worker number assigned to case as reported by the county.
  - l. Case Name - the case name in MEDS as reported by the county.
  - m. Current Month and Prior Months Aid - the current month in MEDS at the time of the Match followed by the 12 prior months. Under each month the four initials will display for primary aid programs. If the individual was identified as eligible for any benefits during the month for any of these four programs a "Y" will print. If there was no eligibility an "N" will print.
    - A - AFDC, CalWORKs, RCA, ECA
    - F - Food Stamps
    - M - Medi-Cal
    - O - Other
  - n. CO - the county code where person is currently aided. Last aided.
- F. Print Format for WIM130B CYA Roster
- 1. SSN - the Social Security Number in MEDS.
  - 2. SVC - the SSN verification code. See list in section I.
  - 3. NAME - the first, middle initial and last name up to 25 characters.
  - 4. DOB - the MEDS birth date reported by the county.
  - 5. SEX - the sex code reported by the county.
  - 6. Aid - the primary aid code the person is currently receiving benefits from.
  - 7. Case No. - the seven-digit case serial number in which the person was aided for the match month.
  - 8. FBU - the one-digit FBU in which person was aided for the match month.
  - 9. PER NO - the two-digit person number in which person was aided for the match month.
  - 10. DIST - the three-digit office number within the county as reported by the county.
  - 11. Worker - the four-digit worker number assigned to the case.
  - 12. Case Name - the case name in MEDS reported by the county.

**MEDI-CAL ELIGIBILITY PROCEDURES MANUAL**

STATE OF CALIFORNIA  
REPORT WIM130B ROSTER

DEPARTMENT OF SOCIAL SERVICES  
INCOME & ELIGIBILITY VERIFICATION SYSTEM  
MATCHED AGAINST  
CALIFORNIA YOUTH AUTHORITY WARD POPULATION

RUN DATE: 10/16/99

COUNTY: NAME

S	S	N	C	-----	N	A	M	E	-----	D.O.B.	SEX	CO	AID	CASE	NO	U	NO	DIST	WORKER	---	CASE	NAME	----
333-33-3333	J	JONES			CASEY					01/15/1946	F	59	30	99999999	1	01		C200		JONES		,	CASEY
222-22-2222	J	WINKLE			BULL					02/16/1967	M	59	09	88888888	8	02		X300		WINKLE		,	GRACE
111-11 1111	K	REIGNS			CONFU					12/24/1929	M	59	35	77777777	1	02		T111		REIGNS		,	HIGHNESS
TOTAL CASES:																							3

## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

### G. Ward Physical Locations

BL	Ben Lomond Youth Correctional Conservation Camp, 13575 Empire Grade, Santa Cruz, CA 95060	FAX - 408-423-7651 PH - 408-423-1652
CHAD	N.A. Chaderjian Youth Correctional Facility, 7650 South Newcastle Road, Stockton, CA 95213-9014; P.O. Box 213014, Stockton, CA 95213-9014	FAX - 209-547-0622 PH - 290-944-6400
DWN	Dewitt Nelson Training Youth Correctional Facility, 7650 South Newcastle Road, CA 95213-9003; P.O. Box 213003, Stockton, CA 95213-9003	FAX - 209-465-2968 PH - 209-944-6113
FCN	Fred C. Nelles Youth Correctional Facility, 11850 East Whittier Road, Whittier, CA 90601	FAX - 562-696-7485 PH - 562-698-6781
KH	Karl Holton Youth Correctional Drug and Alcohol Treatment Facility, 7650 South Newcastle Road, Stockton, CA 95213- 9002; P.O. Box 213002, Stockton, CA 95213-9002	FAX - 209-465-4164 PH - 209-944-6193
MB	Mt. Bullion Youth Correctional Conservation Camp, P.O. Box 5006, Mariposa, CA 95338-5006	FAX - 209-966-6678 PH - 209-966-3634
NRCC	Northern Youth Correctional Reception Center - Clinic, 3001 Ramona Avenue, Sacramento, CA 98526	FAX - 916-454-4549 PH - 916-733-2350
OHC	O. H. Close Youth Correctional Facility, 7650 South Newcastle Road, Stockton, CA 92513-9001; P.O. Box 213001, Stockton, CA 92513-9001	FAX - 209-944-5612 PH - 209-944-6301
PASO	El Paso De Robles Youth Correctional Facility, 4545 Airport Road, Paso Robles, CA 93447-7008; P.O. Box 7008, Paso Robles, CA 93447-7008	FAX - 805-239-7492 PH - 805-238-4040
PG	Pine Grove Youth Correctional Conservation Camp, 13630 Aqueduct-Volcano Road, Pine Grove, CA 95665; P.O. Box 1040, Pine Grove, CA 95665	FAX - 209-296-8955 PH - 209-296-7581
PSI	Preston Youth Correctional Facility, 201 Waterman Road, Ione, CA 95640	FAX - 209-274-4068 PH - 209-274-8103
SRCC	Southern Youth Correctional Reception Center-Clinic, 13200 South Bloomfield Avenue, Norwalk, CA 90650	FAX - 562-929-2666 PH - 562-868-9979
WR	Washington Ridge Youth Correctional Conservation Camp, 11425 Conservation Camp Road, Nevada City, CA 95959	FAX - 530-265-2167 PH - 530-265-4623
VS	Ventura School Correctional Facility, 3100 Wright Road, Camarillo, CA 93010	FAX - 805-988-1861 PH - 805-485-7951
YTS	Heman G Stark Youth Correctional Facility, 15180 Euclid Avenue, Chino, CA 91710; P.O. Box 800, Ontario, CA 91761	FAX - 909-606-5004 PH - 909-606-5071



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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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### I. Social Security Number Verification Codes

0	-	SSN verification code previously submitted to MEDS
2	-	SSN application filed and confirmation received by county
3	-	SSN sight verified by county
5	-	SSN not verified, Mcform194 referral completed
6	-	No SSN, MCform194 referral completed
7	-	No code entered
8	-	Undoc person without SSN
9	-	Preadoptive person without SSN
A	-	Validated from MCform194
B	-	Same as A but birth date discrepancy
C	-	Same as A but sex discrepancy
D	-	Same as A but sex and birth date discrepancy
J	-	Validated through state validation
K	-	Same as J but birth date discrepancy
L	-	Same as J but sex discrepancy
M	-	Same as J but sex and birth date discrepancy
P	-	Previously validated but changed by Social Security
Q	-	Same as P but birth date changed outside acceptable range
R	-	Previously validated but changed by SDHS
T	-	Unvalidated due to subsequent birth date change
U	-	Unvalidated as new SSN change occurred by Social Security
V	-	Unvalidated by Social Security
W	-	Unvalidated as birth date did not match
X	-	Unvalidated as birth date and sex did not match
Y	-	Unvalidated as name not a match and DOB/sex not checked
Z	-	Unvalidated. Number not known to Social Security



**INSTRUCTIONS:** County Welfare Department to complete Section A requesting the Department of the Youth Authority to provide information pursuant to Section 1764.5WIC. FAX completed form to (916) 262-1971, or mail to the Department of the Youth Authority, Master File Unit, P.O. Box 239018, Sacramento, CA 95823-9018. Please allow 5 working days for FAX or 10 working days for mailed response. This form may be reproduced.

**SECTION A: TO BE COMPLETED BY COUNTY WELFARE DEPARTMENT**

Requesting Agency: \_\_\_\_\_

Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

YA Ward Name: \_\_\_\_\_

S.S. Number: \_\_\_\_\_ Male  Female

Youth Authority Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

CII Number: \_\_\_\_\_ DMV Number: \_\_\_\_\_

Our information indicated the above individual was confined:

Dates of confinement: From: \_\_\_\_\_ To: \_\_\_\_\_ Name of Facility: \_\_\_\_\_

Please FAX Response:  Yes  No FAX Number: \_\_\_\_\_

**SECTION B: TO BE COMPLETED BY CYA MASTER FILES STAFF**

The above named minor is currently incarcerated in a Youth Authority Facility:  Yes  No

Court of Jurisdiction: \_\_\_\_\_ County Jurisdiction Code: \_\_\_\_\_

Date of Court Ordered Confinement: \_\_\_\_\_ Credits for Time Served: \_\_\_\_\_

CYA Acceptance Date: \_\_\_\_\_ Latest Admission Date: \_\_\_\_\_

Minor's Physical Location: \_\_\_\_\_

Dates of confinement to other facilities in the California Youth Authority:

Dates of confinement: From: \_\_\_\_\_ To: \_\_\_\_\_ Name of Facility: \_\_\_\_\_

Dates of confinement: From: \_\_\_\_\_ To: \_\_\_\_\_ Name of Facility: \_\_\_\_\_

Anticipated Institution Release Date: \_\_\_\_\_ Expiration of Jurisdiction by Age: \_\_\_\_\_

THE AFOREMENTIONED INFORMATION IS ON FILE WITH THE CALIFORNIA YOUTH AUTHORITY AND IS CERTIFIED TO BE CORRECT:

Signature	Date
Print Name	Title



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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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### 21K--INCOME AND ELIGIBILITY VERIFICATION (IEVS) RECIPIENT SYSTEM BENEFICIARY EARNINGS EXCHANGE RECORD (BEER) SYSTEM

#### A. Overview

The Beneficiary Earnings Exchange Record System provides earnings information from the Social Security Administration's wage information file. The match is completed to obtain wage information for employers not required to report to the Employment Development Department (EDD) or that may not be reported in California. As part of the BEER process, counties will also receive information when Social Security has identified another name and/or Social Security Number (SSN) being used by the recipient.

#### B. Safeguard Requirements

BEER 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 the files are in a locked file or room. In addition, BEER reports for confidential destruction must be kept in a locked container until destroyed.

#### C. Case Status

The tolerance level for BEER matches has been set at \$12,000. If combined BEER annual wages are below this amount no match will occur. The wages reported on BEER could have been paid for one day up to one year. The county is required to process match reports on all open and closed cases.

#### D. Match Criteria

- Information is 12 to 24 months old.
- The matching process involves a three-step activity that may result in names different than the name on MEDS. For example, maiden name may appear.
  - The recipients SSNs are matched against the Social Security wage file.
  - Matched SSNs with Social Security wages are matched against the FEIN (Federal Employer Identification Number) file to eliminate duplicates that would have been included in the IFD-ECS process.
  - Unduplicated SSNs are then matched to MEDS using the SSN, DOB and Sex code to ensure a more accurate match and to obtain information on case number, EW and district office.

#### E. Processing BEER Income Match Data

1. The report should be reviewed to establish match validity, appropriateness of the information and whether an overpayment referral is needed.

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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2. Review the case to determine if the individual identified on the BEER match is the same individual as in the Medi-Cal case. A contact including fraud confrontation with the head of household.

For example, check the MC 210 for income sources. Review case narratives and MC 176 Quarterly Status Reports for reports of changes in circumstances and earnings from the BEER sources.

3. If the individual identified on the BEER match is the same as the Medi-Cal beneficiary, compare the reported earnings to those reported to the county by the beneficiary.
4. If the earnings were reported and continue, compare the BEER match by dividing the total annual earnings by 12. Compare this monthly average to those earnings reported for the case.
5. If the amounts do not match, check to see if the beneficiary was on aid or earnings were countable for the entire year. If countable for only a portion of the year, compare the monthly average of that number of months only to the monthly average for the BEER match.
6. If the amounts do not match, check to see if the beneficiary reported the employment beginning after the first of the year or employment ended before the end of the year, compare those portions of months with countable earnings to the total earnings.
7. If the amounts do not match, and if a determination cannot be made that the individual reported all earnings during time on Medi-Cal, contact the beneficiary to obtain earnings information for the entire year identified on the BEER report.
8. If the beneficiary does not have earnings verification available, or is unable or unwilling to provide verification, send a written request for earnings information to the employer and request that a written response is sent directly to the county.
9. If employment is discovered which was not previously reported, question whether the beneficiary or any family member is covered under employer provided health insurance and complete a DHS 6155 form if appropriate per guidelines in Procedure Article 15.
10. If the individual identified on the BEER match is not the same as the Medi-Cal beneficiary identified for this SSN, review the name identified on the BEER match to see if it belongs to another family member who used the SSN erroneously. If yes, complete steps above and advise the family of the necessity of correcting the SSN with the employer.
11. If the individual identified on the BEER match is not the same as the Medi-Cal beneficiary identified for this SSN, nor another member of the Medi-Cal family unit, narrate the case for future matches.

### F. Print Format for IEV300 Roster

Each county will receive a roster of all cases that have BEER matches.

1. Section One - Heading Information
  - a. IEV300 - the number of this report.

## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

- b. Department of Social Services - the agency completing the match.
- c. IEVS - Recipient SSA Wages (BEER) Roster, Summary of Beneficiary ID By County, Single SSN-Active Case - the name of the match.
- d. Page X - the page number for this roster page.
- e. Date MM/DD/YY - the date that the BEER match was completed by the State. This is the date that begins the 45-day processing timeliness unless delays in distribution occur.
- f. County of - The name of the county receiving the match. This is the county that was identified on MEDS/CDB as responsible for the Medi-Cal case.

STATE OF CALIFORNIA	DEPARTMENT OF SOCIAL SERVICES	PAGE	1
IEV300	IEVS - RECIPIENT SSA WAGES (BEER) ROSTER SUMMARY OF BENEFICIARY ID BY COUNTY SINGLE SSN - ACTIVE CASE	DATE:	06/12/99
COUNTY OF xxxxxxxxxxxxxxx			
RECIPIENTS			
BENEFICIARY-ID	FBU DIST	EW	CASE- NAME
			COMMENT
59-82-1111111	7	R344	JONES CA \$ 3,186.10
59-63-2222222	7	S233	MURPHY BR \$ 14,923.37
59-13-3333333	7	T122	WINKLE BU \$ 11,356.00
TOTAL CASE COUNT		3	

### 2. Section Two - Case and Recipient Information

- a. Beneficiary-ID - this number represents the two-digit county code, followed by the two-digit aid code, followed by the seven-digit case serial number identified in MEDS.
- b. FBU - the one-digit family budget unit identified in MEDS.
- c. EW - the caseworker number that was identified on MEDS for this SSN for the match month.
- d. Case Name - the last and first name that was identified on MEDS for this SSN for the match month. May not be the beneficiary's name.
- e. Comment - this is the total of all earnings reported for this individual for this match.

# MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

STATE OF CALIFORNIA REPORT IEV300	DEPARTMENT OF SOCIAL SERVICES IEVS - RECIPIENT SSA WAGES (BEER) RUN DATE: 08/16/99 SINGLE SSN - ACTIVE CASES	ROUTE: 59-062-1329 CO DS EW PAGE: 1
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CASE INFORMATION	CASE NAME
CO CASE-NO FBU	
59 9999999 7	JONES CASEY

  

----- INFORMATION SENT TO SSA -----

SSN	NAME	PERSON	DATE OF	SEX	AID
	LAST FIRST M.	NUMBER	BIRTH		CODE
000-00-0001	JONES CASEY	02	07/21/75	M	82

  

----- BEER INFORMATION AS REPORTED BY SSA -----

-----EMPLOYEE NAME-----	SSN	SEX	-DATE OF	WAGE
LAST (2 <sup>ND</sup> ) F. M.			BIRTH	YEAR
JONES C	000-00-0001	M	07/75	89

  

EMPLOYER NAME AND ADDRESS	TYPE	EMPLOYER NO.	REPORTED
			WAGES
1. ALLSTAR GRAPE PRODUCTS 2020 WEST FIRST STREET BOX 9999 SANTA BARBARA, CA 93130	ANNUAL	77-9999999	\$ 6,692.80
2. WEE BOTTLE IT 200 WEST WISCONSIN CHICAGO, IL 60606	ANNUAL	94-9999999	\$ 94.36
TOTAL CASE WAGES			\$ 6,787.16

  

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

IF NO DISCREPANCIES, CHECK THIS BOX

  

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



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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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### G. Print Format for the IEV300 Abstract

The number for the abstract and the roster are the same.

1. Section 1 - Page Header and Case Information
  - a. State of California, Department of Social Services - agency responsible for completing the match.
  - b. Route: - the County number, District code if included on MEDS and worker number identified in MEDS for this beneficiary.
  - c. Report IEV300 - number of the BEER abstract.
  - d. IEVS-Recipient SSA Wages (BEER) - name of the report
  - e. Run Date MM/DD/YY - the date that the BEER match was completed by the state. This is the date that begins the 45-day processing timeliness unless delays in distribution occur.
  - f. Page X - the page number for this SSN match.
  - g. Single SSN - Active Cases - this identifies that there was only one SSN for this individual and that the Medi-Cal case was active at the time that the match was completed. If there had been more than one SSN identified, the message would display as "Multiple SSNs". If the case were closed the message would display "Inactive Cases".
2. Section 2 - Case Information
  - a. County Code - the two-digit code of the county receiving the match. This is the county that was identified on MEDS as responsible for the Medi-Cal case.
  - b. Case-No - the seven-digit case serial number that was identified on MEDS for this SSN for the match month.
  - c. FBU - the one-digit Family Budget Unit code that was identified on MEDS for this SSN for the match month.
  - d. Case Name - the last and first name that was identified on MEDS for this SSN for the match month as the case name. May not be the BEER individual's name.
3. Section 3 - Information Sent to SSA (Social Security Administration) from the MEDS data file .
  - a. SSN - the nine-digit SSN of the Medi-Cal beneficiary.
  - b. Name - the last name, first name and middle initial if available of the Medi-Cal beneficiary.
  - c. Person Number - the two-digit person number that was identified on MEDS for this SSN for the match month.

## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

STATE OF CALIFORNIA REPORT IEV300	DEPARTMENT OF SOCIAL SERVICES IEVS - RECIPIENT SSA WAGES (BEER) RUN DATE: 08/16/99 SINGLE SSN - ACTIVE CASES	ROUTE: 59-062-1329 CO DS EW PAGE: 1						
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">CASE INFORMATION</td> <td style="width: 70%;">CASE NAME</td> </tr> <tr> <td>CO CASE-NO FBU</td> <td></td> </tr> <tr> <td>59 9999999 7</td> <td>JONES CASEY</td> </tr> </table>			CASE INFORMATION	CASE NAME	CO CASE-NO FBU		59 9999999 7	JONES CASEY
CASE INFORMATION	CASE NAME							
CO CASE-NO FBU								
59 9999999 7	JONES CASEY							
----- INFORMATION SENT TO SSA -----								
SSN	NAME	PERSON	DATE OF BIRTH	SEX	AID CODE			
000-00-0001	LAST FIRST M. CASEY	NUMBER 02	07/21/75	M	82			
----- BEER INFORMATION AS REPORTED BY SSA -----								
-----EMPLOYEE NAME-----	SSN	SEX	DATE OF BIRTH	WAGE YEAR				
LAST (2 <sup>ND</sup> ) F. M. JONES C	000-00-0001	M	07/75	89				
EMPLOYER NAME AND ADDRESS	TYPE	EMPLOYER NO.	REPORTED WAGES					
1. ALLSTAR GRAPE PRODUCTS 2020 WEST FIRST STREET BOX 9999 SANTA BARBARA, CA 93130	ANNUAL	77-9999999	\$ 6,692.80					
2. WEE BOTTLE IT 200 WEST WISCONSIN CHICAGO, IL 60606	ANNUAL	94-9999999	\$ 94.36					
TOTAL CASE WAGES			\$	6,787.16				
WORKER NAME/# _____			DATE OF REVIEW _____					
IF NO DISCREPANCIES, CHECK THIS BOX <input type="checkbox"/>								
*****CONFIDENTIAL INFORMATION *****DO NOT KEEP IN CASE FOLDER ***** ***** END OF CASE *****								

- d. Date of Birth MM/DD/YY - the date of birth that was identified on MEDS for this SSN for the match month.
- e. SEX - M or F.
- f. Aid Code - the two-digit aid code that was identified on MEDS for this SSN for the match month.

4. Section 4 - BEER Information As Reported by Social Security.

When the report is for multiple SSNs, it is recommended that the other SSNs listed be processed through the IEVS applicant system to determine if income or assets are available to the beneficiary.

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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- a. Employee Name - last name and first and middle initial of name of person with the Social Security as reported by Social security.
- b. SSN - SSN for reported wages.
- c. Sex - the one-alphanumeric code (M or F) that was reported to Social Security.
- d. Date of Birth - Month and Year of birth reported to Social Security.
- e. Wage Year - year that wages were reported as earned.
- f. Employer Name and Address - Name and address of the employer reporting wages.
- g. Type - will display "annual" for Federal, military and pensions, "agri" for agricultural and "self-empl" for self-employment.
- h. Employer No. - the Federal Employer Identification Number.
- i. Reported Wages - total wages reported by the employer.
- j. Total Case Wages - totals all wages reported for single or multiple SSNs for the individual

5. Section 5 - Case Disposition

This section is used by the worker to identify that a case has been completed and that all actions taken based on the information contained in the report.

- a. Worker Name and # - should be printed.
- b. Date of Review - enter the date that the review is completed and all actions taken.
- c. No discrepancies - enter an X in this box only when there are no discrepancies in the reported information or when this information does not pertain to the case record. If the employment is for someone not in the case but using the SSN of a family member, note for future reference and matches.

# MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

STATE OF CALIFORNIA  
REPORT IEV300

DEPARTMENT OF SOCIAL SERVICES  
IEVS - RECIPIENT SSA WAGES (BEER)  
RUN DATE: 08/16/99  
SINGLE SSN - ACTIVE CASE

ROUTE: 59-062-1026  
CO DS EW

PAGE 2

CASE INFORMATION	CASE NAME
CO CASE NO. FBU	
07 0111111 7	BUNYUAN , PAUL

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 0111111 7  
B: RUN DATE: 04/10/98  
C: WAGE YEAR: 97

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

(WHOLE DOLLARS ONLY)

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

"X" ALL THAT APPLY

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

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

"X" ONE:

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

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

WHEN COMPLETED, MAIL THE FORMS TO:

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

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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6. Section 6 - Discrepant Case

The County Response form page is used by the worker when it is determined that a case is discrepant.

a. Section 1 - Header

This section contains the case identification number, case name and the run date. See description for each item under the print format above.

b. Section 2 - Program Affected

This section asks that the amount of any overpayment associated with the BEER information be calculated in whole dollars and placed in "F Other" space. The amount should be the total difference between the actual share of cost that was certified and what the share of cost should have been.

c. Section 3 - Type of income

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

d. Section 4 - Discontinuance

Check the "YES" box if information from the report alone resulted in discontinuance including if the person failed to respond to the County's request for clarification and the case is discontinued.

e. Section 5 - Mailing Address

A copy of the completed response form is to be mailed to CDSS only when the actual amount of the overpayment can be determined. If an amount cannot be calculated DO NOT mail this form.



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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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### 21L-INCOME AND ELIGIBILITY VERIFICATION SYSTEM (IEVS) JAIL REGISTRY SYSTEM (JRS) MATCH

#### A. Overview

The Jail Registry System (JRS) was implemented at the county level July 1, 1998 with matches retro to June 1997. The JRS process is mandated as a result of passage of Senate Bill (SB) 1556, Chapter 10 to Part 2 of the Welfare and Institutions Code. The JRS match is processed monthly to provide a listing of all Medi-Cal beneficiaries reported to have been incarcerated at a city and/or county jail for over 30 days. The records are submitted to the JRS by the city and/or county jail and then matched to the Medi-Cal Master Eligibility File (FILE) for beneficiaries for the month of incarceration plus one prior month. The data is received from jails throughout California. The match is intended to identify persons in Jail facilities who received Medi-Cal benefits during a month of incarceration.

Per MEM Regulation Sections 50271 - 50273, as outlined in Medi-Cal Eligibility Procedures Manual (MEPM) Procedural Article 6, individuals who are inmates of public institutions, including a county or city jail, are not eligible for Medi-Cal beginning on the date that the institutional status commenced and ending on the day that institutional status ends. This includes persons who are on work release or work furlough and who must return to the jail facility at specific intervals. In addition, a person is considered to be incarcerated when he/she is under sentence in an IMD, or was booked but sent to a psychiatric hospital for evaluation before court disposition.

Medi-Cal eligibility for persons who are incarcerated ends on the date that incarceration begins. There is no requirement to issue a ten-day timely Notice of Action to discontinue benefits for this individual. The date of incarceration should be the termination date that is sent to MEDS to terminate benefits. However, if there are other family members receiving Medi-Cal benefits, a Ten-Day Timely Notice of Action is required before an increased share of cost for remaining family members is made effective.

#### B. Case Status

Workers are required to process matches received on all active cases to determine if the individual identified in the JRS match is the Medi-Cal beneficiary. Matches received on closed cases should be processed when it is determined that the Medi-Cal benefits were issued for the period of incarceration. Matches received on closed cases with no Medi-Cal benefit issuance for the period of incarceration should be filed in the case record for future information.

#### C. Match Criteria

The JRS match is completed in two phases.

- The Social Security Number in JRS is matched to MEDS in the initial match. If the SSN matches no further processing is completed.
- If the Social Security Number in JRS does not match to MEDS, a secondary match is completed using the name, any alias/aka's reported by the jail facility, date of birth and sex.

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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### D. Processing JRS Data

1. The report should be reviewed to establish match validity, appropriateness of the information and whether an overpayment referral is required.
2. Review the case to determine if the individual identified on the JRS match is the same individual as in the Medi-Cal case. A contact, including fraud confrontation interview with the head of household may be required to complete the review. For example, check the statement of facts for report of absent parents and notations regarding absence due to incarceration. Review case narratives and MC 176 Quarterly Status Reports for reports of changes in circumstances including a report of a family member leaving the home.
3. Request assistance from SDHS Investigations as needed to clarify or confirm information provided on the JRS match, including dates of confinement at the jail facility.
4. If the individual identified on the JRS match is the same as the Medi-Cal beneficiary, determine if the incarceration was reported to the county and what actions were taken.
5. If the incarceration was reported and the individual remains incarcerated, review the date that the individual was discontinued from Medi-Cal. Determine if any period of ineligibility existed that would have resulted in an overpayment for that individual and other family members. Check to see if an overpayment evaluation was completed.
6. If the incarceration was reported but the individual is no longer incarcerated, review the date that the individual was released and whether that individual was reported as returning to the home. Determine if any period of eligibility existed that would have resulted in an overpayment for that individual and other family members because of the incarceration or return to the home.
7. If the beneficiary was not reported as being incarcerated and the individual is no longer incarcerated, review the dates of incarceration. Determine what period of time the individual was not entitled to receive benefits and the impact on eligibility and share of cost for other family members.
8. If the beneficiary was not reported as being incarcerated and the incarceration continues, complete an adequate discontinuance notice to discontinue Medi-Cal benefits effective the date of incarceration. If other family members continue to be eligible, complete changes and issue the appropriate notice of action based on ten-day timeliness criteria. Determine what period of time the incarcerated individual was ineligible for Medi-Cal and the impact on eligibility and share of cost of other family members.
9. Complete overpayment referrals following criteria in Procedure Article 16. Identify referral as IEVS Jail Match.
10. If the individual reported on the JRS match is not the same as the Medi-Cal beneficiary, narrate the case for future matches.



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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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### E. Print Format for Report JRS170P

JRS reports are divided into separate sections containing the JRS data, the criteria that was used to complete the match, and the MEDS MMEF data for the most current 13 months.

#### 1. Section 1 - JRS Data

- a. Facility Name - the name of the city/county facility where the individual is reported housed.
- b. ORI Number - alphanumeric number issued by the National Crime Information Center (NCIC) which is used to identify the county facility. If a facility does not have an NCIC number, the CDSS Fraud Bureau will assign one.
- c. Booking Number - individual's booking number for this period of incarceration at this jail facility.
- d. Incarceration/Date and Time - date and time of incarceration at the jail facility listed.
- e. Expected Release - expected date that the individual will be released from this facility.
- f. Actual Date - date actually released if no longer in jail facility.
- g. Release Time - time actually released if no longer in jail facility.
- h. Creation Date - date this record was created by the jail facility submitting the record for processing by JRS.
- i. Facility Use - for optional information as reported by the jail facility.
- j. SSN - the Social Security Number reported for this individual in the jail.
- k. Name - the name reported for this individual in the jail.
- l. DOB - the date of birth reported for this individual in the jail.
- m. SEX - the sex reported for this individual in the jail.
- n. DL/ID - the California driver's license or ID number for this individual in the jail.
- o. FBI NMBR - the number assigned by the Federal Bureau of Investigation's identification division.
- p. CCI NMBR - the Criminal Identification and Information number assigned by the Department of Justice.
- q. Place of Birth - the city and/or state where the individual was reported born.
- r. Street Address - the address where the inmate resided at time of incarceration.

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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- s. Mother's Maiden Name - the inmate's mother's maiden name if known.
- t. Father's Name - the inmate's father's name if known.
- u. Next of Kin - full name of inmate's next of kin if known.

### 2. Section 2 - Match Criteria

The criterion that is used in the matching process will display.

- a. SSN - if the SSN reported to JRS matches to MEDS, only the SSN will display.
- b. ALIAS/AKA SSN - if the alias matches to MEDS, the alias SSN will display as will the alias name, date of birth and sex.
- c. No SSN - if the match is on name, date of birth and sex.

### 3. Section 3 - MEDS MMEF Information

- a. SSN - the Social Security Number in MEDS.
- b. SVC - the SSN verification code. See list in Section G.
- c. NAME - the first, middle initial and last name up to 25 characters.
- d. DOB - the MEDS birthdate reported to MEDS by the county.
- e. SEX - the sex code reported to MEDS by the county.
- f. ETHNIC - the ethnic code reported to MEDS by the county.
- g. CO - the county code where person is currently (last) aided.
- h. AID - the primary aid code the person is currently (last) receiving aid.
- i. CASE NO. - the seven-digit case serial number under which person was aided for match month.
- j. FBU - the one-digit FBU in which person was aided for match month.
- k. PER NO - the two-digit person number in which the person was aided for match month.
- l. DIST - the three-digit office number within the county as reported by the county.
- m. Worker - the four-digit worker number assigned to case are reported by the county.
- n. Case Name - the case name in MEDS as reported by the county.

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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- o. Current Month and Prior Months Aid - the current month in MEDS at time of match followed by the 12 prior months. Under each month the four initial will display for primary aid programs. If the individual was identified as eligible for any benefits during the month for any of these four programs a Y will print. If there was no eligibility an N will print.

A - AFDC (CaWORKs, RCA, ECA)  
M - Medi-Cal

F - Food Stamps  
O - Other

**MEDI-CAL ELIGIBILITY PROCEDURES MANUAL**

STATE OF CALIFORNIA  
REPORT JRS170P ABSTRACT FOR MEDI-CAL

DEPARTMENT OF SOCIAL SERVICES  
JAIL REPORTING SYSTEM  
MATCHED AGAINST  
MEDI-CAL MASTER EXTRACT FILE (MMEF)

RUN DATE: 10/16/99

COUNTY: 99

JRS FACILITY DATA:

---FACILITY NAME---	ORI NUMBER	BOOKING NUMBER	INCARCERATION DATE	TIME	EXPECTED RELEASE	ACTUAL RELEASE DATE	TIME	CREATION DATE	FACILITY USE
XXXXXXXXXXXXXXXX	CA999999	9999999	01/10/1999	08:12	00/00/000	10/10/1999	09:25	01/11/1998	XXXXXXXXXXXX =30

S S N	----- N A M E -----	D.O.B.	SEX	DL/ID	FBI NMBR	CII NMBR	PLACE OF BIRTH
444-44-4444	JONES CASEY	01/15/1946	F		88888888	88888888	OKLAHOMA

STREET ADDRESS      CITY      ST      ZIP      ---- MOTHER'S MAIDEN NAME ----      ---- FATHER'S NAME ----      ---- NEXT OF KIN ----

700 HAPPY WAY      W SACRAMENTO CA      MOTHER JONES

JRS MATCHING DATA

S S N      ---- MATCHED KEY ----  
JONES CASEY 01/15/1946 F

**THIS RECORD WAS MATCHED ON NAME, DOB AND SEX**

MMEF MATCHING DATA

S S N	C	----- N A M E -----	D.O.B.	SEX	ETHNIC CODE	CO	AID	CASE NO	U	NO	DIST	WORKER	---	CASE NAME	----
333-33-3333	J	JONES CASEY	01/15/1946	F	S	59	30	9999999	1	01		C200		JONES	, CASEY

CURRENT MONTH

----- P R I O R M O N T H S A I D -----

OCT 99    JAN 99    FEB 99    MAR 99    APR 99    MAY 99    JUN 99    JUL 99    AUG 99    SEP 99    OCT 98    NOV 98    DEC 98

A F M O    A F M O    A F M O    A F M O    A F M O    A F M O    A F M O    A F M O    A F M O    A F M O    A F M O    A F M O    A F M O    A F M O    A F M O

Y Y Y N    Y Y Y N    Y Y Y N    Y Y Y N    N N N N    N N N N    N N N N    N N N N    N N N N    N N N N    N N N N    N N N N    N N N N    N N N N    N N N N

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**MEDI-CAL ELIGIBILITY PROCEDURES MANUAL**

STATE OF CALIFORNIA  
REPORT JRS170P ABSTRACT FOR MEDI-CAL

DEPARTMENT OF SOCIAL SERVICES  
JAIL REPORTING SYSTEM  
MATCHED AGAINST  
MEDI-CAL MASTER EXTRACT FILE (MMEF)

RUN DATE: 10/16/99

COUNTY: 99

JRS FACILITY DATA:

---FACILITY NAME---	ORI NUMBER	BOOKING NUMBER	INCARCERATION DATE	TIME	EXPECTED RELEASE	ACTUAL RELEASE DATE	TIME	CREATION DATE	FACILITY USE
XXXXXXXXXXXXXXXX	CA999999	9999999	01/10/1999	08:12	00/00/000	10/10/1999	09:25	01/11/1998	XXXXXXXXXXXX =30
S S N	----- N A M E -----		D.O.B.	SEX	DL/ID	FBI NMBR	CII NMBR	PLACE OF BIRTH	
333-33-3333	JONES		CASEY	01/15/1946	F	88888888	88888888	OKLAHOMA	
STREET ADDRESS	CITY	ST	ZIP	---- MOTHER'S MAIDEN NAME ----		---- FATHER'S NAME ----		---- NEXT OF KIN ----	
700 HAPPY WAY	W SACRAMENTO	CA						MOTHER JONES	

JRS MATCHING DATA

S S N	----- MATCHED KEY -----	<u>THIS RECORD WAS MATCHED ON SSN. IF THIS RECORD HAD BEEN MATCHED ON ALIAS SSN, THE ALIAS AND MEDS SSN WOULD BE SAME, AND JMR SSN WOULD BE DIFFERENT.</u>
333-33-3333		

MMEF MATCHING DATA

S S N	C	----- N A M E -----	D.O.B.	SEX	ETHNIC CODE	CO	AID	CASE NO	U	NO	DIST	WORKER	---	CASE NAME	----
333-33-3333	J	JONES	CASEY	01/15/1946	F	S	59	30	9999999	1	01	C200		JONES	,CASEY

CURRENT

MONTH ----- P R I O R M O N T H S A I D -----  
OCT 99 JAN 99 FEB 99 MAR 99 APR 99 MAY 99 JUN 99 JUL 99 AUG 99 SEP 99 OCT 98 NOV 98 DEC 98

A F M O A F M O A F M O A F M O A F M O A F M O A F M O A F M O A F M O A F M O A F M O A F M O A F M O  
Y Y Y N Y Y Y N Y Y Y N Y Y Y N

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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STATE OF CALIFORNIA  
 REPORT JRS171P ROSTER FOR MEDI-CAL  
 COUNTY: 99

DEPARTMENT OF SOCIAL SERVICES  
 JAIL REPORTING SYSTEM  
 MATCHED AGAINST  
 MEDI-CAL MASTER EXTRACT FILE (MMEF)

RUN DATE: 10/16/99  
 PAGE NUMBER: 1

S S N	S V C	N A M E	D.O.B.	SEX	ETHNIC CODE	CO	AID	CASE	NO	U B	NO	DIST	WORKER	CASE NAME
333-33-3333	J	JONES CASEY	01/15/1946	F	S	59	30	9999999	1	01		C200	JONES , CASEY	
222-22-2222	J	WINKLE BULL	02/16/1967	M	W	59	09	8888888	8	02		X300	WINKLE , GRACE	
111-11 1111	K	REIGNS CONFU	12/24/1929	M	C	59	35	7777777	1	02		T111	REIGNS , HIGHNESS	
TOTAL CASES:		3												

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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F. Print Format for Roster JRS171P

The county transmits the district and eligibility worker number to the Medi-Cal Eligibility Data System (MEDS) for every case maintained on that system. A single JRS roster will be generated for all cases with JRS reports that are created during that month's JRS process.

1. Heading Information

- a. State of California, Department of Social Services - agency responsible for processing the match.
- b. Run Date - the date that the match was completed by CDSS.
- c. Report JRS171P Roster for Medi-Cal - report number.
- d. Jail Reporting System - name of report -

2. Case Information

- a. SSN - the Social Security Number reported for the individual in jail.
- b. SVC - The verification number for the Social Security Number. See section G.
- c. NAME - the name reported for the individual in jail.
- d. D.O.B. - the date of birth reported for the individual in jail.
- e. SEX - the sex code reported for the individual in jail.
- f. ETHNIC CODE - the ethnic code reported for the individual in jail.
- g. CO - the county code where the person is currently (last) aided.
- h. AID - the primary aid code the person is currently (last) received benefits under.
- i. CASE NO. - the seven-digit case serial number in which the person was aided for match month.
- j. FBU - the one-digit FBU in which person was aided for match month.
- k. PERS NO. - the one-digit FBU in which person was aided for match month.
- l. DIST - the three-digit office number within the county as reported by the county.
- m. WORKER - the four-digit worker number as reported by the county.
- n. CASE NAME - the case name in MEDS for the individual.

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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### 3. Total Cases

The total number of cases for the county for this match date.

### G. Social Security Number Verification Codes

0	-	SSN verification code previously submitted to MEDS
2	-	SSN application filed and confirmation received by county
3	-	SSN sight verified by county
5	-	SSN not verified, Mcform194 referral completed
6	-	No SSN, MCform194 referral completed
7	-	No code entered
8	-	Undoc person without SSN
9	-	Preadoptive person without SSN
A	-	Validated from MCform194
B	-	Same as A but birthdate discrepancy
C	-	Same as A but sex discrepancy
D	-	Same as A but sex and birthdate discrepancy
J	-	Validated through state validation
K	-	Same as J but birthdate discrepancy
L	-	Same as J but sex discrepancy
M	-	Same as J but sex and birthdate discrepancy
P	-	Previously validated but changed by Social Security
Q	-	Same as P but birthdate changed outside acceptable range
R	-	Previously validated but changed by SDHS
T	-	Unvalidated due to subsequent birthdate change
U	-	Unvalidated as new SSN change occurred by Social Security
V	-	Unvalidated by Social Security
W	-	Unvalidated as birthdate did not match
X	-	Unvalidated as birthdate and sex did not match
Y	-	Unvalidated as name not a match and DOB/sex not checked
Z	-	Unvalidated. Number not known to Social Security