DEPARTMENT OF SOCIAL SERVICES
 P Street, Sacramento, CA 95814

September 6, 1983

ALL-COUNTY INFORMATION NOTICE I-97-83

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: INTEGRATED EARNINGS CLEARANCE/FRAUD DETECTION SYSTEM

REFERENCE:

This letter is to notify counties that the match results of the Integrated Earnings Clearance/Fraud Detection System (IEC/FDS) will be distributed to all counties on September 8, 1983. This system output will include AFDC and food stamp wage information, duplicate aid information, and will identify those SSI/SSP recipients who are receiving AFDC and/or food stamps.

With regard to the wage information, the discrepancy levels for the first quarter (January – March 1983) have been set at the following limits:

- AFDC and Public Assistance Food Stamp cases..............$301

- Non-Assistance Food Stamp cases........................$701

Also for information purposes, a copy of the new form ECS 155 is attached which is to be used by those counties who will be receiving the IEC/FDS information on computer tape(s) and printing their own information. This form can now be ordered from the SDSS Warehouse, through the normal form ordering procedure. Counties who do not have data processing capabilities will be receiving ECS 155s already printed with the computer match data. After processing the IEC/FDS case, each county must complete the last page of the four-part ECS 155 form and return it to SDSS, giving the disposition of that case.

Finally, counties are reminded that September 1, 1983, is the deadline for forwarding to SDSS the recipient data for the April - June 1983 quarter (as outlined in All County Letter 83-11, dated February 28, 1983). If you have any questions or need additional information please contact Gary Scriven in the Fraud Program Management Bureau at (916) 924-2836.

Sincerely,

JOANNE A. HOFFMANN
Deputy Director
Management Systems and
  Evaluation Division

Attachments

cc: CWDA

INTEGRATED EARNINGS CLEARANCE/FRAUD DETECTION SYSTEM

PROCESS QUARTER
COUNTY OF

1. CASE IDENTIFICATION				2. CASE NAME ●	3. DIST.	4. WORKER	5. CO. USE	6. PRIORITY
CO.	AID	CASE NO.	FBU					

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1. CASE IDENTIFICATION				2. CASE NAME	3. DIST.	4. WORKER	5. CO. USE	6. PRIORITY
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COUNTY RESPONSE

PLEASE ANSWER ALL APPLICABLE QUESTIONS AND RETURN FORM TO ADDRESS SHOWN BELOW

WAS THE CASE PROCESSED? IF NO, ANSWER QUESTION A. IF YES, ANSWER QUESTION B.

A. IF NO, WHY NOT? (ENTER "X" IN THE APPROPRIATE BOXES)

  1. FAILURE OF EMPLOYER TO COOPERATE. ☐

  2. FAILURE OF RECIPIENT TO COOPERATE. ☐

  3. ACTUAL/POTENTIAL OVERPAYMENT OR OVERISSUANCE HANDLED BY ANOTHER COUNTY. ☐

  4. CASE CLOSED PRIOR TO PROCESSING. ☐

  5. OTHER: _____ ☐
  _____

B. IF YES:

  DID THE INFORMATION ON THIS REPORT IDENTIFY AN ACTUAL/POTENTIAL OVERPAYMENT OR OVERISSUANCE IN THE CASE? IF NO, ENTER "X" IN THE BOX NEXT TO NO. IF YES, ENTER "X" IN THE BOX NEXT TO YES AND ANSWER QUESTIONS 1, 2, AND 3.   YES ☐   NO ☐

  1. WHAT WAS THE REASON FOR THE ACTUAL/POTENTIAL OVERPAYMENT OR OVERISSUANCE? (ENTER "X" IN THE APPROPRIATE BOXES)
    a. EARNINGS ☐
    b. DUP AID ☐
    c. SSI/SSP ☐
    d. OTHER ☐

  2. WHICH PROGRAM(S) IS THE ACTUAL/POTENTIAL OVERPAYMENT OR OVERISSUANCE CONNECTED WITH AND FOR WHAT DOLLAR AMOUNT? (WHOLE DOLLARS ONLY)
    a. AFDC | | | | | |
    b. F.S. | | | | | |
    c. G.A. | | | | | |
    d. OTHER | | | | | |

  3. WAS THE CASE REFERRED FOR POSSIBLE FRAUD INVESTIGATION ON THE BASIS OF INFORMATION IN THIS REPORT? ENTER "X" IN THE APPROPRIATE BOX.   YES ☐   NO ☐

NOTE: WHEN COMPLETED, MAIL FORMS TO:
DEPARTMENT OF SOCIAL SERVICES
FRAUD PROGRAM MGMT. BUREAU
744 P STREET, MS 19-26
SACRAMENTO, CA 95814