

DEPARTMENT OF SOCIAL SERVICES
 744 P Street, Sacramento, CA 95814
 (916) 322-3216



February 28, 1983

ALL-COUNTY LETTER NO. 83-11

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: INTEGRATED EARNINGS CLEARANCE/FRAUD DETECTION SYSTEM

REFERENCE: ALL COUNTY INFORMATION NOTICE I-05-83

The purpose of this All County Letter is to outline the requirements and due dates for submission of recipient data to SDSS for use in the Integrated Earnings Clearance System/Fraud Detection System described in the January 10, 1983, All County Information Notice I-05-83.

All counties shall submit the required data for all active AFDC and food stamp cases on a quarterly basis beginning with the January-March 1983 quarter. "Active" is defined as being on aid during the last day of the process quarter. Counties may, at their option, submit discontinued AFDC and food stamp cases, or other public assistance cases such as General Assistance.

All counties are required to submit recipient data on computer tape unless approval is obtained from the SDSS County EDP Bureau to submit the data on manual input documents. State Regulation, Division 28, Sections 28-105, d, 4, specifies the review and approval requirements for EDP systems modifications. These requirements must be followed to ensure state and federal financial participation. Counties authorized to use manual input will receive additional instructions and necessary input forms, (a sample of which is attached). Also attached is a listing of the data processing requirements for submission of magnetic tape.

The recipient data will need to be received by SDSS according to the following schedule:

<u>Process Quarter</u>	<u>Due at SDSS</u>
January - March	June 1
April - June	September 1
July - September	December 1
October - December	March 1

In order to allow additional time for implementation, the first quarter data (January - March 1983) will not be due until July 1, 1983.

All completed tapes and forms should be sent to:

State Department of Social Services
Computing Facilities Branch/Production Support
744 P Street, M.S. 19-13
Sacramento, CA 95814

Attention: Fraud Detection System Input

The FY 1983-84 Cost Control Impact Questionnaire is the vehicle to use to request additional funding to implement the Food Stamp Integrated Earnings Clearance System/Fraud Detection System. County requests should identify development and ongoing costs and savings in the casework, fraud and support cost areas in FY 1983-84. Areas addressed should include the change in AFDC and NAFS eligibility worker time, the specific support areas impacted by this requirement, and the duration of the anticipated costs. Your request should only be included in Section VI of the Questionnaire, Other Considerations, in order to avoid duplicate budgeting. For estimating purposes only the counties should prepare workload estimates based upon using discrepancy levels in multiples of \$150 up to \$450 for both the AFDC and the NAFS programs. The actual discrepancy level will be set by the Department based upon the results of a cost benefit analysis presently being conducted by this Department.

Additional information and instructions will be made available to you as this system is further refined.

If you have any questions regarding the technical aspects of this system and/or for authorization to utilize manual data input or if there are elements that your county cannot supply, contact the SDSS County EDP Bureau at (916) 924-2911. Questions regarding the completion of the Cost Control Impact Questionnaire should be directed to the County Administrative Expense Control Bureau at (916) 322-5802.

Sincerely,



JOSEPH A. KELLY
Deputy Director
Audit and Review Division

Attachments

cc: CWDA

DATA PROCESSING REQUIREMENTS FOR SUBMITTING
AFDC AND NON-ASSISTANCE FOOD STAMPS (NAFS)
RECIPIENT DATA TO THE FRAUD DETECTION SYSTEM

Recipient data must be recorded on magnetic tape and forwarded to the State Department of Social Services (DSS) according to the following schedule and format:

TAPE SUBMISSION SCHEDULE:

<u>Received by DSS</u>	<u>Quarter in Process</u> <u>(Related Earnings Quarter)</u>
June 1	January - March
September 1	April - June
December 1	July - September
March 1	October - December

TAPE FORMAT

A. Physical Characteristics

7-track 556 BPI
9-track 800 BPI
9-track 1600 BPI
9-track 6250 BPI EBCDIC

B. Tape Labels - Internal

IBM Standard labels or unlabeled tapes are acceptable. If unlabeled tape are used, each reel must have a tape mark at the beginning and ending of data.

External

Each reel must have an external label containing the following information:

- (1) Title: "Recipient Data for Fraud Detection System"
- (2) County Name
- (3) Quarter in Process (Jan-Mar, Apr-June, July-Sept, Oct-Dec)
- (4) Date of Submission (Mo, Day, Yr)
- (5) Tape Characteristics (ie., density and tracks)
- (6) Reel Number (1 of 1, etc.)

C. Tape Record (256 positions long, unblocked)

TAPE POSITION

DESCRIPTION

* 1-9	Social Security Account Number
*10-23	Case Identification: 10-11 County Code 12-13 Aid Code 14-20 Case Number (zero fill to the left) 21 FBU code (if none, zero fill) 22-23 Person Number (if none, zero fill)
24-29	Effective Date of Aid: 24-25 Year 26-27 Month (zero fill to left) 28-29 Day (zero fill to left)
*30-35	Birth Date: 30-31 Year 32-33 Month (zero fill to left) 34-35 Day (zero fill to left)
*36	Sex Code (M/F)
*37-62	Name: 37-51 Last Name 52-61 First Name 62 Middle Initial (if none, space fill)
63-88	Care of Name, Payee Name or Case Name (optional field, space fill if not used)
89-154	Address: 89-109 Line 1 110-130 Line 2 131-145 City 146-150 Zip Code 151-154 Reserved for 9 digit zip code
*155-161	Gross Earned Income (\$\$\$\$.\$¢¢) If Gross Earned Income is recorded by individual, report the income earned during the quarter by each individual in the case.

*Indicates required fields

If Gross Earned Income is recorded by case, report the income earned by the household during the quarter in the record of the first individual in the household, and zero fill the records of all other members of the household.

If Gross Earned Income is not recorded, zero fill all records.

*162-173

162-165

Aid Types Received during quarter:
Current Month:

162 AFDC 1=yes, 0=no

163 FS 1=yes, 0=no

164 GR 1=yes, 0=no

165 Other 1=yes, 0=no

166-169

First Prior Month:

166 AFDC 1=yes, 0=no

167 FS 1=yes, 0=no

168 GR 1=yes, 0=no

169 Other 1=yes, 0=no

170-173

Second Prior Month:

170 AFDC 1=yes, 0=no

171 FS 1=yes, 0=no

172 GR 1=yes, 0=no

173 Other 1=yes, 0=no

174-181

County Use Field (used at county's option with no restrictions).

182-256

Reserved for future use

TRN203
TXSA

FRAUD DETECTION SYSTEM
RECIPIENT DATA INPUT DOCUMENT

Welfare Case Number

Co	Aid	Serial	FBU
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Case Name/Payee Name or Care of Name

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Address Line 1	Address Line 2	City	Zip
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Pers No	Recipient Name			SEX	Date of Birth			Social Security Number	Types of Aid Received			Gross Earned Income		County Use					
	Last Name	First Name	MI		Mo	Day	Yr		Month 1	Month 2	Month 3	s	c						
									A	F	G	O	A	F	G	O			