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PROFILES OF STATES' FOOD STAMP PROGRAM OPERATIONS

FY86
All 50 States, the District of Columbia, Guam, and the Virgin Islands

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INTRODUCTION

This report presents profiles of individual State operations in the Food Stamp Program (FSP) during Fiscal Year 1986. The information is drawn from Phase One of the Food Stamp Program Operations Study (FSPOS) conducted by Mathematica Policy Research, Inc., and its subcontractors, Abt Associates Inc. and The Urban Institute. FSPOS was sponsored by the United States Department of Agriculture, Food and Nutrition Service (FNS), Office of Analysis and Evaluation.

The first phase of the study, called a "census" of state agencies, involved telephone interviews with State Food Stamp Agency staff in the 50 States, the District of Columbia, Guam, and the Virgin Islands. [1] The interviews were conducted in June of 1986 and focused on six major topics in food stamp operations: automated certification systems, claims collection, computer matching, job search, monthly reporting, and quality control.

The results of the Phase One census interviews were presented in a series of six companion reports, one on each topic, which gave a systematic description of existing practices and procedures across the 53 State agencies. [2]

This report profiles the individual States to provide an alternative method of viewing the survey information. All six topic areas are summarized for each State. In

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[1] For simplicity, all 53 jurisdictions are referred to as "States".

[2] Hershey, A.M. Food Stamp Program Operations Study Report on State Census: Automated Certification Systems. Mathematica Policy Research, Inc., Princeton, NJ, 1987.

Nightingale, D.S., Poppink, S.E., and Yudd, R.M. Food Stamp Program Operations Study Report on Censusof State Operations: Computer Matching. The Urban Institute, Washington, DC, 1987.

Hamilton, W.L. Food Stamp Program Operations Study Report on Censusof State Operations: Monthly Reporting Systems. Abt Associates Inc., Cambridge, MA, 1987.

Long, S.K. Food Stamp Program Operations Study Report on Censusof State Operations: Claims Collection. Mathematica Policy Research, Inc., Princeton, NJ, 1987.

Puma, M.J., and Hojnacki, M.E. Food Stamp Program Operations Study Report on Censusof State Operations: Quality Control Systems. Abt Associates Inc., Cambridge, MA, 1987.

Fairchild, C.K. Food Stamp Program Operations Study Report on Censusof State Operations: Job Search Programs. Abt Associates Inc., Cambridge, MA, 1987.

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addition, selected statistics from other sources are included to provide an overview of each State's administrative structure for the Food Stamp Program.

The information presented comes from the interviews conducted in June 1986 and statistics for Fiscal Year 1986. It does not necessarily reflect food stamp operations of any other period. Many aspects of State food stamp operations have changed significantly since FY1986. For example, the Job Search program existing in 1986 has been superceded by the Food Stamp Employment and Training Program. The national monthly reporting requirements in effect in June 1986 have been altered in two subsequent rounds of legislation. And even when national regulations do not change, States are constantly in the process of modifying and refining their administrative systems.

After this introductory chapter, which briefly describes the six topics, the 53 States are presented alphabetically. Within each State, the topics are arranged in the following order:

(1) State Summary
(2) Automated Certification System
(3) Computer Matching
(4) Monthly Reporting
(5) Claims Collection
(6) Quality Control
(7) Work Registration/Job Search

Each topic is covered in one or two pages. Some States did not perform all six food stamp operations (i.e., only 40 States had Job Search contracts as of FY1986) ; in those cases the State Summary offers an explanation of the omission. A few States had more than one agency which performed some functions (e.g., counties or regions). In those cases, each agency that was interviewed is described separately. (For example, California had three agencies which handled Automated Certification in quite different ways. These agencies are listed separately in the California Automated Certification section.) Finally, certain States lacked the staff or time to complete census interviews. Incomplete data is presented in those cases.

The remainder of this chapter briefly explains the contents of the State profiles. The subtitles in the left margin of each page correspond to the sections of the profiles.

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INTRODUCTION	STATE SUMMARY
	The State Summary provides an overview of the State's Food Stamp Program structure and its caseload, benefits, and expenses. The statistics and national rankings were derived from the Food Stamp Program State Tables of Activity Ranking (April 1987) and the Food Stamp Statistical Summary of Project Area Operations Report (January, 1987).
Administering agency	The agency responsible for State Food Stamp Program operations. These are State-level agencies, although the State's program may be either State-administered or county-administered and State-supervised.
Caseload	This segment lists the average monthly caseload of households and individuals, and the State's ranking in terms of number of persons participating during FY1986. The percentage of those households denoted as receiving Public Assistance (PA) by the State is given.
Project areas	The number of food stamp project areas is determined by the State. Typically, each county is a project area; but sometimes there is one statewide area, or many small project areas. Often the presence of one or two large cities means that the corresponding project areas have a a large percentage of the State's caseload. The largest area or areas are listed for such States, along with the approximate percentage of the caseload in these areas.
Benefits issued	The total FY1986 food stamp issuances, and the average benefit per recipient per month.
Administrative expenses	The federal share of food stamp administrative expenditures for the State in

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INTRODUCTION	AUTOMATED CERTIFICATION SYSTEMS
OVERVIEW	The primary purpose of the census interviews on Automated Certification Systems (ACS) was to construct a systematic descriptive profile of certification systems now in use, and to distinguish the types of systems that might provide a basis for associating different system approaches with differences in the cost-effectiveness of systems. The description of system characteristics was developed in terms of four broad functions: (1) data base content, (2) system input methods and staff roles, (3) eligibility determinations and benefit calculations, and (4) system outputs. Interviews were conducted in 52 of the 53 States. In 48 States, interviews were held with State agency staff. In one of these States, and in four others where there is no single statewide system, interviews were held with county agency staff in selected counties; a total of 10 such county agencies were interviewed. Thus, a total of 58 certification systems were examined.
General Characteristics	Includes date the current system was implemented, and the brand of hardware used. Statewide systems are the norm, but some are local systems. If the system design was based on that of another State, this is noted.
Key System Capabilities	State agencies have adopted a wide variety of approaches to system design. The features of the systems observed in the census are greatly influenced by how recently they were first implemented, what software-development methods and hardware were available at that time, and State perceptions of system requirements. Systems are categorized as follows based on how they are configured for automated eligibility and benefit determination functions: [3] Basic Input and Recording: No automated eligibility functions; all determinations are performed manually by the eligibility worker. Manual Determination and Automated Results Checking: The system performs tests and benefit calculations, but only to check the results that are determined and entered manually by the eligibility worker. [3] This categorization is developed and further explained in Hershey (1987).

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	Stand Alone Eligibility and Benefit Determination: Workers can use an on-line or batch computer process to have the system determine eligibility and benefits, but must then re-enter the results and the household data via an input form to record them on the data base. Integrated Determination and Update from Input Forms: Eligibility workers prepare input forms from application data to trigger system functions which determine eligibility and benefits and also update the household record. Application-Based Determination and Update: Data entry is performed directly from application forms to trigger eligibility determinations and benefit calculations by the system. No special form is required.
Turnaround	System types may also be distinguished into three types based on the manner in which entry and updating are performed: Batch: Household actions are processed in daily batch runs for all actions performed since the last run. On-Line Determination: Data entry clerks enter and edit transactions at terminals, and trigger eligibility processing for each household action as it is entered. Interactive Eligibility Determination: Eligibility workers themselves use terminals to enter transactions and view eligibility and benefit results determined by the system.
AFDC and Food Stamp Integration	Many Food Stamp Agencies have integrated the AFDC and Food Stamp application process by using combined application forms and generic eligibility workers. Data used by both programs can be entered once in some systems, but more often data relevant to both programs is entered separately. Separate data input forms may have to be filled out from information on the single application form in some States.
DATA BASE	The ACS census examined two aspects of certification system data bases: (1) the level of detail contained in household records, and (2) the extent to which historical data on participating households are accessible to eligibility workers. The level of detail in household records was examined in terms of three aspects of household data: income, deductions from income, and resources.

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INTRODUCTION	AUTOMATED CERTIFICATION SYSTEMS
Level of Detail and Contents	The database may store information on each member of the household, or just on the household head. Names, birthrates, social security numbers (SSNs), ID numbers, and addresses are commonly stored, although other identifiers may also be used. Historical data on past food stamp participation may be available for access by eligibility staff. This can be available for on-line computer inquiry, or stored in archive files. Systems may limit maintenance of historical data to a certain number of months, years, or previous case actions.
Financial Data	Financial data could be recorded by individual or by total household. Data included may be gross earnings, unearned income (often broken down into categories), total countable value of resources, self-employment income, work registration status, housing costs, utility costs, medical expenses, and dependent care costs.
SYSTEM FUNCTIONS AND AUTOMATED OUTPUT	Calculates and Stores and Performs: Certification systems can potentially perform three aspects of the eligibility process. First, they can manipulate the data supplied by applicants to prepare them for the comparisons necessary to perform financial eligibility tests and further calculations of allotment amounts. These data preparation steps entail computing net income, excess shelter deduction, utility expenses, dependent care and medical expense deductions. Second, they can perform the appropriate financial eligibility tests (depending on household type), including gross and net income tests and resource ceiling tests, and checks on the status of individuals in terms of specific eligibility requirements (student status, satisfaction of work registration requirements, and disqualification). Finally, systems can compute allotment amounts based on the number of eligible household members, food stamp net income, and allotment formulas or tables. In most agencies, the data for these functions are retained in the household record and are available for subsequent inquiry; some agencies, however, have not linked the eligibility determination functions with the data base update function, so data must be re-entered for storage. Some systems can determine a prorated allotment for the first month of benefits; some can deduct a recoupment amount from the monthly allotment in the case of an overissuance. Some agencies have chosen to allow workers to input eligibility results in circumstances in which the system cannot generate an accurate determination. Generates: All automated systems provide some form of issuance. Agencies may mail benefit coupons or Authorization to Participate cards (ATPs), or may provide for electronic transfer of data to local issuance

INTRODUCTION	**AUTOMATED CERTIFICATION SYSTEMS**
	stations. Many systems support the issuance of food stamp identification cards. Certification systems can also take over the tasks of (1) recognizing the necessity for issuing a form or notice to a household, (2) formulating the household-specific contents, and (3) printing the form or notice for mailing. The possible outputs are: certification expiration notices, appointment notices, outstanding verification notices, monthly report filing reminders, monthly report forms, monthly report filing warnings and terminations notices, application approvals and denials, required case actions based on interim changes or recertifications, and computer match results. Some systems have access to other assistance programs' data bases, such as AFDC and GA, for use in eligibility processing in the Food Stamp program.

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INTRODUCTION	COMPUTER MATCHING
OVERVIEW	Computer verification of client-reported information using external data bases, or computer matching, is used to varying degrees by the State FSAs. Computer matching has three general purposes: (1) verifying eligibility and benefit amounts, (2) investigating payment errors and (3) substantiating information to be used in prosecutions.The matching can take place at intake to verify the eligibility of new applicants, at recertification to verify the continuing eligibility of current recipients, or at some other point to detect any inconsistencies in information on ongoing cases. The computer matching process essentially is the initial match across data files; followed by the full range of subsequent followup activities, such as fraud prosecution, administrative disqualification, and claims collections. FSPOS research tried to determine the extent of computer matching in the Food Stamp Program, and to develop a descriptive profile of State -level or State-directed computer matching activities. Questions in the census interview covered the number of matching systems, the type or external database(s) accessed by each of the systems, the timing of the matches and currency of information in the data bases as well as reporting requirements between the State and local offices. The State census identified a total of 248 distinct computer matching systems in use nationwide in FY1986. All States and territories except Ohio conducted regular computer matching on the food stamp caseload. Forty-eight States conducted front-end matching on food stamp applicants. Fifty-two states conducted on-going matching on active food stamp recipients.
Systems	Listed are the names of the computer matching systems used within the State, along with their implementation dates. Only seven systems are not statewide, but used in selected local areas. The type of access to each system is identified as either batch or on-line: "Batch" matching begins when information on a list of applicants, recipients, or cases (or the entire caseload) is entered onto a computer file. That file is then matched to another file, and the results of the match are received either on a new file or on a hard-copy computer print-out. "On-line" matching occurs when information about a particular food stamp applicant, recipient, or case is entered directly onto a computer terminal and information is received back in "real time" based on a match done immediately by the computer.

INTRODUCTION	COMPUTER MATCHING
	The administrative unit responsible for each system is identified. Many computer matching systems are simultaneously used by other public assistance programs, and these are listed if applicable.
Data Bases and Access	Data Accessed: Lists the data bases accessed for matching, and/or the sources of the information contained in these data bases. Update Time: The interval at which new information for the data bases is received. Time Lapse: Time required to update the data bases with the new information – – i.e., the "age" of the information when it becomes available in the data base. Front-End or Ongoing: There are two types of matching. Front-End applies to verification of income, eligibility and benefit levels for new food stamp applicants. Ongoing refers to verification of income, continued eligibility and benefit levels for active recipients. Many systems are used for both functions.
OPERATING PROCEDURES	
Front-End Matching and Ongoing Matching	Information is provided on the workers who initiate matches and the identifying data used to access the systems. These identifiers may be social security numbers (SSNs), name, date of birth, and/or case identification numbers. Time between requests for matching information and delivery of that information to the requestor is indicated. The timing of the match depends on both the purpose of the match and the type of access. For front-end matching, timing is important because the intent is to verify the income and assets of the applicant household in order to determine the correct benefit level at the beginning of the household's participation in the FSP. Since all applicants must be approved or denied within 30 days, completing the front-end match quickly makes it more likely that the agency will quickly authorize the correct amount of benefits. Ongoing matching is primarily used to identify changes over time in wages, other income, and household composition. State and local offices may receive on-line information or a computer printout. The nature of the information received varies widely from State to State and system to system, but often includes wages, gross income, and other assistance program benefits.

INTRODUCTION	COMPUTER MATCHING
Followup	Local offices might receive the following types of information on cases subjected to a match: • All information from the data sources on all cases checked. This can require considerable followup time to decide which information is important to verify. • Information from the data source only for those cases where some discrepant information was identified. This method requires less screening on the part of local staff. • Information from the data source only for those cases with some minimum amount of income (frequently called a tolerance or threshold) identified. This method screens out additional cases that are unlikely to require followup by local staff. • Information only on those cases where some specified amount of discrepancy was identified, that is, a predetermined difference between the information in the food stamp files and that which the matching system reports. A "match" or "hit" is reported to the local offices whenever the data comparison meets the screening criteria. Agencies have varying procedures for following up hits. If a match leads to the conclusion that a household's benefit is incorrect, action is taken to adjust it. If an overissuance is identified, local offices must initiate a claims collection procedure.
Monitoring	Reports on actions taken on hits are often required by State offices. The information required in those reports varies considerably. Some States only require reports on hits made by certain systems. Followup monitoring on case actions is normally performed by a local or State-level supervisor.

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INTRODUCTION	MONTHLY REPORTING
OVERVIEW	Federal legislation applicable in 1986 mandated that all States require at least some food stamp recipients to file monthly reports on their income and other factors (subsequent legislation makes monthly reporting a State option). These reports are used to determine the household's eligibility and food stamp allotment and are a condition of eligibility; households that do not meet the reporting requirement have their benefits terminated. Although regulations mandated monthly reporting, States had considerable discretion to set the specific policies and procedures through which it was implemented. Obtaining descriptive information on these policies and procedures was a major objective of the census, in which interviews were conducted with all 53 States.
Cases Required to Report	Subject to FNS approval, States could decide whether all cases or only selected categories have to report monthly, and, if they chose a selective policy, which categories have to report. Many States distinguish between households receiving AFDC or some other form of public assistance (PA cases) and those not receiving public assistance (NPA cases) in establishing their monthly reporting requirements. The operational definition of PA and NPA cases for monthly reporting varies from State to State.
PA Caseload	Because mandatory reporting for cases with earned income or a recent history of earnings has been a cornerstone of AFDC policy, PA food stamp cases with these characteristics usually must report. Other criteria used in selecting cases are quite varied, but often include the presence of other types of income or composition of the household.
NPA Caseload	Most States apply monthly reporting selectively rather than universally to NPA cases. Although many States require approximately the same categories of NPA and PA cases to report, differences do exist. The categories of recipients that must report are listed.
Information on Monthly Report	Monthly report forms typically cover six major topics: earned income, unearned income, resources, household composition, expenditures, and future changes. States were asked to send a copy of their monthly reporting form. An outline of the types of questions asked, and required verification is indicated for States that sent a form. In the chart, five of the major topics are reviewed. (Future changes was frequently omitted and is not included here.)

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INTRODUCTION	MONTHLY REPORTING
	Required to Report reflects whether the form requires recipients to report each month on that topic, to report only if changes occurred in the report month, or has no requirement. *Reporting format* describes whether data must be reported for each individual or aggregated for the entire household. The *Verification* section indicates whether households must provide substantiation of all information in the report each month, only for changes, or not at all.
Earned Income	The most stringently covered topic, with detailed questions and required verification. All forms ask for an exact statement of earnings, provided separately by each recipient with earnings, with paystubs often specified as verification.
Unearned Income	All forms cover unearned income, but the requirements for verification are less strict.
Resources	Regulations require all States to obtain information on changes in resources, but generally the forms request only limited information.
Expenses	The regulations state that information must be obtained on changes in medical, dependent care, and shelter expenses. Some forms ask for only general information, others require reporting expenses each month whether or not a change occurred.
Household composition	Most States collect limited information on changes in household composition as required. Verification is rarely required.
OPERATING PROCEDURES	
Mailing Monthly Reports	The organizational level responsible for the mailing of monthly reporting forms to recipients is identified. The mailing is most often separate from the benefits mailing, but they may be mailed together. States may provide postage-paid return envelopes or may leave this to the recipient.
Monthly Reporting Schedule	The specific schedule and reinstatement policies for each State are listed in this section.

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INTRODUCTION	MONTHLY REPORTING
	States are allowed to organize their monthly reporting schedule into either a one-month or a two-month cycle. There is a budget month and an issuance month in both cycles, with a processing month between these in the two-month cycle. Most States mail monthly reports in the last few days of the calendar month. (Some States have multiple mailout schedules.) The initial filing deadline is usually early in month following mailout. States may send a warning notice if the recipient fails to file before the initial deadline, followed by a final notice of termination if the final deadline is missed. Some States send a single notification serving both purposes. States may have reinstatement policies that allow recipients to avoid termination and to continue receiving benefits if they file the monthly report before a specified date.
Staff Assignments	Monthly reporting functions can be performed by eligibility workers, clerks, data entry staff, and/or computers. The staffing assignments for the duties of assigning cases, reviewing monthly reports, determining required actions, handling incomplete reports, and reassigning cases are outlined. Functions performed by computers are listed under the subsequent heading: Automation.
Automation	Automated monthly reporting functions performed by computer systems may include: generating monthly report forms for mailing; tracking receipt of report forms; generating warning notices and final adverse action notices; terminating cases for failure to file; determining monthly reporting status.
Monthly Reporting Effects	Only a few States have conducted formal studies of monthly reporting's effects on error rates. The results are summarized in this section.

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INTRODUCTION	CLAIMS COLLECTION
	Overissuances occur when food stamps are provided to ineligible households or when eligible households receive food stamp allotments that are greater than the amount allowed under program regulations. The client and the FSA share responsibility for determining the household's food stamp eligibility and benefit level. The client is required to provide the information that enables the agency to determine the household's need. The agency is required to process that information in a correct and timely manner. When an agency determines that a household has received food stamps to which it is not entitled, the State is mandated by law and regulation to establish a claim against the household and to collect the overissuance. Within the constraints of law and regulations, States have considerable discretion in how they operate the claims collection process. Because little systematic information has been available on the means adopted by States to collect overissuances, the census focused on obtaining descriptive information on policies and procedures. All States except North Dakota and California were able to respond to the census interview.
ORGANIZATION	
Agencies	The level of administration and any specialized units or staff involved in the claims collection process are described. The claims process tends to be centralized at the multi-county or State level, but in some arrangements, all claims are handled at the local or county level. The majority of States have mixed levels of responsibility for operating the claims collection process, with the later stages of the process becoming increasingly centralized. In addition, the activities of the process are frequently centralized though specialized staff or units.
Staff Training	States may provide detailed training in the claims collection process to eligibility workers at three points: training when hired, refresher training as warranted, and retraining when changes in the process have occurred. State claims collection policy is normally outlined in detailed written manuals available to staff.
System Monitoring	States often require routine summary reports on any or all of the six stages of the claims process (outlined later in this section). These assess how well the process is working and allow for communication among various departments involved in the process. Certain agencies regulate the time allowed to elapse for different claims processes to control backlog of cases and timeliness of processing.

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INTRODUCTION	**CLAIMS COLLECTION**
Automation	Automated systems may be used for: calculating overissuances and recoupment amounts; deducting recoupment amounts from monthly [illegible] maintaining an account or history of case actions, claims

INTRODUCTION	CLAIMS COLLECTION
	Following discovery, the FSA must, in most circumstances, take action to set up a claim against the household. The nature of the error that led to the overissuance must be determined. Three types of errors are possible: administrative/agency error, inadvertent household error, or intentional program violation. In most States, the first two types are labelled nonfraud, and the third type, fraud. The amount of overissuance must then be calculated, and any inquiry into the circumstances of the overissuance must be performed through case file reviews, in-office and witness interviews, third-party contacts, forensic investigations, and home visits. Prioritization of claims for investigation has been instituted in many States. Often fraud claims are emphasized over nonfraud claims. Certain characteristics of cases will further increase the likelihood of an investigation, including large dollar amount of overissuance, repeat offenders, flagrant violations, and good evidence that an overissuance occurred.
Establishing and Collecting Claims	In the establishment stage, nonfraud and suspected fraud claims are handled quite differently. The determination of fraud can be made through an administrative disqualification hearing, a waiver of the hearing by the household member, prosecution by the judicial system, or a disqualification consent agreement. If fraud is determined, the guilty household member is disqualified from the program, and the State initiates collection actions against the individual's household for the entire amount of the claim. In contrast, establishment of nonfraud claims involves the decision to initiate collection actions and notification of the household. If the household chooses to appeal after notification of the claim, a fair hearing is required. Collection actions are initiated through demand letters sent to the household explaining the amount and circumstances of the claim. Three possible methods of repayment are outlined: lump sum payment, installment payments, or a reduction of the food stamp monthly allotment (recoupment). The fifth stage involves identifying delinquent claims. Delinquencies can occur though agency error in recoupment or through client action (usually when a household is no longer participating in the FSP). States often send additional demand letters and billing notices. Federal law also provides States the authority to use cost-effective alternative collection methods if they so choose. Common methods used are tax refund intercepts, wage garnishment, small claims court, and property liens.

INTRODUCTION	CLAIMS COLLECTION
Following Up and Suspending/Terminating Claims	The final stage of the claims process is the suspension and termination of the claim. This stage entails identifying eligible claims and initiating the processes of suspension and termination. Federal regulations allow claim suspension following the mailing of the required demand letters if: (1) The State has documentation that the household cannot be located, or (2) The cost of further collection activities is likely to exceed the amount which can be recovered. States can terminate a claim that has been suspended for three years and has been deemed uncollectable, but claims may be held on file for a longer period of time. The total amount of claims collected in FY1986, and the ranking among the States of this total is given at the end of this section.

INTRODUCTION	**QUALITY CONTROL**
	The States and FNS operate the Quality Control (QC) system to ensure that the eligibility determination process results in correct decisions. The QC system takes a "snapshot" of the benefits delivered in each State each year based on a monthly sample of cases. An extensive review of this sample determines whether each case was eligible to receive benefits in the selected month, and, if so whether it received the correct amount of benefits. Based on these reviews, several "error rates" are computed for each State. The payment error rate is an estimate of the percentage of total food stamp benefits that were given to ineligible households or given in excess of the correct amount. The underissuance error rate estimates the percentage of total food stamp benefits that were paid below the amount an eligible household should have received. Case error rates estimate the percentage of cases in a State that contain an error. The QC system is designed to reduce the extent of misspent benefit dollars in part by identifying faults in program administration that contribute to erroneous payments. To accomplish these goals, the system measures the extent and dollar value of "errors," and identifies the types and causes of error. Sampled cases are assigned monthly to QC reviewers, who may work out of a central State location, or out of dispersed district or area offices. Reviewers assemble material from the local food stamp agency eligibility files, conduct interviews with households, and gather corroborative information form collateral sources (e.g., employers). Information on the characteristics and circumstances of the household, as well as data that identify QC variances or errors and the dollar amount of the errors, are coded onto FNS-prescribed schedules. Coded household QC schedules then pass through a review process themselves to ensure that they are correctly coded, that they accurately reflect QC and food stamp policy, and that they are accompanied by adequate documentation. Procedures for drawing the QC sample and conducting the review are tightly specified in national regulations. States have flexibility, however, to take certain steps that may make the QC system more useful for their own management purposes, These include adding data collection objectives beyond the required set, sampling more than the required number of cases, and conducting various analyses of the QC data. States may also differ in the way they organize and manage the QC process. The census focussed on these aspects of States QC operations. Specifically, it attempted to: (1) Identify State efforts to supplement the basic QC system, including additional reviews.

INTRODUCTION	QUALITY CONTROL
	(2) Examine ways in which States analyze data from the QC system. (3) Examine three operational areas: local office notification and preparation, error determination and resolution, and re-review processes.
ORGANIZATION	
Unit	The State agency unit responsible for developing the QC sample and overseeing the QC process.
System Type	QC reviews occur in other assistance programs besides the Food Stamp Program, in particular AFDC and Medicaid. The QC sample and/or reviews may be integrated with these other programs.
Sample Size	Minimum sample sizes are determined by Federal regulations. The largest States are obligated to review a total of either 1,200 cases a year (if they agree not to contest their error rates based on inadequate sampling precision) or 2,400 cases. States may choose to perform more reviews than their required minimum to increase error rate precision and to better analyze causes of errors. Some States perform supplemental or extra reviews using the same procedures as the basic QC process to identify and correct program errors and to improve evaluation of error causes. These data may or may not be reported to FNS. Other States conduct additional management reviews that are restricted to a desk audit of the case files. The purpose may be to permit additional analysis of the nature and causes of errors; to analyze errors by individual local offices; to measure individual eligibility worker performance; or to increase error rate estimate precision.
Staff	The number of full-time equivalent (FTE) reviewers assigned to perform food stamp QC reviews is given. The number of reviews conducted per QC reviewer is calculated from QC sample size and number of FTE reviewers. Effective QC reviews rely, to a large extent, on the expertise of the case review staff. States indicated that they typically hired people who had previously held the positions of eligibility worker or eligibility worker supervisor. The average number of years of experience in these positions and highest educational level obtained are given.

INTRODUCTION	QUALITY CONTROL
Review Time	Reviewers must perform several tasks during a case review including: a desk review of the case record; interviews with clients or collateral contacts; travel to meet with clients, perform collateral checks, and pick up case records from local FSAs; collecting information to verify client-reported data in the case record and other information; determining whether an error existed during the review period; and writing a report of the review. The time spent on a specific review will depend on factors such as the complexity of the case and the difficulty of obtaining information. The median amount of staff time required to complete a QC review, as well as the time required for internal re-reviews is reported. Review time may increase if States take the opportunity to obtain supplemental information on topics such as demographic data and welfare history during the QC data compilation process. Certain case characteristics typically increase review time: earned income, unearned income, households with five or more members, cases receiving other forms of public assistance, errors found in the case, case at remote office, and remote households. States were asked to estimate the amount of time (more than 60 minutes, 20 to 60 minutes, or less than 20 minutes) that these factors require beyond average review time.
OPERATING PROCEDURES	
Local Office Notification and Preparation	Before conducting the review, State QC reviewers need to obtain the sampled case records from the local FSAs. Most States give the local office some type of notification, possibly including date of review, cases to be reviewed, and whether the review will take place at the local office or will be done elsewhere. Some require the local agency to mail the case records to the reviewer. Local office staff normally pull the required case file for the office visit or for mailing.
Error Determination and Resolution	Each State must decide which staff are to be involved both in making the initial determination of error and in answering policy questions that arise during this process. These staff often include review supervisors, policy specialists, and other food stamp personnel.
Internal Re-review	States may elect to conduct internal re-reviews of initial error determinations; they may do this for all cases or only specified cases (e.g., cases with errors, random samples of each QC reviewer's cases). These re-reviews are conducted by different personnel in each State, such as review supervisors, review committees, policy specialists, and the local agency staff.

INTRODUCTION	QUALITY CONTROL
Analyses of QC Data	Once the QC data are collected, States conduct various types of analyses using the review information to identify sources of deficiencies and to define corrective actions. Two types of error-prone analyses are often performed: identification of error-prone case categories and error-prone local offices. QC data are frequently used to make projections of caseload size and characteristics, and effects of policy changes; to describe the food stamp caseload; and to evaluate the impact of change in policy or administrative operations. These functions may be done routinely or only occasionally.
Use of FNS Software	Computer files store the QC review data that States generate. This method of storage enables the States to send data to the central FNS offices and makes the data accessible for statistical analysis. To facilitate creating these files, a set of software is made available to the States from FNS. This software transmits case data to FNS, performs all required error-prone analyses, and has other analytic capabilities. States may use the FNS software for their analyses, although some do not.

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INTRODUCTION	WORK REGISTRATION/JOB SEARCH

Work registration has been required of able-bodied, nonexempt food stamp registrants since 1971. Job search also has been an important employment and training service provided to food stamp recipients. In 1986, work registration was required in all States, while job search was administered by FSAs having job search contracts with FNS; 40 States had job search contracts.[4]

Under the condition of the FNS contracts, the State must provide job search services to a targeted number of work registrants. The permitted criteria for selection of registrants included residence in a geographic region with a high concentration of registrants or better job markets; households eligible to receive food stamp allotments or those with certification periods in excess of two months; an area without food stamp workfare or a demonstration project; random selection; or job readiness as determined by the State agency.

The exemption criteria in force during FY1986 excluded the following categories of recipients from job search requirements:

(1) Younger than 18 or 60 years or older.
(2) Physically or mentally unfit for employment.
(3) Participating in Work Incentive Program (WIN).
(4) Responsible for care of a child under age six or an incapacitated person.
(5) Parent or caretaker of a child under age 18, where another household member is registered for work or employed.
(6) Unemployment compensation recipient.
(7) Participating in a drug or alcohol treatment program.
(8) Employed a minimum of 30 hours weekly.
(9) Student enrolled at least half time.

In addition, persons in geographically remote areas can be exempted permanently. Those who are job-attached (i.e., on temporary layoff expecting recall) or employed temporarily can be exempted for 60 days, while those with temporary barriers to employment may be exempted form job search for a limited time.

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[4] The Food Security Act of 1985 mandated a new program, the Food Stamp Employment and Training Program, to begin in April 1987. FY1986 was thus the last full year of the job search program described in this section. Nonetheless, many States that had job search contracts in 1986 made only relatively small modifications in implementing the new program.

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INTRODUCTION	WORK REGISTRATION/JOB SEARCH
OVERVIEW	Non-exempt recipients are required to perform some employment-related activity, with the nature and range of activities varying from State to State. The typical core activity is the job search, in which the recipient is required to contact a specified minimum number of potential employers (usually 24) in a specified period (usually eight weeks). States operating job search contracts had considerable flexibility in defining the scope, content, and operating procedures for their programs. The census interviews covered these topics with the 40 Sates that had contracts in 1986.
Coverage	Job search coverage was statewide in nine of the 40 States, and the areas covered in 31 sub-State programs represented a majority of the food stamp cases in those States. The mix of PA and NPA cases in the covered areas was generally similar to that in each State as a whole. Participation was often targeted at the NPA caseload. The criteria for selecting counties or areas covered in sub-State programs are listed.
Staff Assignments	Work registration exemption determination, referral for assessment, and disqualifications are performed by income maintenance workers in all States. In 30 States, the job search functions of assessment and assignment, job search monitoring, and notification of failure to comply were subcontracted, almost always to the State Job Service agency. In the remaining States, these functions were performed by special units in the FSA.
Activity Level	States with job service contracts are required to prepare monthly and year-to-date reports covering seven items which summarize the number of individuals in key participation stages (i.e. referred, job ready, not job ready, exempt, entered job search, entered employment) or found to be out of compliance or disqualified. In the census, States were asked for data on these items from October 1, 1985 through February 28, 1986. The average monthly number of persons per item is quoted, if this data was available from the FSA. (Note that States differ in their definitions for these counts, as outlined in the Reporting section.)
Program Operations	Assessment is the process by which the staff assess the experience, abilities, and interests of work registrants; categorize them by degree of job readiness (i.e., job ready, not job ready, exempt); and assign them to job search if appropriate. Assessments may be conducted individually or in groups. In addition to interviews, many States provide some form of job search training or counseling individually, in groups, or in job clubs.

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INTRODUCTION	WORK REGISTRATION/JOB SEARCH
	The States' programs may include any of a number of services and components. These include: referral to jobs, job development, food stamp workfare, classroom training, and on-the-job training. Job search is required of all job-ready registrants, with a maximum of 24 job contacts required per year under the FNS contracts; however, the States were allowed to tailor programs to local needs. The job search period may be continuous, or separated into two or more parts, depending on the State. States also differ as to how frequently registrants are required to report job search contacts, what items they are required to report, and agency practices in confirming reports (at least one confirmation is required).
REPORTING	FNS requires reporting of totals of registrants who enter specified job search stages during each year. Many States were unable to give accurate reports of work registrants at some stages. Most States counted registrants and referrals every time they registered during the course of a year which may overstate the extent of participation for those who enter a status more than once during a year. It also was not clear how many States were able to limit counts of referrals only to those required to register. State data tabulation procedures were documented in the census interviews and are summarized here. The initial tabulations of participant records in the seven job search statuses may be performed at the local or State level, by hand or by computer. State cumulative totals are then calculated from summarized local totals. A few states have automated reporting systems for participant tracking.
Referral, Assessment, and Job Search Entrance	State procedures in referring registrants to job search are outlined. Policies for counting referrals, assessments, and job search entrants for State totals are noted. In some States, exempt food stamp recipients were allowed to participate in job search if they so chose. These volunteers might or might not be counted counted in State totals. Some job-ready registrants might not be counted as work registrants for reasons which are noted.
Employment	Registrants are counted as employed when they have a job, often if they found the job themselves without help from the program. Followup methods to determine which registrants get jobs are widely varied.
Noncompliance and Disqualification	Noncompliance occurs when a registrant fails to comply with registration, assessment, or job search procedures. States issue noncompliance reports to income maintenance staff to initiate disqualification.

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ALABAMA	STATE SUMMARY
Administering agency	The Department of Human Resources operates the Food Stamp Program. The program is State-supervised.
Caseload	The average monthly caseload in FY 1986 was about 181,000 households, including 513,000 individuals. Alabama ranks 12th in number of persons participating. PA households account for 33% of the total.
Project areas	Alabama has 67 project areas. The largest are Jefferson County (Birmingham) and Mobile, together accounting for about one-fourth of the State caseload.
Benefits issued	Alabama's food stamp issuances in FY 1986 totaled $278 million, ranking 11th in the nation. Monthly issuances averaged $45.17 per person.
Administrative expenses	The federal share of Alabama's administrative costs amounted to $19.8 million in FY 1986, ranking 16th. Federal costs were $9.13 per household per month.

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ALABAMA	AUTOMATED CERTIFICATION SYSTEM
OVERVIEW	
System Name	State and County Integrated System for Certification and Issuance (SCI-II)
General Characteristics	Implemented in 1981, SCI-II is a Statewide system that uses IBM hardware. There is no local processing hardware, although local offices have on-line terminals. The design is based on the New Mexico system (implemented in 1980).
Key System Capabilities	Integrated Eligibility/Benefit Determination: Eligibility workers prepare input forms from application data to trigger system functions which automatically determine eligibility, calculate benefits, and update the household record.
Turnaround	Data entry staff enter and edit transactions on-line at terminals. Edit results are immediately available. Household records are immediately updated.
AFDC and Food Stamp Integration	AFDC and food stamps for PA households are handled by the same workers, using a combined application form. The data on the input form which are relevant to both programs must be entered separately.
DATA BASE	
Level of Detail and Contents	System stores the names and social security numbers of all household members, regardless of membership in food unit. Historical data are not available on-line. However, data covering the past 36 months are stored on tape.
Financial Data	By individual • Gross earnings • Self-employment income and allowable expense • Unearned income (24 categories) • Work registration status Housing, utility, medical, dependent care costs, and total countable value of resources are available for the household.

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ALABAMA	AUTOMATED CERTIFICATION SYSTEM (continued)
SYSTEM FUNCTIONS AND AUTOMATED OUTPUT	<u>Calculates and Stores</u>: • Net income • Excess shelter costs deduction (including utility cost component) • Excess medical deduction • Dependent care deduction • Allotment • First month's prorated allotment • Recoupment amount (deducted) <u>Performs</u>: • Individual eligibility tests • Gross income test • Net income test • Resource test <u>Generates</u>: • ATPs (mailed) • Listings for coupon issuance • ID cards • Certification period expiration notice • Notice that household must file monthly reports • Monthly report forms • Monthly report filing reminders • Application approvals/denials • Required case actions (monthly) • Computer match results (daily) System has no access to other assistance program income data for use in food stamp eligibility processing.

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ALABAMA	COMPUTER MATCHING
OVERVIEW	
Systems	There are two Statewide systems: 1. Department of Industrial Relations Batch System (DIR Batch), implemented January 1983 2. Department of Industrial Relations Online System (DIR Online), implemented September 1985. Both systems are managed by the Information Systems Division of the Department of Human Resources. The AFDC Program and the Division of Child Support Enforcement also use DIR Online. DIR Batch requires data input and a tape exchange to produce a printed document, which is released monthly. DIR Online inquiries are initiated on-line and are batched overnight to produce daily printed copy. On-line responses can be obtained at terminals.
Data Bases and Access	Both systems access wages and unemployment insurance benefits. The former is updated every quarter, the latter every week, with a three-month time lapse for availability of data.

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ALABAMA	COMPUTER MATCHING (continued)
OPERATING PROCEDURES	
Front-End Matching	Each month, front-end matching on DIR Batch occurs for all applicants certified during that month. Local office eligibility workers initiate matches using names, social security numbers (SSNs), and county case identification numbers. The State distributes printed reports two weeks after matching. Reports include: eligibility worker's name, applicant's name and SSN, names of employers, amount of wages, and unemployment benefits. DIR Online performs a daily Statewide front-end match of all food stamp applicants who report either receiving unemployment benefits or losing their jobs during the last three months. Overnight, DIR Online produces machine-readable reports which provide five quarters of wage data, aggregated by quarter, and five quarters of unemployment benefit data, disaggregated by week.
Ongoing Matching	DIR Online is used every month to check all food stamp recipients who receive unemployment benefits. Also, new recipients (and their spouses) who say they lost their job and intend to apply for unemployment benefits are checked monthly for three months after initial certification. Local office eligibility workers initiate ongoing matches using names, SSNs, and county case identification numbers. Overnight, DIR Online prints match reports on wages and unemployment benefit status which are sent to local offices.
Followup	There is a handbook listing established procedures for local offices to follow. Local office eligibility workers review all match results, taking appropriate action when discrepancies are identified. No particular discrepancies are targeted in either front-end or ongoing matching.
Monitoring	Local offices are not required to submit regular reports to the State on the status of actions taken on matched cases. The State office cannot automatically monitor what is happening to matched cases. Consultants in the State Food Assistance Division monitor a sample of computer-matched cases in their assigned territories. Errors are reported to eligibility workers for immediate followup.

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ALABAMA	MONTHLY REPORTING

OVERVIEW

Cases Required to Report

PA Caseload

All AFDC households that are required to report monthly and that also receive food stamps are required by the Food Stamp Program to complete monthly reports. Thus, monthly reporting requirements are the same for both programs and include:

- cases with current earnings
- cases with earnings during the past 3 months
- cases with irregular unearned income (unstable income from non-government sources)
- households with stepparents who are not included in AFDC grants

NPA Caseload

Monthly reporters include:

- cases with current earnings
- cases composed of 4 or more persons

Information on Monthly Report

	Required to report	*Reporting format*	*Verification*
Earned income	Yes	By earner	Weekly paystub
Unearned income	Yes	By type of income by individual	For change only
Resources	Change only	General for household	For change only
Expenses	Change only	Not specified	For change only
Household composition	Change only	Not specified	Not specified

(continued)

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ALABAMA	MONTHLY REPORTING (continued)
OPERATING PROCEDURES	
Mailing Monthly Reports	The State Department of Human Resources mails monthly reporting forms to households. This mailing is separate from the distribution of benefits. A return envelope is included with the monthly reporting form. Households pay their own postage.
Monthly Reporting Schedule	Alabama operates monthly reporting on a two-month cycle. That is, the cycle contains a "processing" month between the budget and issuance months. Monthly reporting forms are mailed on the 22nd day of each month. The initial deadline for filing monthly reports is the 10th day of the next month so that households have 18 days in which to complete their monthly reports. Warning notices are mailed on the 10th day of the month (the initial deadline for filing monthly reports). Final (adverse action) notices are mailed 32 days after the original mailing of monthly reporting forms. The final deadline for submitting monthly reports is the last day of the report month. However, if households complete their monthly reporting forms before the last day of the issuance month, they are reinstated without loss of benefits.
Staff Assignments	At certification, local office eligibility workers assign cases to monthly reporting. Eligibility workers or clerks review monthly reports for completeness and make decisions on actions required by information on complete forms. Eligibility workers or data entry workers handle incomplete monthly reports. Eligibility workers make decisions about reassignments to or from monthly reporting.
Automation	Automated functions include: • generating monthly reports • tracking receipt of monthly reports • generating warning/adverse action notices • terminating cases for failure to file

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ALABAMA	CLAIMS COLLECTION
ORGANIZATION	
Agencies	Alabama's claims collection process is administered at the State level. There is a specialized statewide claims collection unit. All other activities are handled by the local offices.
Staff Training	Eligibility workers receive refresher training and retraining with policy manuals available.
System Monitoring	Routine monthly reports are issued on claims referrals, establishment, collection, followup, suspensions, and terminations for State and local offices and the State claim unit. There are no time limits on processing cases.
Automation	Statewide integrated automated functions include: • Deducting for recoupment • Maintaining histories with dates of claims actions, payments, and suspensions • Tracking referrals, established and suspended claims, and claim payments • Flagging fraud/nonfraud cases, and active, delinquent and suspended claim balances • Individual status reporting for state office and claim unit

(continued)

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ALABAMA	CLAIMS COLLECTION (continued)
OPERATING PROCEDURES	
Identifying and Investigating Claims	Methods to detect overissuances in order of importance are: • Computer matching of wages/unearned income • Review at recertification • Conflicting information from client • Information from other agencies • QC reviews • Hotline, informal complaints • Internal audits • Special investigation units After identification, overissuance is calculated for the previous 6 years. ten percent of overissuances are referred for fraud investigations. Claims are investigated through case file reviews, in-office interviews, third-party contacts, and home visits. In addition, fraud claims are investigated through witness interviews.
Establishing and Collecting Claims	For fraud cases, the establishment methods used are fraud prosecution, administrative fraud hearings, disqualification consent agreements, and waivers of hearing. Cases are referred for prosecution because of larger dollar amount, repeat offenses, and flagrant violations. Up to 3 demand letters are sent to collect claims. Recoupment is used in fraud, household error, and agency error cases. The latter depends on client consent.
Following Up and Suspending/Terminating Claims	Followup involves additional demand letters. There are no uniform criteria for suspending claims. Claims suspended for 3 years are automatically terminated by the State's computer system. These cases remain on file for 3 additional years. Alabama collected $1,880,521 in claims during FY86, ranking 7th among the States.

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ALABAMA	QUALITY CONTROL
ORGANIZATION	
Unit	Office of Quality Control, Department of Human Resources
System Type	The Office of Quality Control is responsible for QC activities in both the AFDC and Food Stamp Programs. The Food Stamp QC reviews are not integrated with AFDC.
Sample Size	The Alabama Food Stamp QC sample is composed of 2,410 cases. In addition, the Office of Quality Control conducts 500 extra reviews in order to allow more detailed analysis of agency errors. These reviews are not part of the basic QC sample, and data from these reviews are not reported to FNS.
Staff	There are 36 FTE QC reviewers for the Food Stamp Program. Most reviewers have had an average of 5 years of experience as eligibility worker supervisors. Most are college graduates.
Review Time	On average, a QC review takes 13 hours. Internal re-reviews take, on average, 2 hours. Supplementary information on demographic characteristics and utility/heating sources is collected on all cases in the QC sample. The following case characteristics increase review time by: more than 60 minutes- • Earned income • Large household (5 or more members) • Errors found in the case 20 to 60 minutes- • Unearned income • Receipt of AFDC and food stamps • Remote household less than 20 minutes- • Receipt of GA and food stamps • Remote local office (continued)

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ALABAMA	QUALITY CONTROL (continued)
OPERATING PROCEDURES	
Local Office Notification and Preparation	Local offices are notified of date of review, and cases to be reviewed are identified. If review does not include a visit, or the reviewer would like to study the case files in advance of a visit, the local office is asked to send the cases to the QC reviewer. Local office staff pull the selected case files and either set them aside for the QC reviewer's visit or mail them to the reviewer.
Error Determination and Resolution	If the case is complicated or questions arise, the initial error determination may involve a supervisor, policy specialist, other reviewers, and/or regional managers. Policy questions that arise during the error-determination process are resolved by the review supervisor.
Internal Re-review	A random sample of each reviewer's cases in the QC sample are re-reviewed by the review supervisor. All cases with errors are sent to the Chief of Field Operations, then to the Food Stamp Program Officer, and finally to the agency director, who makes the final determination.
Analyses of QC Data	

	Analyses Performed	
	Routinely	Occasionally
Identification of error-prone:		
• case categories	X	
• offices	X	
Projection of:		
• caseload size or characteristics	X	
• effect of policy change		X
Caseload Description:	X	
Evaluation of impact of change in policy or administrative operations:		X

Use of FNS Software	Software provided by the FNS is used to analyze QC data, in general, and to perform error-prone analyses, in particular.

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ALABAMA	WORK REGISTRATION / JOB SEARCH
OVERVIEW	
Coverage	The Food Stamp Job Search Program operates in 11 counties, serving 47% of the State's caseload, targeting the NPA caseload. A strong job market, as identified by the Alabama Department of Industrial Relations (DIR), was the criterion for selecting counties.
Staff Assignments	Income maintenance workers in local offices refer participants to the work registration/job search program and inform participants of disqualification if they fail to comply. All other activities are handled by the subcontractor, DIR.
Activity Level	For Federal fiscal year 1986, reported average monthly activity was: • Referred to Assessment 2829 • Job Ready 1492 • Not Job Ready 537 • Exempt 806 • Entered Job Search 1325 • Entered Employment 558 • Found Noncompliant 944 • Disqualified 158
Program Operations	Assessments are conducted individually, averaging 15 minutes per person. No counseling or training is provided. Job Referral and Job Development are included components of the Job Search Program. Each registrant is required to make 24 contacts during a continuous eight week period. Every 4 weeks, registrants report names of employers, dates and results of contacts. DIR staff confirm at random about 1 of every 24 contacts.

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ALABAMA	WORK REGISTRATION / JOB SEARCH (continued)
REPORTING	Participant records and statewide totals are computer-generated by DIR. Cumulative totals are prepared by adding transactions to previous totals. All case management and participant-tracking functions are automated and accessible through online entry/query.
Referral and Assessment	Registrants are counted as referred at every new application, reapplication (e.g. break in certification), and recertification. Referrals occur once every 12 months, or when there is a break in certification. The number of registrants who are interviewed by the Job Search provider (i.e., who are assessed) includes exempt registrants who may participate in Job Search.
Job Search Entrance	During the year, registrants are counted each time they are assigned to job search status.
Employment	Registrants are counted the first time they obtain employment whether they were referred by the contractor or found their jobs themselves. Followup includes DIR verification of job referral, routine Job Search contact reporting, collecting information at eligibility review and at reapplication for food stamp benefits, and through computer wage matching.
Noncompliance and Disqualification	Registrants are counted every time they are noncompliant or disqualified. Income maintenance staff receive and review noncompliance reports daily.

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ALASKA	STATE SUMMARY
Administering agency	The Department of Health & Social Services operates the Food Stamp Program. The program is State-administered.
Caseload	The average monthly caseload in FY 1986 was about 9,200 households, including 28,000 individuals. Alaska ranks 51st in number of persons participating. PA households account for 47% of the total.
Project areas	Alaska has a single project area serving all participants statewide.
Benefits issued	Alaska's food stamp issuances in FY 1986 totaled $24.5 million, ranking 45th in the nation. Monthly issuances averaged $73.05 per person.
Administrative expenses	The federal share of Alaska's administrative costs amounted to $4.6 million in FY 1986, ranking 41st. Federal costs were $41.88 per household per month.

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ALASKA	AUTOMATED CERTIFICATION SYSTEM
OVERVIEW	
System Name	Eligibility Information System (EIS)
General Characteristics	Implemented in 1983, EIS is a Statewide system. The central processing system uses IBM hardware, the local processing system uses Telex hardware.
Key System Capabilities	Application-Based Eligibility/Benefit Determination: Data entry is performed directly from application forms to trigger eligibility determinations and benefit calculations by the system. No special input form is required.
Turnaround	Eligibility workers use terminals (1 per EW) to enter transactions and view eligibility and benefit results automatically determined by the system.
AFDC and Food Stamp Integration	AFDC and food stamps for PA household are handled by the same workers, using a combined application form. The data on the input form which are relevant to both programs must be entered just once.
DATA BASE	
Level of Detail and Contents	System stores the names and social security numbers of all household members along with special case and individual identifiers. Abbreviated historical data (names, address, dates of participation) are available on the data base with no maximum history length.
Financial Data	By individual • Gross earnings • Self-employment income and allowable expense • Medical expenses • Unearned income (25 categories) • Work registration status Housing (if excess shelter costs), utility, dependent care costs, and total value of countable resources are available for the household.

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ALASKA	AUTOMATED CERTIFICATION SYSTEM (continued)
SYSTEM FUNCTIONS AND AUTOMATED OUTPUT	<u>Calculates and Stores</u>: • Net income • Countable resource value • Excess shelter costs deduction (including utility cost component) • Excess medical deduction • Dependent care deduction • Allotment • First month's prorated allotment • Recoupment amount (deducted) <u>Performs</u>: • Individual eligibility tests (EW may override) • Gross income test • Net income test • Resource test <u>Generates</u>: • ATPs (mailed) • Listings for coupon issuance • ID cards • Certification period expiration notice • Appointment notices • Verification notices • Notice that household must file monthly reports • Monthly report forms • Monthly report filing reminders and termination notices • Application approvals/denials • Interim change/recertification notices • Required case actions (on demand) • Computer match results (on demand) System has access to AFDC, GA, and other assistance program income data for use in food stamp eligibility processing.

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ALASKA	COMPUTER MATCHING

OVERVIEW

Systems

There are eight integrated Statewide batch systems. All systems were implemented in November 1983, except the Enumeration system which was implemented in May 1986:

1. Permanent Fund
2. Longevity Bonus
3. State Payroll
4. State Data Exchange
5. Beneficiary Data Exchange
6. Unemployment Insurance (UI)
7. Wage
8. Enumeration—Social Security Number (SSN)

The systems are managed by the Public Assistance System Operations Office of the Department of Health and Social Service. The Food Stamp, AFDC, Medicaid, and GA Programs use the eight systems.

Data Bases and Access

System	Data Accessed	Update Time	Time Lapse	Front-End or Ongoing
(1)	All residents of Alaska	Annual	2-3 weeks	Ongoing
(2)	All residents of Alaska who are 65 or older	Month	Next day	Both
(3)	All residents of Alaska on State payroll	Month	Next day	Both
(4)	SSI benefits	Month	NA	Ongoing
(5)	SSA benefits	Continuous	NA	Ongoing
(6)	UI benefits	Week	Next day	Both
(7)	Earned Income	Quarter	1-3 months	Both
(8)	Social Security Numbers	Month	NA	Front-End

(continued)

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ALASKA	COMPUTER MATCHING (continued)
OPERATING PROCEDURES	
Front-End Matching	State staff initiate front-end matches of the State's caseload on five systems. The systems are accessed by SSN, name, date of birth, and sex. Overnight, local offices receive on-line information on: permanent fund and longevity fund benefits; State payroll benefits and gross income; UI benefits; and SSNs.
Ongoing Matching	State staff initiate ongoing matches of the entire caseload on all systems except Enumeration. Access is by SSN, name, date of birth, and sex. All matching is monthly except for weekly matching on the Beneficiary Data Exchange system. In less than one day, local programs receive on-line information on: permanent fund and longevity fund benefits; state payroll benefits and gross income; SSI, SSA, and UI benefits; and wages.
Followup	The State Data Exchange and Beneficiary Data Exchange systems identify wage discrepancies of five dollars or more. Alaska has established procedures that local programs must follow in processing matched cases.
Monitoring	Local offices are not required to submit regular reports to the State on the status of actions taken on matched cases. The State office cannot automatically monitor what is happening to matched cases. Each week, lists of applicants identified through matches are distributed to supervisors who monitor each case's followup.

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ALASKA	MONTHLY REPORTING

OVERVIEW

Cases Required to Report

All Food Stamp households that are not statutorily exempt are required by the Food Stamp Program to complete monthly reports.

Information on Monthly Report

	Required to report	*Reporting format*	*Verification*
Earned Income	Yes	By earner	Monthly
Unearned Income	Change only	By type of income by individual	For change only
Resources	Yes	Specific by type	For all types
Expenses	Yes	Not specified	For all types
Household composition	Yes	Not specified	Not specified

(continued)

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ALASKA	MONTHLY REPORTING (continued)
OPERATING PROCEDURES	
Mailing Monthly Reports	The State Department of Human Resources mails monthly reporting forms to households. This mailing is separate from the distribution of benefits. A return envelope is included with the monthly reporting form. Households pay their own postage.
Monthly Reporting Schedule	Alaska operates monthly reporting on a 2-month cycle. That is, the cycle contains a "processing" month between the budget and issuance months. Monthly reporting forms are mailed on the 20th day of each month for urban households; for cases living in rural areas, monthly reporting forms are mailed on the 15th. The initial deadline for filing monthly reports is the 5th day of the next month so that recipients have 15 to 20 days in which to complete their monthly reports. Final (adverse action) notices are mailed 26 to 31 days after the original mailing of monthly reporting forms. The final deadline for submitting monthly reports is the 10th day of the report month. Alaska does not reinstate those cases that are terminated for failure to file on a timely basis.
Staff Assignments	Clerks or eligibility workers review monthly reports for completeness; eligibility workers make decisions on actions required by information on complete forms; clerks or eligibility workers handle incomplete monthly reports.
Automation	Automated functions include: • generating monthly reports • determining/verifying status of monthly report determining/ verifying status of monthly report • tracking receipt of monthly reports • generating warning/adverse action notices • terminating cases for failure to file

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ALASKA	CLAIMS COLLECTION
ORGANIZATION	

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ALASKA	CLAIMS COLLECTION (continued)
OPERATING PROCEDURES	
Identifying and Investigating Claims	Methods to detect overissuances in order of importance are: • Special investigations units • Recertification review • Quality control reviews • Computer matching of wages • Computer matching of unearned income • Duplicate participation checks • Error prone profile • Hotline, informal complaints • Conflicting information from client • Information from other agencies After identification, overissuance is calculated for the previous 6 years for fraud cases and 1 year for nonfraud cases. Three percent of overissuances are reffered for fraud investigations. Claims are investigated through case file reviews, in-office interviews, third-party contacts, and home visits. In addition, fraud claims are investigated through witness interviews, and forensic investigations. Characteristics that increase the likelihood of a fraud investigation include: large dollar amounts, good quality of evidence, age of client, PA household, repeat offenses, and flagrant violations.
Establishing and Collecting Claims	For fraud cases, the establishment methods used are fraud prosecution, administrative fraud hearings, disqualification consent aggreements, and waivers of hearing. Cases are referred for prosecution because of larger dollar amount and flagrant violations in order to get publicity. Four monthly demand letters are sent to collect nonfraud claims. Recoupment is used in fraud, household error, and agency error cases. The latter depends on client consent.
Following Up and Suspending/Terminating Claims	In addition to demand letters, followup involves billing notices. The alternative collection method used is Permanent Fund (oil revenue) interception. Local eligibility workers suspend delinquent claims every 3 months. Claims suspended for three years are terminated. Alaska collected $130,216 in claims during FY86, ranking 45th among the States.

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ALASKA	QUALITY CONTROL
ORGANIZATION	
Unit	Office of the Commissioner of Quality Control, Department of Health and Social Services
System Type	The Office of Commissioner of Quality Control is responsible for QC activities in the Medicaid, AFDC, and Food Stamp Programs. The food stamp QC reviews are integrated with the other programs.
Sample Size	The Alaska Food Stamp QC sample is composed of 300 cases. The State performs no additional reviews.
Staff	There are 3.85 FTE QC reviewers for the Food Stamp Program. Most reviewers have had an average of 3 years of experience as eligibility worker supervisors. Most have some college experience.
Review Time	On average, a QC review takes 12 hours. Internal re-reviews take, on average, 4 hours if the case showed an error, or 30 minutes if it had no errors. The following case characteristics increase review time by: more than 60 minutes- • Earned income • Large household (5 or more members) • Errors found in the case • Remote local office or household requiring extensive travel • Weather conditions less than 20 minutes- • Receipt of GA and food stamps • Unearned income • Receipt of AFDC and food stamps (continued)

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ALASKA	QUALITY CONTROL (continued)
OPERATING PROCEDURES	
Local Office Notification and Preparation	Local offices are notified a few days prior to date of review, and cases to be reviewed are identified. If review does not include a visit, the local office is asked to send the cases to the QC reviewer. Local office staff pull the selected case files and either set them aside for the QC reviewer's visit or mail them to the reviewer.
Error Determination and Resolution	The initial error determination may involve a supervisor and policy specialist. Policy questions that arise during the error-determination process are resolved either by the review supervisor or by a policy specialist.
Internal Re-review	All cases in the QC sample are re-reviewed by the review supervisor, the review committee, a policy specialist, and the local office.
Analyses of QC Data	

	Analyses Performed	
	Routinely	Occasionally
Identification of error-prone:		
• case categories	X	
• offices		X
Projection of caseload size or characteristics:		X
Caseload Description:		X
Evaluation of impact of change in policy or administrative operations:	X	

Use of FNS Software

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ALASKA	WORK REGISTRATION / JOB SEARCH
OVERVIEW	
Coverage	The Food Stamp Job Search Program operates in the 4 boroughs where the WIN program operates, serving 30% of the State's caseload, targeting the NPA caseload. A large Food Stamp caseload, good job markets, and coordination with the Statewide WIN program were the criteria for selecting counties.
Staff Assignments	Local eligibility workers refer participants to the work registration/job search program and inform participants of disqualification. Employees in the WIN office are responsible for Job Search assessments, monitoring, and notification of noncompliance.
Activity Level	For Federal fiscal year 1986, Anchorage was the only area covered by Job Search. Reported average monthly activity for that borough was: • Referred to Assessment 100 • Job Ready 54 • Not Job Ready NA • Exempt NA • Entered Job Search 54 • Entered Employment 18 • Found Noncompliant 36 • Disqualified 11
Program Operations	Assessments are conducted both individually and in groups, averaging 20 minutes per person. Group and individual counseling and training are provided if a person requests extra assistance. Job Referral, Job Development, and Classroom Training are included components of the Job Search Program. Each registrant is required to make 24 contacts during a continuous eight week period. Every 4 weeks, registrants report names and addresses of employers, names of contact persons and dates of contacts. Workers confirm a minimum of 1 employer contact per registrant. (continued)

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ALASKA	WORK REGISTRATION / JOB SEARCH (continued)
REPORTING	All participant records are tabulated by hand from case records at the local level, except for Disqualification records done at the State level. Cumulative totals are prepared by adding transactions to previous totals. There is no automated tracking.
Referral and Assessment	Registrar's are counted as referred at every new application, reapplicatio (e.g., break in certification), and recertification. The number of registrants who are interviewed by the Job Search provider (i.e., are assessed) includes exempt registrants who may participate in Job Search.
Job Search Entrance	During the year, registrants are counted each time they are assigned to job search status.
Employment	Registrants are counted every time they obtain employment whether they were referred by the contractor or found their jobs themselves. Day labor or part-time placements are not counted. Followup includes verification of job referral, regular Job Search contact reporting, and collecting information by income maintenance staff in a mandatory monthly report regarding employment status.
Noncompliance and Disqualification	Registrants are counted every time they are noncompliant or disqualified. Income maintenance staff receive and review noncompliance reports daily.

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ARIZONA	STATE SUMMARY
Administering agency	The Department of Economic Security administers the Food Stamp Program. The program is State-administered.
Caseload	The average monthly caseload in FY 1986 was about 64,000 households, including 194,000 individuals. Arizona ranks 31st in number of persons participating. PA households account for 28% of the total.
Project areas	Arizona has 15 project areas. The largest are Maricopa (Phoenix), Pima (Tucson), and Apache counties, accounting for about 65% of the State caseload.
Benefits issued	Arizona's food stamp issuances in FY 1986 totaled $112 million, ranking 29th in the nation. Monthly issuance averaged $48.27 per person.
Administrative expenses	The federal share of Arizona's administrative costs amounted to $21 million in FY 1986, ranking 14th. Federal costs were $27.80 per household per month.

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ARIZONA	AUTOMATED CERTIFICATION SYSTEM
OVERVIEW	
System Name	Assistance Program Information System (APIS)
General Characteristics	Implemented in 1979, APIS is a Statewide system. The design is a derivative of the Utah system (implemented in 1972). The system uses National Systems (NAS) hardware. There is no local processing hardware.
Key System Capabilities	Basic Input and Recording: The system performs no eligibility determination functions; all determinations are performed manually by the eligibility worker.
Turnaround	Household actions are processed in overnight batch runs for all actions performed since the last run.
AFDC and Food Stamp Integration	AFDC and food stamps for PA households are handled by the same workers, using a combined application form. Separate input forms must be used to enter the data for both programs.
DATA BASE	
Level of Detail and Contents	System stores all household member's names and social security numbers, regardless of membership in FS case. No historical data are maintained.
Financial Data	By individual • Unearned income (7 categories) • Gross earnings Housing and utilities, medical, and dependent care costs are available for the household.

(continued)

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ARIZONA	AUTOMATED CERTIFICATION SYSTEM (continued)
SYSTEM FUNCTIONS AND AUTOMATED OUTPUT	<u>Generates</u> • Listings for coupon issuance (via mail) • Certification period expiration notice • Monthly report forms • Monthly report filing reminders and termination notices • Required case actions (weekly or bi-weekly) • Computer match results (monthly) System has no access to other assistance program income data for use in food stamp eligibility processing.

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ARIZONA	COMPUTER MATCHING

OVERVIEW

Systems

There are 7 Statewide systems:

1. Beneficiary Data Exchange (batch), implemented April, 1985.
2. Beneficiary Data Exchange (on-line), implemented April, 1985.
3. Base Wage Match (batch), implemented April, 1982.
4. Base Wage Match (on-line), implemented May, 1983.
5. Unemployment insurance (on-line), implemented May, 1983.
6. National Fraud Network (batch), implemented May, 1983.
7. Department of Motor Vehicles (on-line), implemented October, 1979.

The systems are managed by the Office of Data Administration. The Food Stamp, AFDC, and Medicaid programs and a pilot Arizona Health Care system use these 7 systems.

Data Bases and Access

System	Data Accessed	Update Time	Time Lapse	Front-End or Ongoing
(1)	SSA benefits	Month	Next day	Ongoing
(2)	SSA benefits	Month	Next day	Both
(3)	Earned income	Quarter	1-3 months	Ongoing
(4)	Earned income	Quarter	1-3 months	Both
(5)	UI benefits	Week	Next day	Both
(6)	Disqualified food stamp clients	Quarter	4-6 months	Both
(7)	Vehicles licensed/ unlicensed	Month	4-6 months	Both

(continued)

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ARIZONA	COMPUTER MATCHING (continued)
OPERATING PROCEDURES	
Staff Assignments	Both State and local staff initiate front-end and ongoing searches on all systems except the Beneficiary Data Exchange (batch) and Base Wage Match (batch) systems. Ongoing searches are conducted by State staff on these two systems. These systems are accessed by Social Security number, name, date of birth, and license plate numbers.
Front-End Matching	Six systems do front-end matching of the Statewide food stamp caseload: Beneficiary Data Exchange (on-line), Unemployment Insurance, National Fraud Network and DMV (only when questions arise concerning the information provided). Local offices receive information on-line from the first 3 of these systems overnight, while written match reports are received from the National Fraud Network overnight and from the DMV within 1 to 3 weeks. They receive information on: gross income, SSA and UI benefits, household composition, other benefit income, wages, disqualified FS applicants, and number of vehicles licensed or not licensed.
Ongoing Matching	All systems perform ongoing matching on the Statewide caseload. The matching is done at recertification except for monthly matching on the Beneficiary Data Exchange (batch) and quarterly matching on the Base Wage Match (batch) systems. These 2 systems provide printouts to local offices within 1 to 3 weeks. The remaining systems provide information overnight, with systems 2, 4, and 5 doing it on-line and systems 3, 6 and 7 by printout. The information includes: gross income, SSA and UI benefits, household composition, other benefit income, changes in benefits, wages, disqualified FS applicants, and number of vehicles licensed or not licensed.
Followup	Arizona has established procedures that local offices must follow in processing matched cases. No systems are capable of triggering identification. Cases are not prioritized in either front-end or ongoing matching.
Monitoring	Local offices are not required to submit regular reports to the State on the status of actions taken on matched cases. The State office cannot automatically monitor what is happening to matched cases.

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ARIZONA	MONTHLY REPORTING

OVERVIEW

Cases Required to Report

PA Caseload

All AFDC households that are required to report monthly and that also receive food stamps are required by the Food Stamp Program to complete monthly reports. Thus, monthly reporting requirements are the same for both programs and include the following cases:

- cases with current earnings
- cases with earnings during the past 2 months
- cases with unemployment insurance benefits

NPA Caseload

Monthly reporters include:

- cases with current earnings
- cases with unemployment insurance benefits
- cases with earnings during the past 2 months

Information on Monthly Report

	Required to report	*Reporting format*	*Verification*
Earned Income	Yes	By earner	Monthly
Unearned Income	Yes	Specific by type	Not specified
Resources	Change only	General for household	For change only
Expenses	Yes	Not specified	For change only
Household composition	Change only	Not specified	Not specified

(continued)

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ARIZONA	MONTHLY REPORTING (continued)
OPERATING PROCEDURES	
Mailing Monthly Reports	The State Department of Economic Security mails monthly reporting forms to households. This mailing is separate from the distribution of benefits. A stamped return envelope is included with the monthly reporting form.
Monthly Reporting Schedule	Arizona operates monthly reporting on a 2-month cycle. That is, the cycle contains a "processing" month between the budget and issuance months. Monthly reporting forms are mailed on the 25th and 1st days of each month. The initial deadline for filing monthly reports is the 10th day of the next month so that households have 13 days in which to complete their monthly reports. Warning notices are mailed on 12 to 17 days after the initial deadline for filing monthly reports. Final (adverse action) notices are mailed 35 to 50 days after the original mailing of monthly reporting forms. The final deadline for submitting monthly reports is the last day of the report month. Those cases that are terminated for failure to file on a timely basis, but submit their report before the end of the issuance month, may be reinstated without loss of benefits.
Staff Assignments	At certification, local office eligibility workers assign cases to monthly reporting. Clerks or eligibility workers review monthly reports for completeness; make decisions on actions required by information on complete forms; and also handle incomplete monthly reports.
Automation	Automated functions include: • generating monthly reports • tracking receipt of monthly reports • terminating cases for failure to file • reassigning cases to or from monthly reporting

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ARIZONA	CLAIMS COLLECTION
ORGANIZATION	
Agencies	Arizona's claims collection process is administered at the State level. There are specialized Statewide claims collection and fraud investigations units. Cases of suspected fraud are handled by the Restoration and Recovery Unit (RRU). Nonfraud claims go to the Office of Special Investigations (OSI).
Staff Training	No training or manuals exist which provide detailed information on the policies and procedures of the claims process.
System Monitoring	Routine monthly reports are issued on claims referrals, investigations, establishment, collection, and suspensions for State and local offices. There are no time limits on establishing, completing followup, or suspending claims. All claim referrals must be made immediately, and investigated within 30 days of detection.
Automation	Statewide automated functions include: • Calculating and deducting for recoupment • Maintaining histories with dates of latest case actions on overissuances and claims, recoupment, payments, and suspensions • Tracking overissuances, referrals, investigations, established and suspended claims, claim payments, and disqualified individuals • Producing reports for the State • Aging overissuances and delinquent claims

(continued)

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ARIZONA	CLAIMS COLLECTION (continued)
OPERATING PROCEDURES	
Identifying and Investigating Claims	Methods to detect overissuance in order of importance are: • Review at recertification • Computer matching of wages • Conflicting information from client • Internal audits • QC reviews • Special investigation unit (OSI) • Duplicate participation checks • Hotline, informal complaints • Information from other agencies After identification, overissuance is calculated for several months. Eight percent of overissuances are referred to fraud. Nonfraud claims are investigated through case file reviews, in-office interviews, third-party contacts, and home visits. Fraud claims are investigated through case file reviews, in-office interviews, third-party contacts, witness interviews, and forensic investigations. Priority is given to fraud over nonfraud cases. Characteristics that increase the likelihood of a fraud investigation include: more recent error, large dollar amounts, good quality of evidence, repeat offenses and flagrant violation.
Establishing and Collecting Claims	RRU determines validity of claim. If fraudulent and more than $1,000, it is sent to OSI. Otherwise, unless client signs waiver, it goes to an administrative hearing. For fraud cases, the establishment methods used are prosecution, administrative fraud hearings, disqualification consent agreements, and waivers of hearing. Cases are referred for prosecution if they are more than $1,000 or if suspect makes two or more false statements. Three monthly demand letters are sent to collect claims. Recoupment is used in fraud, household error, and agency error cases. Arizona collected $944,001 in claims during FY86, ranking 24th among the States.
Following Up and Suspending/Terminating Claims	In addition to demand letters, followup involves monthly billing and phone calls. If no payments are made, the case file is reviewed. Alternative collection methods used are tax refund interception, wage garnishment, property liens, credit bureau, or county superior court (civil suit). The uniform criteria for suspending claims are that the client cannot be located through demand letters, or the claim is less than $35. Claims suspended for three years or whose head dies or becomes incapacitated are terminated. These cases remain on file indefinitely.

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ARIZONA	QUALITY CONTROL
ORGANIZATION	
Unit	Program Evaluation Section, Department of Economic Security.
System Type	The Program Evaluation Section is responsible for QC activities in the AFDC, Medicaid, and Food Stamp Programs. The food stamp QC reviews are not integrated with AFDC or Medicaid.
Sample Size	The Arizona QC sample is composed of 2,400 cases.
Staff	There are about 17 FTE QC reviewers for the FSP. Most reviewers have had an average of two years of experience as eligibility worker supervisors. Most are high school graduates. Combining staff FTEs and QC sample size leads to an estimate of 139 QC reviews performed for each FTE.
Review Time	On average, a QC review takes 10 hours. Internal re-reviews take, on average, 1.5 hours. The following case characteristics increase review time by: more than 60 minutes- • Earned income • Unearned income • Errors found in the case • Remote household • Large household (5 or more members) 20 to 60 minutes- • Receipt of AFCD, Medicaid, and food stamps • Receipt of GA and food stamps • Remote local office

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ARIZONA	QUALITY CONTROL (continued)
OPERATING PROCEDURES	
Local Office Notification and Preparation	Local offices are notified of date of review, and cases to be reviewed are identified. If review does not include a visit, local office is asked to send these cases to the QC reviewer. Local office staff pull the selected case files and either set them aside for the QC reviewer's visit or mail them to the reviewer.
Error Determination and Resolution	The initial error determination may involve a supervisor, managers, error-review committees and other reviewers. Policy questions that arise during the error-determination process are resolved either by a policy specialist or QC analysts in the regional office.
Internal Re-review	All cases with errors in the QC sample are re-reviewed by the review supervisor, QC division director, the review committee, and other re-viewers.
Analyses of QC Data	ANALYSES PERFORMED ROUTINELY / OCCASIONALLY Identification of error-prone: • case categories: X • offices: X Projection of: • caseload size or characteristics: X • effect of policy change: X Caseload Description: X Evaluation of impact of change in policy or administrative operations: X
Use of FNS Software	Software provided by FNS is used to analyze QC data, in general, and to perform error-prone analyses, in particular.

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ARIZONA	WORK REGISTRATION / JOB SEARCH

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ARIZONA	WORK REGISTRATION / JOB SEARCH (continued)
REPORTING	Participant records are both hand tabulated and computer generated at the local level. Summarized cumulative totals are prepared by adding all transactions to previous totals. All case management and participant-tracking functions, except disqualification, are automated and accessible through on-line entry/query, with batch listings provided.
Referral and Assessment	Registrants are counted as referred at every new application, reapplication (e.g. break in certification), and recertification. Referrals occur when there is a break in certification. The number of registrants who are interviewed by the Job Search provider (i.e., who are assessed) includes exempt registrants who are successful in finding a job through Job Search.
Job Search Entrance	During the year, registrants are counted each time they are assigned to job search status.
Employment	Registrants are counted every time they obtain employment whether they were referred by the contractor or found their jobs themselves. Followup activity includes verification of job referral, routine Job Search contact reporting, collecting information at eligibility review and at reapplication for food stamp benefits, and computer wage matching. These followups are conducted in person, by mail, or by telephone.
Noncompliance and Disqualification	Registrants are counted every time they are noncompliant or disqualified. Income maintenance staff receive daily noncompliance reports, which are reviewed each day.

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ARKANSAS	STATE SUMMARY
Administering agency	The Department of Human Services administers the Food Stamp Program. The program is State-administered.
Caseload	The average monthly caseload in FY 1986 was about 86,000 households, including 242,500 individuals. Arkansas ranks 27th in number of persons participating. PA households account for 13% of the total.
Project areas	Arkansas has 75 project areas. The largest are Randolph (Pocahontas), Jefferson (Pine Bluff), and Phillips (Helena) counties, accounting for about 20% of the State caseload.
Benefits issued	Arkansas' food stamp issuances in FY 1986 totaled $121 million, ranking 28th in the nation. Monthly issuances averaged $41.48 per person.
Administrative expenses	The federal share of Arkansas' administrative costs amounted to $9.5 million in FY 1986, ranking 29th. Federal costs were $9.15 per household per month.

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ARKANSAS	AUTOMATED CERTIFICATION SYSTEM
OVERVIEW	
System Name	Food Stamp On-line System
General Characteristics	Implemented in 1981, this is a Statewide system. The system uses IBM hardware. There is no local processing hardware.
Key System Capabilities	Manual Determination and Automated Results Checking: The system performs no eligibility determination functions; all determinations are performed manually by eligibility workers. The system performs eligibility tests and benefit calculations, but only to check the results that are determined and entered manually by the eligibility worker.
Turnaround	Data entry staff enter and edit transactions on-line at terminals. Edit results are immediately available. Household records are immediately updated.
AFDC and Food Stamp Integration	AFDC and food stamps are handled by the same workers. Separate applications forms and input forms must be used to enter the data for the two programs.
DATA BASE	
Level of Detail and Contents	System stores all household member's names and social security numbers, regardless of membership in the food stamp case. Historical data are available on-line for past 48 actions. However, all data are stored on tape.
Financial Data	By individual • Gross earnings • Unearned income (4 categories) • Work registration status Housing, utility, medical, dependent care costs, and total countable value of resources are available for the household.

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ARKANSAS	AUTOMATED CERTIFICATION SYSTEM (continued)
SYSTEM FUNCTIONS AND AUTOMATED OUTPUT	<u>Calculates and Stores</u> • Net income • Excess shelter costs deduction (including utility cost component) • Excess medical deduction (entered by worker) • Dependent care deduction (entered by worker) • Allotment • First month's prorated allotment • Recoupment amount (deducted) <u>Performs</u> • Gross income test • Net income test • Resource test <u>Generates</u> • Listings for coupon issuance • Certification period expiration notice • Notice that household must file monthly reports • Monthly report forms • Monthly report filing reminders • Application approvals/denials • Interim change/recertification notices • Required case actions (monthly) • Computer match results (monthly) • Supervisory reports System has access to the Child Support program income data for use in food stamp eligibility processing.

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ARKANSAS	COMPUTER MATCHING

OVERVIEW

Systems

There are 6 Statewide systems:

1. Employment Security Division-Recipients (batch), implemented July, 1979.
2. Employment Security Division-Applicants (batch), implemented August, 1981.
3. ACES Match (batch), implemented July, 1981.
4. CSE Defra Unit System (batch), implemented February, 1985.
5. AFDC Payment Increase (batch), implemented February, 1982.
6. EDS/ACES (on-line), implemented October, 1981.

The 5 batch systems are integrated.

All systems are managed by the Data Processing Unit, Information Systems Management Services of the Department of Human Services. The Food Stamp, AFDC, Medicaid, Child Support and Social Services programs use these systems.

Data Bases and Access

System	Data Accessed	Update Time	Time Lapse	Front-End or Ongoing
(1)	Earned income	Quarter	1-3 months	Ongoing
	UI benefits	Week	Next day	
(2)	Earned income	Quarter	1-3 months	Front-end
	UI benefits	Week	Next day	
(3)	SSI benefits	Week	Next day	Ongoing
(4)	Child Support income	Month	Next day	Ongoing
(5)	AFDC benefits	Week	Next day	Ongoing
(6)	Earned income	Quarter	1-3 months	Front-end
	UI benefits	Week	Next day	
	SSI benefits	Week	Next day	
	AFDC benefits	Week	Next day	
	Child Support income	Month	Next day	
	FSP participation	Month	Next day	
	Medicaid records	Week	Next day	

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ARKANSAS	COMPUTER MATCHING (continued)
OPERATING PROCEDURES	
Staff Assignments	State staff initiate front-end and ongoing searches (although local staff also use the EDS/ACES (on-line) system) and access the systems by Social Security number and AFDC, AFDC/IV-D, SSI, Medicaid, Child Support and FS case numbers.
Front-End Matching	The ESD-Applicants and the EDS/ACES systems do front-end matching on the Statewide caseload. Local offices receive written match reports from the ESD-Applicants system within 2 to 7 days. They receive on-line information from the EDS/ACES immediately. They receive information on: wages, UI, SSI and AFDC benefits, Medicaid eligibility status, gross income, and FS participation status.
Ongoing Matching	All systems, with the exception of the ESD-Applicants and EDS/ACES systems, perform ongoing matching on the Statewide caseload. ESD-Recipients matching is done quarterly, ACES matching annually, CSE-Defra matching monthly, and the AFDC Payment Increase system does matching whenever there is a Statewide payment change. All of these systems provide written match reports to local offices within a week, with information on: wages, UI, SSI and AFDC benefits, and Child Support income.
Followup	Arkansas has established procedures that local offices must follow in processing matched cases. None of the systems are capable of triggering identification if there are discrepancies. Cases are not prioritized in either front-end or ongoing matching.
Monitoring	Local offices are not required to submit regular reports to the State on the status of actions taken on matched cases. The State office cannot automatically monitor what is happening to matched cases. The county does second party reviews of matched cases, while the region and State do third- and fourth-party reviews of samples and check on counties with high error rates.

ARKANSAS	MONTHLY REPORTING

OVERVIEW

Cases Required to Report

PA Caseload

All AFDC households that are required to report monthly and that also receive food stamps are required by the Food Stamp Program to complete monthly reports. Thus, monthly reporting requirements are the same for both programs and include the following cases:

- cases with current earnings
- cases with earnings during the past 6 months
- cases with irregular unearned income (unstable income form non-government sources)

NPA Caseload

Monthly reporters include:

- cases with fluctuating current earnings within each pay period
- cases where any household member must report for AFDC
- cases receiving coupon benefits of $51 or more

Information on Monthly Report

	Required to report	***Reporting format***	***Verification***
Earned Income	Yes	By earner	Weekly paystub
Unearned Income	Yes	By type of income by individual	For all types
Resources	No	Not applicable	Not applicable
Expenses	Yes	Not specified	For all types
Household composition	No	Not applicable	Not applicable

(continued)

ARKANSAS	MONTHLY REPORTING (continued)
OPERATING PROCEDURES	
Mailing Monthly Reports	The State Department of Social Services, Division of Economic and Medical Services mails monthly reporting forms to households. This mailing is separate from the distribution of benefits. A stamped return envelope is included with the monthly reporting form.
Monthly Reporting Schedule	Arkansas operates monthly reporting on a 2-month cycle. That is, the cycle contains a "processing" month between the budget and issuance months. Monthly reporting forms are mailed on the 27th and 1st days of each month. The initial deadline for filing monthly reports is the 9th day of the next month so that households have 8 to 12 days in which to complete their monthly reports. Final warning notices are mailed on the 10th work day of the month. The final deadline for submitting monthly reports is the last work day of the report month. Arkansas does not reinstate those cases that were terminated for failure to file on a timely basis.
Staff Assignments	Clerks or eligibility workers review monthly reports for completeness. Eligibility workers make decisions on actions required by information on complete forms. Eligibility workers or clerks also handle incomplete monthly reports.
Automation	Automated functions include: • determining/verifying status of monthly report • generating monthly reports • tracking receipt of monthly reports • generating warning/adverse action notices • terminating cases for failure to file • assigning cases to or from monthly reporting
Monthly Reporting Effects	Monthly reporting by NPA food stamp households reduced Quality Control error rates in Arkansas. No studies have been performed on the effects of monthly reporting by the PA caseload.

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ARKANSAS	CLAIMS COLLECTION
ORGANIZATION	
Agencies	Arkansas' claims collection process is administered at the State level. There are specialized Statewide claims collection and fraud investigations units. Cases of suspected fraud are handled by the Fraud Investigating Unit (FIU). Nonfraud claims go to the Overpayment Unit (OPU).
Staff Training	Eligibility workers receive training when hired, refresher training, and retraining. Policy manuals are available.
System Monitoring	Routine monthly reports are issued on claims referrals, investigations, establishment, collection, followup, and suspensions for State and local offices. Claim referrals and investigations must each take place within 60 days. Nonfraud establishment must take place within 5 working days of referral.
Automation	Statewide automated functions include: • Calculating and deducting for recoupment • Generating demand letters (FIU notifies convicted clients) • Maintaining histories with dates of all case actions, recoupment, payments, and suspensions • Tracking referrals, investigations, established and suspended claims, and claim payments • Flagging fraud/nonfraud referrals • Producing State reports summarizing referrals and established or delinquent claims • Aging overissuances

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ARKANSAS	CLAIMS COLLECTION (continued)
OPERATING PROCEDURES	
Identifying and Investigating Claims	The three most important methods to detect overissuances are: • Review at recertification • Computer matching of wages • Hotline, informal complaints Other methods include: • QC reviews • Special investigation units • Internal audits • Error prone profile • Information from other agencies • Conflicting information from client After identification, overissuance is calculated for previous 3 to 5 years. Thirty-eight percent of overissuances are referred to fraud. Nonfraud claims are investigated through case file reviews, in-office interviews, third-party contacts, Employment Security Bureau, and home visits. Fraud claim investigations also use witness interviews and forensic investigations. Priority is given to fraud over nonfraud cases. Characteristics that increase the likelihood of an investigation for suspected fraud cases (especially if there is a backlog of cases) include: large dollar amounts, good quality of evidence, repeat offenses, and flagrant violation.
Establishing and Collecting Claims	For fraud cases, the establishment methods used are fraud prosecution, administrative fraud hearings, disqualification consent agreements, and waivers of hearing. Cases are referred for prosecution because of larger dollar amount, repeat offenses, and flagrant violations. Nine demand letters are sent to collect claims (schedule is monthly for fraud, variable for nonfraud claims). Recoupment is used in delinquent (30 days) and agency error cases (the latter depends on client's consent).
Following Up and Suspending/Terminating Claims	Arkansas collected $851,891 in claims during FY86, ranking 26th among the States. Followup is through demand letters, monthly billing for nonfraud claims, and court orders for fraud claims. Alternative collection methods used are tax refund interception, wage garnishment, and property liens especially for cases with large dollar amount or resources. The uniform criteria for suspending claims are bankruptcy or inability to locate client. Suspended claims remain on file indefinitely.

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ARKANSAS	QUALITY CONTROL
ORGANIZATION	
Unit	Quality Control Section, Department of Human Services.
System Type	The Quality Control Section is responsible for QC activities in the AFDC, Medicaid, and Food Stamp Programs. The QC system is not integrated with these programs.
Sample Size	The Arkansas QC sample is composed of 1,300 cases.
Staff	In addition, the Quality Control Section conducts 480 extra reviews in order to allow analysis by office and region. These reviews are not part of the basic QC sample, and the data from these reviews are not reported to FNS. There are 18 FTE QC reviewers for the FSP. Most reviewers have had an average of 4 years of experience as eligibility workers or supervisors. Most are college graduates. Combining staff FTEs and QC sample size leads to an estimate of 67 QC reviews performed for each FTE.
Review Time	On average, a QC review takes 16.5 hours. Internal re-reviews take, on average, 3 hours. Case characteristics that increase review time are: more than 60 minutes- • Earned income • Errors found in the case • Remote household • Client moved and left no forwarding address 20 to 60 minutes- • Unearned income • Large household (5 or more members) less than 20 minutes- • Receipt of AFDC and food stamps (continued)

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ARKANSAS	QUALITY CONTROL (continued)
OPERATING PROCEDURES	
Local Office Notification and Preparation	Local offices are notified of date of review, and cases to be reviewed are identified. A review usually does not include a visit, and the local office is asked to pull and send these cases to the QC reviewer within 5 days. Supplementary information on demographic characteristics, resource value of vehicle(s), and MR status is collected on all cases in the QC sample.
Error Determination and Resolution	The initial error determination may involve a supervisor and policy specialist. Policy questions that arise during the error-determination process are resolved either by the review supervisor or, if needed, by a policy specialist.
Internal Re-review	All cases in the QC sample are re-reviewed by the review supervisor. The review committee, composed of the supervisor, QC director, specialist, and a representative from a local office, reviews all cases with errors.
Analyses of QC Data	ANALYSES PERFORMED ROUTINELY / OCCASIONALLY Identification of error-prone: • case categories: X • groups of workers: X • offices: X Projection of: • caseload size or characteristics: X • effect of policy change: X Caseload Description: X Evaluation of impact of change in policy or administrative operations: X
Use of FNS Software	Arkansas uses analysis software developed by the McDonnell Douglas Corporation (Computer Division), rather than the software made available by FNS.

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ARKANSAS	WORK REGISTRATION / JOB SEARCH
OVERVIEW	
Coverage	The Food Stamp Job Search Program operates in 18 counties, serving 42% of the State's PA and NPA caseload, targeting both PA and NPA cases. A large food stamp caseload, absence of food stamp workfare, and good job markets were the criteria for selection.
Staff Assignments	Workers in income maintenance units refer participants to the work registration/job search program and inform participants of disqualification if they fail to comply. Assessment, assignment, monitoring, and notification activities are handled by the job service subcontractor.
Activity Level	For Federal fiscal year 1986, reported average monthly activity was: • Referred to Assessment 762 • Job Ready 608 • Not Job Ready NA • Exempt NA • Entered Job Search 528 • Entered Employment 96 • Found Noncompliant 253 • Disqualified 141
Program Operations	Assessments are conducted individually and in groups, averaging 20 minutes per group. Voluntary counseling or training is not provided. Referral to Jobs is an included component of the Job Search Program. Each registrant is required to make 24 contacts during a continuous 8 week period. Every 4 weeks registrants report names of employers and contact persons, dates, and results of contacts. Contacts are not confirmed.

(continued)

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ARKANSAS	WORK REGISTRATION / JOB SEARCH (continued)
REPORTING	Participant records are hand tabulated at the local level. Summarized cumulative totals are prepared by adding all transactions to previous totals. Case management and participant-tracking functions are not automated.
Referral and Assessment	Registrants are counted as referred at every new application, reapplication (e.g. break in certification), and recertification. Referrals occur once every 12 months, when there is a loss of work registration exemption, or when there is a break in certification. The number of registrants who are interviewed by the Job Search provider (i.e., who are assessed) does not include exempt registrants who are not allowed to participate in Job Search.
Job Search Entrance	During the year registrants are counted each time they are assigned to job search status. Job ready registrants may not be counted if they delay their job search with good cause, fail to comply with good cause, or have left the FS program.
Employment	Registrants are counted every time they obtain employment whether they were referred by the contractor or found their jobs themselves. No followup is done.
Noncompliance and Disqualification	Registrants are counted every time they are noncompliant or disqualified. Income maintenance staff receive noncompliance reports within 5 days, which are reviewed when received.

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CALIFORNIA	STATE SUMMARY
Administering agency	The Department of Social Services administers the Food Stamp Program. The program is State-supervised.
Caseload	The average monthly caseload in FY 1986 was about 558,000 households, including 1,623,000 individuals. California ranks 2nd in number of persons participating. PA households account for 65% of the total.
Project areas	California has 58 project areas. The largest are Los Angeles, San Diego, and Fresno counties, accounting for about 45% of the State caseload.
Benefits issued	California's food stamp issuances in FY 1986 totaled $627 million, ranking 5th in the nation. Monthly issuances averaged $32.17 per person.
Administrative expenses	The federal share of California's administrative costs amounted to $105 million in FY 1986, ranking 2nd. Federal costs were $15.62 per household per month.

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CALIFORNIA (LOS ANGELES)	AUTOMATED CERTIFICATION SYSTEM
OVERVIEW	
System Names	1. Welfare Case Management Information System (WCMIS) for case inquiry and clearance. 2. Integrated Benefit Payment System (IBPS) for computerized benefits 3. Los Angeles County Food Stamp Automated Issuance and Reporting (LAFAIR) for records and on-line issuance
General Characteristics	Implemented from 1977 to 1985, these are county systems. The systems use IBM central hardware, and Sperry/Univac local processing hardware.
Key System Capabilities	IBPS system capabilities: Integrated Eligibility/Benefit Determination: Eligibility workers prepare input forms from application data to trigger system functions which automatically determine eligibility, calculate benefits, and

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CALIFORNIA (LOS ANGELES)	AUTOMATED CERTIFICATION SYSTEM (continued)
SYSTEM FUNCTIONS AND AUTOMATED OUTPUT	<u>Calculates and Stores</u> • Net income • Excess shelter costs deduction (including utility cost component) • Excess medical deduction • Dependent care deduction • Allotment • First month's prorated allotment • Recoupment amount (deducted) <u>Performs</u> • Gross income test • Net income test <u>Generates</u> • On-line issuance of benefits • Certification period expiration notice • Application approvals/denials • Interim change/recertification notices • Edit reports (daily) • Outstanding verifications needed (monthly) • Eligibility results (monthly) • Required case actions (monthly) • Computer match results (daily) Systems have access to AFDC program income data for use in food stamp eligibility processing.

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CALIFORNIA (SAN BERNADINO)	AUTOMATED CERTIFICATION SYSTEM
OVERVIEW	
System Name	Machine Budgeting
General Characteristics	Implemented in 1984, this is a county system. The system uses IBM hardware. There is no local processing hardware.
Key System Capabilities	The system performs benefit determinations, but no eligibility determination functions. All eligibility determinations are performed manually by eligibility workers. Workers must input household net income and household size, and the system can then compute the allotment amount from table look-up.
Turnaround	Data entry staff enter and edit transactions on-line at terminals. Edit results are immediately available. Household records are immediately updated.
AFDC and Food Stamp Integration	AFDC and food stamps are handled by the same workers, using a combined application form. Separate input forms must be used to enter the data for the two programs.
DATA BASE	
Level of Detail and Contents	System stores all PA household member's names, birthdates and social security numbers, regardless of membership in food stamp case. System stores only household's address, size, and case number in NPA cases. Historical data are available on-line for past 5 years.
Financial Data	By individual (PA cases only) • Gross earnings • Self-employment income and allowable expense • Unearned income • Work registration status Utility resources are available for both PA and NPA households; dependent care costs and total countable value of resources are available for PA households.

(continued)

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CALIFORNIA (SAN BERNADINO)	**AUTOMATED CERTIFICATION SYSTEM** (continued)
SYSTEM FUNCTIONS AND AUTOMATED OUTPUT	<u>Calculates and Stores</u> • Allotment <u>Generates</u> • ATPs (mailed) • ID cards • Monthly report forms • Monthly report filing reminders and termination notices • Edit reports (daily) • Required case actions (monthly) System has no access to other assistance program income data for use in food stamp eligibility processing.

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CALIFORNIA (SANTA CLARA)	AUTOMATED CERTIFICATION SYSTEM
OVERVIEW	
System Names	1. Case Data system (CDS) for certification and budgeting 2. Food Stamp Automated Issuance and Reporting (FAIR) for issuance
General Characteristics	CDS (implemented in 1965), and FAIR (implemented in 1985), are county systems. The systems use IBM hardware. There is no local processing hardware.
Key System Capabilities	CDS System Capabilities: Integrated Eligibility/Benefit Determination: Eligibility workers prepare input forms from application data to trigger system functions which automatically determine eligibility, calculate benefits, and update the household record.
Turnaround	Household actions are processed in daily batch runs for all actions performed since the last run.
AFDC and Food Stamp Integration	AFDC and food stamps are handled by the same workers. Separate application forms and input forms must be used to enter the data for the two programs.
DATA BASE	
Level of Detail and Contents	System stores all household member's names and social security numbers, regardless of membership in food stamp case. Historical data are available on-line for 12 months on CDS system; 6 months on FAIR system.
Financial Data	By total • Gross earnings • Self-employment income and allowable expense • Unearned income (10 categories) • Work registration status Housing, utility, medical, dependent care costs, and total countable value of resources are available for the household.

(continued)

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CALIFORNIA (SANTA CLARA)	AUTOMATED CERTIFICATION SYSTEM (continued)
SYSTEM FUNCTIONS AND AUTOMATED OUTPUT	<u>Calculates and Stores</u> • Net income • Excess shelter costs deduction (including utility cost component) • Excess medical deduction • Dependent care deduction • Allotment • First month's prorated allotment • Recoupment amount (deducted) <u>Performs</u> • Gross income test • Net income test <u>Generates</u> • ATPs (mailed) • Listings for coupon issuance • ID cards • On-line issuance of benefits • Certification period expiration notice • Appointment notices • Verification notices • Notice that household must file monthly reports • Monthly report forms • Monthly report filing reminders and termination notices • Application approvals/denials • Interim change/recertification notices • Edit reports (daily) • Outstanding verifications needed (daily) • Eligibility results (daily) • Required case actions (monthly) • Computer match results (monthly) • Supervisory reports System has access to AFDC, GA and Refugee Assistance programs' income data for use in food stamp eligibility processing.

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CALIFORNIA	COMPUTER MATCHING
OVERVIEW	
Systems	There are 3 Statewide batch systems: 1. Integrated Earnings (IE), implemented 1983. 2. Disqualification File, implementation date unknown. 3. Interest Income Match (IIM), implemented 1986. The Food Stamp program uses all 3 systems. The AFDC program uses the IE and IIM systems. California's General Assistance program also uses the IE system.
Data Bases and Access	

System	Data Accessed	Front-End or Ongoing
(1)	Earned income	Ongoing
(2)	FS disqualification records	Both
(3)	State tax files	Both

(continued)

CALIFORNIA	COMPUTER MATCHING (continued)
OPERATING PROCEDURES	
Front-End Matching	The Disqualification File and IIM systems are used for front-end matching of the Statewide caseload. Within a week, local offices receive printouts by household with information on food stamp eligibility status and all sources of interest income.
Ongoing Matching	Each quarter, all systems perform ongoing matching on the Statewide caseload. Printouts from the 3 systems are received by local offices within a week. The offices receive information on: wages, FS eligibility status, and sources of interest income.
Followup	The IIM system triggers identification of cases if there is an income discrepancy of $10 or more. Cases are not prioritized in front-end matching. Earnings or assets are prioritized by the IE and IIM system matches, respectively.
Monitoring	Local offices are required to report to the State on the status of cases matched by the ongoing IE and IIM systems. There are no reporting requirements for hits resulting from front-end matching.
Staff Assignments	Information not available on who performs the front-end or ongoing searches.

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CALIFORNIA	MONTHLY REPORTING

OVERVIEW

Cases Required to Report

All Food Stamp households that are not statutorily exempt are required by the Food Stamp program to complete monthly reports.

Information on Monthly Report

	Required to report	*Reporting format*	*Verification*
Earned Income	Yes	By earner	Weekly paystub
Unearned Income	Yes	By type of income by individual	For all types
Resources	Change only	Specific by type	Not specified
Expenses	Yes	Not specified	For all types
Household composition	Change only	Not specified	Not specified

(continued)

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CALIFORNIA	MONTHLY REPORTING (continued)
OPERATING PROCEDURES	
Mailing Monthly Reports	The county central offices, supervised by the State Department of Social Services mails monthly reporting forms to households. This mailing is separate from the distribution of benefits. A return envelope is included with the monthly reporting form. NPA households pay their own postage, the agency pays the postage on PA households' forms.
Monthly Reporting Schedule	California operates monthly reporting on a 2-month cycle. That is, the cycle contains a "processing" month between the budget and issuance months. Monthly reporting forms are mailed 2 days before the 1st day of each month. The initial deadline for filing monthly reports is the 11th day of the next month so that households have 13 days in which to complete their monthly reports. Final (adverse action) notices are mailed 14 to 24 days after the original mailing of monthly reporting forms. The final deadline for submitting monthly reports is the 1st day of the next month.
Staff Assignments	Clerks review monthly reports for completeness; eligibility workers make decisions on actions required by information on complete forms. Eligibility workers or clerks handle incomplete monthly reports.
Automation	Automated functions include: • generating monthly reports • tracking receipt of monthly reports • generating warning notices

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CALIFORNIA	CLAIMS COLLECTION
ORGANIZATION	
Agencies	All operations are carried out at the local office level. Occasionally, however, the District Attorney's office establishes fraud claims.
Staff Training	No information available.
System Monitoring	No routine monthly reports are issued on claims referrals, investigations, establishment, collection, followup, suspensions, or terminations.
Automation	No information available.

(continued)

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CALIFORNIA	CLAIMS COLLECTION (continued)
OPERATING PROCEDURES	
Identifying and Investigating Claims	No information available.
Establishing and Collecting Claims	California collected $4,422,664 in claims during FY86, ranking 2nd among the States.
Following Up and Suspending/Terminating Claims	No information available.

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CALIFORNIA	QUALITY CONTROL
ORGANIZATION	
Unit	Quality Control Bureau, Management Systems and Evaluation Division, Department of Social Services.
System Type	The Quality Control Bureau is responsible for QC activities in both the AFDC and Food Stamp Programs. The QC system is integrated with the AFDC program.
Sample Size	The California QC sample is composed of 2,400 cases. In addition, the Quality Control Bureau conducts 1,000 extra reviews in order to analyze the error rates by county. These reviews are not part of the basic QC sample, and the data from these reviews are not reported to FNS. The State also conducts 20 special case reviews in order to allow a more detailed analysis of the causes and nature of errors by county. This sample is drawn from county welfare food stamp files by Management Evaluation staff. Special reviews take about half as much time to complete as regular QC reviews.
Staff	The number of FTE QC reviewers for the FSP and thus the number of QC reviews performed for each FTE was unavailable at the time the survey was conducted. Most reviewers do not have experience as eligibility workers or supervisors.
Review Time	Average time necessary to complete a review and the case characteristics that increase review time by 20 minutes or more were unavailable.

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CALIFORNIA	QUALITY CONTROL (continued)
OPERATING PROCEDURES	
Local Office Notification and Preparation	Information was unavailable. Supplementary information on demographic characteristics and PA status is collected on all cases in the QC sample.
Error Determination and Resolution	Policy questions that arise during the error-determination process are resolved by the Program staff and the central office of the QC Bureau.
Internal Re-review	Whether cases in the QC sample are subject to internal review, and if so who is responsible for conducting the review, was unknown.
Analyses of QC Data	Other than the occasional identification of error-prone case categories, the survey respondent was unaware of the analyses conducted as part of the QC review process.
Use of FNS Software	Software provided by FNS is used occasionally to analyze QC data.

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CALIFORNIA	WORK REGISTRATION / JOB SEARCH
OVERVIEW	
Coverage	The Food Stamp Job Search Program operates in 9 counties, serving 71% of the State's PA and NPA caseload, targeting the NPA cases. A large food stamp caseload, large counties, and good job markets were the criteria for selection.
Staff Assignments	For 7 counties, workers in income maintenance units refer participants to the work registration/job search program and inform participants of disqualification if they fail to comply. Assessment, assignment, monitoring, and notification activities are handled by the job service subcontractor. For San Diego and Fresno counties, the county office performs all job search functions.
Activity Level	For Federal fiscal year 1986, reported average monthly activity was: • Referred to Assessment 3,818 • Job Ready 1,606 • Not Job Ready 847 • Exempt 1,365 • Entered Job Search 1,194 • Entered Employment 298 • Found Noncompliant 1,633 • Disqualified 318
Program Operations	Assessments are conducted individually in San Diego and Fresno and in groups in the other counties, averaging 30 minutes per assessment, except in San Diego, where assessments average 20 minutes. Mandatory counseling or training is provided in a job search workshop for San Diego registrants. Each registrant is required to make 24 contacts during a continuous 8 week period. Every 4 weeks registrants report names of employers and contact persons, dates, and results of contacts. Some contacts are confirmed at random. (continued)

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CALIFORNIA	WORK REGISTRATION / JOB SEARCH (continued)
REPORTING	Participant records are tabulated by computer is 7 counties, by hand in 2, at the local/county level. Summarized cumulative totals are prepared by adding all transactions to previous totals. Case management and participant-tracking functions are not automated.
Referral and Assessment	Registrants are counted as referr d at every new application, reapplication (e.g. break in certification), and recertification. Referrals occur once every 12 months, at every review, or when there is a break in certification. The number of registrants who are interviewed by the Job Search provider (i.e., who are assessed) includes exempt registrants who may participate in Job Search.
Job Search Entrance	During the year, registrants are counted each time they are assigned to job search status. Job ready registrants may not be counted if they fail to comply with good cause, are employed part-time, or have language barriers.
Employment	Registrants are counted the first time they obtain employment whether they were referred by the contractor or found their jobs themselves. Special followups are conducted by telephone.
Noncompliance and Disqualification	Registrants are counted every time they are noncompliant or disqualified. Income maintenance staff receive noncompliance reports, which are reviewed when received.

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COLORADO	STATE SUMMARY
Administering agency	The Department of Social Services administers the Food Stamp Program. The program is State-supervised.
Caseload	The average monthly caseload in FY 1986 was about 67,000 households, including 179,000 individuals. Colorado ranks 32nd in number of persons participating. PA households account for 43% of the total.
Project areas	Colorado has 54 project areas. The largest are the Denver, El Paso-Teller (Colorado Springs and Cripple Creek), and Pueblo areas, accounting for about 43% of the State caseload.
Benefits issued	Colorado's food stamp issuances in FY 1986 totaled $102 million, ranking 32nd in the nation. Monthly issuance averaged $47.24 per person.
Administrative expenses	The federal share of Colorado's administrative costs amounted to $6.6 million in FY 1986, ranking 32nd. Federal costs were $8.22 per household per month.

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COLORADO	AUTOMATED CERTIFICATION SYSTEM
OVERVIEW	
System Name	Colorado Automated Food Stamp System
General Characteristics	Implemented in 1982, the system serves 92% of the State's food stamp caseload. The design is a derivative of the New Mexico system (implemented in 1980). The system uses IBM central and local processing hardware.
Key System Capabilities	Integrated Eligibility/Benefit Determination: Eligibility workers prepare input forms from application data to trigger system functions which automatically determine eligibility, calculate benefits, and update the household record.
Turnaround	Data entry staff enter and edit transactions on-line at terminals. Edit results are immediately available. Household records are immediately updated.
AFDC and Food Stamp Integration	AFDC and food stamps are handled by the same workers. Separate application forms and input forms must be used to enter the data for the two programs.
DATA BASE	
Level of Detail and Contents	System stores all household member's social security numbers, regardless of membership in food stamp case. No historical data are maintained on-line or on tape.
Financial Data	By individual • Gross earnings • Self-employment income • Unearned income (13 categories) • Work registration status Housing, utility, medical, dependent care costs, and total countable value of resources are available for the household.

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COLORADO	AUTOMATED CERTIFICATION SYSTEM (continued)
SYSTEM FUNCTIONS AND AUTOMATED OUTPUT	<u>Calculates and Stores</u> • Net income • Excess shelter costs deduction • Utility cost component (entered by worker) • Excess medical deduction • Dependent care deduction • Allotment • First month's prorated allotment • Recoupment amount (deducted) <u>Performs</u> • Gross income test • Net income test <u>Generates</u> • On-line issuance of benefits • Listings for coupon issuance • Certification period expiration notice • Monthly report forms • Application approvals/denials • Interim change/recertification notices • Edit reports (daily) • Outstanding verifications needed (monthly) • Eligibility results (monthly) • Required case actions (monthly) • Computer match results (daily) • Supervisory reports System has no access to other assistance program income data for use in food stamp eligibility processing.

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COLORADO	COMPUTER MATCHING

OVERVIEW

Systems

There are 4 integrated Statewide systems:

1. Wage Data Match-Labor (batch), implemented December, 1983.
2. SDX (batch), implemented 1981.
3. AFDC (on-line), implemented March, 1983.
4. Department of Labor (on-line), implemented October, 1984.

The first 3 systems are managed by the Office of Information Systems of the Department of Social Services, while the 4th system is managed by the Department of Labor and Employment. The Food Stamp, AFDC, Medicaid, Child Support and Social Service programs use these systems.

Data Bases and Access

System	Data Accessed	Update Time	Time Lapse	Front-End or Ongoing
(1)	Earned income	Quarter	4-6 months	Both
(2)	SSI benefits	Quarter	2-3 weeks	Both
(3)	AFDC benefits	Day	Next day	Both
	Medicaid eligibility status	Day	Next day	
(4)	Earned income	Quarter	Next day	Both
	UI benefits	Week	Next day	
	Worker's Compensation	Month	Next day	

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COLORADO	MONTHLY REPORTING
OVERVIEW	
Cases Required to Report	
PA Caseload	All PA cases except those exempt by law are required to report monthly.
NPA Caseload	Monthly reporters include: • cases with current earnings • cases where one or more members applied for unemployment compensation
Information on Monthly Report	Sample monthly reporting form not available.

(continued)

COLORADO	MONTHLY REPORTING (continued)
OPERATING PROCEDURES	
Mailing Monthly Reports	The county offices, supervised by the State Department of Social Services mails monthly reporting forms to households. This mailing is separate from the distribution of benefits. Households supply the return envelope and pay their own postage. Colorado operates monthly reporting on a 2-month cycle. That is, the cycle contains a "processing" month between the budget and issuance months.
Monthly Reporting Schedule	Monthly reporting forms are mailed on the 27th day of each month. The initial deadline for filing monthly reports is the 8th day of the next month so that households have 11 days in which to complete their monthly reports. Warning notices are mailed 16 days after the original warning. Final (adverse action) notices are mailed 24 days after the original mailing of monthly reporting forms. The final deadline for submitting monthly reports is the 26th day of the report month. Those cases that are terminated for failure to file on a timely basis, but submit their report before the end of the issuance month, may be reinstated without loss of benefits.
Staff Assignments	At certification, local office eligibility workers assign cases to monthly reporting. Eligibility workers or clerks review monthly reports for completeness; make decisions on actions required by information on complete forms; and also handle incomplete monthly reports. Eligibility workers make decisions about reassignments to or from monthly reporting.
Automation	Automated functions include: • determining/verifying status of monthly report • generating monthly reports • tracking receipt of monthly reports • generating warning/adverse action notices

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COLORADO	CLAIMS COLLECTION
ORGANIZATION	
Agencies	Colorado's claims collection process is State supervised and county administered. There are specialized county claims collection and fraud investigations units.
Staff Training	Eligibility workers receive training when hired and retraining as needed, with emphasis on techniques for detecting and investigating overissuances. Policy manuals are available.
System Monitoring	Monthly recoupment reports are issued to the State Social Services Department and the local claims unit. There are no time limits on processing cases.
Automation	Statewide integrated automated functions include: • Calculating and deducting for recoupment • Tracking established claims, payments via recoupment, and disqualified individuals • Flagging cases with active or delinquent claim balances • Aging suspended claims

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COLORADO	CLAIMS COLLECTION (continued)
OPERATING PROCEDURES	
Identifying and Investigating Claims	Methods to detect overissuance in order of importance are: • Review at recertification • Computer matching of wages • Computer matching of unearned income • QC reviews/unearned income • Special investigation unit • Conflicting information from client • Internal audits • Hotline, informal complaints • Information from other agencies • Duplicate participation checks After identification, overissuance is calculated for previous 6 years. Fifty-five percent of overissuances are referred to fraud. Claims are investigated through case file reviews, in-office interviews, third-party contacts, and home visits. In addition to these methods, fraud claims are investigated through witness interviews and forensic investigations. Priority is given to fraud over nonfraud cases. Characteristics that increase the likelihood of an investigation include: active cases, large dollar amounts, good quality of evidence, recent errors, household error,and flagrant violation.
Establishing and Collecting Claims	For fraud cases, the establishment methods used are fraud prosecution, administrative fraud hearings, and disqualification consent agreements. Cases are referred for prosecution because of larger dollar amount and flagrant violation. Three monthly demand letters are sent to collect all claims. Recoupment is used in fraud, household error, and agency error cases. Colorado collected $526,865 in claims during FY86, ranking 30th among the States.
Following Up and Suspending/Terminating Claims	Followup is through demand letters, billing, and phone calls. Alternative collection methods used are wage garnishment and property liens. The criterion for suspending claims is failure to locate household within the State. Claims suspended for three years, or in which the client is deceased, or those under financial hardship, are terminated. Once terminated, these cases do not remain on file.

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COLORADO	QUALITY CONTROL
ORGANIZATION	
Unit	Division of Quality Control, Department of Social Services.
System Type	The Division of Quality Control is responsible for QC activities in the AFDC, Medicaid, and Food Stamp Programs. The QC system is integrated with these programs.
Sample Size	The Colorado QC sample is composed of 1,348 cases. In addition, the Division of Quality Control conducts 10,000 special reviews in order to allow more detailed analysis of causes and natures of agency errors by office or region, and to measure the performance of individual workers. These reviews target cases with specific wage data, and require only 6% of the time necessary to complete a regular review.
Staff	There are about 9 FTE QC reviewers for the FSP. Most reviewers have had an average of 8 years of experience as eligibility worker supervisors. Most have some college experience. Combining staff FTEs and QC sample size leads to an estimate of 153 QC reviews performed for each FTE.
Review Time	On average, a QC review takes 11.5 hours. Depending on whether a case has an error, internal re-reviews take, on average, 24 hours or 15 minutes, respectively. The following case characteristics increase review time by: more than 60 minutes- • Earned income • Receipt of AFDC, Medicaid, and food stamps • Errors found in the case • Remote local office or household 20 to 60 minutes- • Unearned income • Large household (5 or more members)

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COLORADO	QUALITY CONTROL (continued)
OPERATING PROCEDURES	
Local Office Notification and Preparation	Local offices are notified of impending review, and cases to be reviewed are identified. If review does not include a visit, local office is asked to send these cases to the QC reviewer. Local office staff pull and review the selected case files and either set them aside for the QC reviewer's visit (60% of reviews are in person) or mail them to the reviewer.
Error Determination and Resolution	The initial error determination is made by a reviewer alone. Policy questions that arise during the error-determination process are resolved by a policy specialist.
Internal Re-review	All cases with errors in the QC sample are re-reviewed by the review supervisor and the policy specialist. In addition, the supervisor reviews a random sample of each reviewer's cases.
Analyses of QC Data	

	ANALYSES PERFORMED	
Regular Reviews	ROUTINELY	OCCASIONALLY
Identification of error-prone:		
• case categories		X
• groups of workers		X
• offices		X
Projection of:		
• caseload size or characteristics	X	
• effect of policy change	X	
Caseload Description:	X	
Evaluation of impact of change in policy or administrative operations:	X	
Special Reviews		
Identification of error-prone:		
• case categories	X	
• groups of workers		X
• offices	X	
Caseload Description:		X
Evaluation of impact of change in policy or administrative operations:		X

Use of FNS Software

Software provided by FNS is not used to analyze QC data.

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COLORADO	WORK REGISTRATION / JOB SEARCH
OVERVIEW	
Coverage	The Food Stamp Job Search Program operates in 4 counties, serving 5% of the State's PA and NPA caseload, targeting both PA and NPA cases. Absence of FS workfare, and areas that had a WIN program, or county request were the criteria for selection.
Staff Assignments	Workers in income maintenance units refer participants to the work registration/job search program and inform participants of disqualification if they fail to comply. Assessment, assignment, monitoring, and notification activities are handled by the work registration/job search unit.
Activity Level	For Federal fiscal year 1986, reported average monthly activity was: • Referred to Assessment 472 • Job Ready 242 • Not Job Ready NA • Exempt NA • Entered Job Search 242 • Entered Employment 151 • Found Noncompliant 146 • Disqualified 142
Program Operations	Assessments are conducted in groups and individually, averaging 15 minutes per group or person. Voluntary counseling or training is provided in groups, individually, and in job clubs. Referral to Jobs and Job Development are included components of the Job Search Program. Each registrant is required to make 24 contacts during a continuous 8 week period. Every 4 weeks registrants report names and addresses of employers and contact persons, dates, and results of contacts. Contacts are confirmed when there was an interview or application process, or when referred.

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COLORADO	WORK REGISTRATION / JOB SEARCH (continued)
REPORTING	Participant records and local totals are hand tabulated. Summarized cumulative totals are prepared by adding all transactions to previous totals. All case management and participant-tracking functions are automated and accessible through on-line entry/query.
Referral and Assessment	Registrants are counted as referred at every new application, reapplication (e.g. break in certification), and recertification. Referrals occur when there is a break in certification. The number of registrants who are interviewed by the Job Search provider (i.e., who are assessed) includes exempt registrants who may participate in Job Search.
Job Search Entrance	During the year, registrants are counted each time they are assigned to job search status. Job ready registrants may not be counted if they delay their job search with good cause, enrolled in a job training program, became employed part-time, or left the FS program.
Employment	Registrants are counted the first time they obtain employment whether they were referred by the contractor or found their jobs themselves. Followup activity includes verification of job referral, routine Job Search contact reporting, and computer wage matching. These followups are conducted in person, by mail, or by telephone.
Noncompliance and Disqualification	Registrants are counted every time they are noncompliant or disqualified. Income maintenance staff receive daily noncompliance reports, which are reviewed.

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CONNECTICUT	STATE SUMMARY
Administering agency	The Department of Income Maintenance administers the Food Stamp Program. The program is State-administered.
Caseload	The average monthly caseload in FY 1986 was about 48,700 households, including 131,000 individuals. Connecticut ranks 34th in number of persons participating. PA households account for 83% of the total.
Project areas	Connecticut has 8 project areas. The largest are Bridgeport, Hartford, and New Haven, accounting for about 70% of the State caseload.
Benefits issued	Connecticut's food stamp issuances in FY 1986 totaled $55.5 million, ranking 37th in the nation. Monthly issuance averaged $35.36 per person.
Administrative expenses	The federal share of Connecticut's administrative costs amounted to $7.8 million in FY 1986, ranking 32nd. Federal costs were $13.31 per household per month.
Special Circumstances	Connecticut did not have a Job Search contract with FNS for FY1986.

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CONNECTICUT	AUTOMATED CERTIFICATION SYSTEM
OVERVIEW	
System Name	Caseload Eligibility Management System (CLEM)
General Characteristics	Implemented in 1983, CLEM is a Statewide system. The system uses IBM hardware. There is no local processing hardware.
Key System Capabilities	Stand-Alone Eligibility/Benefit Determination: Eligibility workers prepare input forms from application data to trigger system functions which automatically determine eligibility, calculate benefits, and update the household record.
Turnaround	Data entry staff enter and edit transactions on-line at terminals. Edit results are immediately available. Household records are immediately updated.
AFDC and Food Stamp Integration	AFDC and food stamps are handled by the same workers. Separate input forms must be used to enter the data for the two programs.
DATA BASE	
Level of Detail and Contents	System stores all household member's names, addresses, ID numbers, and social security numbers, regardless of membership in Food Stamp case. Historical issuance data are available on-line for past 4 months. No other data are maintained.
Financial Data	By total • Gross earnings • Unearned income (11 categories) Housing, utility, medical and dependent care costs are available for the household.

(continued)

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CONNECTICUT	AUTOMATED CERTIFICATION SYSTEM (continued)
SYSTEM FUNCTIONS AND AUTOMATED OUTPUT	<u>Calculates and Stores</u> • Net income • Excess shelter costs deduction (including utility cost component) • Excess medical deduction (entered by worker) • Dependent care deduction (entered by worker) • Allotment • First month's prorated allotment • Recoupment amount (deducted) <u>Performs</u> • Gross income test • Net income test <u>Generates</u> • ATPs (mailed) • Monthly report forms • Monthly report filing reminders and termination notices • Application approvals/denials • Interim change/recertification notices System has no access to other assistance program income data for use in food samp eligibility processing.

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CONNECTICUT	COMPUTER MATCHING

OVERVIEW

Systems

There are five integrated Statewide systems:

1. Department of Labor (batch), implemented 1984
2. Bank (batch), implemented 1984
3. Bendex/SDX Match (batch), implemented October, 1984
4. Department of Labor (on-line), implemented October, 1985.
5. Bendex/SDX Match (on-line), implemented January, 1986

The systems are managed by the Eligibility Services and Operations Divisions of the Department of Income Maintenance. The Food Stamp, AFDC, Medicaid, Child Support and State Supplemental SSI programs use these seven systems.

Data Bases and Access

System	Data Accessed	Update Time	Time Lapse	Front-End or Ongoing
(1)	DES wages UI benefits	Quarter Day	1-3 months Next day	Front-End
(2)	SSA benefits SSI benefits	Week Week	Next day Next day	Both
(3)	DES wages UI benefits	Quarter Day	1-3 months Next day	Ongoing
(4)	Bank account balances	NA	NA	Ongoing
(5)	SSA benefits	Month	Next day	Ongoing

(continued)

CONNECTICUT	COMPUTER MATCHING (continued)
OPERATING PROCEDURES	
Front-End Matching	Local staff initiate front-end and ongoing searches with the Department of Labor (batch) and Bank systems. State staff initiate ongoing searches with the remaining systems. The systems are accessed by Social Security number, name, and date of birth. The Department of Labor (batch) and Bank systems are used for front-end matching of the statewide caseload. Local offices receive information on-line overnight. They receive information on: wages, UI benefits, claims/benefit history, and Medicare eligibility.
Ongoing Matching	All systems perform ongoing matching on the Statewide caseload, except the Department of Labor (batch) system, which is used at local discretion. The matching is done at recertification for the Bank, Bendex-SDX (batch) and Bendex-SDX (on-line) systems. The Department of Labor (batch) is accessed at worker's discretion, while the Department of Labor (on-line) system is employed for 1/3 of State assets each year. The Department of Labor (batch) and Bank systems provide on-line information overnight to local offices. The remaining systems provide written match reports, the Department of Labor (on-line) system within one to three weeks, the remaining systems within two to seven days. The information covers: wages, UI benefits, claims/benefit history, SSA, SSI and UIbenefits, bank account balances and Medicare eligibility.
Followup	Both Bendex-SDX systems and the Department of Labor (on-line) system are capable of triggering identification if there is a dollar wage discrepancy. On-going matching cases from the Department of Labor (on-line) system are prioritized by the amount of benefit authorization. In the remaining systems, cases are not prioritized in either front-end or ongoing matching. The State has established procedures for the Bendex-SDX systems and the Department of Labor (on-line) system, but each local office has established procedures for the remaining systems.
Monitoring	Local offices are required to submit weekly reports to the State from the Department of Labor (on-line) system; local offices are not required to submit regular reports to the State on the status of actions taken on cases matched from the other systems. The State office cannot automatically monitor what is happening to matched cases. Followup monitoring is done by local supervisors for all systems except the Department of Labor (on-line) system, which is monitored by a State supervisor.

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CONNECTICUT	MONTHLY REPORTING
OVERVIEW	
Cases Required to Report	
PA Caseload	All AFDC households that are required to report monthly and that also receive food stamps are required by the Food Stamp Program to complete monthly reports. Thus, monthly reporting requirements are the same for both programs and include the following cases: • cases with current earnings • cases with earnings during the past 2 months • cases with deemed income which is not counted against the AFDC benefit amount
NPA Caseload	Monthly reporters include: • cases with current earnings in a household composed of 2 or more persons • NPA food stamp cases containing an AFDC monthly reporter
Information on Monthly Report	Sample monthly reporting form not available.

(continued)

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CONNECTICUT	MONTHLY REPORTING (continued)
OPERATING PROCEDURES	
Mailing Monthly Reports	The State Department of Social Services mails monthly reporting forms to households. This mailing is separate from the distribution of benefits. A stamped return envelope is included with the monthly reporting form.
Monthly Reporting Schedule	Connecticut operates monthly reporting on a 2-month cycle. That is, the cycle contains a "processing" month between the budget and issuance months. Monthly reporting forms are mailed on the 24th day of each month. The initial deadline for filing monthly reports is the 5th day of the next month so that households have 10 days in which to complete their monthly reports. Warning notices are mailed on the 15th day of the month. Final (adverse action) notices are mailed 35 days after the original mailing of monthly reporting forms. The final deadline for submitting monthly reports is the 29th day of the report month. Those cases that are terminated for failure to file on a timely basis, but that submit their report before the end of the issuance month, may be reinstated without loss of benefits.
Staff Assignments	At certification, local office eligibility workers assign cases to monthly reporting. Eligibility workers review monthly reports for completeness; make decisions on actions required by information on complete forms; and also handle incomplete monthly reports. Eligibility workers make decisions about reassignments to or from monthly reporting.
Automation	Automated functions include: • generating monthly reports • tracking receipt of monthly reports • generating warning/adverse action notices • terminating cases for failure to file

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CONNECTICUT	CLAIMS COLLECTION
ORGANIZATION	
Agencies	Connecticut's claims collection process is administered at the State level. There are specialized claims collection and fraud investigations units. Cases of suspected fraud are handled by the State police and State fraud agency. Nonfraud claims over $500 go to a State level claims collection unit, and claims under $500 are handled at district level.
Staff Training	Eligibility workers receive training when hired, refresher training, and retraining with policy manuals available.
System Monitoring	Routine reports are issued on claims referrals every quarter, and on investigations, establishment, and collection every month. There are no time limits on processing cases.
Automation	Statewide integrated automated functions include: • Calculating amount of overissuance for previous 5 years • Calculating and deducting for recoupment • Maintaining histories with dates claim opened, recoupment, and payments • Tracking fraud investigations, established fraud claims, and all claim payments • Aging delinquent claims Functions which are not automated include: • Tracking match hits, referrals, and disqualified individuals • Aging suspended claims • Individual status reporting for state office and claim unit

(continued)

CONNECTICUT	CLAIMS COLLECTION (continued)
OPERATING PROCEDURES	
Identifying and Investigating Claims	The top 3 methods used to detect overissuances are: • Computer matching of wages • Review at recertification • Hotline, informal complaints Other methods include: • QC reviews • Computer matching of resources • Duplicate participation checks • Special investigation units • Internal audits • Error prone profile • Information from State police After identification, overissuance is calculated for previous 5 years. Forty percent of overissuances are referred for fraud investigations. Claims are investigated through case file reviews and third-party contacts. In addition, nonfraud claims are investigated through in-office interviews and home visits. Priority is given to fraud over non-fraud cases.
Establishing and Collecting Claims	For fraud cases, the establishment methods used are fraud prosecution, administrative fraud hearings, disqualification consent agreements, and waivers of hearing. Cases are referred for prosecution because of larger dollar amounts and flagrant violations. Three monthly demand letters are sent to collect nonfraud claims. Recoupment is used in fraud, household error, and agency error cases. The latter depends on client's consent.
Following Up and Suspending/Terminating Claims	In addition to demand letters, followup involves in-office interviews. Alternative collection methods used are wage garnishment, small claims court, and credit bureaus. The criteria for suspending claims are not known. Claims suspended for 3 years are terminated after the case is reviewed. Connecticut collected $399,607 in claims during FY86, ranking 34th among the States.

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CONNECTICUT	QUALITY CONTROL
ORGANIZATION	

Table of Contents

CONNECTICUT	QUALITY CONTROL (continued)
OPERATING PROCEDURES	
Local Office Notification and Preparation	Local offices are notified of date of review, and cases to be reviewed are identified. All reviews include a visit to the local office. Local office staff pull the selected case files and set them aside for the QC reviewer.
Error Determination and Resolution	The initial error determination may involve a supervisor, and, occasionally, the Director of Supervisors. Policy questions that arise during the error determination process are resolved by a policy specialist.
Internal Re-review	All cases in the QC sample are re-reviewed by the review supervisor. Cases with errors are re-reviewed by the Director of Supervisors and the review committee.
Analyses of QC Data	

	Analyses Performed	
	Routinely	Occasionally
Identification of error-prone:		
• case categories		X
• offices	X	
Projection of effect of policy change:		X
Caseload Description:	X	
Evaluation of impact of change in policy or administrative operations:		X

Use of FNS Software	Connecticut does not use the software provided by FNS to analyze QC data.

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DELAWARE	STATE SUMMARY
Administering agency	The Department of Health and Social Services administers the Food Stamp Program. The program is State-supervised.
Caseload	The average monthly caseload in FY 1986 was about 12,000 households, including 32,500 individuals. Delaware ranks 48th in number of persons participating. PA households account for 46% of the total.
Project areas	Delaware has 3 project areas. The largest is Newcastle county (Wilmington), accounting for about 63% of the State caseload.
Benefits issued	Delaware's food stamp issuances in FY 1986 totaled $18 million, ranking 49th in the nation. Monthly issuance averaged $46.27 per person.
Administrative expenses	The federal share of Delaware's administrative costs amounted to $1.8 million in FY 1986, ranking 50th. Federal costs were $12.33 per household per month.

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DELAWARE	AUTOMATED CERTIFICATION SYSTEM
OVERVIEW	
System Name	Delaware Client Information System
General Characteristics	Implemented in 1984, this is a Statewide system. The system uses IBM hardware. There is no local processing hardware.
Key System Capabilities	Integrated Eligibility/Benefit Determination: Eligibility workers prepare input forms from application data to trigger system functions which automatically determine eligibility, calculate benefits, and update the household record.
Turnaround	Data entry staff enter and edit transactions on-line at terminals. Edit results are immediately available. Household records are immediately updated.
AFDC and Food Stamp Integration	AFDC and food stamps are handled by the same workers, using combined application forms and input forms.
DATA BASE	
Level of Detail and Contents	System stores all household member's names, ID numbers and social security numbers, regardless of membership in food stamp case. All historical issuance data are available on-line.
Financial Data	By individual • Gross earnings • Self-employment income and allowable expense • Unearned income (25 categories) • Work registration status Housing, utility, medical, dependent care costs, and total countable value of resources are available for the household.

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DELAWARE	AUTOMATED CERTIFICATION SYSTEM (continued)
SYSTEM FUNCTIONS AND AUTOMATED OUTPUT	<u>Calculates and Stores</u> • Net income • Excess shelter costs deduction (including utility cost component) • Excess medical deduction • Dependent care deduction • Allotment • First month's prorated allotment • Recoupment amount (deducted) <u>Performs</u> • Gross income test • Net income test • Resource test <u>Generates</u> • ATPs (mailed) • Certification period expiration notice • Monthly report forms • Monthly report filing reminders and termination notices • Application approvals/denials • Interim change/recertification notices • Required case actions (monthly) • Computer match results (monthly) • Supervisory reports System has access to AFDC, GA, SSA, and SSI program income data for use in food stamp eligibility processing.

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DELAWARE	COMPUTER MATCHING

OVERVIEW

Systems

There are 2 integrated Statewide systems:

1. Department of Labor-Unemployment and Wage (batch), implemented 1983.
2. Department of Labor-Unemployment and Wage (on-line), implemented December, 1985.

The systems are managed by the Management Information Systems of the Division of Economic Services of the Department of Health and Social Services. The Food Stamp, AFDC, Medicaid, and GA programs use both these systems.

Data Bases and Access

System	Data Accessed	Update Time	Time Lapse	Front-End or Ongoing
(1)	Earned income	Quarter	1-3 months	Ongoing
	UI benefits	Week	Next day	
(2)	Earned income	Month	Next day	Both
	UI benefits	Day	Next day	

(continued)

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DELAWARE	COMPUTER MATCHING (continued)
OPERATING PROCEDURES	
Staff Assignments	Local staff use both systems for ongoing searches, but only use the on-line system for front-end searches. The systems are accessed by Social Security number.
Front-End Matching	The Department of Labor (on-line) system is used for front-end matching of the Statewide caseload. Local offices receive on-line information overnight on: wages, quarters worked, employer address, ID number, UI benefits, and UI benefit information.
Ongoing Matching	Both systems perform ongoing matching on the Statewide caseload. For the batch system, matching is done quarterly; for the on-line system, at recertification. Written reports from the batch system are sent to the local offices within 1 to 3 weeks. The second system provides on-line information overnight. The offices receive information on earned income and UI benefits.
Followup	Delaware has established procedures that local offices must follow in processing matched cases. Neither system is capable of triggering identification if there are discrepancies. For front-end matching, cases are prioritized by active/inactive status; only active cases are investigated. In the ongoing matching, cases from the batch system are prioritized by whether average income in the previous 4 quarters is greater than $500 or whether income in the previous quarter exceeds $400.
Monitoring	Local offices are required to submit supervisory review forms from the ongoing matches. Policy outlining has been established for front-end matches. Supervisors are responsible for following up cases, verifying that identified cases are acted upon, and sending review forms to the central office.

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DELAWARE	MONTHLY REPORTING

OVERVIEW

Cases Required to Report

PA Caseload

All AFDC households that are required to report monthly and that also receive food stamps are required by the Food Stamp Program to complete monthly reports. Thus, monthly reporting requirements are the same for both programs and include the following cases:

- cases with current earnings
- cases with earnings during the past 2 months
- cases with irregular unearned income
- cases with deemed income
- AFDC-UP cases (unemployed parent)

NPA Caseload

Monthly reporters include:

- cases with current earnings
- cases with irregular unearned income that is received more frequently than monthly

Information on Monthly Report

	Required to report	*Reporting format*	*Verification*
Earned Income	Yes	By earner	Monthly
Unearned Income	Yes	By type of income by individual	For all types
Resources	Change only	General for household	Not specified
Expenses	Change only	Not specified	For change only
Household composition	Change only	Not specified	Not specified

(continued)

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DELAWARE	MONTHLY REPORTING (continued)
OPERATING PROCEDURES	
Mailing Monthly Reports	The State Department of Income Maintenance mails monthly reporting forms to households. This mailing is separate from the distribution of benefits. A return envelope is included with the monthly reporting form. Households pay their own postage.
Monthly Reporting Schedule	Delaware operates monthly reporting on a 2-month cycle. That is, the cycle contains a "processing" month between the budget and issuance months. Monthly reporting forms are mailed on the last day of each month. The initial deadline for filing monthly reports is the 5th day of the next month so that households have 5 days in which to complete their monthly reports. Warning notices are mailed on the 10th day of the month. Final (adverse action) notices are mailed 20 days after the original mailing of monthly reporting forms. The final deadline for submitting monthly reports is the 20th day of the report month. Delaware does not reinstate those cases that were terminated for failure to file on a timely basis.
Staff Assignments	At certification, local office eligibility workers assign cases to monthly reporting. Clerks or eligibility workers review monthly reports for completeness. Eligibility workers make decisions on actions required by information on complete forms; and also handle incomplete monthly reports. Eligibility workers make decisions about reassignments to or from monthly reporting.
Automation	Information on automated capabilities was unavailable at the time FNS surveyed the States.

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DELAWARE	CLAIMS COLLECTION
ORGANIZATION	
Agencies	Delaware's claims collection process is administered at the State level. There are specialized Statewide claims collection and fraud investigations units.
Staff Training	Eligibility workers receive training when hired, and retraining. Policy manuals are available.
System Monitoring	Routine reports are issued on claims establishment and collection every month. There are no time limits on processing cases.
Automation	Statewide integrated automated functions include: • Calculating and deducting for recoupment • Maintaining histories of recoupment • Tracking overissuances, fraud investigations, established claims, claim payments, suspended claims, and disqualified individuals • Flagging referrals, active and delinquent claims

(continued)

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DELAWARE	CLAIMS COLLECTION (continued)
OPERATING PROCEDURES	
Identifying and Investigating Claims	The methods used to detect overissuances are: • Computer matching of wages • Review at recertification • Hotline, informal complaints • QC reviews • Computer matching of unearned income • Special investigation units • Internal audits • Information from other agencies • Conflicting information from client After identification, overissuance is calculated for previous 5 years for fraud cases, 1 year for nonfraud cases. Claims are investigated through case file reviews, third-party contacts, in-office interviews, and home visits. No priority is given to fraud or nonfraud cases. Characteristics that increase the likelihood of an investigation include: large dollar amount, quality of evidence, and repeat offender/flagrant violation.
Establishing and Collecting Claims	For fraud cases, the establishment methods used are fraud prosecution, administrative fraud hearings, and disqualification consent agreements/waivers of hearing. Cases are referred for prosecution because of larger dollar amounts, repeat offenses, and flagrant violations. Three monthly demand letters are sent to collect claims. Recoupment is used in fraud, household error, and agency error cases. The latter depends on client's consent. Delaware collected $124,395 in claims during FY86, ranking 46th among the States.
Following Up and Suspending/Terminating Claims	In addition to demand letters, followup involves late payment letters. Alternative collection methods used for fraud claims are wage garnishment, tax refund intercept, and work requirement, for inactive or long-term delinquent cases. The criteria for suspending claims are not known. Nonfraud claims suspended for 3 years are terminated. Fraud claims are not terminated, but are held on file indefinitely. Delaware collected $124,395 in claims during FY86, ranking 46th among the States.

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DELAWARE	QUALITY CONTROL
ORGANIZATION	
Unit	Quality Control Unit, Division of Planning, Review and Evaluation.
System Type	The Quality Control Unit is responsible for QC activities in the AFDC, Medicaid, and Food Stamp Programs. The QC system is not integrated with these programs.
Sample Size	The Delaware QC sample is composed of 446 cases. In addition, the Quality Control Unit conducts 5,000 special reviews in order to increase the precision of the error estimates and to allow more detailed analysis of the causes and nature of errors. These reviews are selected based upon an error-prone profile, which is the result of QC Error Analysis. Special reviews take just under 10% of the time required for regular reviews.
Staff	There is one FTE QC reviewer for the FSP. Most reviewers have had an average of 4 years of experience as eligibility workers. Most have some college experience. Combining staff FTEs and QC sample size leads to an estimate of 496 QC reviews performed for each FTE.
Review Time	On average, a QC review takes 11.5 hours. Internal re-reviews take, on average, 6 hours. Case characteristics that increase review time are: more than 60 minutes- • Earned income • Large household (5 or more members) • Errors found in the case 20 to 60 minutes- • Unearned income • Receipt of AFDC, Medicaid and food stamps • Receipt of GA and food stamps • Remote local office or household (continued)

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DELAWARE	QUALITY CONTROL (continued)
OPERATING PROCEDURES	
Local Office Notification and Preparation	Local offices are notified of impending review, and cases to be reviewed are identified. The local office is asked to send these cases to the QC reviewer. Local office staff pull the selected case files and mail them to the reviewer.
Error Determination and Resolution	The initial error determination is made by the reviewer alone. Policy questions that arise during the error-determination process are resolved by the review supervisor.
Internal Re-review	All cases with errors in the QC sample are re-reviewed by the review supervisor, QC division director, a policy specialist, a regional supervisor and the local office.
Analyses of QC Data	

	ANALYSES PERFORMED	
Regular Reviews	ROUTINELY	OCCASIONALLY
Identification of error-prone:		
• case categories	X	
Caseload Description:	X	
Special Reviews		
Identification of error-prone:		
• case categories	X	
• groups of workers	X	
• offices	X	
Caseload Description:		X

Use of FNS Software	Software provided by FNS is used to analyze QC data, in general, and to perform error-prone analyses, in particular.

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DELAWARE	WORK REGISTRATION / JOB SEARCH
OVERVIEW	
Coverage	The Food Stamp Job Search Program operates in 16 counties, serving 100% of the State's PA and NPA caseload, targeting both the PA and NPA cases.
Staff Assignments	Workers in income maintenance units refer participants to the work registration/job search program and inform participants of disqualification if they fail to comply. Assessment, assignment, monitoring, and notification activities are handled by the job service subcontractor.
Activity Level	For Federal fiscal year 1986, reported average monthly activity was: • Referred to Assessment 349 • Job Ready 149 • Not Job Ready NA • Exempt NA • Entered Job Search 144 • Entered Employment 43 • Found Noncompliant 192 • Disqualified 48
Program Operations	Assessments are conducted in groups, averaging 30 minutes per assessment. Voluntary counseling or training is provided individually. Referral to Jobs and Job Development are included components of the Job Search Program. Each registrant is required to make 24 contacts during a continuous 8 week period. Every 4 weeks registrants report names of employers contacted. The agency does not confirm contacts with employers.

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DELAWARE	WORK REGISTRATION / JOB SEARCH (continued)
REPORTING	Participant records are hand tabulated at the local/county level. Summarized cumulative totals are prepared by adding all transactions to previous totals. Only disqualifications are computerized. Totals are prepared from State-level case records.
Referral and Assessment	Registrants are counted as referred at every new application, reapplication (e.g. break in certification), and recertification. Referrals occur once every 12 months. The number of registrants who are interviewed by the Job Search provider (i.e., who are assessed) does not include exempt registrants who are not allowed to participate in Job Search.
Job Search Entrance	During the year, registrants are counted each time they are assigned to job search status. Job ready registrants may not be counted if they delay their job search with good cause or are employed part-time.
Employment	Registrants are counted every time they obtain employment whether they were referred by the contractor or found their jobs themselves. Followup activity includes collecting information at eligibility review and at reapplication for food stamp benefits. These followups are conducted in person or by computer wage matching.
Noncompliance and Disqualification	Registrants are counted every time they are noncompliant or disqualified. Income maintenance staff receive daily noncompliance reports, which are reviewed each day.

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DISTRICT OF COLUMBIA	STATE SUMMARY
Administering agency	The Department of Human Services administers the Food Stamp Program. The program is State-administered.
Caseload	The average monthly caseload in FY 1986 was about 28,000 households, including 68,500 individuals. The District of Columbia ranks 40th in number of persons participating. PA households account for 47% of the total.
Project areas	The District of Columbia has a single project area serving all district participants.
Benefits issued	The District of Columbia's food stamp issuances in FY 1986 totaled $37 million, ranking 40th in the nation. Monthly issuance averaged $44.90 per person.
Administrative expenses	The federal share of the District of Columbia's administrative costs amounted to $4.9 million in FY 1986, ranking 37th. Federal costs were $14.41 per household per month.
Special Circumstances	The District of Columbia did not have a Job Search contract with FNS for FY1986.

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DISTRICT OF COLUMBIA	AUTOMATED CERTIFICATION SYSTEM
OVERVIEW	
System Name	Unnamed
General Characteristics	Implemented in 1980, the District of Columbia's system serves all food stamp cases. The design is a derivative of the New Mexico system (implemented in 1980). The system uses IBM hardware. There is no local processing hardware.
Key System Capabilities	Stand-Alone Eligibility and Benefit Determination: Eligibility workers can use an on-line or batch computer process to have the system determine eligibility results and household data using an input form to record them on the data base.
Turnaround	Household actions are processed in daily batch runs for all actions performed since the last run.
AFDC and Food Stamp Integration	AFDC and food stamps are handled by the same workers. Separate application forms and input forms must be used to enter the data for the two programs.
DATA BASE	
Level of Detail and Contents	System stores all household member's names, address, ID numbers and social security numbers, regardless of membership in food stamp case. No historical data are maintained on-line or on tape.
Financial Data	By total • Gross earnings • Unearned income (20 categories) Housing, utility, medical and dependent care costs are available for the household.

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DISTRICT OF COLUMBIA	AUTOMATED CERTIFICATION SYSTEM (continued)
SYSTEM FUNCTIONS AND AUTOMATED OUTPUT	<u>Calculates and Stores</u> • Net income • Excess shelter costs deduction (including utility cost component) • Excess medical deduction (entered by worker) • Dependent care deduction • Allotment (does not store) • First month's prorated allotment • Recoupment amount (deducted) <u>Performs</u> • Gross income test • Net income test <u>Generates</u> • ATPs (mailed) • Certification period expiration notice • Edit reports (daily) • Eligibility results (daily) • Computer match results (monthly) System has no access to other assistance program income data for use in food stamp eligibility processing.

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DISTRICT OF COLUMBIA	COMPUTER MATCHING

OVERVIEW

Systems

There are 6 district-wide matching systems:

1. DC Wage and Unemployment Insurance (UI) (batch), implemented 1983.
2. Maryland Wage and UI (batch), implemented 1986.
3. Maryland Public Assistance (PA) (batch), implemented 1986.
4. Virginia Wage, UI and PA (batch), implemented 1983.
5. Bendex/SDX and Earnings (batch), implemented 1974.
6. Terminal (on-line), implemented 1983.

The FS, AFDC, GA , Medicare, and Child Support programs use these systems.

Data Bases and Access

System	Data Accessed	Front-End or Ongoing
(1)	Earned income UI benefits	Ongoing
(2)	MD Earned income MD UC benefits	Ongoing
(3)	MD PA	Ongoing
(4)	VA Earned Income VA UI benefits VA PA	Ongoing
(5)	SSA wage SSA benefits SSI benefits	Ongoing
(6)	Earned Income UI benefits Department of Motor Vehicles	Both

(continued)

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DISTRICT OF COLUMBIA	**COMPUTER MATCHING** (continued)
OPERATING PROCEDURES	
Staff Assignments	Information not available on who performs the front-end or ongoing searches.
Front-End Matching	Only the Terminal system does front-end matching of the district-wide caseload. Local offices receive on-line information in less than one day.
Ongoing Matching	All systems provide ongoing matching on the district-wide caseload.

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DISTRICT OF COLUMBIA	MONTHLY REPORTING

OVERVIEW

Cases Required to Report

PA Caseload

All AFDC households that are required to report monthly and that also receive food stamps are required by the Food Stamp Program to complete monthly reports. Thus, monthly reporting requirements are the same for both programs and include the following cases:

- cases with current earnings
- cases with recent earnings
- cases who did not report earnings in the past
- cases chosen at eligibility worker's discretion
- AFDC Food Stamp cases that contain dependent children over the age of 18

NPA Caseload

Monthly reporters include:

- cases composed of 4 or more persons and at least one 18-24 year old

Information on Monthly Report

	Required to report	*Reporting format*	*Verification*
Earned Income	Yes	By earner	Monthly
Unearned Income	Yes	By type of income by individual	For all types
Resources	No	Not applicable	Not applicable only
Expenses	Yes	Not specified	For all types
Household composition	Change only	Not specified	Not specified

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DISTRICT OF COLUMBIA	MONTHLY REPORTING (continued)
OPERATING PROCEDURES	
Mailing Monthly Reports	The State Department of Human Services mails monthly reporting forms to households. This mailing is separate from the distribution of benefits. A stamped return envelope is included with the monthly reporting form.
Monthly Reporting Schedule	The District of Columbia operates monthly reporting on a 2-month cycle. That is, the cycle contains a "processing" month between the budget and issuance months. Monthly reporting forms are mailed on the 22nd day of each month. The initial deadline for filing monthly reports is the 10th day of the next month so that households have 11 days in which to complete their monthly reports. Warning notices are mailed on the 10th day of the month. Final (adverse action) notices are mailed 31 days after the original mailing of monthly reporting forms. The final deadline for submitting monthly reports is the last day of the report month. Those cases that are terminated for failure to file on a timely basis, but that submit their report before the end of the issuance month, may be reinstated without loss of benefits.
Staff Assignments	Eligibility workers review monthly reports for completeness; make decisions on actions required by information on complete forms; and also handle incomplete monthly reports.
Automation	Automated functions include: • determining/verifying status of monthly report • generating monthly reports • tracking receipt of monthly reports • generating warning/adverse action notices • terminating cases for failure to file • assigning cases to or from monthly reporting

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DISTRICT OF COLUMBIA	CLAIMS COLLECTION
ORGANIZATION	
Agencies	The District of Columbia's claims collection process is administered at the State level. There are specialized claims collection and fraud investigations units.
Staff Training	Eligibility workers receive training when hired, refresher training, and retraining. Policy manuals are available.
System Monitoring	Routine reports are issued on claims referrals, investigations, establishment, collection, delinquent and suspended claims every month. There are no time limits on processing cases.
Automation	Statewide integrated automated functions include: • Calculating and deducting for recoupment • Maintaining histories with dates claim opened, recoupment, payments, and suspensions. • Tracking match hits, referrals, investigations, established claims, collections, and disqualified individuals • Aging investigations, delinquent and suspended claims

(continued)

DISTRICT OF COLUMBIA	CLAIMS COLLECTION (continued)
OPERATING PROCEDURES	
Identifying and Investigating Claims	The methods used to detect overissuances, in order of importance, are: • Computer matching of wages • Review at recertification • Computer matching of unearned income • Special investigation units • Error-prone profile • Conflicting information from client • QC reviews • Internal audits • Information from other agencies • Duplicate participation checks • Hotline, informal complaints • Computer matching of resources After identification, overissuance is calculated for previous 3 years. Claims are investigated through case file reviews, in-office interviews, home visits, and third-party contacts. In addition, claims are investigated through forensic investigations. No priority is given to fraud or nonfraud cases. Characteristics that increase the likelihood of an investigation include: PA household, recent error, large dollar amount, quality of evidence, and repeat offenses.
Establishing and Collecting Claims	For fraud cases, the establishment methods used are fraud prosecution, administrative fraud hearings, disqualification consent agreements, and waivers of hearing. Cases are referred for prosecution because of large dollar amount, repeat offenses, and flagrant violations. Three monthly demand letters are sent to collect nonfraud claims. Recoupment is used inf fraud, household error, and agency error cases. The latter depends on clients' consent. The District of Columbia collected $156,705 in claims during FY86, ranking 42nd among the States.
Following Up and Suspending/Terminating Claims	In addition to demand letters, followup involves late-payment letters, and phone calls. The alternative collection method used is the State Collection Agency for cases that are inactive, long-term delinquent, fraudulent, or that involve large dollar amounts. The criteria for suspending claims are not known. Claims suspended for 3 years are terminated.

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DISTRICT OF COLUMBIA	QUALITY CONTROL
ORGANIZATION	
Unit	Quality Control Division (Food Stamp Branch).
System Type	The Quality Control Division is solely responsible for QC activities in the Food Stamp Program.
Sample Size	The District of Columbia QC sample is composed of 628 cases.
Staff	There are 8 FTE QC reviewers for the FSP. Most reviewers have had an average of 5 years of experience as eligibility workers. Most are college graduates. Combining staff FTEs and QC sample size leads to an estimate of 79 QC reviews performed for each FTE.
Review Time	On average, a QC review takes 20 hours. Case characteristics that increase review time are: more than 60 minutes- • Earned income • Large household (5 or more members) • Remote household 20 to 60 minutes- • Unearned income • Receipt of AFDC, Medicaid, and food stamps • Receipt of GA and food stamps • Remote local office • Error found in case • Failure to cooperate

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DISTRICT OF COLUMBIA	QUALITY CONTROL (continued)
OPERATING PROCEDURES	
Local Office Notification and Preparation	Local offices are notified of impending review, and cases to be reviewed are identified. All reviews include a visit to the local office. Local office staff pull the selected case files and set them aside for the QC reviewer's visit. Supplementary information on demographic characteristics, welfare participation history and work experience is collected on all cases in the QC sample.
Error Determination and Resolution	The initial error determination is made by the reviewer alone. Policy questions that arise during the error-determination process are resolved by the review supervisor.
Internal Re-review	Cases in the QC sample are not subject to re-review.
Analyses of QC Data	

	ANALYSES PERFORMED ROUTINELY	ANALYSES PERFORMED OCCASIONALLY
Identification of error-prone:		
• case categories	X	
• offices	X	
• PA categories	X	
Projection of:		
• caseload size or characteristics		X
• effect of policy change		X
Caseload Description:		X
Evaluation of impact of change in policy or administrative operations:		X

Use of FNS Software	Software provided by FNS is used to analyze QC data, in general, and to perform error-prone analyses, in particular.

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FLORIDA	STATE SUMMARY
Administering agency	The Department of Health and Rehabilitative Services administers the Food Stamp Program. The program is State-administered.
Caseload	The average monthly caseload in FY 1986 was about 231,500 households, including 602,000 individuals. Florida ranks 9th in number of persons participating. PA households account for 24% of the total.
Project areas	Florida has 66 project areas. The largest are Dade (Miami), Duval (Jacksonville), and Hillsborough (Tampa) counties, accounting for about 38% of the State caseload.
Benefits issued	Florida's food stamp issuances in FY 1986 totaled $362 million, ranking 9th in the nation. Monthly issuances averaged $50.12 per person.
Administrative expenses	The federal share of Florida's administrative costs amounted to $32 million in FY 1986, ranking 7th. Federal costs were $11.41 per household per month.

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FLORIDA	AUTOMATED CERTIFICATION SYSTEM
OVERVIEW	
System Name	Food Stamp Information System
General Characteristics	Implemented in 1976, this is a Statewide system. The system uses Burroughs hardware. There is no local processing hardware.
Key System Capabilities	Integrated Eligibility/Benefit Determination: Eligibility workers prepare input forms from application data to trigger system functions which automatically determine eligibility, calculate benefits, and update the household record.
Turnaround	Data entry staff enter and edit transactions on-line at terminals. Edit results are immediately available. Household records are immediately updated.
AFDC and Food Stamp Integration	The AFDC and food stamp programs have different workers and maintain separate processes.
DATA BASE	
Level of Detail and Contents	System stores all household member's names, birthdates, address, spouses' names and social security numbers, regardless of membership in food stamp case. Historical data are available on-line for 2 months. However, all data are stored on microfiche.
Financial Data	By individual • Gross earnings • Self-employment income • Unearned income (26 categories) • Work registration status Housing, utility, medical and dependent care costs are available for the household.

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FLORIDA	AUTOMATED CERTIFICATION SYSTEM (continued)
SYSTEM FUNCTIONS AND AUTOMATED OUTPUT	<u>Calculates and Stores</u> • Net income • Excess shelter costs deduction (including utility cost component) • Excess medical deduction • Dependent care deduction • Allotment • First month's prorated allotment • Recoupment amount (deducted) <u>Performs</u> • Gross income test • Net income test <u>Generates</u> • On-line issuance of benefits • Listings for coupon issuance System has no access to other assistance program income data for use in food stamp eligibility processing.

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FLORIDA	COMPUTER MATCHING

OVERVIEW

Systems

There are 3 Statewide systems:

1. Income Verification System (IVS), implemented October, 1980.
2. Name Duplication Match, implemented January, 1984.
3. Food Stamp Information System/Assistance Payments System (FSIS/APS), implemented 1983.

The IVS and FSIS/APS systems are integrated.

The IVS is administered by the Office of the Auditor General, State of Florida. The Name Duplication Match is administered by Food Stamp Information System of the Food Stamp Program Office. The FSIS/APS is administered by the Department of Health and Rehabilitative Services. The Food Stamp, AFDC, Medicaid, and Child Support programs use these systems.

Data Bases and Access

System	Data Accessed	Update Time	Time Lapse	Front-End or Ongoing
(1)	Earned income	Quarter	1-3 months	Both
	UI benefits	Month	10 days	
	SSI benefits	Month	2-3 weeks	
	FS disqualification	Quarter	1-3 months	
	Inter-Net	Month	Next week	
	Florida State Retirement	Month	Next week	
	Worker's Compensation	Quarter	2-3 weeks	
	Fed. Payroll	6 months	1-3 months	
	Fed. Retirement	Annual	1-3 months	
(2)	FS records from other counties	NA	NA	Ongoing
(3)	AFDC benefits	Month	1-3 months	Ongoing

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FLORIDA	COMPUTER MATCHING (continued)
OPERATING PROCEDURES	
Staff Assignments	State staff do front-end searches on the IVS system, accessing by Social Security number and name. State staff do ongoing searches on all systems using Social Security number and name.
Front-End Matching	The IVS system is used for front-end matching of the Statewide caseload. Local offices receive printouts by household overnight with information on: wages, employment status, number of weeks worked in that quarter, check number, date of eligibility, and UI and SSI benefits.
Ongoing Matching	Each quarter, all systems perform ongoing matching on the Statewide caseload, although the FSIS/APS system is only used for Food Stamp/ AFDC cases. Printouts from the IVS and Name Duplication Match systems are received by local offices within one day. Printouts from FSIS/APS arrive within a week. The offices receive information on: wages, employment status, number of weeks worked in that quarter, check number, date of eligibility, UI and SSI benefits, FS benefits from other counties, State/host-State benefits, and retirement benefits.
Followup	Florida has established procedures that local offices must follow in processing matched cases. None of the systems are capable of triggering identification if there are discrepancies. Cases are not prioritized in either front-end or ongoing matching.
Monitoring	The State requires that local offices submit supervisory reviews and undertake yearly monitoring in tracking cases. The State office cannot automatically monitor what is happening to matched cases.

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FLORIDA	MONTHLY REPORTING

OVERVIEW

Cases Required to Report

PA Caseload

All AFDC households that are required to report monthly and that also receive food stamps are required by the Food Stamp Program to complete monthly reports. Thus, monthly reporting requirements are the same for both programs and include the following cases:

- cases with current earnings
- cases with earnings during the past 3 months
- cases with unearned income
- cases with irregular unearned income (unstable income form non-government sources)

NPA Caseload

Monthly reporters include:

- cases with current earnings in houses with 4 or 6 or more members

Information on Monthly Report

	Required to report	*Reporting format*	*Verifi-cation*
Earned Income	Yes	By earner	Weekly paystub
Unearned Income	Yes	General by individual	For all types
Resources	Change only	General for household	Not specified
Expenses	Yes	Not specified	Not specified
Household composition	Change only	Not specified	Not specified

(continued)

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FLORIDA	MONTHLY REPORTING (continued)
OPERATING PROCEDURES	
Mailing Monthly Reports	The State Department of Health and Rehabilitative Services mails monthly reporting forms to households. This mailing is separate from the distribution of benefits. A stamped return envelope is included with the monthly reporting form.
Monthly Reporting Schedule	Florida operates monthly reporting on a 2-month cycle. That is, the cycle contains a "processing" month between the budget and issuance months. Monthly reporting forms are mailed on the 28th day of each month. The initial deadline for filing monthly reports is the 5th day of the next month so that households have 7 days in which to complete their monthly reports. Warning notices are mailed on the 10th day of the month. Final (adverse action) notices are mailed 22 days after the original mailing of monthly reporting forms. The final deadline for submitting monthly reports is the 25th day of the report month. Those cases that are terminated for failure to file on a timely basis, but submit their report before the end of the issuance month, may be reinstated without loss of benefits.
Staff Assignments	Eligibility workers review monthly reports for completeness; make decisions on actions required by information on complete forms; and also handle incomplete monthly reports.
Automation	Automated functions include: • determining/verifying status of monthly report • generating monthly reports • assigning cases to or from monthly reporting Analysis shows that monthly reporting has increased Food Stamp benefit payments by 9 percentage points in Florida.

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FLORIDA	CLAIMS COLLECTION
ORGANIZATION	
Agencies	Florida's claims collection process is administered at the State level. There are specialized claims collection and fraud investigations units. Fraud investigation and establishment is handled by the Division of Public Assistance Fraud. Nonfraud claims and fraud collection and followup go to the Office of Fraud and Recoupment.
Staff Training	Eligibility workers receive training when hired, and retraining. Policy manuals are available.
System Monitoring	Routine monthly reports are issued on claims referrals, reviews, establishment, collection, followup, suspensions, and terminations for State offices and district claims offices. There are time limits on processing cases of 30 days for referrals, 60 days from referral for completing nonfraud claims investigation and establishment, and 6 months for fraud investigation.
Automation	Statewide integrated automated functions include: • Calculating amount of overissuance for previous 72 months • Calculating and deducting for recoupment • Maintaining histories with dates of case actions, recoupment, and payments • Tracking match hits, referrals, investigations, established and suspended claims, and claim payments • Aging claims referrals, investigations, and delinquent claims • Individual status reporting for State office and claim unit on established and delinquent claims Nonautomated functions include: • Flagging fraud/nonfraud cases, and cases with active claims

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FLORIDA	CLAIMS COLLECTION (continued)
OPERATING PROCEDURES	
Identifying and Investigating Claims	Methods to detect overissuance in order of importance are: • Computer matching of wages • Computer matching of unearned income • Review at recertification • Special investigation units • QC reviews • Conflicting information from client • Hotline, informal complaints • Information from other agencies • Internal audits • Duplicate participation checks After identification, overissuance is calculated for previous 6 years for fraud claims, 1 year for agency error, and 2.5 years for household error. Thirty-seven percent of overissuances are referred for fraud investigations. Claims are investigated through case file reviews and third-party contacts. In addition, fraud claims are investigated through witness interviews, home visits, and forensic investigations. Priority is given to fraud over nonfraud cases, and household over agency error cases. Characteristics that increase the likelihood of an investigation include: active cases, large dollar amounts, good quality of evidence, repeat offenses, flagrant violations, and age of client.
Establishing and Collecting Claims	For fraud cases, the establishment methods used are fraud prosecution, administrative fraud hearings, disqualification consent agreements, and waivers of hearing. Cases are referred for prosecution because of larger dollar amount, repeat offenses, and flagrant violations when there is strong evidence. Six monthly demand letters are sent to collect claims. Recoupment is used in fraud, household error, and agency error cases. The latter depends on client's consent. Florida collected $1,746,519 in claims during FY86, ranking 11th among the States.
Following Up and Suspending/Terminating Claims	In addition to demand letters, followup involves monthly billing. The criterion for suspending claims is three years of nonpayment. Claims suspended for three years are terminated.

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FLORIDA	QUALITY CONTROL
ORGANIZATION	
Unit	Administrative Services, Audit Services, and Quality Control (ASASQ).
System Type	ASASQ is responsible for QC activities in the AFDC, Medicaid, and Food Stamp Programs. The QC system is not integrated with these programs.
Sample Size	The Florida QC sample is composed of 2,400 cases.
Staff	There are 29 FTE QC reviewers for the FSP. Most reviewers have had an average of 3 years of experience as eligibility workers. Most are college graduates. Combining staff FTEs and QC sample size leads to an estimate of 83 QC reviews performed for each FTE.
Review Time	On average, a QC review takes 17.5 hours. The time necessary to complete an internal re-review was unavailable. Case characteristics that increase review time are: more than 60 minutes- • Earned income • Receipt of AFDC, Medicaid, and food stamps • Cases with monthly reporters, self-employment income, medical deductions, or seasonal workers 20 to 60 minutes- • Unearned income • Large household (5 or more members) • Errors found in the case

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FLORIDA	QUALITY CONTROL (continued)
OPERATING PROCEDURES	
Local Office Notification and Preparation	Local offices are notified of impending review, and cases to be reviewed are identified. Local office staff pull the selected case files and mail them to the reviewer. Supplementary information on monthly reporting status is collected on all cases in the QC sample.
Error Determination and Resolution	The initial error determination may involve a supervisor and a policy specialist. Policy questions that arise during the error-determination process are resolved either by the review supervisor or the FSP supervisor.
Internal Re-review	All cases with errors plus a random sample of each reviewer's cases in the QC sample are re-reviewed by the review supervisor and the FS QC program supervisor.
Analyses of QC Data	ANALYSES PERFORMED ROUTINELY / OCCASIONALLY Identification of error-prone: • case categories: X • groups of workers: X • offices: X Projection of: • effect of policy change: X Caseload Description: X Evaluation of impact of change in policy or administrative operations: X
Use of FNS Software	Software provided by FNS is used to analyze QC data, in general, and to perform error-prone analyses, in particular.

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FLORIDA	WORK REGISTRATION / JOB SEARCH
OVERVIEW	
Coverage	The Food Stamp Job Search Program operates in 48 counties, serving 90% of the State's PA and 88% of its NPA caseload, targeting the NPA cases. A large food stamp caseload and good job markets were the criteria for selection.
Staff Assignments	Workers in income maintenance units refer participants to the work registration/job search program and inform participants of disqualification if they fail to comply. Assessment, assignment, monitoring, and notification activities are handled by the job service subcontractor, the Department of Health & Rehabilitative Services (DHRS), which also monitors the Job Search program.
Activity Level	For Federal fiscal year 1986, reported average monthly activity was: • Referred to Assessment 6,034 • Job Ready 2,228 • Not Job Ready NA • Exempt NA • Entered Job Search 2,150 • Entered Employment 1,149 • Found Noncompliant 1,437 • Disqualified 791
Program Operations	Assessments are conducted individually, averaging 20 minutes per person. No separate counseling or training is provided. Referral to Jobs, Job Development, and Food Stamp Workfare are included components of the Job Search Program. Each registrant is required to make 24 contacts during a continuous 8 week period. Every 4 weeks (2 in some rare instances) registrants report names of employers and contact persons, dates, and results of contacts. One of every 24 contacts is confirmed at random.

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FLORIDA	WORK REGISTRATION / JOB SEARCH (continued)
REPORTING	Participant records and local totals for those being referred or placed in a job are hand tabulated at the local office level. Records and totals for those being assessed, entering Job Search, or who are noncompliant or disqualified are prepared by computer at the State level. Summarized cumulative totals are prepared by adding all transactions to previous totals. All case management and participant-tracking functions are automated and accessible through on-line entry/query.
Referral and Assessment	Registrants are counted as referred at every new application, reapplication (e.g. break in certification), and recertification. Referrals occur at every application, or when there is a break in certification. The number of registrants who are interviewed by the Job Search provider (i.e., who are assessed) does not include exempt registrants who are not allowed to participate in Job Search.
Job Search Entrance	During the year, registrants are counted each time they are assigned to job search status. Job ready registrants may not be counted if they failed to comply without good cause.
Employment	Registrants are counted every time they obtain employment whether they were referred by the contractor or found their jobs themselves. Followup is routinely done by computer wage matching.
Noncompliance and Disqualification	Registrants are counted every time they are noncompliant or disqualified. Income maintenance staff receive noncompliance reports, which are reviewed within 20 days.

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GEORGIA	STATE SUMMARY
Administering agency	The Department of Human Resources administers the Food Stamp Program. The program is State-supervised.
Caseload	The average monthly caseload in FY 1986 was about 183,500 households, including 514,000 individuals. Georgia ranks 11th in number of persons participating. PA households account for 22% of the total.
Project areas	Georgia has 159 project areas. The largest are Fulton (Atlanta) and Chatham (Savannah) counties, accounting for about 18% of the State caseload.
Benefits issued	Georgia's food stamp issuances in FY 1986 totaled $270 million, ranking 13th in the nation. Monthly issuances averaged $43.72 per person.
Administrative expenses	The federal share of Georgia's administrative costs amounted to $30 million in FY 1986, ranking 9th. Federal costs were $13.60 per household per month.

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GEORGIA	AUTOMATED CERTIFICATION SYSTEM
OVERVIEW	
System Name	Public Assistance Reporting and Information System (PARIS)
General Characteristics	Implemented in 1984, PARIS is a Statewide system. The system uses IBM central and local processing hardware.
Key System Capabilities	Integrated Eligibility/Benefit Determination: Eligibility workers prepare input forms from application data to trigger system functions which automatically determine eligibility, calculate benefits, and update the household record.
Turnaround	Household actions are processed in daily batch runs for all actions performed since the last run.
AFDC and Food Stamp Integration	AFDC and food stamps are handled by the same workers. Separate application and input forms must be used to enter the data for the two programs.
DATA BASE	
Level of Detail and Contents	System stores all household member's names, sex, birthdates, ID numbers and social security numbers, regardless of membership in food stamp case. All historical data, since system implementation, are available on-line.
Financial Data	By individual • Gross earnings • Self-employment income and allowable expense • Unearned income (22 categories) • Work registration status Excess housing costs, utility, medical, dependent care costs, and total countable value of resources are available for the household.

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GEORGIA	AUTOMATED CERTIFICATION SYSTEM (continued)
SYSTEM FUNCTIONS AND AUTOMATED OUTPUT	<u>Calculates and Stores</u> • Net income • Excess shelter costs deduction (including utility cost component) • Excess medical deduction • Dependent care deduction • Allotment • First month's prorated allotment • Recoupment amount (deducted) <u>Performs</u> • Individual eligibility tests • Gross income test • Net income test • Resource test <u>Generates</u> • ATPs (mailed) • Listings for coupon issuance • Certification period expiration notice • Appointment notices • Notice that household must file monthly reports • Monthly report forms • Monthly report filing reminders and termination notices • Application approvals/denials • Interim change/recertification notices • Eligibility results (monthly) • Required case actions (weekly or biweekly) • Computer match results (weekly or biweekly) • Supervisory reports System has access to AFDC, SSA and SSI program income data for use in food stamp eligibility processing.

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GEORGIA	COMPUTER MATCHING

OVERVIEW

Systems

There are 4 integrated Statewide systems:

1. Labor (batch), implemented May, 1984.
2. Bendex (batch), implemented January, 1985.
3. SDX (batch), implemented July, 1985.
4. On-line system, implemented July, 1985.

All systems are managed by the Management Information Section of the Division of Family and Children Services, Department of Human Resources. The Food Stamp, AFDC, and Medicaid programs use these systems.

Data Bases and Access

System	Data Accessed	Update Time	Time Lapse	Front-End or Ongoing
(1)	Earned income	Quarter	4-6 months	Both
	UI benefits	Week	Next day	
(2)	SSA benefits	Month	1-3 months	Both
(3)	SSI benefits	Month	Next week	Both
(4)	Vital statistics	Year	Next day	Front-End

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GEORGIA	COMPUTER MATCHING (continued)
OPERATING PROCEDURES	
Staff Assignments	State staff initiate front-end and ongoing searches on the Labor and Bendex systems; both State and local staff initiate front-end and ongoing searches on the SDX and On-line systems. The systems are accessed by Social Security number and a confidential password on the On-line system.
Front-End Matching	All 4 systems are used for front-end matching of the Statewide caseload. Local offices receive written match reports from the Labor system within a week; they receive written match reports from the Bendex system within 1 to 5 weeks. The SDX and On-line systems provide on-line information overnight. The information covers: wages, employment information, UI, SSA and SSI benefits, and information on whether the recipient is alive or not.
Ongoing Matching	Three systems are used for ongoing matching of the Statewide caseload: Labor, Bendex, and SDX. Matching is done monthly for the later two systems. For the Labor system, matching on UI is run at recertification while matching on wages is run quarterly. The local offices receive written match reports from the Labor and Bendex systems within 1 to 3 weeks; they receive on-line reports from the SDX system overnight. The information covers wages, UI, SSA, and SSI benefits.
Followup	In Georgia, only the Labor system has established procedures that local offices must follow in processing matched cases. The Labor system is capable of triggering identification if there is a dollar wage discrepancy or if there is a mismatch on the first 3 letters of the surname. Cases are prioritized automatically in the Labor system by the amount exceeding discrepancy range for both front-end and ongoing matching.
Monitoring	Local offices are required to submit regular reports to the State on the status of actions taken on cases matched from the Labor system. The State office cannot automatically monitor what is happening to matched cases. This entails supervisory reviews at the local level.

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GEORGIA	MONTHLY REPORTING
OVERVIEW	
Cases Required to Report	
PA Caseload	All AFDC households that are required to report monthly and that also receive food stamps are required by the Food Stamp Program to complete monthly reports. Thus, monthly reporting requirements are the same for both programs and include the following cases: • cases with current work history (2 months prior to payment month) • cases with current earnings
NPA Caseload	Monthly reporters include: • cases with earned income in households with at least one member aged 18-22
Information on Monthly Report	Sample monthly reporting form not available.

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GEORGIA	MONTHLY REPORTING (continued)
OPERATING PROCEDURES	
Mailing Monthly Reports	The State Department of Human Resources mails monthly reporting forms to households. This mailing is separate from the distribution of benefits. A stamped return envelope is included with the monthly reporting form.
Monthly Reporting Schedule	Georgia operates monthly reporting on a 2-month cycle. That is, the cycle contains a "processing" month between the budget and issuance months. Monthly reporting forms are mailed on the 26th day of each month. The initial deadline for filing monthly reports is the 5th day of the next month so that households have 9 days in which to complete their monthly reports. Warning notices are mailed on the 11th day of the month. Final (adverse action) notices are mailed 32 days after the original mailing of monthly reporting forms. The final deadline for submitting monthly reports is the 21st day of the report month. Georgia does not reinstate those cases that were terminated for failure to file on a timely basis.
Staff Assignments	Clerks or eligibility workers review monthly reports for completeness. Eligibility workers make decisions on actions required by information on complete forms; and also handle incomplete monthly reports.
Automation	Automated functions include: • generating monthly reports • tracking receipt of monthly reports • generating warning notices • terminating cases for failure to file • assigning cases to or from monthly reporting

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GEORGIA	CLAIMS COLLECTION
ORGANIZATION	
Agencies	Georgia's claims collection process is State supervised and county administered. Cases of suspected fraud are handled by the Office of Fraud & Abuse. Nonfraud claims go to county offices. Payments are handled by the State's automated system: Public Assistance Repayment & Information System.
Staff Training	Eligibility workers receive training when hired, refresher training, and retraining. Policy manuals are available.
System Monitoring	Routine monthly reports are issued on claims referrals, investigations, establishment, and collection. There is a time limit of 30 days for establishing claims after referral.
Automation	Statewide integrated automated functions include: • Calculating amount of overissuance for previous 13 months • Calculating and deducting for recoupment • Generating demand letters • Maintaining histories with dates of case actions, recoupment, payments, and suspensions • Tracking established and suspended claims, claim payments, and disqualified individuals • Flagging cases with active, delinquent and suspended claim balances • Aging claims referrals, delinquent and suspended claims

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GEORGIA	CLAIMS COLLECTION (continued)
OPERATING PROCEDURES	
Identifying and Investigating Claims	Methods to detect overissuance in order of importance are: • Computer matching of wages • Special investigation units • Computer matching of unearned income • QC reviews • Hotline, informal complaints • Conflicting information from client • Review at recertification • Duplicate participation checks • Information from other agencies • Internal audits After identification, overissuance is calculated for previous 6 years for fraud cases, 12 months for nonfraud cases. An unknown percent of overissuances are referred for fraud investigations. Claims are investigated through case file reviews, in-office interviews, and third-party contacts. Fraud claims are investigated through witness interviews, home visits, and forensic investigations. Priority is given to fraud over nonfraud cases. Characteristics that increase the likelihood of a fraud investigation include: large dollar amounts, good quality of evidence, repeat offenses, flagrant violations, and PA household.
Establishing and Collecting Claims	For fraud cases, the establishment methods used are fraud prosecution, administrative fraud hearings, disqualification consent agreements, and waivers of hearing. Cases are referred for prosecution when over $1,000 or if repeat offenses, and flagrant violations. Three monthly demand letters are sent to collect on fraud and household error claims. Sixteen demand letters are sent to collect agency error claims over a period of 5 years. Recoupment is used if they fail to repay the debt in fraud, household error, and agency error cases. The latter depends on client's consent. Georgia collected $2,678,725 in claims during FY86, ranking 4th among the States.
Following Up and Suspending/Terminating Claims	In addition to demand letters, followup involves phone calls. The alternative collection method used is tax refund interception. Fraud claims inactive for 10 years are terminated. Nonfraud claims inactive for 5 years are terminated.

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GEORGIA	QUALITY CONTROL
ORGANIZATION	
Unit	Food Stamp Program Unit Quality Control.
System Type	The Office of Quality Control is responsible for QC activities in the AFDC and Food Stamp Programs. The QC system is integrated with these programs.
Sample Size	The Georgia QC sample is composed of 1,200 cases.
Staff	There are 12 FTE QC reviewers for the FSP. Most reviewers have had an average of 2 years of experience as eligibility workers or supervisors. Most are college graduates. Combining staff FTEs and QC sample size leads to an estimate of 100 QC reviews performed for each FTE.
Review Time	On average, a QC review takes 14 hours. Internal re-reviews take, on average, 2 hours. Case characteristics that increase review time are: more than 60 minutes- • Earned income present • Receipt of AFDC, Medicaid and food stamps • Errors found in the case • Remote local office • Lack of client cooperation 20 to 60 minutes- • Unearned income present • Remote household less than 20 minutes- • Large household (5 or more members)

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GEORGIA	QUALITY CONTROL (continued)
OPERATING PROCEDURES	
Local Office Notification and Preparation	Local offices are notified of date of review, and cases to be reviewed are identified. If review does not include a visit, the local office is asked to send these cases to the QC reviewer. For small offices, reviewers occasionally visit with no notification. Local office staff pull the selected case files and either set them aside for the QC reviewer's visit or mail them to the reviewer.
Error Determination and Resolution	The initial error determination is made by the reviewer alone. Policy questions that arise during the error-determination process are resolved by the review supervisor.
Internal Re-review	All cases in the QC sample are re-reviewed by the review supervisor. Cases with errors are read by a higher level supervisor and a policy specialist.
Analyses of QC Data	ANALYSES PERFORMED ROUTINELY / OCCASIONALLY Identification of error-prone: • case categories — OCCASIONALLY: X • offices — ROUTINELY: X Caseload Description: ROUTINELY: X Evaluation of impact of change in policy or administrative operations: ROUTINELY: X
Use of FNS Software	Software provided by FNS is used to analyze QC data for statistical purposes.

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GEORGIA	WORK REGISTRATION / JOB SEARCH
OVERVIEW	
Coverage	The Food Stamp Job Search Program operates in 7 counties, serving 35% of the State's PA and NPA caseload, targeting both PA and NPA cases. A large food stamp caseload, good job markets, and county preferences were the criteria for selection.
Staff Assignments	Workers in income maintenance units refer participants to the work registration/job search program and inform participants of disqualification if they fail to comply. Assessment, assignment, monitoring, and notification activities are handled by the job service subcontractor.
Activity Level	For Federal fiscal year 1986, reported average monthly activity was: • Referred to Assessment 1,635 • Job Ready 779 • Not Job Ready NA • Exempt NA • Entered Job Search 477 • Entered Employment 446 • Found Noncompliant 780 • Disqualified 263
Program Operations	Assessments are conducted individually, averaging 60 minutes per person. Voluntary counseling or training is provided individually. Referral to Jobs, and Job Development are included components of the Job Search Program. Each registrant is required to make 24 contacts during an 8 week period. Every 4 weeks registrants report names of employers and contact persons, dates, and results of contacts. All contacts are confirmed.

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GEORGIA	WORK REGISTRATION / JOB SEARCH (continued)
REPORTING	Only the records, totals, and case management activities for disqualified participants are computerized at the State level. For all other functions, participant records are hand tabulated at the local county level. Summarized cumulative totals are prepared by adding the number of new participants to the previous total. All case management and participant-tracking functions are automated and accessible through on-line entry/query.
Referral and Assessment	Registrants are counted as referred at every new application, reapplication (e.g. break in certification), and recertification. Referrals occur once every 12 months. The number of registrants who are interviewed by the Job Search provider (i.e., who are assessed) does not include exempt registrants who are not allowed to participate in Job Search.
Job Search Entrance	During the year, registrants are counted when all of JS is completed. Job ready registrants may not be counted if they delay their job search with good cause, fail to comply without good cause, or leave the FS Program.
Employment	Registrants are counted the first time they obtain employment whether they were referred by the contractor or found their jobs themselves. Followup activity includes verification of job referral, collecting information at eligibility review and at reapplication for food stamp benefits. These followups are conducted either by mail or telephone.
Noncompliance and Disqualification	Registrants are counted every time they are noncompliant or disqualified. Income maintenance staff receive daily noncompliance reports, which are reviewed at least weekly (daily for adverse actions).

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GUAM	STATE SUMMARY
Administering agency	The Department of Public Health and Social Services administers the Food Stamp Program. The program is State-administered.
Caseload	The average monthly caseload in FY 1986 was about 5,200 households, including 17,000 individuals. Guam ranks 53rd in number of persons participating. PA households account for 26% of the total.
Project areas	Guam has a single project area serving all participants.
Benefits issued	Guam's food stamp issuances in FY 1986 totaled $17 million, ranking 51st in the nation. Monthly issuance averaged $82.44 per person.
Administrative expenses	The federal share of Guam's administrative costs amounted to $5.9 million in FY 1986, ranking 53rd. Federal costs were $9.54 per household per month.

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GUAM	AUTOMATED CERTIFICATION SYSTEM
OVERVIEW	
System Name	Food Stamp Certification System
General Characteristics	Implemented in 1981, this system serves the island's entire food stamp caseload. The system uses IBM hardware. There is no local processing hardware.
Key System Capabilities	Integrated Eligibility/Benefit Determination: Eligibility workers prepare input forms from application data to trigger system functions which automatically determine eligibility, calculate benefits, and update the household record.
Turnaround	Household actions are processed in daily batch runs for all actions performed since the last run.
AFDC and Food Stamp Integration	The AFDC and food stamp programs have separate workers and maintain separate processes.
DATA BASE	
Level of Detail and Contents	System stores all household member's names and social security numbers, regardless of membership in food stamp case. Historical data are not available on-line. However, all data since system implementation are stored on tape.
Financial Data	By individual • Gross earnings • Self-employment income • Unearned income (21 categories) Housing, utility, medical, dependent care costs, and total countable value of resources are available for the household.

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GUAM	COMPUTER MATCHING

OVERVIEW

Systems

There are 5 Territory-wide batch systems:

1. Duplicate Participation Match, implemented October, 1984.
2. Bendex, implemented June, 1985.
3. Wage Matching, implemented June, 1985.
4. CNMI, implemented September, 1985.
5. Disqualification Match, implemented 1984.

All systems are managed by the Division of Data Processing of the Department of Administration. Only the Food Stamp program uses these systems.

Data Bases and Access

System	Data Accessed	Update Time	Time Lapse	Front-End or Ongoing
(1)	FS benefits	Month	1-3 months	Both
(2)	SSA benefits	NA	NA	Both
(3)	SSA benefits	Year	> 1 year	Front-end
(4)	Mariana Island Participants	Month	1-3 months	Both
(5)	FS disqualification status	Month	NA	Both

(continued)

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GUAM	COMPUTER MATCHING (continued)
OPERATING PROCEDURES	
Staff Assignments	Territory staff initiate front-end and ongoing searches. The systems are accessed by Social Security number, name, and date of birth.
Front-End Matching	All systems are used for front-end matching of the Territory-wide caseload. Within a week, local offices receive written match reports with information on duplicate participation in FS program, SSA benefits and wages, employer name and address, wage break-down by month, disqualification status, and received benefits from Mariana Island FS program.
Ongoing Matching	All systems except the Wage Matching system perform ongoing matching on the Territory-wide caseload. All matching is done monthly, except for the quarterly matching on the Disqualification match. Within a week, local offices receive written match reports with information on FS duplicate participation, SSA benefits, disqualification status, and how much they received from the Mariana Island FS program.
Followup	Guam has established procedures that local offices must follow in processing matched cases. No systems are capable of triggering identification if there is a dollar wage discrepancy. Cases are prioritized in the Wage Matching system by the amount exceeding discrepancy range for front-end matching.
Monitoring	Local offices are required to submit monthly reports to the Territory on the status of actions taken on cases matched from all systems. The Territory office cannot automatically monitor what is happening to matched cases. Staff are responsible for quality control reviews and creating timetables for followup.

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GUAM	MONTHLY REPORTING
OVERVIEW	
Cases Required to Report	All Food Stamp households that are not statutorily exempt are required by the Food Stamp program to complete monthly reports.
Information on Monthly Report	Sample monthly reporting form not available.

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GUAM	MONTHLY REPORTING (continued)
OPERATING PROCEDURES	
Mailing Monthly Reports	The State Department of Public Health and Social Services mails monthly reporting forms to households. This mailing is separate from the distribution of benefits. About 80% of clients bring the form back to the office. If mailed back, households supply the envelope and pay their own postage.
Monthly Reporting Schedule	Guam operates monthly reporting on a 2-month cycle. That is, the cycle contains a "processing" month between the budget and issuance months. Monthly reporting forms are mailed on the 29th or 30th day of each month. The initial deadline for filing monthly reports is the 5th day of the next month so that households have 6 or 7 days in which to complete their monthly reports. Warning notices are sent on the 7th of each month. Final (adverse action) notices are mailed 29 or 30 days after the original mailing of monthly reporting forms. The final deadline for submitting monthly reports is the same day benefits are sent out —usually the 29th or 30th of the month..
Staff Assignments	Eligibility workers review monthly reports for completeness; make decisions on actions required by information on complete forms; and handle incomplete monthly reports.
Automation	Automated functions include: • generating monthly reports • terminating cases for failure to file

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GUAM	CLAIMS COLLECTION
ORGANIZATION	
Agencies	Guam's claims collection process is administered at the State level. Claims are handled by either the Bureau of Investigations or the Economic Security Administration.
Staff Training	Eligibility workers receive training when hired, refresher training, and retraining. Policy manuals are available.
System Monitoring	Routine monthly reports are issued on claims referrals, investigations, establishment, collection, followup, suspensions, and terminations for State and local offices. There is a time limit of 30 days for referring cases.
Automation	There are no Statewide automated functions. Nonautomated functions include: • Tracking referrals, investigations, established and suspended claims, claim payments, and disqualified individuals • Flagging fraud cases, and cases with active claim balances

(continued)

GUAM	CLAIMS COLLECTION (continued)
OPERATING PROCEDURES	
Identifying and Investigating Claims	Methods to detect overissuances in order of importance are: • Review at recertification • QC reviews • Special investigation units • Conflicting information from client • Duplicate participation checks • Information from other agencies • Error prone profile After identification, overissuance is calculated for previous 6 years for fraud, 1 year for nonfraud. Twenty-three percent of overissuances are referred for fraud investigations. Claims are investigated through case file reviews, in-office interviews, third-party contacts, in-house records review, and home visits. In addition, fraud claims are investigated through witness interviews, and forensic investigations. Priority is given to fraud over nonfraud cases.
Establishing and Collecting Claims	For fraud cases, the establishment methods used are fraud prosecution, administrative fraud hearings, disqualification consent agreements, and waivers of hearing. Cases are referred for prosecution because of larger dollar amount and violations in multiple programs. Households with fraud claims receive one demand letter. At least three monthly demand letters are sent to collect nonfraud claims. Recoupment is used in fraud, household error, and agency error cases. The latter depends on the client's consent. Guam collected $80,992 in claims during FY86, ranking 50th among the States.
Following Up and Suspending/Terminating Claims	In addition to demand letters, followup involves in-office and home visits and phone calls. The criteria for suspending claims are ability to repay and maintain a good economic condition. Others (i.e. elderly, very poor) will be suspended. Claims suspended for 3 years are terminated.

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GUAM	QUALITY CONTROL
ORGANIZATION	
Unit	Bureau of Management Support, Department of Public Health and Social Services.
System Type	The Bureau is responsible for QC activities in the AFDC, Medicaid, General Assistance and Food Stamp Programs. The QC system is not integrated with these programs.
Sample Size	The Guam QC sample is composed of 318 cases.
Staff	There are 8 FTE QC reviewers for the FSP. Most reviewers have had an average of 3 years of experience as eligibility workers and supervisors. Most are high school graduates. Combining staff FTEs and QC sample size leads to an estimate of 40 QC reviews performed for each FTE.
Review Time	On average, a QC review takes 4.25 hours. Internal re-reviews take, on average, 1 hour. Case characteristics that increase review time are: more than 60 minutes- • Earned income present • Unearned income present • Errors found in the case • Remote local office or household 20 to 60 minutes- • Large household (5 or more members) • Receipt of GA and food stamps

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GUAM	QUALITY CONTROL (continued)
OPERATING PROCEDURES	
Local Office Notification and Preparation	Local offices are not notified in advance of date of review. If review does not include a visit, the local office is asked to send these cases to the QC reviewer. Local office staff pull the selected case files and either set them aside for the QC reviewer's visit or mail them to the reviewer.
Error Determination and Resolution	The initial error determination is made by the reviewer alone. Policy questions that arise during the error-determination process are resolved by the Bureau Chief.
Internal Re-review	All cases in the QC sample are re-reviewed by the review supervisor.
Analyses of QC Data	ANALYSES PERFORMED ROUTINELY / OCCASIONALLY Identification of error-prone: • case categories: X • groups of workers: X • offices: X Caseload Description: X
Use of FNS Software	Guam does not have the equipment necessary to use the analysis software made available by FNS.

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GUAM	WORK REGISTRATION / JOB SEARCH
OVERVIEW	
Coverage	The Food Stamp Job Search Program operates statewide, serving 100% of the PA and NPA caseload, targeting the NPA cases.
Staff Assignments	Workers in income maintenance units notify participants of failure to comply. A special WR/JS unit refers participants to the work registration/job search program and informs them of disqualification if they fail to comply. Assessment, assignment, and monitoring activities are handled by the job service subcontractor, Guam Employment Service.
Activity Level	For Federal fiscal year 1986, reported average monthly activity was: • Referred to Assessment 89 • Job Ready 27 • Not Job Ready 27 • Exempt 6 • Entered Job Search 27 • Entered Employment 17 • Found Noncompliant 40 • Disqualified 29
Program Operations	Assessments are conducted individually, averaging 30 minutes per person. Voluntary counseling or training is provided individually. Referral to Jobs, Job Development, and on-the-job training are included components of the Job Search Program. Each registrant is required to make 24 contacts during a continuous 8 week period. Every 4 weeks registrants report names of employers and contact persons, dates, and results of contacts. Four to 8 of every 24 contacts is confirmed at random.

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GUAM	WORK REGISTRATION / JOB SEARCH (continued)
REPORTING	Participant records are hand tabulated at the State level. Cumulative totals are prepared by hand by adding all transactions to previous totals. Case management and participant-tracking functions are not automated.
Referral and Assessment	Registrants are counted as referred at every new application, reapplication (e.g. break in certification), and recertification. Referrals occur when there is a break in certification. The number of registrants who are interviewed by the Job Search provider (i.e., who are assessed) does not include exempt registrants who are not allowed to participate in Job Search.
Job Search Entrance	During the year, registrants are counted each time they are assigned to job search status.
Employment	Registrants are counted each time they obtain employment whether they were referred by the contractor or found their jobs themselves. There is no followup.
Noncompliance and Disqualification	Registrants are counted every time they are noncompliant or disqualified. Income maintenance staff receive noncompliance reports twice weekly, which are reviewed as received.

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HAWAII	STATE SUMMARY
Administering agency	The Department of Social Services and Housing administers the Food Stamp Program. The program is State-administered.
Caseload	The average monthly caseload in FY 1986 was about 35,000 households, including 92,000 individuals. Hawaii ranks 38th in number of persons participating. PA households account for 48% of the total.
Project areas	Hawaii has 4 project areas. The largest is Honolulu, accounting for about 67% of the State caseload.
Benefits issued	Hawaii's food stamp issuances in FY 1986 totaled $90 million, ranking 33rd in the nation. Monthly issuance averaged $80.90 per person.
Administrative expenses	The federal share of Hawaii's administrative costs amounted to $5.7 million in FY 1986, ranking 34th. Federal costs were $13.41 per household per month.

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HAWAII	AUTOMATED CERTIFICATION SYSTEM
OVERVIEW	
System Name	Public Welfare System
General Characteristics	Implemented in 1974, this is a Statewide system. The design is a derivative of the Oklahoma system (implemented in 1972). The system uses IBM hardware. There is no local processing hardware.
Key System Capabilities	Basic Input and Recording: The system performs no eligibility determination functions; all determinations are performed manually by the eligibility worker.
Turnaround	Household actions are processed in daily batch runs for all actions performed since the last run.
AFDC and Food Stamp Integration	AFDC and food stamps are handled by the same workers, using combined application forms and input forms.
DATA BASE	
Level of Detail and Contents	System stores all household member's names, birthdates, address and social security numbers, regardless of membership in food stamp case. Historical data are not available on-line. However, data covering the past 36 months are stored on tape.
Financial Data	By individual • Gross earnings • Unearned income (7 categories) • Work registration status Housing, utility, medical, dependent care costs, and total countable value of resources are available for the household.

(continued)

HAWAII	AUTOMATED CERTIFICATION SYSTEM (continued)
SYSTEM FUNCTIONS AND AUTOMATED OUTPUT	<u>Stores</u> • Net income (calculates) • Excess shelter costs deduction (including utility cost component) • Excess medical deduction • Dependent care deduction <u>Generates</u> • ATPs (mailed) • Monthly report forms • Outstanding verifications needed (monthly) • Required case actions (monthly) • Computer match results • Supervisory reports System has no access to other assistance program income data for use in food stamp eligibility processing.

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HAWAII	COMPUTER MATCHING

OVERVIEW

Systems

There are 5 systems:

1. Wage Match-SSA (batch), implemented January, 1982.
2. Bank Match (batch), implemented October, 1985.
3. Quarterly UIB (batch), implemented October, 1985.
4. UIB (on-line), implemented 1979.
5. Department of Motor Vehicles (on-line), implemented May, 1985.

The first 4 systems are Statewide; the DMV system is only used for Oahu (70% of the FS caseload).

All systems are managed by the Program Development-Income Maintenance division of the Department of Social Services and Housing. The Food Stamp, AFDC, Medicaid, and Child Support programs use these systems.

Data Bases and Access

System	Data Accessed	Update Time	Time Lapse	Front-End or Ongoing
(1)	Earned income	Year	2 years	Ongoing
	SSA self-employ	Year	> 1 year	
	SSA benefits	Month	1-3 months	
	SSI benefits	Month	1-3 months	
(2)	Bank account balance	Day	1-3 months	Ongoing
(3)	UI benefits	Day	Next week	Ongoing
(4)	UI benefits	Day	Next day	Both
(5)	Motor vehicle registration	Day	Next day	Ongoing

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HAWAII	COMPUTER MATCHING (continued)
OPERATING PROCEDURES	
Staff Assignments	State staff initiate ongoing searches on the 3 batch systems. Both State and local staff initiate front-end and ongoing searches on the 2 on-line systems. The systems are accessed by Social Security number and name.
Front-End Matching	Only the UIB on-line system is used for front-end matching of the Statewide caseload. Local offices receive print-outs overnight with information on UI benefits, employment status, and household composition.
Ongoing Matching	All systems are used for ongoing matching of the Statewide caseload, with the exception of the DMV system, which is only used for Oahu. All matching on the 3 batch systems is done semi-annually, while the on-line systems are used at caseworker's discretion. Local offices receive printouts from all the systems. It takes 1 to 3 weeks for the Wage Match-SSA system; 2 to 7 days for the Bank Match and Quarterly UIB match systems; and less than 1 day for the UIB on-line and DMV systems. The information covers: wages, SSA, SSI and UI benefits, employment status, account balances, household composition, whether the husband lives in the home, and motor vehicle registration.
Followup	Hawaii has procedures that local offices must follow in processing matched cases. No systems are capable of triggering identification if there is a dollar wage discrepancy. Cases are not prioritized in either front-end or ongoing matching.
Monitoring	Local offices have reporting requirements for the 3 batch systems, but not for the on-line systems. These are submitted to the State bi-annually. Line staff follow-up on reports with supervisor monitoring; supervisors report monthly to administrators.

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HAWAII	MONTHLY REPORTING

OVERVIEW

Cases Required to Report

PA Caseload

All AFDC and AFDC-UP households that receive food stamps are required by the Food Stamp Program to complete monthly reports. Other PA cases that must report include General Assistance or Aid to the Blind and Disabled households if the case has earned or irregular unearned income.

NPA Caseload

Monthly reporters include:

- cases with current earnings
- cases with who are required to register for work
- cases with no income
- cases with fluctuating irregular unearned income

Information on Monthly Report

	Required to report	***Reporting format***	***Verification***
Earned Income	Yes	By earner	Monthly
Unearned Income	Change only	General by individual	For change only
Resources	Change only	Specific by type	For change only
Expenses	Change only	Not specified	For change only
Household composition	Change only	Not specified	For change only

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HAWAII	MONTHLY REPORTING (continued)
OPERATING PROCEDURES	
Mailing Monthly Reports	The State Department of Social Services and Housing mails monthly reporting forms to households. This mailing is separate from the distribution of benefits. Households provide envelopes and pay their own postage.
Monthly Reporting Schedule	Hawaii operates monthly reporting on a 2-month cycle. That is, the cycle contains a "processing" month between the budget and issuance months. Monthly reporting forms are mailed on the 28th day of each month. The initial deadline for filing monthly reports is the 6th day of the next month so that households have 8 days in which to complete their monthly reports. Warning notices are mailed on the 7th to 11th days of the month. Final (adverse action) notices are mailed 10 days after the mailing of the warning notice. The final deadline for submitting monthly reports is the 17th to 21st day of the report month. Those cases that are terminated for failure to file on a timely basis, but submit their report before the end of the issuance month, may be reinstated without loss of benefits.
Staff Assignments	At certification, local office eligibility workers assign cases to monthly reporting. Clerks or eligibility workers review monthly reports for completeness; make decisions on actions required by information on complete forms; and also handle incomplete monthly reports. Eligibility workers make decisions about reassignments to or from monthly reporting.
Automation	Information on automated capabilities was unavailable at the time FNS surveyed the States.

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HAWAII	CLAIMS COLLECTION
ORGANIZATION	
Agencies	Hawaii's claims collection process is administered at the State level. There is a specialized Statewide fraud investigations unit: the Investigative Recovery Services Unit (INRS).
Staff Training	Eligibility workers receive training when hired, refresher training, and retraining. Policy manuals are available.
System Monitoring	Routine monthly reports are issued on investigations, establishment, and collection for State and INRS offices. There are no time limits on processing cases.
Automation	Statewide automated functions include: • Deducting for recoupment • Maintaining histories with dates of recoupment and payments • Tracking match hits, established claims, and claim payments • Flagging cases with active and delinquent claim balances • Individual status reporting on fraud cases for INRS Statewide nonautomated functions include: • Tracking referrals, investigations, and disqualified individuals

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HAWAII	CLAIMS COLLECTION (continued)
OPERATING PROCEDURES	
Identifying and Investigating Claims	Methods to detect overissuances in order of importance are: • QC reviews • Duplicate participation checks • Review at recertification • Conflicting information from client • Hotline, informal complaints • Special investigation units • Information from other agencies • Computer matching of resources • Computer matching of wages After identification, overissuance is calculated for previous 6 years. Twenty-five percent of overissuances are referred for fraud investigations. Claims are investigated through case file reviews, in-office interviews, third-party contacts, and home visits. In addition, fraud claims are investigated through witness interviews, and forensic investigations. Priority is given to fraud over nonfraud cases. Characteristics that increase the likelihood of a fraud investigation include: participant household, large dollar amounts, good quality of evidence, repeat offenses, and flagrant violations.
Establishing and Collecting Claims	For fraud cases, the establishment methods used are fraud prosecution, administrative fraud hearings, disqualification consent agreements, and waivers of hearing. Cases with claims over $200 are referred for prosecution because of larger dollar amount, repeat offenses, and flagrant violations. Hawaii collected $590,336 in claims during FY86, ranking 29th among the States.
Following Up and Suspending/Terminating Claims	Monthly demand letters and bills are sent to collect claims. Recoupment is used in fraud, household error, and agency error cases. The latter depends on the client's consent. Hawaii has no suspension or termination processes.

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HAWAII	QUALITY CONTROL

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HAWAII	QUALITY CONTROL (continued)
OPERATING PROCEDURES	
Local Office Notification and Preparation	Local offices are notified of date of review, and cases to be reviewed are identified. If review does not include a visit, the local office is asked to send these cases to the QC reviewer. Local office staff pull the selected case files and either set them aside for the QC reviewer's visit or mail them to the reviewer.
Error Determination and Resolution	The initial error determination is made by the reviewer alone. Policy questions that arise during the error-determination process are resolved by the review supervisor.
Internal Re-review	All cases with errors in the QC sample are re-reviewed by the review supervisor, the QC monitor, a policy specialist, and the local office.
Analyses of QC Data	

	ANALYSES PERFORMED	
Regular Review	ROUTINELY	OCCASIONALLY
Identification of error-prone:		
• case categories		X
• groups of workers		X
• offices	X	
Projection of:		
• caseload size or characteristics	X	
Caseload Description:		X
Evaluation of impact of change in policy or administrative operations:		X
Special Reviews		
Identification of error-prone:		
• case categories	X	
• offices	X	
Projection of policy change:		X
Evaluation of impact of change in policy or administrative operations		X

Use of FNS Software	Software provided by FNS is used to analyze QC data, in general, and to perform error-prone analyses, in particular.

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HAWAII	WORK REGISTRATION / JOB SEARCH
OVERVIEW	
Coverage	The Food Stamp Job Search Program operates in 1 county, serving 66% of the State's PA and NPA caseload, targeting both the PA and NPA cases. Good job markets was the criterion for selection.
Staff Assignments	Workers in income maintenance units refer participants to the work registration/job search program and inform participants of disqualification if they fail to comply. Assessment, assignment, monitoring, and notification activities are handled by the job service subcontractor.
Activity Level	For Federal fiscal year 1986, reported average monthly activity was: • Referred to Assessment 528 • Job Ready 318 • Not Job Ready NA • Exempt NA • Entered Job Search 243 • Entered Employment 43 • Found Noncompliant 345 • Disqualified 93
Program Operations	Assessments are conducted individually, averaging 10 minutes per person. Voluntary counseling or training is provided in groups. Referral to Jobs and Classroom Training are included components of the Job Search Program. Each registrant is required to make 18 contacts during a continuous 8 week period. Every 4 weeks registrants report names of employers and contact persons, dates, results of contacts, job title and source of lead. A minimum of 18 contacts are confirmed at random.

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HAWAII	WORK REGISTRATION / JOB SEARCH (continued)
REPORTING	Participant records are hand tabulated at the county level. Summarized cumulative totals are prepared by adding all transactions to previous totals. Case management and participant-tracking functions are not automated.
Referral and Assessment	Registrants are counted as referred at every new application, reapplication (e.g. break in certification), and recertification. Referrals occur when there is a break in certification. The number of registrants who are interviewed by the Job Search provider (i.e., who are assessed) does not include exempt registrants who are not allowed to participate in Job Search.
Job Search Entrance	During the year, registrants are counted each time they are assigned to job search status.
Employment	Registrants are counted every time they obtain employment whether they were referred by the contractor or found their jobs themselves. Followup activity includes collecting information at eligibility review and at reapplication for food stamp benefits, and computer wage matching.
Noncompliance and Disqualification	Registrants are counted every time they are noncompliant or disqualified. Income maintenance staff receive noncompliance reports within 5 days, which are reviewed when received.

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IDAHO	STATE SUMMARY
Administering agency	The Department of Health and Welfare administers the Food Stamp Program. The program is State-administered.
Caseload	The average monthly caseload in FY 1986 was about 20,000 households, including 58,000 individuals. Idaho ranks 43rd in number of persons participating. PA households account for 48% of the total.
Project areas	Idaho has 43 project areas. The largest are Ada (Boise) and Canyon (Caldwell) counties, accounting for about 30% of the State caseload.
Benefits issued	Idaho's food stamp issuances in FY 1986 totaled $35 million, ranking 41st in the nation. Monthly issuance averaged $50.38 per person.
Administrative expenses	The federal share of Idaho's administrative costs amounted to $3.4 million in FY 1986, ranking 42nd. Federal costs were $13.99 per household per month.

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IDAHO	AUTOMATED CERTIFICATION SYSTEM
OVERVIEW	
System Name	400 System
General Characteristics	Implemented in 1972, this is a Statewide system. The system uses IBM hardware. There is no local processing hardware.
Key System Capabilities	Manual Determination and automated Results Checking: The system performs no eligibility determination functions; all determinations are performed manually by eligibility workers. The system performs eligibility tests and benefit calculations, but only to check the results that are determined and entered manually by the eligibility worker.
Turnaround	Household actions are processed in daily batch runs for all actions performed since the last run.
AFDC and Food Stamp Integration	AFDC and food stamps are handled by the same workers, using combined application forms and input forms.
DATA BASE	
Level of Detail and Contents	System stores all household member's names, address and social security numbers, regardless of membership in food stamp case. Historical data are not available on-line. However, data covering the past 7 years are stored on tape.
Financial Data	By total • Gross earnings • Unearned income (3 categories) • Work registration status Housing, utility, medical, and dependent care costs are available for the household.

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IDAHO	AUTOMATED CERTIFICATION SYSTEM (continued)
SYSTEM FUNCTIONS AND AUTOMATED OUTPUT	<u>Calculates and Stores</u> • Net income • Excess shelter costs deduction (including utility cost component entered by worker) • Excess medical deduction • Dependent care deduction (entered by worker) • Allotment • First month's prorated allotment • Recoupment amount (deducted) <u>Generates</u> • Listings for coupon issuance • Monthly report forms • Edit reports (daily) • Required case actions (monthly) • Computer match results (monthly) • Supervisory reports System has access to AFDC and State Supplemental Aid program income data for use in food stamp eligibility processing.

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IDAHO	COMPUTER MATCHING

OVERVIEW

Systems

There are 8 Statewide systems:

1. Numident Match (batch), implemented 1983.
2. IPV Match-Disqualification (batch), implemented January, 1985.
3. Bendex (batch), implemented 1975.
4. SDX (batch), implemented 1975.
5. DOL Wage (batch), implemented 1981.
6. DOL UI (batch), implemented 1985.
7. Child Support Enforcement (on-line), implemented June, 1986.
8. Vital Statistics (on-line), implemented 1981.

All systems are managed by the Bureau of Computer Services, Division of Management Services of the State Department of Health and Welfare. The Food Stamp, AFDC, Medicaid, and Child Support programs, and the AABD State Supplement to SSI use these systems.

Data Bases and Access

System	Data Accessed	Update Time	Time Lapse	Front-End or Ongoing
(1)	New SSNs	Month	NA	Front-End
(2)	FS Disqualifieds	Quarter	1-3 months	Outgoing
(3)	SSA benefits	Month	Next day	Outgoing
(4)	SSI benefits	Month	NA	Both
(5)	Earned income	Quarter	4-6 months	Both
(6)	Child Support	Day	Next day	Both
(7)	Vital Statistics	Day	Next day	Both
(8)	UI benefits	Week	Next week	Both

(continued)

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IDAHO	COMPUTER MATCHING (continued)
OPERATING PROCEDURES	
Staff Assignments	State staff initiate front-end and ongoing searches. The systems are accessed by Social Security number and name.
Front-End Matching	Six systems do front-end matching of the caseload; the IPV match and Bendex systems do not. Only DOL Wage and Vital Statistics cover the Statewide caseload. DOL UI and Child Support Enforcement are used at caseworker's discretion. Numident Match is used for Food Stamps/ SSI. Local offices receive printouts from systems 1, 4, 5 and 8 within a week, while they receive on-line information overnight from systems 6 and 7. The information covers: names, Social Security numbers, dates of birth and death, SSI and UI benefits, wages, employment status, employer, employment period, collection from absent parents, and marital status.
Ongoing Matching	All systems except the Numident Match system perform ongoing matching on a Statewide basis. Systems 2, 3, 5, and 8 cover the entire caseload; systems 6 and 7 are used at caseworker's discretion; system 4 covers FS/SSI. All matching is done monthly with the following exceptions: IPV Match system matching is done quarterly; DOL UI matching at recertification; and Child Support Enforcement matching at caseworker's discretion. Systems 6 and 7 provide local offices with on-line information overnight; the remaining systems provide printouts within a week. The information covers: type of FS disqualification, SSA and SSI benefits, Medicare buy-in, wages, employment status, employer, employment period, collection of child support from absent parent, and dates of birth, death, marriage and divorce.
Followup	Idaho has not established procedures that local offices must follow in processing matched cases. No systems are capable of triggering identification if there is a dollar wage discrepancy. Cases are not prioritized in either front-end or ongoing matching.
Monitoring	Local offices are not required to submit regular reports to the State on the status of actions taken on matched cases. The State office cannot automatically monitor what is happening to matched cases. At the State level, hits are to be worked in 30 days; at the local level, supervisors are to review matched cases.

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IDAHO	MONTHLY REPORTING
OVERVIEW	
Cases Required to Report	All Food Stamp households that are not statutorily exempt are required by the Food Stamp program to complete monthly reports.
Information on Monthly Report	Sample monthly reporting form not available.

(continued)

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IDAHO	MONTHLY REPORTING (continued)
OPERATING PROCEDURES	
Mailing Monthly Reports	The State Department of Health and Welfare mails monthly reporting forms to households. This mailing is separate from the distribution of benefits. A return envelope is included with the monthly reporting form. Households pay their own postage.
Monthly Reporting Schedule	Idaho operates monthly reporting on a 2-month cycle. That is, the cycle contains a "processing" month between the budget and issuance months. Monthly reporting forms are mailed on the 30th day of each month. Households have 5 days in which to complete their monthly reports before the initial filing deadline. Final (adverse action) notices are mailed 6 to 10 days after the original mailing of monthly reporting forms. The final deadline for submitting monthly reports is the 20th day of the report month. Those cases that are terminated for failure to file on a timely basis, but submit their report within 30 days of the effective date of closure, may, on rare occasions, be reinstated without loss of benefits.
Staff Assignments	Clerks or eligibility workers review monthly reports for completeness; make decisions on actions required by information on complete forms; and also handle incomplete monthly reports.
Automation	Automated functions include generating monthly reports.

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IDAHO	CLAIMS COLLECTION
ORGANIZATION	
Agencies	Idaho's claims collection process is administered at the State level. There are specialized local and district claims collection and fraud investigations units.
Staff Training	Eligibility workers receive training when hired and retraining. Policy manuals are available.
System Monitoring	Routine summary reports are not issued in Idaho. There is a time limit of 30 days for claims establishment.
Automation	Statewide automated functions were being implemented in December 1986, but no information was available at the time of the survey. Nonautomated functions included: • Tracking referrals, investigations, established and suspended claims, claim payments, and disqualified individuals • Flagging fraud/nonfraud cases, and cases with active, delinquent claim balances

(continued)

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IDAHO	WORK REGISTRATION / JOB SEARCH (continued)
REPORTING	Participant records are hand tabulated at the local/county level. Summarized cumulative totals are prepared by adding all transactions to previous totals. Case management and participant-tracking functions for assessment, JS entrance, and employment functions are automated and accessible through on-line entry/query.
Referral and Assessment	Registrants are counted as referred at every new application, reapplication (e.g. break in certification), and recertification. Referrals occur when there is a break in certification. The number of registrants who are interviewed by the Job Search provider (i.e., who are assessed) does not include exempt registrants who are not allowed to participate in Job Search.
Job Search Entrance	During the year, registrants are counted each time they are assigned to job search status. Job ready registrants may not be counted if they delay their job search with good cause.
Employment	Registrants are counted every time they obtain employment whether they were referred by the contractor or found their jobs themselves. Followup activity includes collecting information at eligibility review and at reapplication for food stamp benefits, and notice of JS review. These followups are conducted in person and by telephone.
Noncompliance and Disqualification	Registrants are counted every time they are noncompliant or disqualified. Income maintenance staff receive noncompliance reports, which are reviewed when received.

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ILLINOIS	STATE SUMMARY
Administering agency	The Department of Public Aid administers the Food Stamp Program. The program is State-administered.
Caseload	The average monthly caseload in FY 1986 was about 431,000 households, including 1,098,000 individuals. Illinois ranks 5th in number of persons participating. PA households account for 72% of the total.
Project areas	Illinois has 102 project areas. The largest is Cook (Chicago) county, accounting for about 60% of the State caseload.
Benefits issued	Illinois' food stamp issuances in FY 1986 totaled $707 million, ranking 3rd in the nation. Monthly issuances averaged $53.69 per person.
Administrative expenses	The federal share of Illinois' administrative costs amounted to $42 million in FY 1986, ranking 4th. Federal costs were $8.08 per household per month.

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ILLINOIS	AUTOMATED CERTIFICATION SYSTEM
OVERVIEW	
System Names	1. IPACS for data entry, implemented in 1966 2. Automated Intake System (AIS), implemented in 1981
General Characteristics	These are Statewide systems. The systems use IBM hardware and Concurrent Computer Company local processing hardware.
Key System Capabilities	Application-Based Eligibility/Benefit Determination: Data entry is performed directly from application forms to trigger eligibility determinations and benefit calculations by the system. No special input form is required.
Turnaround	Eligibility workers themselves use terminals to enter transactions and view eligibility and benefit results automatically determined by the system.
AFDC and Food Stamp Integration	AFDC and food stamps are handled by the same workers, using combined application forms and intake input forms. Separate input forms must be used in recertification to enter the data for the two programs.
DATA BASE	
Level of Detail and Contents	Systems store all household member's birthdates, ID numbers and social security numbers, regardless of membership in food stamp case. Historical issuance data are available on-line for 24 months. All previous data are stored on tape.
Financial Data	By total • Gross earnings • Unearned income (23 categories) Total shelter costs, utility costs, and total countable value of resources are available for the household. The system captures individuals' work registration status (i.e., whether or not member is exempt).

(continued)

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ILLINOIS	AUTOMATED CERTIFICATION SYSTEM (continued)
SYSTEM FUNCTIONS AND AUTOMATED OUTPUT	<u>Calculates and Stores</u> • Net income • Allotment • First month's prorated allotment • Recoupment amount (deducted) <u>Performs</u> • Gross income test • Net income test • Resource test <u>Generates</u> • Listings for coupon issuance • Certification period expiration notice • Monthly report forms • Application approvals/denials • Computer match results (monthly) System has no access to other assistance program income data for use in food stamp eligibility processing.

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ILLINOIS	COMPUTER MATCHING

OVERVIEW

Systems

There are 9 systems in Illinois:

1. Wages (batch), implemented 1974.
2. Unemp. Insurance (UIB) (batch), implemented 1978.
3. SDX (batch), in testing mode.
4. State Department of Revenue Tax Records (batch), implemented March, 1985.
5. Motor Vehicle (batch), implemented February, 1979.
6. State Employees (batch), implemented August, 1977.
7. Wages (on-line), implemented 1974.
8. UIB (on-line), implemented 1978.
9. Internal Client D/B (on-line), implemented 1971.

The first 2 systems are managed by the Bureau of Programs Field Management. The 9th system is managed by the Bureau of Information Systems. The remaining systems are managed by the Bureau of Resources and Analysis. The Food Stamp, AFDC, Medicaid, Child Support and GA programs use these systems.

Data Bases and Access

System	Data Accessed	Update Time	Time Lapse	Front-End or Ongoing
(1)	Earned income	Quarter	4-6 months	Ongoing
(2)	UI benefits	Month	2-3 weeks	Ongoing
(3)	SSI benefits	Month	2-3 weeks	Ongoing
(4)	State tax files	Annual	7-9 months	Ongoing
(5)	DMV records	Annual	1-3 months	Ongoing
(6)	State Employees	Quarter	2-3 weeks	Ongoing
(7)	Earned income	Quarter	4-6 months	Front-End
(8)	UI benefits	Day	Next day	Front-end
(9)	Internal Client D/B	Day	Next day	Front-end

(continued)

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ILLINOIS	COMPUTER MATCHING (continued)
OPERATING PROCEDURES	
Staff Assignments	Local staff initiate ongoing searches on the SDX (batch) system. Both State and local staff initiate front-end searches on the Wages, UIB and Internal Client D/B systems. Both State and local staff also initiate on-going searches on the remaining batch systems. The systems are accessed by Social Security number, name, date of benefit receipt, amount of reported earnings and benefits, type of household, date of birth, sex, and county code.
Front-End Matching	Only the on-line systems do front-end matching of the Statewide caseload. Overnight, local offices receive on-line information on: wages, UI benefits, employment status, and duplicate assistance.
Ongoing Matching	All of the batch systems are used for ongoing matching. SDX, which is in testing, only does matching on specially selected cases in 4 counties. The remaining systems perform matching on the entire caseload. Systems 1 and 6 perform matching quarterly, while systems 2 and 3 do it monthly, and systems 4 and 5 annually. Local offices receive written match reports from all systems within 1 to 3 weeks, with the exception of system 4, which takes 1 to 4 months. The offices receive information on: wages, employment status, UI and SSI benefits, gross income, household composition, death, residence out-of-state, and property value.
Followup	Illinois has established procedures that local offices must follow in processing matched cases. Systems 1, 3 and 4 are capable of triggering identification if there is a dollar wage discrepancy. Cases are prioritized for all of the batch systems, with the exception of the SDX system. System 1, 2 and 4 cases are prioritized by amount exceeding discrepancy range and active/inactive status. In addition, system 4 cases are prioritized by time period of assistance, household composition and name. Systems 5 and 6 are prioritized by active/inactive status and name. In addition, system 6 is prioritized by date of birth and reported income.
Monitoring	Local offices are not required to submit regular reports to the State on the status of actions taken on matched cases. The State office can automatically monitor what is happening to cases matched using the ongoing systems.

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ILLINOIS	**MONTHLY REPORTING**
OVERVIEW **Cases Required to Report**	
PA Caseload	All AFDC households that are required to report monthly and that also receive food stamps are required by the Food Stamp Program

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ILLINOIS	MONTHLY REPORTING (continued)
OPERATING PROCEDURES	
Mailing Monthly Reports	The State Department of Public Aid mails monthly reporting forms to households. This mailing is separate from the distribution of benefits. A stamped return envelope is included with the monthly reporting form.
Monthly Reporting Schedule	Illinois operates monthly reporting on a 2-month cycle. That is, the cycle contains a "processing" month between the budget and issuance months. Monthly reporting forms are mailed on 12 staggered monthly schedules. The initial deadline for filing monthly reports is the 7th day of the cycle so that households have 11 days in which to complete their monthly reports. Final (adverse action) notices are mailed 16 days after the original mailing of monthly reporting forms. The final deadline for submitting monthly reports is 35 days after the mailout date. Those cases that are terminated for failure to file on a timely basis, but submit their report before the end of the issuance month, may be reinstated without loss of benefits.
Staff Assignments	At certification, local office eligibility workers assign cases to monthly reporting. Eligibility workers review monthly reports for completeness; make decisions on actions required by information on complete forms; handle incomplete monthly reports; and also make decisions about reassignments to or from monthly reporting.
Automation	Automated functions include generating monthly reports.
Monthly Reporting Effects	Analysis shows that monthly reporting has increased quality control error rates in Illinois by 0.43 percentage points.

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ILLINOIS	CLAIMS COLLECTION
ORGANIZATION	
Agencies	Illinois' claims collection process is administered at the State level. There are specialized Statewide claims collection and fraud investigations units: the Bureau of Collections and the Bureau of Special Investigations.
Staff Training	Eligibility workers receive training when hired, refresher training, and retraining. Policy manuals are available.
System Monitoring	Routine monthly reports are issued on claims referrals, investigations, establishment, collection, followup, suspensions, and terminations for State claims unit. There are time limits of 30 days for referring, investigating, and establishing claims.
Automation	Statewide automated functions include: • Maintaining histories with dates of case actions, recoupment, payments, and suspensions • Tracking match hits, referrals, investigations, established and suspended claims, claim payments, and disqualified individuals

(continued)

ILLINOIS	CLAIMS COLLECTION (continued)
OPERATING PROCEDURES	
Identifying and Investigating Claims	Methods to detect overissuances in order of importance are: • Review at recertification • Computer matching of wages • Computer matching of unearned income • QC reviews • Conflicting information from client • Cross-matching of caseload data with credit bureau Other methods include: • Duplicate participation checks • Special investigation units • Internal audits • Hotline, informal complaints • Information from other agencies After identification, overissuance is calculated as far back as possible (with a 6-year limit on non-fraud cases). Ten percent of overissuances are referred for fraud investigations. Claims are investigated through case file reviews, in-office interviews, third-party contacts, and home visits. In addition, fraud claims are investigated through witness interviews. No priority is given to fraud or nonfraud cases. Characteristics that increase the likelihood of an investigation are: PA households, larger dollar amounts, good quality of evidence, repat offenses, flagrant violations, current employment, and recent errors.
Establishing and Collecting Claims	For fraud cases, the establishment methods used are fraud prosecution, administrative fraud hearings, and disqualification consent agreements/waivers of hearing. Cases are referred for prosecution because of larger dollar amount, repeat offenses, and flagrant violations. Active cases are not pursued until the client agrees on a repayment schedule. Three demand letters with billing statements are sent to collect claims when cases become inactive. Recoupment is then used in fraud, household error, and agency error cases. Illinois collected $1,773,767 in claims during FY86, ranking 9th among the States.
Following Up and Suspending/Terminating Claims	Alternative collection methods used are tax refund interception, wage garnishment, private collection agency, and warrants. The uniform criteria for suspending claims are death or bankruptcy. Claims suspended for 3 years are terminated with approval of theBureau Chief in collections. These cases remain on file indefinitely.

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ILLINOIS	QUALITY CONTROL
ORGANIZATION	
Unit	Bureau of Quality Control, Department of Public Aid
System Type	The Bureau of Quality Control is responsible for QC activities in the AFDC, Medicaid and Food Stamp Programs. The QC system is integrated with these programs.
Sample Size	The Illinois QC sample is composed of 2,400 cases. In addition, the Bureau of Quality Control conducts 4,450 quality assurance reviews to give performance feedbacks to local offices and to see if cases are accurate. These reviews are not part of the basic QC sample, and the data from these reviews are not reported to FNS.
Staff	There are 15 FTE QC reviewers for the FSP. Most reviewers have had an average of 5-10 years of experience as eligibility workers. Most have some college education. Combining staff FTEs and QC sample size leads to an estimate of 157 QC reviews performed for each FTE.
Review Time	The average time of a QC review and internal re-review could not be estimated. The following case characteristics increase review time by: more than 60 minutes- • Errors found in the case • Remote local office 20 to 60 minutes- • Earned income present • Unearned income present • Large household (5 or more members) • Receipt of AFDC, Medicaid, and food stamps • Remote household less than 20 minutes- • Receipt of GA and food stamps (continued)

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ILLINOIS	QUALITY CONTROL (continued)
OPERATING PROCEDURES	
Local Office Notification and Preparation	Local offices are notified of date of review, and cases to be reviewed are identified. Local office staff pull the selected case files and set them aside for the QC reviewer's visit if they have time.
Error Determination and Resolution	The initial error determination is made by a supervisor. Policy questions that arise during the error-determination process are resolved by the review supervisor policy group or by a second level supervisor.
Internal Re-review	All cases in the QC sample are re-reviewed by the review supervisor and the review committee.
Analyses of QC Data	

	ANALYSES PERFORMED	
Regular Reviews	ROUTINELY	OCCASIONALLY
Identification of error-prone:		
• case categories	X	
Projection of:		
• caseload size or characteristics		X
• effect of policy change		X
Caseload Description:		X
Evaluation of impact of change in policy or administrative operations:		X
Special Reviews		
Identification of error-prone:		
• case categories	X	
• groups of workers	X	
• offices	X	
Projection of:		
• effect of policy change		X
Evaluation of impact of change in policy or administrative operations:		X

Use of FNS Software

Software provided by FNS is used to analyze QC data, in general, and to produce 6 month reports, in particular.

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ILLINOIS	WORK REGISTRATION / JOB SEARCH
OVERVIEW	
Coverage	The Food Stamp Job Search Program operates in 1 county, serving 83% of the State's PA and NPA caseload, targeting both PA and NPA cases. A large food stamp caseload and absence of FS workfare, and receipt of GA assistance were the criteria for selection.
Staff Assignments	Workers in income maintenance units refer participants to the work registration/job search program and inform participants of disqualification if they fail to comply. Assessment, assignment, monitoring, and notification activities are handled by a special WR/JS unit.
Activity Level	For Federal fiscal year 1986, reported average monthly activity was: • Referred to Assessment 6,753 • Job Ready 6,753 • Not Job Ready NA • Exempt NA • Entered Job Search 6,753 • Entered Employment 565 • Found Noncompliant 1,237 • Disqualified 999
Program Operations	Assessments are conducted in groups, averaging 90 minutes per session. Mandatory counseling/training is provided ingroups, job clubs, and individually. Referral to Jobs, FS Workfare, and Classroom Training are included components of the Job Search Program. Each registrant is required to make 24 contacts during a continuous 8 week period. Every 4 weeks registrants report names of employers, dates, and results of contacts. Contacts are confirmed if there is a reason to question the contact. (continued)

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ILLINOIS	WORK REGISTRATION / JOB SEARCH (continued)
REPORTING	Participant records are hand tabulated at the local/county level. Summarized cumulative totals are prepared by adding the number of new participants to the previous total. All case management and participant-tracking functions are automated and accessible through on-line entry/query.
Referral and Assessment	Registrants are counted as referred at every new application, reapplication (e.g. break in certification), and recertification. Referrals occur when there is a break in certification. The number of registrants who are interviewed by the Job Search provider (i.e., who are assessed) includes exempt registrants who may participate in Job Search.
Job Search Entrance	During the year, registrants are counted each time they are assigned to job search status.
Employment	Registrants are counted the first time they obtain employment whether they were referred by the contractor or found their jobs themselves. Followup activity includes verification of job referral, routine Job Search contact reporting, collecting information at eligibility review and at reapplication for food stamp benefits, and computer wage matching. These followups are conducted in person or via computer.
Noncompliance and Disqualification	Registrants are counted the first time they are noncompliant or disqualified. Income maintenance staff receive daily noncompliance reports, which are reviewed each day.

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INDIANA	STATE SUMMARY
Administering agency	The Department of Public Welfare administers the Food Stamp Program. The program is State-supervised.
Caseload	The average monthly caseload in FY 1986 was about 125,000 households, including 371,500 individuals. Indiana ranks 18th in number of persons participating. PA households account for 25% of the total.
Project areas	Indiana has 92 project areas. The largest are Lake (Crown Point and Gary) and Marion (Indianapolis) counties, accounting for about 33% of the State caseload.
Benefits issued	Indiana's food stamp issuances in FY 1986 totaled $223 million, ranking 17th in the nation. Monthly issuances averaged $49.99 per person.
Administrative expenses	The federal share of Indiana's administrative costs amounted to $13 million in FY 1986, ranking 25th. Federal costs were $8.76 per household per month.
Special Circumstances	Indiana did not have a Job Search contract with FNS for FY 1986.

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INDIANA	AUTOMATED CERTIFICATION SYSTEM
OVERVIEW	
System Name	Unnamed
General Characteristics	Implemented in 1974, this is a Statewide system. The system uses IBM hardware. There is no local processing hardware.
Key System Capabilities	Manual Determination and Automated Results Checking: The system performs no eligibility determination functions; all determinations are performed manually by eligibility workers. The system performs eligibility tests and benefit calculations, but only to check the results that are determined and entered manually by the eligibility worker.
Turnaround	Household actions are processed in daily batch runs for all actions performed since the last run.
AFDC and Food Stamp Integration	AFDC and food stamps for PA households are handled by the same workers. Separate application forms and input forms must be used to enter the data for the two programs.
DATA BASE	
Level of Detail and Contents	System stores all household member's names and social security numbers, regardless of membership in food stamp case. Historical data are not available on-line. However, data covering the past 36 months are stored on tape.
Financial Data	By total • Gross earnings • Unearned income Housing, utility, medical, and dependent care costs are available for the household.

(continued)

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INDIANA	AUTOMATED CERTIFICATION SYSTEM (continued)
SYSTEM FUNCTIONS AND AUTOMATED OUTPUT	<u>Calculates and Stores</u> • Net income • Allotment • First month's prorated allotment <u>Performs</u> • Gross income test • Net income test <u>Generates</u> • ATPs (mailed) • Certification period expiration notice • Monthly report forms • Edit reports (daily) • Eligibility results (daily) • Required case actions (monthly) • Computer match results (monthly) System has no access to other assistance program income data for use in food stamp eligibility processing.

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INDIANA	COMPUTER MATCHING (continued)
OPERATING PROCEDURES	
Staff Assignments	State staff initiate front-end searches on systems 3, 4 and 5, while they initiate ongoing searches on systems 1 and 2. All systems are accessed by Social Security number.
Front-End Matching	The Employment Security/Wage weekly, SSN verification and Bendex/SDX systems do front-end matching of the Statewide caseload. Within a week, local offices receive printouts and microfiches with information on: wages, employment information, employment history, UC benefits, unemployment balance, validated social security numbers, SSA and SSI benefits, household composition, and other unearned income.
Ongoing Matching	The Employment Security/Wage Quarterly and the Employment Security Monthly are used for ongoing matching on the Statewide caseload. Within a week, local offices receive printouts with information on: wages, employer information, UC benefits, and the last 5 quarters of UC benefits information.
Followup	Indiana has established procedures that local offices must follow in processing cases matched for all systems except Bendex/SDX. Neither system is capable of triggering identification if there is a dollar wage discrepancy. Cases are not prioritized in either front-end or ongoing matching.
Monitoring	Local offices are not required to submit regular reports to the State on the status of actions taken on matched cases. The State office cannot automatically monitor what is happening to matched cases. County directors are responsible for insuring that policy is followed, while field consultants make corrective actions.

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INDIANA	COMPUTER MATCHING

OVERVIEW

Systems

There are 5 Statewide batch systems:

1. Employment Security/Wage Quarterly, implementation date unknown.
2. Employment Security Monthly, implemented August, 1986.
3. Employment Security/Wage weekly, implemented March, 1986.
4. Social Security Number Verification, implementation date unknown.
5. Bendex/SDX, implementation date unknown.

The systems are managed by Management Information Systems. The Food Stamp, AFDC, Medicaid (except elderly and disabled), and Child Support programs use these systems.

Data Bases and Access

System	Data Accessed	Update Time	Time Lapse	Front-End or Ongoing
(1)	Earned income UC benefits	Quarter Day	4-6 months Next day	Ongoing
(2)	UC benefits	Day	Next day	Ongoing
(3)	Earned income UC benefits	Quarter Day	4-6 months Next day	Front-End
(4)	SSN	Month	NA	Front-End
(5)	SSA benefits SSI benefits	Month Month	Next day Next day	Front-End

(continued)

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INDIANA	MONTHLY REPORTING

OVERVIEW

Cases Required to Report

PA Caseload

All AFDC households that are required to report monthly and that also receive food stamps are required by the Food Stamp Program to complete monthly reports. Thus, monthly reporting requirements are the same for both programs and include the following cases:

- cases with current earnings
- cases with earnings during the past 3 months

NPA Caseload

Monthly reporters include:

- cases with current earnings
- cases with fluctuating unearned income

Information on Monthly Report

	Required to report	*Reporting format*	*Verification*
Earned Income	Yes	By earner	Weekly paystub
Unearned Income	Yes	By type of income by individual	For all types
Resources	Change only	General for household	For change only
Expenses	Yes	Not specified	For all types
Household composition	Change only	Not specified	Not specified

(continued)

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INDIANA	MONTHLY REPORTING (continued)
OPERATING PROCEDURES	
Mailing Monthly Reports	Local offices supervised by the State Department of Public Welfare mail monthly reporting forms to households. This mailing is separate from the distribution of benefits. Households supply envelopes and pay their own postage.
Monthly Reporting Schedule	Indiana operates monthly reporting on a 2-month cycle. That is, the cycle contains a "processing" month between the budget and issuance months. Monthly reporting forms are mailed on the 28th day of each month. The initial deadline for filing monthly reports is the 5th day of the next month so that households have 7 days in which to complete their monthly reports. Warning notices are mailed on the 6th to 10th days of the month. Final (adverse action) notices are mailed 22 days after the original mailing of monthly reporting forms. The final deadline for submitting monthly reports is the 7th day of the report month in order to incur no delay in issuance. Indiana does not reinstate those cases that were terminated for failure to file on a timely basis.
Staff Assignments	At certification, local office eligibility workers and second party reviewers assign cases to monthly reporting. Eligibility workers or clerks review monthly reports for completeness. Eligibility workers or second party reviewers make decisions on actions required by information on complete forms. Eligibility workers or clerks handle incomplete monthly reports. Eligibility workers make decisions about reassignments to or from monthly reporting.
Automation	Information on automated capabilities was unavailable at the time FNS surveyed the States.

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INDIANA	CLAIMS COLLECTION
ORGANIZATION	
Agencies	Indiana's claims collection process is State supervised and county administered. There are specialized local claims collection units.
Staff Training	Eligibility workers receive no claims collection training.
System Monitoring	Routine monthly reports are issued on fraud claims referrals, investigations, and establishment; and fraud/nonfraud collection, followup, and terminations for State offices. There are no time limits on processing cases.
Automation	Statewide automated functions include: • Maintaining histories with dates of case actions Nonautomated functions include: • Tracking match hits; fraud referrals, investigations, and established claims; all claim payments; and disqualified individuals • Flagging cases with active and delinquent claim balances • Individual status reporting on delinquent claims for local office

(continued)

INDIANA	CLAIMS COLLECTION (continued)
OPERATING PROCEDURES	
Identifying and Investigating Claims	Methods to detect overissuances in order of importance are: • Computer matching of wages • QC reviews • Conflicting information from client • Hotline, informal complaints • Information from other agencies • Project Integrity (overissuance identification program) • Special investigation units After identification, overissuance is calculated for previous 6 years. Claims are investigated through case file reviews, in-office interviews, and third-party contacts. In addition, fraud claims are investigated through forensic investigations. No priority is given to fraud or non-fraud cases.
Establishing and Collecting Claims	For fraud cases, the establishment methods used are fraud prosecution and administrative fraud hearings. Cases are referred for prosecution because of larger dollar amount, repeat offenses, and flagrant violations. Clients are interviewed to select best payment method and amount. If no choice is made, then recoupment is used. Recoupment is also used in fraud, household error, and agency error cases. The latter depends on the client's consent, which cannot always be obtained. Indiana collected $988,219 in claims during FY86, ranking 23rd among the States.
Following Up and Suspending/Terminating Claims	Followup involves mailing demand letters to inactive cases (if recoupment is unsuccessful), and phone calls. Alternative collection methods used are tax refund interception, wage garnishment (integrated with AFDC), small claims court, large dollar amount, or long-term delinquency. The uniform criteria for suspending claims are reason for suspension, unreasonable location effort, and last date of notification. Nonfraud claims suspended for 3 years are terminated. Fraud claims suspended for 10 years are terminated. These cases remain on file indefinitely.

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INDIANA	QUALITY CONTROL
ORGANIZATION	
Unit	Quality Control Division.
System Type	The Quality Control Division is responsible for QC activities in the AFDC, Medicaid and Food Stamp Programs. The QC system is integrated with these programs.
Sample Size	The Indiana QC sample is composed of 1,200 cases. In addition, the Quality Control Division conducts 35 extra reviews in order to allow more detailed analysis of causes of errors. These reviews are not part of the basic QC sample, and the data from these reviews are not reported to FNS.
Staff	There are 27 FTE QC reviewers for the FSP. Most reviewers have had an average of 3 years of experience as eligibility workers. Most are college graduates. Combining staff FTEs and QC sample size leads to an estimate of 44 QC reviews performed for each FTE.
Review Time	On average, a QC review takes 20 hours. Internal re-reviews take, on average, 3.5 hours. Case characteristics that increase review time are: more than 60 minutes- • Earned income present • Large household (5 or more members) • Errors found in the case

INDIANA	QUALITY CONTROL (continued)
OPERATING PROCEDURES	
Local Office Notification and Preparation	Local offices are notified of date of review, and cases to be reviewed are identified. Local office staff pull the selected case files and set them aside for the QC reviewer's visit. Supplementary information on caseworker and monthly reporting status is collected on all cases in the QC sample.
Error Determination and Resolution	The initial error determination is made by a supervisor and a policy specialist. Policy questions that arise during the error-determination process are resolved either by the review supervisor or by a policy specialist.
Internal Re-review	All cases in the QC sample are re-reviewed by the review supervisor and QC division director. Error cases are also re-reviewed by the Assistant Director and the Administrative Assistant.
Analyses of QC Data	ANALYSES PERFORMED Regular Reviews — ROUTINELY / OCCASIONALLY Identification of error-prone: • case categories — X • groups of workers — X • offices — X Evaluation of impact of change in policy or administrative operations: — X Special Reviews Identification of error-prone: • case categories — X • groups of workers — X
Use of FNS Software	Indiana does not use the analysis software provided by FNS because it has its own state system.

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IOWA	STATE SUMMARY
Administering agency	The Department of Human Services administers the Food Stamp Program. The program is State-administered.
Caseload	The average monthly caseload in FY 1986 was about 79,500 households, including 211,000 individuals. Iowa ranks 30th in number of persons participating. PA households account for 36% of the total.
Project areas	Iowa has 99 project areas. The largest are Polk (Des Moines), Blackhawk (Waterloo), and Scott (Davenport) counties, accounting for about 26% of the State caseload.
Benefits issued	Iowa's food stamp issuances in FY 1986 totaled $110 million, ranking 30th in the nation. Monthly issuance averaged $43.44 per person.
Administrative expenses	The federal share of Iowa's administrative costs amounted to $8.5 million in FY 1986, ranking 30th. Federal costs were $8.91 per household per month.

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IOWA	AUTOMATED CERTIFICATION SYSTEM
OVERVIEW	
System Name	Automated Benefit Calculation
General Characteristics	Implemented in 1984, this is a Statewide system. The system uses IBM hardware. There is no local processing hardware.
Key System Capabilities	Integrated Eligibility/Benefit Determination: Eligibility workers prepare input forms from application data to trigger system functions which automatically determine eligibility, calculate benefits, and update the household record.
Turnaround	Household actions are processed in daily batch runs for all actions performed since the last run.
AFDC and Food Stamp Integration	AFDC and food stamps are handled by the same workers, using combined application forms and input forms.
DATA BASE	
Level of Detail and Contents	System stores all household member's names, ID numbers, and social security numbers, regardless of membership in food stamp case. Historical data are available on-line for the past 12 months.
Financial Data	By individual • Gross earnings • Self-employment income • Unearned income (13 categories) • Work registration status Housing, utility, medical, and dependent care costs are available for the household.

(continued)

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IOWA	AUTOMATED CERTIFICATION SYSTEM (continued)
SYSTEM FUNCTIONS AND AUTOMATED OUTPUT	<u>Calculates and Stores</u> • Net income • Excess shelter costs deduction • Excess medical deduction • Dependent care deduction • Allotment • First month's prorated allotment • Recoupment amount (deducted) <u>Performs</u> • Individual eligibility tests • Gross income test • Net income test <u>Generates</u> • Listings for coupon issuance • ID cards • Certification period expiration notice • Monthly report forms • Monthly report filing reminders and termination notices • Application approvals/denials • Interim change/recertification notices • Edit reports (daily) • Eligibility results (daily) • Required case actions (monthly) • Computer match results (weekly or biweekly) • Supervisory reports System has access to AFDC, SSI and SSA program income data for use in food stamp eligibility processing.

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IOWA	COMPUTER MATCHING

OVERVIEW

Systems

There are 4 Statewide batch systems:

1. Earnings Match, implemented May, 1976.
2. Unemployment, implemented May, 1976.
3. Bendex, implemented June, 1984.
4. Public Assistance Match with Illinois, implemented December, 1982.

The systems are managed by the Bureau of Management Information, Department of Human Services. The Food Stamp, AFDC, and Medicaid programs use these systems.

Data Bases and Access

System	Data Accessed	Update Time	Time Lapse	Front-End or Ongoing
(1)	Earned income	Quarter	1-3 months	Ongoing
(2)	UI benefits	Month	Next week	Ongoing
(3)	SSA benefits	Month	1-3 months	Ongoing
(4)	Illinois PA files	Annual	NA	Ongoing

(continued)

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IOWA	COMPUTER MATCHING (continued)
OPERATING PROCEDURES	
Staff Assignments	Both State and local staff initiate ongoing matches with all systems. They access the systems by Social Security number.
Front-End Matching	No systems are used for front-end matching.
Ongoing Matching	All systems are used for ongoing matching of the Statewide caseload. Matching on the Earning Match system is done quarterly, while it is done annually on the Public Assistance Match with Illinois. Matching on the remaining systems is done monthly. Within a week, local offices receive machine readable reports and printouts containing information on: wages, UI and SSA benefits, and Public Assistance benefits in Illinois.
Followup	Iowa has established procedures that local offices must follow in processing matched cases. No systems are capable of triggering identification if there is a dollar wage discrepancy. Cases are not prioritized in ongoing matching.
Monitoring	Local offices are required to report, as needed, on the status of actions for the Earning Match system.

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IOWA	MONTHLY REPORTING
OVERVIEW	
Cases Required to Report	
PA Caseload	All AFDC households that are required to report monthly and that also receive food stamps are required by the Food Stamp Program to complete monthly reports. Thus, monthly reporting requirements are the same for both programs and include the following cases: • cases with countable current earnings • cases with earnings during the past 2 months • cases with fluctuating unearned income that is not from UI or Student Aid
NPA Caseload	NPA cases that derive all income from a sheltered workshop or Student Aid; that are UI households; or that are mandatory work registrants are exempt from monthly reporting. Those NPA households that must report monthly include: • cases with countable current earnings • cases with earnings during the past 2 months • cases with fluctuating unearned income
Information on Monthly Report	Sample monthly reporting form not available.

(continued)

IOWA	MONTHLY REPORTING (continued)
OPERATING PROCEDURES	
Mailing Monthly Reports	The State Department of Human Services mails monthly reporting forms to households. This mailing is separate from the distribution of benefits. A stamped return envelope is included with the monthly reporting form.
Monthly Reporting Schedule	Iowa operates monthly reporting on a 2-month cycle. That is, the cycle contains a "processing" month between the budget and issuance months. Monthly reporting forms are mailed on the 28th day of each month. The initial deadline for filing monthly reports is the 5th day of the next month so that households have 8 days in which to complete their monthly reports. Final (adverse action) notices are mailed 12 days after the original mailing of monthly reporting forms. The final deadline for submitting monthly reports is the last day of the report month. Iowa does not reinstate those cases that were terminated for failure to file on a timely basis.
Staff Assignments	At certification, local office eligibility workers assign cases to monthly reporting. Eligibility workers or clerks review monthly reports for completeness; make decisions on actions required by information on complete forms. Eligibility workers handle incomplete monthly reports and also make decisions about reassignments to or from monthly reporting.
Automation	Automated functions include: • generating monthly reports • tracking receipt of monthly reports • generating warning/adverse action notices • terminating cases for failure to file • assigning cases to or from monthly reporting

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IOWA	CLAIMS COLLECTION
ORGANIZATION	
Agencies	Iowa's claims collection process is administered at the State level. There are specialized Statewide claims recoupment and investigations units.
Staff Training	Eligibility workers receive training when hired, refresher training, and retraining. Policy manuals are available.
System Monitoring	Routine monthly reports are issued on claims establishment, collection, followup, suspensions, and terminations for State and local offices and claims units. There are no time limits on processing cases.
Automation	Statewide automated functions include: • Calculating and deducting for recoupment • Generating demand letters • Maintaining histories with dates of latest case actions, recoupment, payments, and suspensions • Tracking match hits, established and suspended claims, and claim payments • Individual status reporting for State fraud unit and local office's claim unit

(continued)

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IOWA	CLAIMS COLLECTION (continued)
OPERATING PROCEDURES	
Identifying and Investigating Claims	Methods to detect overissuances in order of importance are: • Computer matching of wages • Hotline, informal complaints • QC reviews • Conflicting information from client • Special investigation units • Review at recertification • Duplicate participation checks • Internal audits • Information from other agencies After identification, overissuance is calculated for previous 10 years. Fifteen percent of overissuances are referred for fraud investigations. Claims are investigated through case file reviews, in-office interviews, third-party contacts, and home visits. In addition, fraud claims are investigated through witness interviews, and forensic investigations. Priority is given to fraud over nonfraud cases.
Establishing and Collecting Claims	For fraud cases, the establishment methods used are fraud prosecution for claims over $1,000 and administrative fraud hearings for claims under $1,000. Cases are referred for prosecution because of larger dollar amount, repeat offenses, and flagrant violations. Four monthly demand letters with billing are sent to collect claims. Recoupment is used when no other agreement can be reached in fraud, household error, and agency error cases. The latter depends on the client's consent. Iowa collected $990,331 in claims during FY86, ranking 22nd among the States.
Following Up and Suspending/Terminating Claims	Alternative collection methods used are tax refund interception, wage garnishment, property liens, and small claims court for cases that are inactive. The uniform criteria for suspending claims are inability to locate client or claims less than $35. Claims suspended for 3 years are terminated. These cases remain on computer for 4 additional years and on file indefinitely.

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IOWA	QUALITY CONTROL
ORGANIZATION	
Unit	Bureau of Quality Control and Food Stamp Management and Evaluation, Department of Human Services.
System Type	The Bureau is responsible for QC activities in the Refugee Assistance, AFDC, Medicaid, and Food Stamp Programs. The QC system is integrated with AFDC.
Sample Size	The Iowa QC sample is composed of 1,200 cases.
Staff	There are 9 FTE QC reviewers for the FSP. Most reviewers have had an average of 5 years of experience as eligibility workers or supervisors. Most have some college experience. Combining staff FTEs and QC sample size leads to an estimate of 130 QC reviews performed for each FTE.
Review Time	On average, a QC review takes 9 hours. Internal re-reviews take, on average, 15 minutes. The following case characteristics increase review time by: more than 60 minutes- • Error found in the case 20 to 60 minutes- • Large household (5 or more members) • Remote local office or household less than 20 minutes- • Earned income present • Unearned income present • Receipt of AFDC, Medicaid, and food stamps • Receipt of GA and food stamps • Inconsistent information obtained (continued)

Table of Contents

IOWA	QUALITY CONTROL (continued)
OPERATING PROCEDURES	
Local Office Notification and Preparation	Local offices are notified of cases to be reviewed and are asked to send these cases to the QC reviewer.
Error Determination and Resolution	The initial error determination is made by a reviewer alone. Policy questions that arise during the error-determination process are resolved by the review supervisor.
Internal Re-review	Fifty percent of all cases with errors in the QC sample are re-reviewed by the review supervisor.
Analyses of QC Data	

	ANALYSES PERFORMED ROUTINELY	ANALYSES PERFORMED OCCASIONALLY
Identification of error-prone:		
• case categories		X
• groups of workers		X
• offices		X
Projection of:		
• caseload size or characteristics	X	
• effect of policy change		X
Evaluation of impact of change in policy or administrative operations:		X

Use of FNS Software	Software provided by FNS is used to analyze AFDC QC data, in general, and to perform error-prone analyses, in particular.

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IOWA	WORK REGISTRATION / JOB SEARCH
OVERVIEW	
Coverage	The Food Stamp Job Search Program operates in all 99 counties, serving 100% of the State's PA and NPA caseload.
Staff Assignments	Workers in income maintenance units refer participants to the work registration/job search program and inform participants of disqualification if they fail to comply. Assessment, assignment, monitoring, and notification activities are handled by the job service subcontractor.
Activity Level	For Federal fiscal year 1986, reported average monthly activity was: • Referred to Assessment 2,698 • Job Ready 1,615 • Not Job Ready NA • Exempt NA • Entered Job Search 1,117 • Entered Employment 149 • Found Noncompliant 743 • Disqualified 199
Program Operations	Assessments are conducted individually, averaging 15 minutes per person. Voluntary counseling is provided individually Training is provided in groups. Referral to Jobs, Job Development, and Classroom Training are included components of the Job Search Program. Each registrant is required to make 24 contacts during a continuous 8 week period. Every 4 weeks registrants report names of employers and contact persons, dates, results of contacts, and type of work. Contacts are confirmed if there is no contact person listed or if they contacted a business not in their area.

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IOWA	WORK REGISTRATION / JOB SEARCH (continued)
REPORTING	Reports on assessment, JS entrance, placement and noncompliance are hand tabulated at the local/county level. Summarized cumulative totals are prepared by adding all transactions to previous totals. These case management and participant-tracking functions are not automated. Reports on referral and disqualification are computer-generated at the State level. Final state totals are prepared by computer from case records. The case management and participant-tracking activities are computerized producing statistical reports for referrals and batch listings for disqualifications.
Referral and Assessment	Registrants are counted as referred at every new application, reapplication (e.g. break in certification), and recertification. Referrals occur once every 12 months, or when there is a break in certification. The number of registrants who are interviewed by the Job Search provider (i.e., who are assessed) does not include exempt registrants who are not allowed to participate in Job Search.
Job Search Entrance	During the year, registrants are counted each time they begin the job search. Job ready registrants may not be counted if they delay their job search with good cause.
Employment	Registrants are counted every time they obtain employment whether they were referred by the contractor or found their jobs themselves. Followup activity includes verification of job referral.
Noncompliance and Disqualification	Registrants are counted every time they are noncompliant or disqualified. Income maintenance staff receive daily noncompliance reports, which are reviewed within 10 days.

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KANSAS	STATE SUMMARY
Administering agency	The Department of Social and Rehabilitative Services administers the Food Stamp Program. The program is State-administered.
Caseload	The average monthly caseload in FY 1986 was about 44,500 households, including 117,500 individuals. Kansas ranks 35th in number of persons participating. PA households account for 60% of the total.
Project areas	Kansas has 105 project areas. The largest are Wichita and Wyandotte (Kansas City) counties, accounting for about 31% of the State caseload.
Benefits issued	Kansas' food stamp issuances in FY 1986 totaled $65 million, ranking 35th in the nation. Monthly issuance averaged $46.04 per person.
Administrative expenses	The federal share of Kansas' administrative costs amounted to $4.8 million in FY 1986, ranking 40th. Federal costs were $8.91 per household per month.

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KANSAS	AUTOMATED CERTIFICATION SYSTEM
OVERVIEW	
System Name	Unnamed
General Characteristics	Implemented in 1979, Kansas' food stamp system serves the entire state. The system uses IBM hardware. There is no local processing hardware.
Key System Capabilities	Integrated Eligibility/Benefit Determination: Eligibility workers prepare input forms from application data to trigger system functions which automatically determine eligibility, calculate benefits, and update the household record.
Turnaround	Household actions are processed in daily batch runs for all actions performed since the last run.
AFDC and Food Stamp Integration	AFDC and food stamps for PA households are handled by the same workers. Separate application forms and input forms must be used to enter the data for the two programs.
DATA BASE	
Level of Detail and Contents	System stores the head of household's name, address, race, sex, birthdate, and social security number. Historical data are not maintained on-line or on tape.
Financial Data	By total • Gross earnings • Unearned income (5 categories) Total shelter costs including utility and dependent care costs are available for the household.

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KANSAS	AUTOMATED CERTIFICATION SYSTEM (continued)
SYSTEM FUNCTIONS AND AUTOMATED OUTPUT	<u>Calculates and Stores</u> • Net income • Excess shelter costs deduction • Dependent care deduction • Allotment • First month's prorated allotment • Recoupment amount (deducted) <u>Performs</u> • Gross income test • Net income test <u>Generates</u> • Listings for coupon issuance • Certification period expiration notice • Notice that household must file monthly reports • Monthly report forms • Application approvals/denials • Interim change/recertification notices • Edit reports (daily) • Eligibility results (daily) • Required case actions (monthly) • Computer match results (monthly) • Supervisory reports System has no access to other assistance program income data for use in food stamp eligibility processing.

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KANSAS	COMPUTER MATCHING (continued)
OPERATING PROCEDURES	
Staff Assignments	Both State and local staff initiate searches on systems 3, 4, 5 and 6. The remaining systems are accessed by State staff. They access the systems by Social Security number, name, and dummy Social Security number.
Front-End Matching	Four systems do front-end matching of the Statewide caseload: Missouri Welfare, Kansas City Property and Real Estate Taxes (only the metropolitan Kansas City caseload), On-line Wage and UC and Duplicate Participation. Local offices receive printouts and on-line information from the first 3 of these systems. The Duplicate Participation system provides written match reports within a week. The information includes information from Missouri on wages, UI and AFDC benefits, and UI, AFDC, Medicaid and FS participation status. They also receive information on property value, Kansas wages and UI benefits, and FS participation.
Ongoing Matching	Six systems perform ongoing matching of the Statewide caseload: Batch Wage and UC, Kansas Payroll, Wichita School enrollment (metropolitan Wichita caseload only), Missouri Welfare, Kansas City Property and Real Estate Taxes (metropolitan Kansas City only), Duplicate Participation, and Bendex. Systems 1, 2, and 8 perform matching monthly; system 3 twice a year; system 5 at recertification; and system 7 quarterly. The Kansas City Property Taxes system provides on-line information to local offices overnight. All other systems provide written match reports within a week. The information includes: wages, employer information, UI and SSA benefits, school enrollment, property and real estate taxes, and FS participation.
Followup	Kansas has not established procedures that local offices must follow in processing matched cases. No systems are capable of triggering identification if there is a dollar wage discrepancy. Ongoing matches from the Batch Wage and UC system are prioritized by the amount of earnings or benefits. Neither front-end nor ongoing case matches from the remaining systems are prioritized.
Monitoring	Monitoring report sheets must be submitted to the State monthly for the DPS. The remaining systems have neither reporting requirements nor policy outlines.

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KANSAS	**COMPUTER MATCHING**
OVERVIEW	
Systems	There are 8 integrated systems: 1. Batch Wage and UC, implemented June, 1982. 2. Kansas Payroll (batch), implemented February, 1985. 3. Wichita School Enrollment (batch), implemented 1983

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KANSAS	MONTHLY REPORTING

OVERVIEW

Cases Required to Report

All Food Stamp households that are not statutorily exempt are required by the Food Stamp program to complete monthly reports.

Information on Monthly Report

	Required to report	*Reporting format*	*Verification*
Earned income	Yes	By earner	Monthly
Unearned income	Yes	By type of income by individual	Not specified
Resources	Change only	General for household	Not specified
Expenses	Yes	Not specified	For all types
Household composition	Change only	Not specified	Not specified

(continued)

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KANSAS	MONTHLY REPORTING (continued)
OPERATING PROCEDURES	
Mailing Monthly Reports	The State Department of Social and Rehabilitation Services mails monthly reporting forms to households. This mailing is separate from the distribution of benefits. A return envelope is included with the monthly reporting form. Households pay their own postage.
Monthly Reporting Schedule	Kansas operates monthly reporting on a 2-month cycle. That is, the cycle contains a "processing" month between the budget and issuance months. Monthly reporting forms are mailed on the last day of each month. The initial deadline for filing monthly reports is the 10th day of the next month so that households have 10 days in which to complete their monthly reports. Warning notices are sent on the 12th of each month. Final (adverse action) notices are mailed 18 days after the original mailing of monthly reporting forms. The final deadline for submitting monthly reports is the 20th day of the report month. Those cases that are terminated for failure to file on a timely basis, but submit their report before the end of the issuance month, may be reinstated without loss of benefits.
Staff Assignments	Clerks or eligibility workers review monthly reports for completeness; make decisions on actions required by information on complete forms; and also handle incomplete monthly reports.
Automation	Automated functions include generating monthly reports.

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KANSAS	CLAIMS COLLECTION
ORGANIZATION	
Agencies	Kansas' claims collection process is administered at the State level. There are specialized district level fraud investigations units.
Staff Training	Eligibility workers receive retraining when needed. Policy manuals are available.
System Monitoring	Routine monthly reports are issued on claims establishment, collection, followup, suspensions, and terminations for State and district offices. There are no time limits on processing cases.
Automation	Statewide automated functions include: • Generating demand letters • Maintaining histories with dates of latest case actions, recoupment, payments, and suspensions • Tracking established and suspended claims, claim payments, and disqualified individuals • Aging delinquent and suspended claims • Individual status reporting for State and district office

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KANSAS	CLAIMS COLLECTION (continued)
OPERATING PROCEDURES	
Identifying and Investigating Claims	The 5 most common methods to detect overissuances in order of importance are: • Computer matching of wages • Hotline, informal complaints • Conflicting information from client • QC reviews • Computer matching of unearned income Other methods include: • Review at recertification • Computer matching of resources • Duplicate participation checks • Special investigation units • Internal audits • Error-prone profile • Information from other agencies After identification, overissuance is calculated for previous 3 years. Claims are investigated through case file reviews and third-party contacts. In addition, fraud claims are investigated through witness interviews, home visits, in-office interviews, and forensic investigations. No priority is given to fraud or nonfraud cases. Characteristics that increase the likelihood of an investigation include: large dollar amounts, good quality of evidence, repeat offenses, flagrant violations and recent error.
Establishing and Collecting Claims	For fraud cases, the establishment methods used are fraud prosecution, administrative fraud hearings, disqualification consent agreements, and waivers of hearing. Cases are referred for prosecution because of larger dollar amount, repeat offenses, flagrant violations, and violations in other programs. For nonfraud claims, an initial demand letter is sent. After 30 days of nonresponse the claim is established and payment processes are developed. Five more monthly demand letters are sent every 3rd month to collect nonfraud claims. Recoupment is used in fraud, household error, and agency error cases. The latter depends on the client's consent. Kansas collected $417,292 in claims during FY86, ranking 33rd among the States.
Following Up and Suspending/Terminating Claims	In addition to demand letters, followup involves monthly billing and phone calls. Alternative collection methods used are tax refund interception, wage garnishment, property liens, small claims court and private collection agency for cases with fraud claims, large dollar amount, inactivity, or long-term delinquency. The uniform criteria for suspending claims are 18 months of nonactivity or inability to locate client. Claims suspended for 3 years are terminated. These cases remain on file for 5 additional years.

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KANSAS	QUALITY CONTROL
ORGANIZATION	
Unit	Quality Control Section, Department of Social and Rehabilitative Services.
System Type	The Quality Control Section is responsible for QC activities in the GA, AFDC, Medicaid, and Food Stamp Programs. The QC system is integrated with these programs.
Sample Size	The Kansas QC sample is composed of 1,088 cases. In addition, the Quality Control Section conducts 1,680 additional quality assurance reviews in order to identify and correct errors in error-prone cases not in the regular QC sample.
Staff	There are 11 FTE QC reviewers for the FSP. Most reviewers have had an average of 4 years of experience as eligibility workers. Most are college graduates. Combining staff FTEs and QC sample size leads to an estimate of 97 QC reviews performed for each FTE.
Review Time	On average, a QC review takes 10.5 hours. Internal re-reviews take, on average, 30 minutes. The following case characteristics increase review time by: more than 60 minutes- • Earned income • Errors found in the case • Large household (5 or more members) 20 to 60 minutes- • Receipt of AFDC, Medicaid, and food stamps • Remote local office or household less than 20 minutes- • Unearned income • Receipt of GA and food stamps (continued)

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KANSAS	QUALITY CONTROL (continued)
OPERATING PROCEDURES	
Local Office Notification and Preparation	Local offices are notified of date of review, and cases to be reviewed are identified. If review does not include a visit, local office is asked to send these cases to the QC reviewer. Local office staff pull the selected case files and either set them aside for the QC reviewer's visit or mail them to the reviewer.
Error Determination and Resolution	The initial error determination is made by a reviewer alone. Policy questions that arise during the error-determination process are resolved either by the review supervisor or by a policy specialist.
Internal Re-review	All cases with errors in the QC sample are re-reviewed by the review supervisor, QC division director, a policy specialist, and the local office. Cases with errors are read by a second supervisor.
Analyses of QC Data	

	ANALYSES PERFORMED	
Regular Reviews	ROUTINELY	OCCASIONALLY
Identification of error-prone:		
• case categories		X
• groups of workers		X
• offices	X	
Projection of:		
• caseload size or characteristics		X
• effect of policy change	X	
Caseload Description:		X
Evaluation of impact of change in policy or administrative operations:	X	
Special Reviews		
Identification of error-prone:		
• case categories	X	
• groups of workers	X	
• offices	X	
Projection of:		
• caseload size or characteristics		X
• effect of policy change		X
Caseload Description:		X
Evaluation of impact of change in policy or administrative operations:		X

Use of FNS Software

Software provided by FNS is used to analyze QC data, in general, and to perform error-prone analyses, in particular.

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KANSAS	WORK REGISTRATION / JOB SEARCH
OVERVIEW	
Coverage	The Food Stamp Job Search Program operates in 5 counties, serving 17% of the State's PA and NPA caseload, targeting both PA and NPA cases. Coordination with WIN and Job Club, and county preference were the criteria for selection.
Staff Assignments	Workers in income maintenance units refer participants to the work registration/job search program and inform participants of disqualification if they fail to comply. Assessment, assignment, monitoring, and notification activities are handled by a special WR/JS unit.
Activity Level	For Federal fiscal year 1986, reported average monthly activity was: • Referred to Assessment 393 • Job Ready 163 • Not Job Ready 30 • Exempt 38 • Entered Job Search 163 • Entered Employment 46 • Found Noncompliant 85 • Disqualified 64
Program Operations	Assessments are conducted individually and in groups, averaging 30-45 minutes per session. Voluntary counseling or training is provided in job clubs and individually. Referral to Jobs and Job Club are included components of the Job Search Program. Each registrant is required to make 24 contacts during a continuous 8 week period. Every 4 weeks registrants report names of employers and contact persons, dates, and results of contacts. A minimum of 1 of every 24 contacts is confirmed at random.

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KANSAS	WORK REGISTRATION / JOB SEARCH (continued)
REPORTING	Participant records are hand tabulated at the local/county level. Summarized cumulative totals are prepared by adding all transactions to previous totals. Case management and participant-tracking functions are not automated.
Referral and Assessment	Registrants are counted as referred at every new application, reapplication (e.g. break in certification), and recertification. Referrals occur at application and recertification. The number of registrants who are interviewed by the Job Search provider (i.e., who are assessed) includes exempt registrants who may participate in Job Search.
Job Search Entrance	During the year, registrants are counted each time they are assigned to job search status.
Employment	Registrants are counted every first time they obtain employment whether they were referred by the contractor or found their jobs themselves. Followup activity includes collecting information at eligibility review, reapplication for food stamp benefits, and job club reviews. These followups are conducted in-person and by telephone.
Noncompliance and Disqualification	Registrants are counted every time they are noncompliant or disqualified. Income maintenance staff receive noncompliance reports, which are reviewed.

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KENTUCKY	STATE SUMMARY
Administering agency	The Department for Social Insurance operates the Food Stamp Program. The program is State-administered.
Caseload	The average monthly caseload in FY 1986 was about 184,000 households, including 536,000 individuals. Kentucky ranks 10th in number of persons participating. PA households account for 16% of the total.
Project areas	Kentucky has 120 project areas. The largest are Jefferson County and Fayette County, accounting for about 15% of the State caseload.
Benefits issued	Kentucky's food stamp issuances in FY 1986 totaled $320 million, ranking 10th in the nation. Monthly issuance averaged $49.82 per person.
Administrative expenses	The federal share of Kentucky's administrative costs amounted to $22.3 million in FY 1986, ranking 13th. Federal costs were $10.07 per household per month.

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KENTUCKY	AUTOMATED CERTIFICATION SYSTEM
OVERVIEW	
System Name	FS2.1
General Characteristics	Implemented in 1977, FS2.1 is a Statewide system. The central processing system uses IBM hardware. There is no local processing hardware.
Key System Capabilities	Manual Determination and Automated Results Checking The system performs no eligibility determination functions; all determinations are performed manually by eligibility workers. The system calculates benefit amount, but only to check the results that are determined by the eligibility worker.
Turnaround	Household actions are processed in daily batch runs for all actions performed since the last run.
AFDC and Food Stamp Integration	AFDC and food stamps for PA households are handled by the same workers, using separate application and input forms. The data on the input forms which are relevant to both programs must be entered separately.
DATA BASE	
Level of Detail and Contents	System stores the name and social security number of the household head. No other individuals are identified. Historical data (same scope as current data base) are available for the previous case action. No archival or hard-copy historical data are maintained.
Financial Data	By household • Gross earnings • Unearned income (4 categories)

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KENTUCKY	AUTOMATED CERTIFICATION SYSTEM (continued)
SYSTEM FUNCTIONS AND AUTOMATED OUTPUT	<u>Calculates and Stores</u>: • Net income • Allotment • Recoupment amount (deducted) <u>Generates</u>: • ATPs (mailed) • Listings for coupon issuance • ID cards • Notification that household must file monthly reports • Monthly report forms • Monthly report filing reminders and termination notices • Required case actions (daily) • Computer match results (monthly) System has no access to other assistance program income data for use in food stamp eligibility processing.

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KENTUCKY	COMPUTER MATCHING

OVERVIEW

Systems

There are five Statewide systems, all implemented in 1975:

1. State Data Exchange (SDX) - Batch
2. AFDC- Batch
3. Unemployment Insurance (UI)- Batch
4. Wage- Batch
5. On-line access to all four systems above

The systems are programmed by the State Department of Information Systems. The Data Processing Branch of the State Department of Social Insurance handles routine production of backup tapes and printouts. The Food Stamp, AFDC, Medicaid, and Child Support Programs use the five systems.

Data Bases and Access

System	Data Accessed	Update Time	Time Lapse	Front-End or Ongoing
(1)	SSI benefits	Month	1 month	Both
(2)	AFDC files	Day	Next day	Both
(3)	UI benefits	Week	Next day	Both
(4)	Earned income	Quarter	1 month	Both
(5)	(all of the above)	NA	NA	Both

(continued)

KENTUCKY	COMPUTER MATCHING (continued)
OPERATING PROCEDURES	
Front-End Matching	State and local staff initiate front-end matches using social security numbers (SSNs) on the On-line access system. Daily matches are performed on all applicants in the State. Information is available on-line that day in local offices. The system provides information on: SSA, AFDC and UI benefit amounts; client income; pay status; client and employer addresses.
Ongoing Matching	State and local staff initiate ongoing matches using SSNs. The 4 batch systems perform matches on all participants who are due to be recertified. System-specific computer-generated printouts are issued to local offices 2 to 7 days after the match is performed. SDX printouts include benefit amount, identifying information, client income, pay status, and address. AFDC and UI printouts include current benefits and other pertinent information which can affect recertification. Wage printouts include wages, employer information and address, and time period.
Followup	If the level of a client's Social Security benefits is in question, the SSA is called for verification. The Wage system generates match hits on cases with discrepancies of greater than $25 a month.
Monitoring	There is a monthly review process in which field eligibility supervisors monitor the quality of each caseworker's efforts. Local offices are not required to submit regular reports to the State on the status of actions taken on matched cases. The State office cannot automatically monitor what is happening to matched cases.

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KENTUCKY	MONTHLY REPORTING

OVERVIEW

Cases Required to Report

PA Caseload

All AFDC households that are required to report monthly and that also receive food stamps are required by the Food Stamp Program to complete monthly reports. Thus, monthly reporting requirements are the same for both programs and include:

- cases with current earnings
- cases with earnings during the past 6 months
- cases that began receiving benefits in the last 3 months

NPA Caseload

Monthly reporters include:

- cases with earned income of $200 or more (if it is not annualized self-employment income) and which contain 5 or more members

Information on Monthly Report

	Required to report	***Reporting format***	***Verification***
Earned Income	Yes	By earner	Monthly
Unearned Income	Yes	By type of income by recipient	Not specified
Resources	Change only	Specific by type	Not specified
Expenses	Yes	Not specified	Not specified
Household composition	Change only	Not specified	Not specified

(continued)

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KENTUCKY	MONTHLY REPORTING (continued)
OPERATING PROCEDURES	
Mailing Monthly Reports	The State Department of Social Insurance mails monthly reporting forms to households. This mailing is separate from the distribution of benefits. A return envelope is included with the monthly reporting form. Households pay their own postage.
Monthly Reporting Schedule	Kentucky operates monthly reporting on a 2-month cycle. That is, the cycle contains a "processing" month between the budget and issuance months. Monthly reporting forms are mailed on the 28th or next-to-last work day of each month. The initial deadline for filing monthly reports is the 10th day of the next month so that households have 12 days in which to complete their monthly reports. Warning notices of adverse action are mailed between the 10th and 15th days of the month ; 12 to 17 days after the original mailing of monthly reporting forms. The final deadline for submitting monthly reports is the 22nd or 8 work days before the end of the report month. Kentucky does not reinstate those cases that are terminated for failure to file on a timely basis.
Staff Assignments	At certification, local office eligibility workers assign cases to monthly reporting. Eligibility workers review monthly reports for completeness; make decisions on actions required by information on complete forms; and also handle incomplete monthly reports. Eligibility workers make decisions about reassignments to or from monthly reporting.
Automation	Automated functions include: • generating monthly reports • tracking receipt of monthly reports • generating adverse action notices • terminating cases for failure to file

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KENTUCKY	CLAIMS COLLECTION
ORGANIZATION	
Agencies	Kentucky's claims collection process is administered at the State level. There is a specialized State Claims Collection Branch. Cases of suspected fraud of over $1000 are handled by the Office of the Inspector General. Non-fraud cases are handled in the local offices.
Staff Training	Four regional offices have training staff to train caseworkers in claims management focusing on interviewing, detection, and prevention; retraining is offered as needed. There are written policy manuals available.
System Monitoring	Routine monthly reports compiled by the State Claims Branch are issued on claims referrals, investigations, establishment, collection, and followup for State offices. There are six month time limits on referrals, investigations, and claims establishment.
Automation	Statewide automated functions include: • Deducting for recoupment • Maintaining histories of issuance for active cases, dates of claims payments and suspensions • Tracking of suspended claims and disqualified individuals • Flagging of cases with active claims balances Nonautomated functions include: • Tracking match hits, referrals, claims establishment and payments • Flagging fraud/nonfraud referrals, and cases with delinquent and suspended claim balances • Aging overissuances, claims referrals, investigations, delinquent and suspended claims • Individuals status reporting for State claim unit (continued)

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KENTUCKY	CLAIMS COLLECTION (continued)
OPERATING PROCEDURES	
Identifying and Investigating Claims	Methods to detect overissuances in order of importance are: • Computer matching of wages • Recertification review • Quality control reviews • Internal audits • Conflicting information from client • Supervisory review • Special investigation units • Computer matching of unearned income • Duplicate participation checks • Information from other agencies • Hotline, informal complaints After identification, overissuance is calculated for the previous 6 years for fraud cases and 2 years for nonfraud cases. 20% of overissuances are referred for fraud investigations. Claims are investigated through case file reviews, in-office interviews, and third-party contacts. In addition, fraud claims are occassionally investigated through witness interviews. There is no priority for fraud or nonfraud cases, however, smaller claims do receive lower priority. Household error claims are closely investigated to determine whether they are actually fraud claims.
Establishing and Collecting Claims	For fraud cases, the establishment methods used are fraud prosecution, administrative fraud hearings, disqualification consent agreements, and waivers of hearing. Cases are referred for prosecution because of dollar amount over $1000. Three demand letters are sent during one month to collect nonfraud claims. Recoupment is used in active cases of fraud, household error, and agency error. The latter depends on client consent.
Following Up and Suspending/Terminating Claims	In addition to demand letters, followup involves phone calls. The alternative collection method used is a collection agency for inactive agency error cases and all delinquent active cases. The criteria for suspending claims are: amounts under $10, loss of cost efficiency for claims over $10, or inability to locate client. Claims suspended for 3 years are terminated. These cases remain on file indefinitely. Kentucky collected $1,196,311 in claims during FY86, ranking 16th among the states.

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KENTUCKY	QUALITY CONTROL
ORGANIZATION	
Unit	Division for Management and Development, Quality Control Branch
System Type	The Quality Control Branch is responsible for QC activities in the Medicaid, AFDC, and Food Stamp Programs. The Food Stamp QC reviews are not integrated with Medicaid or AFDC.
Sample Size	The Kentucky Food Stamp QC sample is composed of 1,800 cases. The State performs no additional reviews.
Staff	There are 48 FTE QC reviewers for the Food Stamp Program. Most reviewers have had an average of 10 years of experience as eligibility workers. Most have some college experience.
Review Time	On average, a QC review takes 18 hours. Internal re-reviews take, on average, 30 minutes. Supplementary information on demographic characteristics and work experience is collected on all cases in the QC sample. The following case characteristics increase review time by: more than 60 minutes- • Earned income • Errors found in the case • Cases with unreported family members • Cases with medical expenses 20 to 60 minutes- • Unearned income • Large household (5 or more members) • Remote local office or household less than 20 minutes- • Receipt of GA and food stamps • Receipt of AFDC and food stamps (continued)

Table of Contents

KENTUCKY	QUALITY CONTROL (continued)
OPERATING PROCEDURES	
Local Office Notification and Preparation	Local offices are notified of date of review, and cases to be reviewed are identified. Usually the review does not include a visit, so the local office is asked to send the cases to the QC reviewer. Local office staff pull the selected case files and either set them aside for the QC reviewer's visit or mail them to the reviewer.
Error Determination and Resolution	The initial error determination is made by the reviewer alone. Policy questions that arise during the error determination process are resolved by the review supervisor .
Internal Re-review	All cases in the QC sample are re-reviewed by the review supervisor

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KENTUCKY	WORK REGISTRATION / JOB SEARCH
OVERVIEW	
Coverage	The Food Stamp Job Search Program operates in four counties, serving 21% of the State's PA and NPA caseload. A strong job market was the criterion for selecting counties.
Staff Assignments	Income maintenance workers in local offices refer participants to the work registration/job search program, perform assessments, and inform participants of disqualification if they fail to comply. A special Job Search unit performs job search monitoring and noncompliance notification functions.
Activity Level	For Federal fiscal year 1986, reported average monthly activity was: • Referred to Assessment 1821 • Job Ready 972 • Not Job Ready 847 • Exempt 2 • Entered Job Search 972 • Entered Employment 52 • Found Noncompliant 103 • Disqualified 103
Program Operations	Assessments are conducted individually, averaging 15 minutes per person. No counseling or training is provided. Job Referral is the only other component of the Job Search Program. Each registrant is required to make 24 contacts during a continuous 8 week period. Every 4 weeks, registrants report names of employers and contact persons, dates and results of contacts, and whether a job application was completed. Workers confirm contacts when there is any question about them. (continued)

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KENTUCKY	WORK REGISTRATION / JOB SEARCH (continued)
REPORTING	Participant records and statewide totals are tabulated by hand at the local level. Cumulative totals are summarized from local totals and are prepared by adding transactions to previous totals. There is no automated tracking.
Referral and Assessment	Registrants are counted as referred at every new application, reapplication (e.g., break in certification), recertification, and at least every 12 months. The number of registrants who are interviewed by the Job Search provider (i.e., are assessed) does not include exempt registrants who are not allowed to participate in Job Search.
Job Search Entrance	During the year, registrants are counted every time they are assigned to job search status.
Employment	Registrants are counted every time they obtain employment whether they were referred by the contractor or found their jobs themselves. In-person followup includes information collected at eligibility review and at reapplication for food stamp benefits.
Noncompliance and Disqualification	Registrants are counted every time they are noncompliant or disqualified. Income maintenance staff receive noncompliance reports, which are reviewed.

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LOUISIANA	STATE SUMMARY
Administering agency	The Department of Health and Human Resources administers the Food Stamp Program. The program is State-administered.
Caseload	The average monthly caseload in FY 1986 was about 220,000 households, including 678,000 individuals. Lousiana ranks 8th in number of persons participating. PA households account for 22% of the total.
Project areas	Lousiana has 64 project areas. The largest are Orleans, East Baton Rouge, Caddo (Shreveport), and Jefferson (Gretna and Metairie), accounting for about 35% of the State caseload.
Benefits issued	Lousiana's food stamp issuances in FY 1986 totaled $390 million, ranking 8th in the nation. Monthly issuance averaged $47.91 per person.
Administrative expenses	The federal share of Lousiana's administrative costs amounted to $25 million in FY 1986, ranking 11th. Federal costs were $9.44 per household per month.
Special Circumstances	Lousiana did not have a Job Search contract with FNS for FY 1986.

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LOUISIANA	AUTOMATED CERTIFICATION SYSTEM
OVERVIEW	
System Name	Food Stamp Management Information System
General Characteristics	Implemented in 1979, this is a Statewide system. The system uses IBM central and local processing hardware.
Key System Capabilities	Integrated Eligibility/Benefit Determination: Eligibility workers prepare input forms from application data to trigger system functions which automatically determine eligibility, calculate benefits, and update the household record.
Turnaround	Data entry staff enter and edit transactions on-line at terminals. Edit results are immediately available. Household records are immediately updated.
AFDC and Food Stamp Integration	AFDC and food stamps for PA households are handled by the same workers, using a combined application form. Separate input forms must be used to enter the data for the two programs.
DATA BASE	
Level of Detail and Contents	System stores all household member's social security numbers, regardless of membership in food stamp case. Historical data are not available on-line. However, data are stored on backup tapes in the central office. Workers have no access to this data.
Financial Data	By individual • Gross earnings • Self-employment income • Unearned income (17 categories) • Work registration status Housing, utility, medical, and dependent care costs are available for the household.

(continued)

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LOUISIANA	AUTOMATED CERTIFICATION SYSTEM (continued)
SYSTEM FUNCTIONS AND AUTOMATED OUTPUT	<u>Calculates and Stores</u> • Net income • Excess shelter costs deduction (including utility cost component) • Excess medical deduction • Dependent care deduction • Allotment • First month's prorated allotment • Recoupment amount (deducted) <u>Performs</u> • Individual eligibility tests • Gross income test • Net income test <u>Generates</u> • ATPs (mailed) • Monthly report forms • Monthly report filing reminders and termination notices • Edit reports (on demand) • Eligibility results (on demand) • Required case actions (monthly) • Computer match results (monthly) • Supervisory reports System has no access to other assistance program income data for use in food stamp eligibility processing.

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LOUISIANA	COMPUTER MATCHING

OVERVIEW

Systems

There are 6 Statewide systems:

1. DOL Wage Match (batch), implemented March, 1979.
2. DOL UC Match (batch), implemented March, 1979.
3. Welfare Information System (batch), implemented March, 1979.
4. SDX (batch), implemented July, 1979.
5. Bendex (batch), implemented December, 1982.
6. On-line Inquiry to above 5 systems, implemented March, 1979.

All 5 batch systems are integrated.

The Automated Systems Section of the Office of Family Services, Department of Health and Human Resources, manage all systems with the exception of the SDX and Bendex systems, which are managed by the Medical Assistance System Program. The Food Stamp, AFDC, Medicaid and Child Support programs use these 6 systems.

Data Bases and Access

System	Data Accessed	Update Time	Time Lapse	Front-End or Ongoing
(1)	Earned income	Quarter	1-3 months	Ongoing
(2)	UI benefits	Month	Next day	Ongoing
(3)	AFDC benefits	Day	Next day	Both
	Adult GA benefits	Day	Next day	
	Medicaid records	Day	Next day	
(4)	SSI benefits	NA	NA	Ongoing
(5)	SSA benefits	Month	Next day	Both
(6)	Earned income	Quarter	1-3 months	Both
	UI benefits	Month	Next day	
	AFDC benefits	Day	Next day	
	Adult GA benefits	Day	Next day	
	Medicaid records	Day	Next day	
	Medicare premium	NA	NA	
	Employment information	Month	Next day	

(continued)

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LOUISIANA	COMPUTER MATCHING (continued)
OPERATING PROCEDURES	
Staff Assignments	State staff initiate front-end and ongoing searches, although local staff also use the On-line Inquiry system, accessing the systems by Social Security number, name, date of birth, and AFDC, GA and Medicaid case numbers.
Front-End Matching	Three systems do front-end matching on the Statewide caseload: WIS, Bendex, and On-line Inquiry. Local offices receive written match reports from the WIS and Bendex systems within a week, while on-line information from the final system is provided overnight. The information covers: AFDC, SSA, UI, SSI and GA benefits, household composition, AFDC monthly reporting status, Medicare premium amounts, wages, and employment information.
Ongoing Matching	All systems are used for ongoing matching of the Statewide caseload. Matching is done at recertification for th 2 DOL systems. It is done monthly for the WIS system and annually for the SDX system. The Bendex system is only used when there has been a change in benefits. The On-line Inquiry system is used at worker's discretion. The 5 batch systems provide written match reports to local offices within a week. The on-line system provides a written match report overnight. The information covers: AFDC, SSA, UI, SSI and GA benefits, household composition, AFDC monthly reporting status, Medicare premium amounts, wages, and employment information.
Followup	Louisiana has not established procedures that local offices must follow in processing matched cases. No systems are capable of triggering identification if there is a dollar wage discrepancy. Cases are not prioritized in either front-end or ongoing matching.
Monitoring	Local offices have reporting requirements for the 2 DOL systems. Local offices must report to the State if there has been a claim as a result of a match on the 2 DOL systems.

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LOUISIANA	MONTHLY REPORTING

OVERVIEW

Cases Required to Report

PA Caseload

All AFDC households that are required to report monthly and that also receive food stamps are required by the Food Stamp Program to complete monthly reports. Louisiana also provides food stamp benefits to approximately 200 non-AFDC cases which are classified as PA cases (e.g., Refugee Assistance households). These cases must report only if they have current or recent earnings or irregular unearned income. AFDC cases that must monthly report include:

- cases with current earnings
- cases with earnings during the past 3 months
- cases with irregular unearned income (i.e. child support, parent contributions)
- households with stepparents
- cases that are unemployed

NPA Caseload

Monthly reporters include:

- cases composed of 5 or 7 or more persons

Information on Monthly Report

	Required to report	*Reporting format*	*Verification*
Earned Income	Yes	By earner	Monthly
Unearned Income	Yes	By type of income by individual	For all types
Resources	Change only	Specific by type	Not specified
Expenses	Yes	Not specified	For all tupes
Household composition	Change only	Not specified	Not specified

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LOUISIANA	MONTHLY REPORTING (continued)
OPERATING PROCEDURES	
Mailing Monthly Reports	The State Department of Health and Human Resources mails monthly reporting forms to households. This mailing is separate from the distribution of benefits. Households supply envelopes, but the agency pays postage.
Monthly Reporting Schedule	Louisiana operates monthly reporting on a 2-month cycle. That is, the cycle contains a "processing" month between the budget and issuance months. Monthly reporting forms are mailed 11 working days before the 1st and 15th of each month. The initial deadline for filing monthly reports is the 10th day of the next month so that households have 25 to 39 days in which to complete their monthly reports. Warning notices are mailed on the 13th day of the month. Final (adverse action) notices are mailed 43 to 57 days after the original mailing of monthly reporting forms. The final deadline for submitting monthly reports is the 25th day of the report month. Those cases that are terminated for failure to file on a timely basis, but submit their report before the end of the issuance month, may be reinstated without loss of benefits.
Staff Assignments	At certification, local office eligibility workers assign NPA cases to monthly reporting. Eligibility workers review monthly reports for completeness; and make decisions on actions required by information on complete forms. Eligibility workers or clerks handle incomplete monthly reports. Eligibility workers make decisions about reassignments to or from monthly reporting.
Automation	Automated functions include: • determining/verifying status of monthly report • generating monthly reports • tracking receipt of monthly reports • generating warning/adverse action notices • terminating cases for failure to file • assigning PA cases to or from monthly reporting

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LOUISIANA	CLAIMS COLLECTION
ORGANIZATION	
Agencies	Louisiana's claims collection process is administered at the State level. There are specialized Statewide claims collection and fraud investigations units. Investigations and collections of suspected fraud cases are handled by the Special Investigative Services, and nonfraud cases go to the Recovery Bureau.
Staff Training	Eligibility workers receive training when hired and retraining. Policy manuals are available.
System Monitoring	Routine reports are issued on claims establishment, collection, followup, suspensions, and terminations for claim and fraud units. There is a time limit of 3 months for referrals.
Automation	Statewide integrated automated functions include: • Calculating and deducting for recoupment • Generating demand letters • Maintaining histories with dates of case actions, recoupment, payments, and suspensions • Tracking referrals, established and suspended claims, claim payments, and disqualified individuals • Flagging fraud/nonfraud cases, and cases with active, delinquent and suspended claim balances • Aging delinquent and suspended claims • Individual status reporting for State fraud and claim unit

(continued)

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LOUISIANA	CLAIMS COLLECTION (continued)
OPERATING PROCEDURES	
Identifying and Investigating Claims	The top 4 methods to detect overissuances in order of importance are: • Computer matching of wages • Review at recertification • Computer matching of unearned income • Hotline, informal complaints Other methods include: • QC reviews • Duplicate participation checks • Special investigation units • Internal audits • Information from other agencies • Conflicting information from client After identification, overissuance is calculated for previous 6 years. Claims are investigated through case file reviews, in-office interviews and third-party contacts. In addition, fraud claims are investigated through witness interviews, home visits, and forensic investigations. No priority is given to fraud or nonfraud cases.
Establishing and Collecting Claims	For fraud cases, the establishment methods used are fraud prosecution, administrative fraud hearings, disqualification consent agreements, and waivers of hearing. Cases are referred for prosecution because of dollar amount over $1,000, repeat offenses, flagrant violations, quality of evidence, and age/health of client. A demand letter is sent to collect nonfraud claims. After 30 days of nonresponse, recoupment is used in fraud, household error, and agency error cases. The latter depends on the client's consent. Louisiana collected $1,196,186 in claims during FY86, ranking 17th among the States.
Following Up and Suspending/Terminating Claims	After 30 days of nonresponse, 3 additional monthly demand letters are sent to the cases to inform of recoupment. If the claim is large, eligibility workers may send more letters and make phone calls. Alternative collection methods used are wage garnishment, property liens for cases with fraud claims, large dollar amount, and long-term delinquency. The uniform criteria for suspending claims are inability to locate client, or loss of cost effectiveness. Claims suspended for 3 years are terminated.

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LOUISIANA	QUALITY CONTROL
ORGANIZATION	
Unit	Office of Family Security, QC Section, Department of Health and Human Resources.
System Type	The Quality Control Section is responsible for QC activities in the individual family grant program, AFDC, Medicaid, and Food Stamp Programs. The QC system is not integrated with these programs.
Sample Size	The Louisiana QC sample is composed of 1,200 cases.
Staff	There are 21 FTE QC reviewers for the FSP. Most reviewers have had an average of 5 years of experience as eligibility workers. Most are college graduates. Combining staff FTEs and QC sample size leads to an estimate of 56 QC reviews performed for each FTE.
Review Time	On average, a QC review takes 14 hours. Internal re-reviews take, on average, 2 hours. The following case characteristics increase review time by: more than 60 minutes- • Earned income • Errors found in the case • Remote household • Difficulties in locating client • No client cooperation • Cases with many adults and sources of income 20 to 60 minutes- • Unearned income • Large household (5 or more members) less than 20 minutes- • Remote local office (continued)

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LOUISIANA	QUALITY CONTROL (continued)
OPERATING PROCEDURES	
Local Office Notification and Preparation	Local offices are asked to send cases to be reviewed to the QC reviewer.
Error Determination and Resolution	The initial error determination is made by a reviewer alone. Policy questions that arise during the error-determination process are resolved by the review supervisor.
Internal Re-review	All cases with errors are re-reviewed by the review supervisor, an administrative supervisor, a policy specialist, and the local office. Cases with errors get a reading by a second supervisor. A local supervisor re-reviews a random sample of each reviewer's cases.
Analyses of QC Data	

	ANALYSES PERFORMED	
	ROUTINELY	OCCASIONALLY
Identification of error-prone:		
• case categories	X	
• offices		X
Projection of:		
• caseload size or characteristics		X

Use of FNS Software	Software provided by FNS is used to analyze QC data, in general, and to perform error-prone analyses, in particular.

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MAINE	STATE SUMMARY
Administering agency	The Department of Human Services administers the Food Stamp Program. The program is State-administered.
Caseload	The average monthly caseload in FY 1986 was about 45,500 households, including 111,000 individuals. Maine ranks 36th in number of persons participating. PA households account for 51% of the total.
Project areas	Maine has a single project area serving all participants statewide.
Benefits issued	Maine's food stamp issuances in FY 1986 totaled $57 million, ranking 36th in the nation. Monthly issuances averaged $43.01 per person.
Administrative expenses	The federal share of Maine's administrative costs amounted to $4.8 million in FY 1986, ranking 38th. Federal costs were $8.79 per household per month.

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MAINE	AUTOMATED CERTIFICATION SYSTEM
OVERVIEW	
System Name	Human Services Integrated On-line
General Characteristics	Implemented in 1983, the system operates Statewide. The system uses Honeywell hardware. There is no local processing hardware.
Key System Capabilities	Integrated Eligibility/Benefit Determination: Eligibility workers prepare input forms from application data to trigger system functions which automatically determine eligibility, calculate benefits, and update the household record.
Turnaround	Data entry staff enter and edit transactions on-line at terminals. Edit results are immediately available. Household records are immediately updated.
AFDC and Food Stamp Integration	AFDC and food stamps are handled by the same workers, using a combined application form. A single input form is used to enter the data for the two programs.
DATA BASE	
Level of Detail and Contents	System stores all household member's names, social security numbers, and special case numbers regardless of membership in food stamp case. Historical data is stored in abbreviated format covering the past 36 months. Data is available on-line and in hard copy.
Financial Data	By individual • Gross earnings • Self-employment income after allowable expenses deducted • Unearned income (7 categories) • Work registration status • Disqualification status Housing, utility, medical, and dependent care costs are available for the household.

(continued)

MAINE	AUTOMATED CERTIFICATION SYSTEM (continued)
SYSTEM FUNCTIONS AND AUTOMATED OUTPUT	<u>Calculates and Stores</u> • Net income • Excess shelter costs deduction (including utility cost component) • Excess medical deduction • Dependent care deduction • Allotment • First month's prorated allotment • Recoupment amount (deducted) <u>Performs</u> • Gross income test • Net income test <u>Generates</u> • Listings for coupon issuance (mailed) • Notice that household must file monthly reports • Monthly report forms • Monthly report filing reminders and termination notices • Edit reports (monthly) • Outstanding verifications needed (monthly) • Eligibility results (monthly) • Required case actions (monthly) • Computer match results (weekly or biweekly) • Supervisory reports System has access to AFDC assistance program income data for use in food stamp eligibility processing.

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MAINE	COMPUTER MATCHING

OVERVIEW

Systems

There are 7 integrated Statewide systems:

1. Unemployment (batch), implemented 1977.
2. Wage-Quarterly (batch), implemented October, 1982.
3. Wage-Daily (batch), implemented June, 1983.
4. Bank match (batch), implemented January, 1984.
5. SDX (batch), implemented 1977.
6. Bendex (batch), implemented 1981.
7. Department of Motor Vehicles (on-line), implemented 1982.

All systems are managed by the Data Processing Division of the Department of Human Services. The Food Stamp, AFDC, Medicaid, Social Services, and Child Support programs use these systems.

Data Bases and Access

System	Data Accessed	Update Time	Time Lapse	Front-End or Ongoing
(1)	UI benefits	Week	Next day	Both
(2)	Earned income	Quarter	1-3 months	Both
(3)	Earned income UI benefits	Quarter Week	1-3 months Next day	Front-End
(4)	Bank account balances	Day	Next day	Both
(5)	SSI benefits	Month	Next day	Both
(6)	SSA benefits	NA	NA	Both
(7)	DMV registration and value of car	Day	Next day	Front-end

(continued)

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MAINE	COMPUTER MATCHING (continued)
OPERATING PROCEDURES	
Staff Assignments	State staff initiate front-end and ongoing searches on most systems, although only local staff use the DMV system. The systems are accessed by Social Security number, name, sex, date of birth, and driver identification numbers.
Front-End Matching	All systems are used for front-end matching of the Statewide caseload. Local offices receive written match reports from the 6 batch systems within a week. The DMV system provides on-line information overnight. The information covers: UI, SSI and SSA benefits, wages, employment information, employment status, bank balances in checking and savings, and property value.
Ongoing Matching	Five systems are used for ongoing matching of the Statewide caseload: Unemployment, Wage-Quarterly, Bank Match, SDX, and Bendex. Matching is done weekly for the Unemployment system, quarterly for the Wage-Quarterly system, annually for the Bank Match system, and twice a month for the Bendex system. The time of matching in the SDX system depends on when local offices receive data tapes. All systems provide local offices with written match reports within a week, with information on: UI, SSI and SSA benefits; wages; employment information; bank balances in checking, savings and COD; and living arrangements.
Followup	Maine has not established procedures that local offices must follow in processing matched cases. No systems are capable of triggering identification if there is a dollar wage discrepancy, although the Bank Match system can screen for appropriate hits when they exceed an asset limit of $700. Cases are not prioritized in either front-end or ongoing matching.
Monitoring	Local offices are not required to submit regular reports to the State on

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MAINE	MONTHLY REPORTING

OVERVIEW

Cases Required to Report

PA Caseload

All AFDC households that are required to report monthly and who also receive food stamps are required by the Food Stamp Program to complete monthly reports. Thus, monthly reporting requirements are the same for both programs and include the following cases:

- cases with current earnings
- cases with earnings during the past 2 months

NPA Caseload

Monthly reporters include:

- cases with any countable income

Information on Monthly Report

	Required to report	*Reporting format*	*Verification*
Earned Income	Yes	By earner	Weekly paystub
Unearned Income	Yes	By type of income by individual	Not specified
Resources	Change only	General for household	Not specified
Expenses	Yes	Not specified	Not specified
Household composition	Change only	Not specified	Not specified

(continued)

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MAINE	MONTHLY REPORTING (continued)
OPERATING PROCEDURES	
Mailing Monthly Reports	The State Department of Human Services mails monthly reporting forms to households. This mailing is separate from the distribution of benefits. A stamped return envelope is included with the monthly reporting form.
Monthly Reporting Schedule	Maine operates monthly reporting on a 2-month cycle. That is, the cycle contains a "processing" month between the budget and issuance months. Monthly reporting forms are mailed on the during the weekend falling between the 5th and 10th day of each month. The deadline for filing monthly reports is the last work day of the month so that households have 20 to 25 days in which to complete their monthly reports. Warning notices are sent 1 week after mailout. Final (adverse action) notices are mailed on the last day of the month. Those households that are terminated for failure to file on a timely basis, but submit their report before the end of the issuance month, are reinstated without loss of benefits.
Staff Assignments	At certification, local office eligibility workers assign cases to monthly reporting. Eligibility workers review monthly reports for completeness; make decisions on actions required by information on complete forms; and also handle incomplete monthly reports. Eligibility workers make decisions about reassignments to or from monthly reporting.
Automation	Automated functions include: • determining/verifying status of monthly report • generating monthly reports • tracking receipt of monthly reports • generating warning/adverse action notices • terminating cases for failure to file
Monthly Reporting Effects	Analyses show that monthly reporting has increased Maine's Quality Control error rates by 2 percentage points.

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MAINE	CLAIMS COLLECTION
ORGANIZATION	
Agencies	Maine's claims collection process is administered at the State level. There are specialized Statewide claims collection and fraud investigations units.
Staff Training	Eligibility workers receive training when hired, refresher training, and retraining. Policy manuals are available.
System Monitoring	Routine summary reports on the claims system are not issued. There are no time limits on processing cases.
Automation	Statewide integrated automated functions include: • Calculating and deducting for recoupment • Maintaining histories with dates of case actions and recoupment • Tracking match hits, referrals, investigations, established and suspended claims, and disqualified individuals • Flagging fraud cases The tracking of claims payments is done by hand in the local offices.

(continued)

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MAINE	CLAIMS COLLECTION (continued)
OPERATING PROCEDURES	
Identifying and Investigating Claims	Methods to detect overissuances in order of importance are: • Conflicting information from client • Hotline, informal complaints • Computer matching of wages • Review at recertification • Computer matching of unearned income • Computer matching of resources • Information from other agencies • Internal audits • QC reviews After identification, overissuance is calculated for previous 6 years for fraud cases, 1 year for nonfraud cases. Ten percent of overissuances are referred for fraud investigations. Claims are investigated through case file reviews, in-office interviews, third-party contacts, and home visits. In addition, fraud claims are investigated through witness interviews. Priority is given to nonfraud over fraud cases. Cases that appear to be fraud are sent to the State fraud unit for further investigation.
Establishing and Collecting Claims	Normally, the eligibility workers determine the claim amount, meet with the client, and determine a method and schedule of repayment. For fraud cases, the establishment methods used are fraud prosecution, administrative fraud hearings, disqualification consent agreements, and waivers of hearing. Cases are referred for prosecution because of larger dollar amount, repeat offenses, and flagrant violations. A demand letter is sent to collect claims. After 30 days, recoupment is used in fraud, household error, and agency error cases. The latter depends on the client's consent. Maine collected $349,832 in claims during FY86, ranking 36th among the States.
Following Up and Suspending/Terminating Claims	If the demand letters don't work, followup involves referring fraud cases to the State for court action. The criterion for suspending claims is inability to locate client. Claims suspended for 3 years are terminated.

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MAINE	QUALITY CONTROL
ORGANIZATION	
Unit	Quality Control Unit, Department of Income Maintenance.
System Type	The Quality Control Unit is responsible for QC activities in the AFDC, Medicaid, and Food Stamp Programs. The QC system is not integrated with these programs.
Sample Size	The Maine QC sample is composed of 1,060 cases.
Staff	There are 26 FTE QC reviewers for the FSP. Most reviewers have had an average of 5 years of experience as eligibility workers. Most have some college experience. Combining staff FTEs and QC sample size leads to an estimate of 41 QC reviews performed for each FTE.
Review Time	On average, a QC review takes 14 hours. Internal re-reviews take, on average, 30 minutes. The following case characteristics increase review time by: more than 60 minutes- • Earned income • Errors found in the case • Remote local office or household • Eligibility workers work at home 20 to 60 minutes- • Unearned income • Large household (5 or more members) less than 20 minutes- • Receipt of AFDC, Medicaid and food stamps • Receipt of GA and food stamps

(continued)

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MAINE	QUALITY CONTROL (continued)
OPERATING PROCEDURES	
Local Office Notification and Preparation	Local offices are notified of date of review, and cases to be reviewed are identified. Local office staff pull the selected case files and set them aside for the QC reviewer's visit.
Error Determination and Resolution	The initial error determination is made by a supervisor. Policy questions that arise during the error-determination process are resolved either by the review supervisor or by a policy specialist.
Internal Re-review	All cases in the QC sample are re-reviewed by the review supervisor, the QC division director, and a policy specialist.
Analyses of QC Data	

	ANALYSES PERFORMED ROUTINELY	ANALYSES PERFORMED OCCASIONALLY
Identification of error-prone:		
• case categories	X	
• groups of workers		X
• offices	X	
Projection of:		
• effect of policy change	X	
Caseload Description:		X
Evaluation of impact of change in policy or administrative operations:	X	

Use of FNS Software	Software provided by FNS is used to analyze QC data, in general, and to perform error-prone analyses, in particular.

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MAINE	WORK REGISTRATION / JOB SEARCH
OVERVIEW	
Coverage	The Food Stamp Job Search Program operates in 5 counties, serving 20% of the State's NPA caseload and cases that receive GA. A large food stamp caseload and good job markets were the criteria for selection.
Staff Assignments	Workers in income maintenance units refer participants to the work registration/job search program and inform participants of disqualification if they fail to comply. Assessment, assignment, monitoring, and notification activities are handled by a special WR/JS unit.
Activity Level	For Federal fiscal year 1986, reported average monthly activity was: • Referred to Assessment 132 • Job Ready 59 • Not Job Ready NA • Exempt NA • Entered Job Search 55 • Entered Employment 36 • Found Noncompliant 29 • Disqualified 19
Program Operations	Assessments are conducted individually and in groups, averaging 45 minutes per session. Voluntary counseling or training is provided in groups, job clubs, and individually. Referral to Jobs and Classroom Training are included components of the Job Search Program. Each registrant is required to make 24 contacts during a continuous 8 week period. Every 4 weeks registrants report names of employers and contact persons, phone numbers, dates, and results of contacts. Some contacts are confirmed if there is suspicion about the contact. (continued)

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MAINE	WORK REGISTRATION / JOB SEARCH (continued)
REPORTING	Participant records are hand tabulated at the local/county level. Summarized cumulative totals are prepared by adding the number of new participants to the previous total. Case management and participant-tracking functions are not automated.
Referral and Assessment	Registrants are counted as referred at every new application, reapplication (e.g. break in certification), and recertification. Referrals occur once every 12 months, or when there is a break in certification. The number of registrants who are interviewed by the Job Search provider (i.e., who are assessed) does not include exempt registrants who are not allowed to participate in Job Search.
Job Search Entrance	During the year, registrants are counted each time they are assigned to job search status. Job ready registrants may not be counted if they delay their job search with good cause, become employed part-time, enroll in a training program, or leave the FS Program.
Employment	Registrants are counted every time they obtain employment whether they were referred by the contractor or found their jobs themselves. There is a followup form letter that is completed by phone or mail.
Noncompliance and Disqualification	Registrants are counted every time they are noncompliant or disqualified. Income maintenance staff receive daily noncompliance reports, which are reviewed.

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MARYLAND	STATE SUMMARY
Administering agency	The Department of Human Resources administers the Food Stamp Program. The program is State-supervised.
Caseload	The average monthly caseload in FY 1986 was about 110,500 households, including 272,000 individuals. Maryland ranks 25th in number of persons participating. PA households account for 56% of the total.
Project areas	Maryland has 24 project areas. The largest is Baltimore county, accounting for about 57% of the State caseload.
Benefits issued	Maryland's food stamp issuances in FY 1986 totaled $170 million, ranking 21st in the nation. Monthly issuances averaged $52.14 per person.
Administrative expenses	The federal share of Maryland's administrative costs amounted to $19 million in FY 1986, ranking 19th. Federal costs were $14.17 per household per month.
Special Circumstances	Maryland did not have a Job Search contract with FNS for FY 1986.

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MARYLAND	AUTOMATED CERTIFICATION SYSTEM
OVERVIEW	
System Name	Automated Income Maintenance System (AIMS)
General Characteristics	Implemented in 1984, AIMS is a Statewide system. The system uses IBM hardware. There is no local processing hardware.
Key System Capabilities	Integrated Eligibility/Benefit Determination: Eligibility workers prepare input forms from application data to trigger system functions which automatically determine eligibility, calculate benefits, and update the household record.
Turnaround	Data entry staff enter and edit transactions on-line at terminals. Edit results are immediately available. Household records are immediately updated.
AFDC and Food Stamp Integration	AFDC and food stamps are handled by the same workers, using a combined application form. Separate input forms must be used to enter the data for the two programs.
DATA BASE	
Level of Detail and Contents	System stores head of household's name, address, race, social security number and case number. Household type and number in household are also stored. On-line historical data is available for past 12 months. However, all past data are stored on tape.
Financial Data	By total • Gross earnings • Unearned income (4 categories) Housing, utility, medical, dependent care costs, and total countable value of resources are available for the household.

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MARYLAND	AUTOMATED CERTIFICATION SYSTEM (continued)
SYSTEM FUNCTIONS AND AUTOMATED OUTPUT	<u>Calculates and Stores</u> • Net income • Excess shelter costs deduction (including utility cost component) • Excess medical deduction • Dependent care deduction • Allotment • First month's prorated allotment • Recoupment amount (deducted) <u>Performs</u> • Individual eligibility tests • Gross income test • Net income test • Resource test <u>Generates</u> • ATPs (mailed) • Listings for coupon issuance • Application approvals/denials • Interim change/recertification notices • Eligibility results (monthly) • Required case actions (monthly) • Supervisory reports System has access to AFDC, GA and Child Support programs' income data for use in food stamp eligibility processing.

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MARYLAND	COMPUTER MATCHING

OVERVIEW

Systems

There are 3 Statewide on-line systems:

1. State Wage Information Collection (SWICA), implemented 1974.
2. State UI Claims File (SUI), implemented 1974.
3. State Bendex, implemented June, 1985.

The SWICA and SUI systems are integrated.

All 3 systems are managed by the Office of Legislation and Audits of the Income Maintenance Administration, Department of Human Resources. The Food Stamp, AFDC, Medicaid, GA, and Child Support programs use these systems.

Data Bases and Access

System	Data Accessed	Update Time	Time Lapse	Front-End or Ongoing
(1)	Earned income UI benefits	Quarter Day	1-3 months Next day	Both
(2)	UI benefits	Day	Next day	Both
(3)	SSA benefits	Month	2-3 weeks	Both

(continued)

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MARYLAND	COMPUTER MATCHING (continued)
OPERATING PROCEDURES	
Staff Assignments	Local staff initiate front-end and ongoing searches and access the systems by Social Security number and name.
Front-End Matching	All 3 systems are used for front-end matching of the Statewide caseload, with the exception of the Bendex system, which only covers FS recipients on Medical Assistance. Local offices receive printouts overnight with information on: wages, employment status, UI and SSA benefits, household composition, address, alias Social Security number, alias name, Medicare status, and citizenship.
Ongoing Matching	All 3 systems are used for ongoing matching of the Statewide caseload, with the exception of the Bendex system, which only covers FS recipients on Medical Assistance. Matching at recertification is mandatory, matching is otherwise done where appropriate. Local offices receive printouts overnight with information on: wages, employment status, UI and SSA benefits, household composition, address, alias Social Security number, alias name, Medicare status, and citizenship.
Followup	Maryland has established procedures that local offices must follow in processing matched cases. No systems are capable of triggering identification if there is a dollar wage discrepancy, although the Bendex system is capable of triggering an alert if there has been a change in benefits. Cases are not prioritized in either front-end or ongoing matching.
Monitoring	Local offices are not required to submit regular reports to the State on the status of actions taken on cases matched from the other systems. The State office cannot automatically monitor what is happening to matched cases. Local offices are responsible for quality control and supervisory review systems while the State monitors the review processes.

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MARYLAND	MONTHLY REPORTING

OVERVIEW

Cases Required to Report

PA Caseload

Monthly reporters include:
- AFDC-UP cases (unemployed parent)
- cases with current earnings
- cases with earnings during the past 2 months
- cases composed of 4 or more persons
- cases with food stamp allotment over $180

NPA Caseload

Monthly reporters include:
- cases with current earnings
- cases with earnings during the past 4 months
- cases composed of 4 or more persons
- cases with food stamp allotment over $180

Information on Monthly Report

	Required to report	*Reporting format*	*Verification*
Earned Income	Yes	By earner	Weekly paystub
Unearned Income	Yes	Total by individual	For all types
Resources	No	Not applicable	Not applicable only
Expenses	Yes	Not specified	For all types
Household composition	Change only	Not specified	Not specified

(continued)

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MARYLAND	MONTHLY REPORTING (continued)
OPERATING PROCEDURES	
Mailing Monthly Reports	The State Department of Human Resources supervises local offices that mail monthly reporting forms to households. This mailing is separate from the distribution of benefits. A stamped return envelope is included with the monthly reporting form.
Monthly Reporting Schedule	Maryland operates monthly reporting on a 2-month cycle. That is, the cycle contains a "processing" month between the budget and issuance months. Monthly reporting forms are mailed on the 27th day of each month. The initial deadline for filing monthly reports is the 5th day of the next month so that households have 7 to 9 days in which to complete their monthly reports. Warning notices are mailed on the 6th day of the month. Final (adverse action) notices are mailed 31 to 35 days after the original mailing of monthly reporting forms. The final deadline for submitting monthly reports is the last day of the report month. Maryland does not reinstate those cases that were terminated for failure to file on a timely basis.
Staff Assignments	Clerks or eligibility workers review monthly reports for completeness; and make decisions on actions required by information on complete forms. Eligibility workers handle incomplete monthly reports.
Automation	Automated functions include assigning cases to or from monthly reporting. Information on other capabilities (e.g. form generation and tracking) was unavailable at the time FNS surveyed the States.

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MARYLAND	CLAIMS COLLECTION
ORGANIZATION	
Agencies	Maryland's claims collection process is State supervised and county administered. There are specialized local claims collection and local and Statewide fraud investigations units. Cases of suspected fraud are handled by State's attorneys and courts. All investigations are done by the Division of Special Investigations.
Staff Training	Eligibility workers receive training when hired, refresher training, and retraining. Policy manuals are available.
System Monitoring	Routine summary reports on the claims processes are not issued. There is a time limit of 1 year for investigations and claims establishment.
Automation	Statewide integrated automated functions include: • Calculating for recoupment on client error • Maintaining histories with dates of recoupment • Aging suspended claims Nonautomated functions include: • Tracking match hits, referrals, investigations, established and suspended claims, claim payments, and disqualified individuals

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MARYLAND	CLAIMS COLLECTION (continued)
OPERATING PROCEDURES **Identifying and Investigating Claims**	Methods to detect overissuances in order of importance are: • QC reviews • Special investigation units • Information from other agencies • Review at recertification • Computer matching of wages • Conflicting information from client • Hotline, informal complaints • Duplicate participation checks • Internal audits After identification, overissuance is calculated for previous 6 years for fraud cases, 1 year for nonfraud cases. One percent of overissuances

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MARYLAND	QUALITY CONTROL
ORGANIZATION	
Unit	Division of Quality Control, Income Maintenance Administration of the Department of Human Resources.
System Type	The Division of Quality Control is responsible for QC activities in the GA, AFDC, Medicaid, and Food Stamp Programs. The QC system is not integrated with these programs.
Sample Size	The Maryland QC sample is composed of 1,200 cases. In addition, the Division of Quality Control conducts 23 special reviews in order to increase the precision of the error estimates, and to allow more detailed analysis of causes and nature of agency errors, broken down by office or region. These file reviews take only 35% of normal review time.
Staff	There are 15 FTE QC reviewers for the FSP. Most reviewers have had an average of 8 years of experience as eligibility workers. Most have some college experience. Combining staff FTEs and QC sample size leads to an estimate of 82 QC reviews performed for each FTE.
Review Time	On average, a QC review takes 15.5 hours. Internal re-reviews take, on average, 3.5 hours. The following case characteristics increase review time by: more than 60 minutes- • Earned income • Unearned income • Errors found in the case • Large household (5 or more members) • Unreported household members with income 20 to 60 minutes- • Remote local office or household less than 20 minutes- • Receipt of AFDC, Medicaid, and food stamps • Receipt of GA and food stamps (continued)

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MARYLAND	QUALITY CONTROL (continued)
OPERATING PROCEDURES	
Local Office Notification and Preparation	Local offices are notified by mail of date of review, and cases to be reviewed are identified. If review does not include a visit, local office is asked to send these cases to the QC reviewer. Local office staff pull the selected case files and either set them aside for the QC reviewer's visit or mail them to the reviewer. Supplementary information on welfare history, work experience, rent review, prior assistance and reeducation is collected on all cases in the QC sample.
Error Determination and Resolution	The initial error determination is made by the reviewer alone. Policy questions that arise during the error-determination process are resolved by a policy specialist.
Internal Re-review	All cases with errors in the QC sample are re-reviewed by the review supervisor, the review committee, a policy specialist, and the local office. .
Analyses of QC Data	

	ANALYSES PERFORMED	
Regular Reviews	ROUTINELY	OCCASIONALLY
Identification of error-prone:		
• case categories	X	
• offices	X	
Projection of:		
• caseload size or characteristics		X
• effect of policy change		X
Caseload Description:	X	
Evaluation of impact of change in policy or administrative operations:		X
Special Reviews		
Identification of error-prone:		
• case categories		X
• groups of workers		X
• offices		X
Projection of:		
• effect of policy change		X
Caseload Description:		X

Use of FNS Software	Software provided by FNS is used to analyze QC data, in general, and to perform error-prone analyses, in particular.

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MASSACHUSETTS	STATE SUMMARY
Administering agency	The Department of Public Welfare administers the Food Stamp Program. The program is State-administered.
Caseload	The average monthly caseload in FY 1986 was about 136,000 households, including 322,000 individuals. Massachusetts ranks 22nd in number of persons participating. PA households account for 72% of the total.
Project areas	Massachusetts has a single project area serving all participants statewide.
Benefits issued	Massachusetts' food stamp issuances in FY 1986 totaled $158 million, ranking 22nd in the nation. Monthly issuance averaged $40.95 per person.
Administrative expenses	The federal share of Massachusetts' administrative costs amounted to $19 million in FY 1986, ranking 18th. Federal costs were $11.64 per household per month.
Special Circumstances	Massachusetts did not have a Job Search contract with FNS for FY 1986.

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MASSACHUSETTS	AUTOMATED CERTIFICATION SYSTEM
OVERVIEW	
System Name	FMCS
General Characteristics	Implemented in 1981, FMCS is a Statewide system. The system uses IBM hardware. There is no local processing hardware.
Key System Capabilities	Integrated Eligibility/Benefit Determination: Eligibility workers prepare input forms from application data to trigger system functions which automatically determine eligibility, calculate benefits, and update the household record.
Turnaround	Household actions are processed in daily batch runs for all actions performed since the last run.
AFDC and Food Stamp Integration	AFDC and food stamps are handled by the same workers, using combined application forms and input forms.
DATA BASE	
Level of Detail and Contents	System stores all household member's names, ages and social security numbers, regardless of membership in food stamp case. Historical data are not available on-line or on tape.
Financial Data	By total • Gross earnings • Unearned income for household Housing, utility, and medical expenses are available for the household.

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MASSACHUSETTS	AUTOMATED CERTIFICATION SYSTEM (continued)
SYSTEM FUNCTIONS AND AUTOMATED OUTPUT	<u>Calculates and Stores</u> • Net income • Excess shelter costs deduction (including utility cost component) • Excess medical deduction • Dependent care deduction • Allotment • First month's prorated allotment • Recoupment amount (deducted) <u>Performs</u> • Individual eligibility tests • Gross income test • Net income test • Resource test <u>Generates</u> • ATPs (mailed) • ID cards • Certification period expiration notice • Monthly report forms • Monthly report filing reminders and termination notices • Interim change/recertification notices • Edit reports (daily) • Required case actions (monthly) • Computer match results (monthly) • Supervisory reports System has access to AFDC and Child Support program income data for use in food stamp eligibility processing.

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MASSACHUSETTS	COMPUTER MATCHING

OVERVIEW

Systems

There are 5 Statewide batch systems:

1. Wage-Division of Revenue, implemented 1979.
2. Unemployment Compensation Match, implemented January, 1980.
3. Bendex Benefits, implemented February, 1986.
4. SDX, implemented October, 1981.
5. Bank Match, implemented August, 1982.

All systems are managed by the Systems and Programming Division of the Public Welfare Division. The Food Stamp, AFDC, Medicaid, GA, and Child Support programs use these systems.

Data Bases and Access

System	Data Accessed	Update Time	Time Lapse	Front-End or Ongoing
(1)	Earned income	Month	7-9 months	Both
(2)	UI benefits	Week	1-3 months	Both
(3)	SSA benefits	Month	1-3 months	Ongoing
(4)	SSI benefits	Month	2-3 weeks	Both
(5)	Bank account records	Year	2-3 weeks	NA (see below)

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MASSACHUSETTS	COMPUTER MATCHING (continued)
OPERATING PROCEDURES	
Staff Assignments	Both State and local staff initiate front-end and ongoing searches, with the exception of the Bank Match system which is only used by State staff. The systems are accessed by Social Security number, name, and SSA claim number.
Front-End Matching	Three systems perform front-end matching of the Statewide caseload: Wage-Division of Revenue, UC Match and SDX. Local offices receive written match reports from these systems within 1 to 3 weeks, except the SDX system, which takes 1 to 4 months. These reports include information on: wages, UI benefits, gross income and household composition.
Ongoing Matching	All systems, except the Bank Match system, are used for ongoing matching of the Statewide caseload. Matching on the Wage system is done quarterly, while it is done monthly on the UC and Bendex systems and at recertification on the SDX system. Local offices receive written match reports within 1 to 3 weeks with information on: wages, UI benefits, gross income, and household composition.
Followup	Massachusetts has established procedures that local offices must follow in processing matched cases. The SDX system is the only one capable of triggering identification if there is a dollar wage discrepancy. Cases are not prioritized in either front-end or ongoing matching.
Monitoring	Local offices are not required to submit regular reports to the State on the status of actions taken on matched cases. The State office does not automatically monitor what is happening to cases matched by the front-end systems. It is up to the local offices whether to monitor a case, although the ongoing systems are fully automated.

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MASSACHUSETTS	MONTHLY REPORTING

OVERVIEW

Cases Required to Report

PA Caseload

All AFDC households that are required to report monthly and that also receive food stamps are required by the Food Stamp Program to complete monthly reports. Thus, monthly reporting requirements are the same for both programs and include the following cases:

- cases with current earnings
- cases with earnings during the past two months

NPA Caseload

Monthly reporters include:

- cases composed of five or more persons with present earned income

Information on Monthly Report

	Required to report	*Reporting format*	*Verification*
Earned Income	Yes	By earner	Weekly paystub
Unearned Income	Yes	By type of income by individual	For change only
Resources	Yes	General for household	Not specified
Expenses	Change only	Not specified	For all types
Household composition	Yes	Not specified	Not specified

(continued)

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MASSACHUSETTS	MONTHLY REPORTING (continued)
OPERATING PROCEDURES	No information on operating procedures or the effects of monthly reporting was received from the State at the time of the study.
Automation	A Food and Nutrition Service survey found that Massachusetts' automated functions include: • determining/verifying status of monthly report • generating warning notices

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MASSACHUSETTS	CLAIMS COLLECTION
ORGANIZATION	
Agencies	Massachusetts' claims collection process is administered at the State level. There are specialized Statewide claims collection and fraud investigations units. Cases of suspected fraud are handled by the Bureau of Special Investigations. Nonfraud claims go to the central office, and occasionally to the State Reconciliation Unit.
Staff Training	Eligibility workers receive training when hired, and retraining.
System Monitoring	Routine summary reports are not produced for claims collection. There are no time limits of 60 days for referring and investigating fraud claims, and 30 days for following up delinquent claims.
Automation	Statewide automated functions include: • Calculating and deducting for recoupment • Generating demand letters for nonfraud cases • Maintaining histories with dates of establishment, recoupment, payments, and suspensions • Tracking match hits, established and suspended claims, claim payments, and disqualified individuals • Flagging cases with active and suspended claim balances • Aging delinquent and suspended claims • Individual status reporting for State claim unit Nonautomated functions include: • Aging overissuances, claims referrals, and investigations • Individual status reporting for State and local offices on referrals

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MASSACHUSETTS	CLAIMS COLLECTION (continued)
OPERATING PROCEDURES	
Identifying and Investigating Claims	Methods to detect overissuances in order of importance are: • Duplicate participation checks • Special investigation units • Internal audits • Error-prone profile • Review at recertification • Computer matching of wages, unearned income and resources • QC reviews • Information from other agencies • Conflicting information from client • Hotline, informal complaints After identification, overissuance is calculated for previous 6 years for fraud cases, 1 year for nonfraud cases. Seventeen percent of overissuances are referred for fraud investigations. Claims are investigated through case file reviews. In addition, fraud claims are investigated through witness interviews, and third-party contacts. No priority is given to fraud or nonfraud cases. Characteristics that increase the likelihood of an investigation include: large dollar amounts, good quality of evidence, and repeat offenses.
Establishing and Collecting Claims	For fraud cases, the establishment methods used are fraud prosecution, administrative fraud hearings, disqualification consent agreements, and waivers of hearing. Cases are referred for prosecution because of larger dollar amount, and repeat offenses. Four monthly demand letters are sent to collect fraud claims. If there is no response, cases are suspended until the courts decide the course of action. Three monthly demand letters are sent to collect nonfraud claims. Recoupment is used in household error and agency error open cases. The latter depends on the client's consent. Massachusetts collected $838,628 in claims during FY86, ranking 27th among the States.
Following Up and Suspending/Terminating Claims	In addition to demand letters, followup involves occasional phone calls. The alternative collection method used is tax refund interception. The criterion for suspending claims is 3 years of inactivity for open cases. Closed cases are suspended after 3 demand letters. Claims suspended for 3 years are terminated.

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MASSACHUSETTS	QUALITY CONTROL
ORGANIZATION	
Unit	Division of Quality Control, Program Assessment Unit
System Type	The Division of Quality Control is responsible for QC activities in the GA, AFDC, Medicaid, and Food Stamp Programs. The QC system is integrated with all programs.
Sample Size	The Massachusetts QC sample is composed of 1,200 cases. In addition, the SSI Demo Unit conducts 60 extra reviews as mandated by the USDA to get an error rate for the SSI project. Also, 20,000 QC reviews are conducted by the local office QC per year. This is a quick file review to analyze local office error rates. These reviews are not part of the basic QC sample, and the data from these reviews are not reported to FNS.
Staff	There are 13 FTE QC reviewers for the FSP. Most reviewers have had an average of 5 years of experience as eligibility workers. Most are college graduates. Combining staff FTEs and QC sample size leads to an estimate of 95 QC reviews performed for each FTE.
Review Time	On average, a QC review takes 13 hours. Internal re-reviews take, on average, 40 minutes. The following case characteristics increase review time by: more than 60 minutes- • Earned income • Errors found in the case • Large household (5 or more members) • Receipt of AFDC, Medicaid, and food stamps • Remote local office or household • Client does not cooperate 20 to 60 minutes- • Unearned income less than 20 minutes- • Receipt of GA and food stamps (continued)

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MASSACHUSETTS	QUALITY CONTROL (continued)
OPERATING PROCEDURES	
Local Office Notification and Preparation	Local offices are not notified of date of review. Supplementary information on absent parents for Child Support Enforcement Unit, and treatment of recipients, is collected on a subsample of cases in the QC sample.
Error Determination and Resolution	The initial error determination is made by a reviewer alone. Policy questions that arise during the error-determination process are resolved either by the review supervisor by the QC assistant director.
Internal Re-review	All cases with errors in the QC sample are re-reviewed by the review supervisor, the QC division director, a policy specialist, and the local office.
Analyses of QC Data	

	ANALYSES PERFORMED	
Regular Reviews	ROUTINELY	OCCASIONALLY
Identification of error-prone:		
• case categories		X
Projection of:		
• caseload size or characteristics		X
• effect of policy change	X	
Caseload Description:	X	
Evaluation of impact of change in policy or administrative operations:	X	
Special Reviews		
Identification of error-prone:		
• case categories	X	
• groups of workers	X	
• offices	X	
Projection of:		
• effect of policy change		X
Caseload Description:		X
Evaluation of impact of change in policy or administrative operations:		X

Use of FNS Software	Software provided by FNS is used to analyze QC data, in general, and to analyze case characteristics, in particular.

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MICHIGAN	STATE SUMMARY
Administering agency	The Department of Social Services administers the Food Stamp Program. The program is State-administered.
Caseload	The average monthly caseload in FY 1986 was about 382,000 households, including 928,000 individuals. Michigan ranks 7th in number of persons participating. PA households account for 81% of the total.
Project areas	Michigan has 83 project areas. The largest are Wayne (Detroit) and Genesee (Flint) counties, accounting for about 48% of the State caseload.
Benefits issued	Michigan's food stamp issuances in FY 1986 totaled $505 million, ranking 7th in the nation. Monthly issuance averaged $45.34 per person.
Administrative expenses	The federal share of Michigan's administrative costs amounted to $28 million in FY 1986, ranking 10th. Federal costs were $6.18 per household per month.
Special Circumstances	Michigan did not have a Job Search contract with FNS for FY 1986.

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MICHIGAN	AUTOMATED CERTIFICATION SYSTEM
OVERVIEW	
System Names	Local Office Automation System (LOA) (budgetary) Client Information System (CIS) (issuance)
General Characteristics	Implemented in 1984 and 1977 respectively, LOA and CIS are State-wide systems. The systems use Honeywell central hardware, and Burroughs local processing hardware.
Key System Capabilities	For LOA system: Stand-Alone Eligibility and Benefit Determination: Eligibility workers can use an on-line or batch computer process to have the system determine eligibility results and household data using an input form to record them on the data base.
Turnaround	Data entry staff enter and edit transactions on-line at terminals. Edit results are immediately available. Household records are immediately updated.
AFDC and Food Stamp Integration	AFDC and food stamps are handled by the same workers, using a combined application form. Separate input forms must be used to enter the data for the two programs.
DATA BASE	
Level of Detail and Contents	The CIS system stores all household member's names, birthdates, social security numbers, and case numbers regardless of membership in food stamp case. Historical data are available on-line covering the past 12 actions.
Financial Data	By individual • Gross earnings • Self-employment income and allowable expense • Unearned income (6 categories) • Work registration status Housing, utility, medical, dependent care costs, and total countable value of resources are available for the household.

(continued)

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MICHIGAN	AUTOMATED CERTIFICATION SYSTEM (continued)
SYSTEM FUNCTIONS AND AUTOMATED OUTPUT	<u>Calculates and Stores</u> • Net income • Excess shelter costs deduction • Excess medical deduction • Dependent care deduction • Allotment (worker must re-enter to store) • First month's prorated allotment • Recoupment amount (deducted) <u>Performs</u> • Individual eligibility tests • Gross income test • Net income test • Resource test <u>Generates</u> • Listings for coupon issuance • On-line issuance of benefits • ID cards • Certification period expiration notice • Notice that household must file monthly reports • Monthly report forms • Monthly report filing reminders and termination notices • Application approvals/denials • Interim change/recertification notices • Eligibility results (weekly or biweekly) • Required case actions (weekly or biweekly) • Computer match results (monthly) • Supervisory report System has access to AFDC and GA program income data for use in food stamp eligibility processing.

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MICHIGAN	COMPUTER MATCHING

OVERVIEW

Systems

There are 4 Statewide systems:

1. Bendex (batch), implemented January, 1979.
2. SDX (batch), implemented January, 1974.
3. Secretary of State Motor Vehicle Match (on-line), implemented 1981.
4. BEER-SS Earnings/Wage Record System (batch), implemented 1984.

The 3 batch systems are integrated.

The 3 batch systems are managed by the Income Assistance Administration of the Department of Social Services. The Motor Vehicle Match is managed by the Field Services Administration of the Department of Social Services. The Food Stamp, AFDC, Medicaid, and GA programs use these systems.

Data Bases and Access

System	Data Accessed	Update Time	Time Lapse	Front-End or Ongoing
(1)	SSA benefits	Month	1-3 months	Ongoing
	Medicare records	Month	1-3 months	
(2)	SSI benefits	Week	Next week	Ongoing
(3)	DMV records	Week	Imediate	Both
(4)	SSA wages	Year	1-3 months	Ongoing
	SSA self-employment	Year	1-3 months	

(continued)

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MICHIGAN	COMPUTER MATCHING (continued)
OPERATING PROCEDURES	
Staff Assignments	Both State and local staff initiate front-end and ongoing searches. The systems are accessed by Social Security number, name, date of birth, and address.
Front-End Matching	Only the Motor Vehicle Match system is used for front-end matching of the Statewide caseload. Local offices receive on-line information overnight with a list of vehicles and the address of the license holder.
Ongoing Matching	All of the systems perform ongoing matching of the Statewide caseload. Matching is performed at these intervals for the different systems:

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MICHIGAN	MONTHLY REPORTING

OVERVIEW

Cases Required to Report

PA Caseload

All AFDC and GA households that are required to report monthly and that also receive food stamps are required by the Food Stamp Program to complete monthly reports. Thus, monthly reporting requirements are the same for both programs and include the following cases:

- cases with current earnings
- cases with earnings during the past 4 months
- cases with fluctuating unearned income
- cases with childcare expenses
- cases with work history during the past 4 months
- cases in their first six months of food stamp receipt
- AFDC-UP cases

NPA Caseload

All NPA Food Stamp households who are not statutorily exempt are required to complete monthly reports.

Information on Monthly Report

	Required to report	*Reporting format*	*Verification*
Earned Income	Yes	By earner	Weekly paystub
Unearned Income	Change only	By type of income by individual	For all types
Resources	Change only	Specific by type	Not specified
Expenses	Change only	Not specified	For all types
Household composition	Change only	Not specified	Not specified

(continued)

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MICHIGAN	MONTHLY REPORTING (continued)
OPERATING PROCEDURES	
Mailing Monthly Reports	The State Department of Social Services mails monthly reporting forms to households. This mailing is separate from the distribution of benefits. A stamped return envelope is included with the monthly reporting form.
Monthly Reporting Schedule	Michigan operates monthly reporting on a 2-month cycle. That is, the cycle contains a "processing" month between the budget and issuance months. Monthly reporting forms are mailed from the 16th through the 30th of each month. The initial deadline for filing monthly reports is the 5th day of the next month so that households have 7 to 22 days in which to complete their monthly reports. Final (adverse action) notices are mailed 9 to 24 days after the original mailing of monthly reporting forms. The final deadline for submitting monthly reports is the 24th day of the processing month. Those cases that are terminated for failure to file on a timely basis, but submit their report before the end of the issuance month, may be reinstated without loss of benefits.
Staff Assignments	Clerks or eligibility workers review monthly reports for completeness; eligibility workers make decisions on actions required by information on complete forms. Clerks or eligibility workers handle incomplete monthly reports.
Automation	Automated functions include: • assigning cases to or from monthly reporting • generating monthly reports • determining/verifying status of monthly report • tracking receipt of monthly reports • generating adverse action notices • terminating cases for failure to file

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MICHIGAN	CLAIMS COLLECTION
ORGANIZATION	
Agencies	Michigan's claims collection process is administered at the State level. There are specialized local and Statewide claims collection and fraud investigations units. Cases of suspected fraud are handled by the Office of the Inspector General (OIG).
Staff Training	Eligibility workers receive training when hired, refresher training, and retraining. Policy manuals are available.
System Monitoring	Routine monthly reports are issued on claims investigations, establishment, collection, followup, suspensions, and terminations for State and local offices and OIG. There are no time limits on processing cases.
Automation	Statewide integrated automated functions include: • Calculating and deducting for recoupment • Generating demand letters • Maintaining histories with dates of all case actions, recoupment, payments, and fraud suspensions • Tracking referrals, investigations, established and suspended fraud claims, and claim payments • Individual status reporting for State and local offices and OIG

(continued)

MICHIGAN	CLAIMS COLLECTION (continued)
OPERATING PROCEDURES	
Identifying and Investigating Claims	Methods to detect overissuances in order of importance are: • Review at recertification • Conflicting information from client • Hotline, informal complaints • Internal audits • Computer matching of wages • QC reviews • Computer matching of unearned income • Special investigation units • Information from other agencies • Duplicate participation checks After identification, overissuance is calculated for previous 6 years for fraud claims, 1 year for nonfraud claims. Claims are investigated through case file reviews, in-office interviews, and third-party contacts. In addition, fraud claims are investigated through witness interviews, home visits, and forensic investigations. No priority is given to fraud or nonfraud cases, but priority is given to fraud cases of over $500 (felonies) rather than misdemeanors (under $500). Characteristics that increase the likelihood of an investigation include: large dollar amounts, good quality of evidence, repeat offenses and flagrant violations. Cases under $35 are dropped.
Establishing and Collecting Claims	For fraud cases, the establishment methods used are fraud prosecution, administrative fraud hearings, disqualification consent agreements, and waivers of hearing. Cases are referred for prosecution because of larger dollar amount, repeat offenses, and flagrant violations. Three demand letters are sent to collect claims. Recoupment is used in fraud, household error, and agency error cases. The latter depends on the client's consent. Michigan collected $1,237,794 in claims during FY86, ranking 15th among the States.
Following Up and Suspending/Terminating Claims	The alternative collection method used is tax refund interception for all cases. There are no uniform criteria for suspending claims. Claims suspended for 3 years are terminated.

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MICHIGAN	QUALITY CONTROL
ORGANIZATION	
Unit	Office of Quality Assurance.
System Type	The Office of Quality Assurance is responsible for QC activities in the AFDC, Medicaid, and Food Stamp Programs. The QC system is integrated with these programs.
Sample Size	The Michigan QC sample is composed of 2,400 cases.
Staff	There are 19 FTE QC reviewers for the FSP. Most reviewers have had an average of 5 years of experience as eligibility workers. Most are college graduates. Combining staff FTEs and QC sample size leads to an estimate of 125 QC reviews performed for each FTE.
Review Time	On average, a QC review takes 12 hours. Internal re-review time could not be estimated. The following case characteristics increase review time by: more than 60 minutes- • Earned income • Unearned income • Receipt of AFDC, Medicaid, and food stamps • Errors found in the case • Remote local office or household 20 to 60 minutes- • Large household (5 or more members) less than 20 minutes- • Receipt of GA and food stamps

(continued)

MICHIGAN	QUALITY CONTROL (continued)
OPERATING PROCEDURES	
Local Office Notification and Preparation	Local offices are not notified of date of review. Supplementary information on demographic characteristics, welfare history and budgeting information is collected on all cases in the QC sample.
Error Determination and Resolution	The initial error determination is made by a reviewer alone. Policy questions that arise during the error-determination process are resolved by the review supervisor, a policy specialist, or by a second-line supervisor (the Directors of Quality Assurance and of QC audits).
Internal Re-review	A random sample of each reviewer's cases are re-reviewed by the review supervisor, the QC division director, and a policy specialist.
Analyses of QC Data	

	ANALYSES PERFORMED ROUTINELY	ANALYSES PERFORMED OCCASIONALLY
Identification of error-prone:		
• case categories	X	
• offices		X
Projection of:		
• effect of policy change		X
Caseload Description:	X	
Evaluation of impact of change in policy or administrative operations:		X

Use of FNS Software	Michigan does not use the analysis software made available by FNS.

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MINNESOTA	STATE SUMMARY
Administering agency	The Department of Human Services administers the Food Stamp Program. The program is State-supervised.
Caseload	The average monthly caseload in FY 1986 was about 90,000 households, including 227,500 individuals. Minnesota ranks 28th in number of persons participating. PA households account for 62% of the total.
Project areas	Minnesota has 87 project areas. The largest are Hennepin (Minneapolis), and Ramsey (St. Paul) counties, accounting for about 38% of the State caseload.
Benefits issued	Minnesota's food stamp issuances in FY 1986 totaled $108 million, ranking 31st in the nation. Monthly issuance averaged $39.45 per person.
Administrative expenses	The federal share of Minnesota's administrative costs amounted to $11.5 million in FY 1986, ranking 26th. Federal costs were $10.60 per household per month.

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MINNESOTA (HENNEPIN)	AUTOMATED CERTIFICATION SYSTEM
OVERVIEW	
System Name	Economic Assistance System (EAS)
General Characteristics	Implemented in 1982, this is a county system. The system uses IBM hardware. There is no local processing hardware.
Key System Capabilities	Integrated Eligibility/Benefit Determination: Eligibility workers prepare input forms from application data to trigger system functions which automatically determine eligibility, calculate benefits, and update the household record.
Turnaround	Data entry staff enter and edit transactions on-line at terminals. Edit results are immediately available. Household records are immediately updated.
AFDC and Food Stamp Integration	AFDC and food stamps are handled by the same workers, using a combined application form. Separate input forms must be used to enter the data for the two programs.
DATA BASE	
Level of Detail and Contents	System stores all household member's names, birthdates and social security numbers, regardless of membership in food stamp case. Historical data are available on-line and on tape covering information since system inception.
Financial Data	By total • Gross earnings • Self-employment income • Unearned income (6 categories) • Work registration status Housing, utility, medical, and dependent care costs are available for the household.

(continued)

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MINNESOTA (HENNEPIN)	AUTOMATED CERTIFICATION SYSTEM (continued)
SYSTEM FUNCTIONS AND AUTOMATED OUTPUT	<u>Calculates and Stores</u> • Net income • Excess shelter costs deduction (including utility cost component) • Excess medical deduction • Dependent care deduction • Allotment • First month's prorated allotment • Recoupment amount (deducted) <u>Performs</u> • Gross income test • Net income test <u>Generates</u> • ATPs (mailed) • Listings for coupon issuance • ID cards • Certification period expiration notice • Verification notices • Notice that household must file monthly reports • Monthly report forms • Monthly report filing reminders and termination notices • Edit reports (on demand) • Outstanding verifications needed (monthly) • Eligibility results (daily) • Required case actions (monthly) System has access to AFDC, GA and Minnesota Supplemental Aid program income data for use in food stamp eligibility processing.

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MINNESOTA (KANDIOYOHI)	AUTOMATED CERTIFICATION SYSTEM
OVERVIEW	
System Name	Computer Management for Human Services ("Carlton System")
General Characteristics	Implemented in 1982, the Carlton System serves 45% of the State's caseload. The design is a derivative of the Carlton County system. The system uses IBM hardware. There is no local processing hardware.
Key System Capabilities	Manual Determination and Automated Results Checking: The system performs no eligibility determination functions; all determinations are performed manually by eligibility workers. The system performs eligibility tests and benefit calculations, but only to check the results that are determined and entered manually by the eligibility worker.
Turnaround	Household actions are processed in daily batch runs for all actions performed since the last run.
AFDC and Food Stamp Integration	AFDC and food stamps are handled by the same workers. Separate application forms and input forms must be used to enter the data for the two programs.
DATA BASE	
Level of Detail and Contents	System stores the head of household's name, social security number, case number, and household size and address. Historical data are available on-line, covering the past 48 months.
Financial Data	By individual • Gross earnings • Self-employment income • Unearned income (13 categories) • Work registration status Housing, utility, medical, dependent care costs, and total countable value of resources are available for the household.

(continued)

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MINNESOTA (KANDIOYOHI)	AUTOMATED CERTIFICATION SYSTEM (continued)
SYSTEM FUNCTIONS AND AUTOMATED OUTPUT	<u>Calculates and Stores</u> • Net income • Excess shelter costs deduction (including utility cost component) • Excess medical deduction (entered by worker) • Dependent care deduction • Allotment • First month's prorated allotment • Recoupment amount (deducted) <u>Performs</u> • Individual eligibility tests • Gross income test • Net income test • Resource test <u>Generates</u> • Listings for coupon issuance • Certification period expiration notice • Appointment notices • Verification notices • Notice that household must file monthly reports • Monthly report forms • Monthly report filing reminders and termination notices • Application approvals/denials • Interim change/recertification notices • Edit reports (daily) • Outstanding verifications needed (monthly) • Eligibility results (daily) • Required case actions (monthly) • Supervisory results System has access to AFDC and GA program income data for use in food stamp eligibility processing.

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MINNESOTA	COMPUTER MATCHING

OVERVIEW

Systems

There are 4 integrated Statewide batch systems:

1. Quarterly Wage, implemented February, 1985.
2. Monthly UC, implemented October, 1984.
3. SSN, implementation date unknown.
4. Duplicate Participation, implemented July, 1986.

All systems are managed by the Corrective Action Unit, Quality Control/Corrective Action Section of the Division of Assistance Payments, Department of Human Services. The Food Stamp, AFDC, and Medicaid programs use these systems.

Data Bases and Access

System	Data Accessed	Update Time	Time Lapse	Front-End or Ongoing
(1)	Earned income	Quarter	7-9 months	Ongoing
(2)	UI benefits	Month	2-3 weeks	Ongoing
(3)	SSNs	Day	7-9 months	Front-end
(4)	FS Duplicate Participation	Month	2-3 weeks	Ongoing

(continued)

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MINNESOTA	COMPUTER MATCHING (continued)
OPERATING PROCEDURES	
Staff Assignments	State staff initiate front-end and ongoing searches. The systems are accessed by Social Security number, name, date of birth, FS case number and FS worker number discrepancy.
Front-End Matching	The SSN system is used for front-end matching of new certification, not applicants, on the Statewide caseload. Local offices receive written match reports within 1 to 3 weeks with information on valid and invalid Social Security numbers.
Ongoing Matching	Three systems are used for ongoing matching of the Statewide caseload: Quarterly Wage, Monthly UC, and Duplicate Participation. Matching on the UC system is done monthly, while matching is done quarterly for the other 2 systems. Within 1 to 3 weeks, local offices receive written match reports with information on: wages, UI benefits, UI claim date, and discrepancies in FS case numbers and worker numbers.
Followup	Minnesota has established procedures for all but system 3 that local offices must follow in processing matched cases. The Quarter Wage system will trigger identification if there is a dollar-wage discrepancy of $1,000 per quarter per adult. The Duplicate Participation systems will trigger identification if there is a discrepancy in FS case number or worker number. Cases are only prioritized in the front-end matching of the SSN system, where they are prioritized by the length of time an SSN discrepancy has existed.
Monitoring	Local offices are required to submit regular reports to the State on the status of actions taken on matched cases. The State office cannot automatically monitor what is happening to matched cases. Local offices have 30 days in which to act on information and 60 days in which to return aggregate reports to the State.

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MINNESOTA	MONTHLY REPORTING

OVERVIEW

Cases Required to Report

All Food Stamp households that are not statutorily exempt are required by the Food Stamp program to complete monthly reports.

Information on Monthly Report

	Required to report	*Reporting format*	*Verification*
Earned Income	Yes	By earner	Weekly paystub
Unearned Income	Yes	By type of income by individual	For change only
Resources	Change only	General for household	For change only
Expenses	Yes	Not specified	Not specified
Household composition	Change only	Not specified	Not specified

(continued)

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MINNESOTA	MONTHLY REPORTING (continued)
OPERATING PROCEDURES	
Mailing Monthly Reports	The State Department of Human Services mails monthly reporting forms to PA households. Local welfare offices send monthly reporting forms to NPA households. This mailing is separate from the distribution of benefits. A return envelope is included with the monthly reporting form. Households pay their own postage.
Monthly Reporting Schedule	Minnesota operates monthly reporting on a 2-month cycle. That is, the cycle contains a "processing" month between the budget and issuance months. Monthly reporting forms are mailed on the 29th day of each month. The initial deadline for filing monthly reports is the 8th day of the next month so that households 10 ten days in which to complete their monthly reports. Final (adverse action) notices are mailed 10 to 23 days after the original mailing of monthly reporting forms. The final deadline for submitting monthly reports varies by county, but is between the 21st and 27th days of the report month. Minnesota does not reinstate those cases that were terminated for failure to file on a timely basis.
Staff Assignments	Data entry workers, clerks, or eligibility workers review monthly reports for completeness; make decisions on actions required by information on complete forms; and also handle incomplete monthly reports.
Automation	Information on automated capabilities was unavailable at the time FNS surveyed the States.

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MINNESOTA	CLAIMS COLLECTION
ORGANIZATION	
Agencies	Minnesota's claims collection process is State supervised and county administered. There are specialized county claims collection and fraud investigations units. Suspensions are handled by the State Information Management Unit.
Staff Training	Eligibility workers receive training when hired, refresher training, and retraining. Policy manuals are available.
System Monitoring	Routine monthly reports are issued on claims establishment, followup (only quarterly), suspensions, and terminations for State and local offices. There are no time limits on processing cases.
Automation	Automated functions include: • Generating demand letters • Maintaining histories with dates of case actions, recoupment, payments, and suspensions • Tracking established and suspended claims and claim payments • Flagging differs by county • Individual status reporting for State office

(continued)

Table of Contents

MINNESOTA	CLAIMS COLLECTION (continued)
OPERATING PROCEDURES	
Identifying and Investigating Claims	Methods to detect overissuances in order of importance are: • Review at recertification • QC reviews • Computer matching of wages • Computer matching of unearned income • Conflicting information from client • Error-prone profile • Internal audits • Information from other agencies • Duplicate participation checks • Special investigation units • Hotline, informal complaints After identification, overissuance is calculated for previous 6 years for fraud claims, 1 year for nonfraud claims. Claims are investigated through case file reviews, in-office interviews, third-party contacts, and home visits. In addition, fraud claims are investigated through witness interviews, and forensic investigations. No priority is given to fraud or nonfraud cases. Characteristics that increase the likelihood of an investigation include: active cases, large dollar amounts, good quality of evidence, repeat offenses, flagrant violations, recent error, and participant households.
Establishing and Collecting Claims	Fraud cases are always referred for prosecution. Larger dollar amount, repeat offenses, and flagrant violations are more likely to be taken to court for conviction. Demand letters are sent to collect claims. Recoupment is used in fraud, household error, and agency error cases. The latter depends on the client's consent, but the client may choose other payment options in these cases. Minnesota collected $237,735 in claims during FY86, ranking 39th among the States.
Following Up and Suspending/Terminating Claims	In addition to demand letters, followup involves monthly billing. Alternative collection methods used are tax refund interception, small claims court, and private collection agencies. Suspension is recommended by eligibility workers and supervisors, and is reviewed by the State Information Management Unit. They perform the suspension process. Claims suspended for 3 years are terminated.

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MINNESOTA	QUALITY CONTROL
ORGANIZATION	
Unit	The QC/Corrective Action Section, Department of Human Services.
System Type	The QC/Corrective Action Section is responsible for QC activities in the AFDC, Medicaid, and Food Stamp Programs. The QC system is not integrated with these programs.
Sample Size	The Minnesota QC sample is composed of 1,200 cases. In addition, the QC/Corrective Action Section conducts 1,320 special reviews in order to allow analysis of error-prone categories by office. These file reviews are performed to give technical assistance and staff training to local offices to reduce error rates.
Staff	There are 21 FTE QC reviewers for the FSP. Most reviewers have had an average of 5 years of experience as eligibility workers. Most have some college experience. Combining staff FTEs and QC sample size leads to an estimate of 57 QC reviews performed for each FTE.
Review Time	On average, a QC review takes 11 hours. Internal re-reviews take, on average, 15 minutes for non-error cases, 1.25 hours for error cases. The following case characteristics increase review time by: more than 60 minutes- • Earned income • Errors found in the case • Remote local office or household

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MINNESOTA	QUALITY CONTROL (continued)
OPERATING PROCEDURES	
Local Office Notification and Preparation	Local offices are notified of date of review. Local office staff pull the selected case files when the reviewer arrives. Supplementary information on demographic characteristics, shelter costs, student information, and information on monthly reporting is collected on all cases in the QC sample.
Error Determination and Resolution	The initial error determination is made by a reviewer alone. Policy questions that arise during the error-determination process are resolved either by the review supervisor, a state supervisor, or by a policy specialist.
Internal Re-review	All cases in the QC sample are re-reviewed by the review supervisor, QC division director, the review committee, and a policy specialist.
Analyses of QC Data	

	ANALYSES PERFORMED	
Regular Reviews	ROUTINELY	OCCASIONALLY
Identification of error-prone:		
• case categories	X	
• offices	X	
Projection of:		
• caseload size or characteristics		X
• effect of policy change		X
Caseload Description:		X
Evaluation of impact of change in policy or administrative operations:		X
Special Reviews		
Identification of error-prone:		
• case categories	X	
• groups of workers	X	
• offices	X	
Projection of:		
• caseload size or characteristics		X
• effect of policy change		X
Caseload Description:		X
Evaluation of impact of change in policy or administrative operations:		X

Use of FNS Software	Minnesota does not use the analysis software provided by FNS.

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MINNESOTA	WORK REGISTRATION / JOB SEARCH
OVERVIEW	
Coverage	The Food Stamp Job Search Program operates in 29 counties, serving 64% of the State's PA and NPA caseload, targeting both PA and NPA cases. A large food stamp caseload and good job markets were the criteria for selection.
Staff Assignments	Workers in income maintenance units refer participants to the work registration/job search program, notify of noncompliance, and inform participants of disqualification if they fail to comply. Assessment, assignment, and monitoring activities are handled by the job service subcontractor.
Activity Level	For Federal fiscal year 1986, reported average monthly activity was: • Referred to Assessment 1,371 • Job Ready 826 • Not Job Ready NA • Exempt NA • Entered Job Search 777 • Entered Employment 138 • Found Noncompliant 476 • Disqualified 284
Program Operations	Assessments are conducted individually, averaging 20 minutes per person. Voluntary counseling or training is provided in groups. Referral to Jobs, Job Development, Vocational Testing, and Classroom Training are included components of the Job Search Program. Each registrant is required to make 24 contacts during a continuous 8 week period. Every 4 weeks registrants report names of employers, dates, and results of contacts. A minimum of 1 of every 24 contacts is confirmed at random. (continued)

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	WORK REGISTRATION / JOB SEARCH (continued)
REPORTING	Participant records are hand tabulated at the local/county level. Summarized cumulative totals are prepared by adding all transactions to previous totals. Case management and participant-tracking functions are not automated, except disqualification which is automated to produce batch listings in some counties.
Referral and Assessment	Registrants are counted as referred at every new application, reapplication (e.g. break in certification), and recertification. Referrals occur once every 12 months, or when there is a break in certification. The number of registrants who are interviewed by the Job Search provider (i.e., who are assessed) includes exempt registrants who may participate in Job Search.
Job Search Entrance	During the year, registrants are counted each time they are assigned to job search status. Job ready registrants may not be counted if they delay their job search with good cause, fail to comply with good cause, become employed part-time, or leave the FS Program.
Employment	Registrants are counted every time they obtain employment whether they were referred by the contractor or found their jobs themselves. Followup activity includes verification of job referral, and routine Job Search contact reporting. These followups are conducted by mail or telephone.
Noncompliance and Disqualification	Registrants are counted every time they are noncompliant or disqualified. Income maintenance staff receive noncompliance reports within 5 days, which are reviewed when received.

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MISSISSIPPI	STATE SUMMARY
Administering agency	The Department of Public Welfare administers the Food Stamp Program. The program is State-administered.
Caseload	The average monthly caseload in FY 1986 was about 160,500 households, including 491,000 individuals. Mississippi ranks 14th in number of persons participating. PA households account for 28% of the total.
Project areas	Mississippi has 82 project areas. The largest are Hinds (Jackson and Raymond), Harrison (Gulfport and Biloxi), and Washington (Greenville) counties, accounting for about 16% of the State caseload.
Benefits issued	Mississippi's food stamp issuances in FY 1986 totaled $263 million, ranking 14th in the nation. Monthly issuances averaged $44.72 per person.
Administrative expenses	The federal share of Mississippi's administrative costs amounted to $14 million in FY 1986, ranking 24th. Federal costs were $7.38 per household per month.

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MISSISSIPPI	AUTOMATED CERTIFICATION SYSTEM
OVERVIEW	
System Name	Mississippi Application, Verification, Eligibility, Reporting Information Control System (Maverics)
General Characteristics	Implemented in 1986-1987, Maverics is a Statewide system. The design is a derivative of the North Dakota system (implemented in 1980). The system uses Amdahl hardware, and IBM local processing hardware.
Key System Capabilities	Application-Based Eligibility/Benefit Determination: Data entry is performed directly from application forms to trigger eligibility determinations and benefit calculations by the system. No special input form is required.
Turnaround	Eligibility workers themselves use terminals to enter transactions and view eligibility and benefit results automatically determined by the system.
AFDC and Food Stamp Integration	AFDC and food stamps are handled by the same workers, using combined application forms and input forms.
DATA BASE	
Level of Detail and Contents	System stores all household member's names, birthdates, social security numbers and case numbers, regardless of membership in food stamp case. Historical data are available on-line for past 12 months. Data covering the past 36 months are stored on tape.
Financial Data	By individual • Gross earnings • Self-employment income and allowable expense • Unearned income (10 categories) • Work registration status Housing, utility, medical, dependent care costs, and total countable value of resources are available for the household.

(continued)

MISSISSIPPI	AUTOMATED CERTIFICATION SYSTEM (continued)
SYSTEM FUNCTIONS AND AUTOMATED OUTPUT	<u>Calculates and Stores</u> • Net income • Excess shelter costs deduction (including utility cost component) • Excess medical deduction • Dependent care deduction • Allotment • First month's prorated allotment • Recoupment amount (deducted) <u>Performs</u> • Individual eligibility tests • Gross income test • Net income test • Resource test <u>Generates</u> • On-line issuance of benefits • Listings for coupon issuance • ID cards • Certification period expiration notice • Appointment notices • Verification notices • Notice that household must file monthly reports • Monthly report forms • Monthly report filing reminders and termination notices • Application approvals/denials • Interim change/recertification notices • Edit reports (daily) • Outstanding verifications needed (daily) • Eligibility results (daily) • Required case actions (daily) • Computer match results (daily) • Supervisory reports System has access to AFDC program income data for use in food stamp eligibility processing.

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MISSISSIPPI	COMPUTER MATCHING

OVERVIEW

Systems

There are 5 Statewide batch systems:

1. Bendex, implemented January, 1984.
2. SDX, implemented 1983.
3. Wage/UI Match Quarterly, implemented 1985.
4. UI monthly, implemented 1985.
5. UI weekly, implemented December, 1985.

All systems are managed by Data Services, Mississippi Department of Public Welfare. The Food Stamp and AFDC programs use these systems.

Data Bases and Access

System	Data Accessed	Update Time	Time Lapse	Front-End or Ongoing
(1)	SSA benefits	Month	2-3 weeks	Ongoing
(2)	SSI benefits	Month	Next day	Ongoing
(3)	Earned income UI benefits	Quarter Day	4-6 months Next day	Both
(4)	UI benefits	Day	Next day	Both
(5)	UI benefits	Day	Next day	Ongoing

(continued)

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MISSISSIPPI	COMPUTER MATCHING (continued)
OPERATING PROCEDURES	
Staff Assignments	State staff initiate front-end and ongoing searches. The systems are accessed by Social Security number and SSA benefit number.
Front-End Matching	Two systems are used for front-end matching of the Statewide caseload: the Wage/UI Match Quarterly and the UI Monthly systems. Local offices receive computer printouts with information on wages, employer's name, UI benefits and the date on which UI claim was established.
Ongoing Matching	All systems are used for ongoing matching on the Statewide caseload, although the UI Weekly system is only used at the caseworker's discretion. Matching on the UI/Wage Match Quarterly system is done quarterly, weekly on the UI Weekly system, and monthly for the remaining systems. Within a week, local offices receive computer printouts with information on: SSA, SSI and UI benefits, SSI status, whether the State is paying buy-in for recipients, all other unearned benefits, wages, employer's name, and the date UI claim was established.
Followup	Mississippi has established procedures that local offices must follow in processing matched cases. No systems are capable of triggering identification if there is a dollar wage discrepancy. Cases are not prioritized in either front-end or ongoing matching.
Monitoring	The State provides general instructions for tracking and processing of identified cases. Local offices are not required to submit regular reports to the State on the status of actions taken on matched cases. The State office cannot automatically monitor what is happening to matched cases.

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MISSISSIPPI	MONTHLY REPORTING

OVERVIEW

Cases Required to Report

PA Caseload

All AFDC households that are required to report monthly and that also receive food stamps are required by the Food Stamp Program to complete monthly reports. Thus, monthly reporting requirements are the same for both programs and include the following cases:

- cases with current earnings
- cases with earnings during the past 6 months
- cases with unemployment insurance benefits

NPA Caseload

Monthly reporters include:

- cases with current earnings (not contractual or self-employment)
- cases with unemployment insurance benefits

Information on Monthly Report

	Required to report	*Reporting format*	*Verification*
Earned income	Yes	By earner	Weekly paystub
Unearned income	Yes	By type of income by individual	For change only
Resources	Change only	Specific by type	Not specified
Expenses	Yes	Not specified	For all types
Household composition	Change only	Not specified	For change only

(continued)

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MISSISSIPPI	MONTHLY REPORTING (continued)
OPERATING PROCEDURES	
Mailing Monthly Reports	The State Department of Public Welfare mails monthly reporting forms to households. This mailing is separate from the distribution of benefits. A return envelope is included with the monthly reporting form. Households pay their own postage.
Monthly Reporting Schedule	Mississippi operates monthly reporting on a 2-month cycle. That is, the cycle contains a "processing" month between the budget and issuance months. Monthly reporting forms are mailed on the 29th day of each month. The deadline for filing monthly reports is the 5th day of the next month so that households have 6 days in which to complete their monthly reports. Final (adverse action) notices are mailed 7 days after the original mailing of monthly reporting forms. Those cases that are terminated for failure to file on a timely basis, but submit their report before the end of the issuance month, may be reinstated without loss of benefits.
Staff Assignments	At certification, local office eligibility workers assign cases to monthly reporting. Clerks or eligibility workers review monthly reports for completeness; eligibility workers or clerks make decisions on actions required by information on complete forms; and also handle incomplete monthly reports. Eligibility workers make decisions about reassignments to or from monthly reporting.
Automation	Information on automated capabilities was unavailable at the time FNS surveyed the States.

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MISSISSIPPI	CLAIMS COLLECTION
ORGANIZATION	
Agencies	Mississippi's claims collection process is administered at the State level. There are specialized local and Statewide claims collection and Statewide fraud investigations units. Cases of suspected fraud are handled by Quality Assurance, Claims, Investigation and Hearings (QACIH). Nonfraud claims go to Accounting & Finance.
Staff Training	Eligibility workers receive training when hired, refresher training, and retraining. Policy manuals are available.
System Monitoring	Routine monthly reports are issued on fraud investigations, claims establishment, collection, followup, and suspensions for State, district and local offices, and QACIH. There are no time limits on processing cases.
Automation	Statewide integrated automated functions include: • Calculating for recoupment • Generating demand letters • Maintaining histories with dates of recoupment, payments, and suspensions Nonautomated functions include: • Tracking match hits, referrals, investigations, established and suspended claims, and disqualified individuals • Flagging fraud/nonfraud cases, and cases with active and delinquent claim balances

(continued)

MISSISSIPPI	CLAIMS COLLECTION (continued)
OPERATING PROCEDURES	
Identifying and Investigating Claims	Methods to detect overissuances in order of importance are: • Review at recertification • Computer matching of wages • Conflicting information from client • Hotline, informal complaints • QC reviews • Computer matching of unearned income • Duplicate participation checks • Internal audits • Information from other agencies After identification, overissuance is calculated for previous 6 years, if possible; most material is retained for only 3 years. Forty-five percent of overissuances are referred for fraud investigations. Claims are investigated through case file reviews, computer matches, in-office interviews, third-party contacts, and home visits. In addition, fraud claims are investigated through witness interviews, and forensic investigations. Priority is given to fraud over nonfraud cases.
Establishing and Collecting Claims	For fraud cases, the establishment methods used are fraud prosecution, administrative fraud hearings, disqualification consent agreements, and waivers of hearing. Cases are referred for prosecution because of larger dollar amount. Three monthly demand letters are sent to collect claims. Recoupment is used in active cases of fraud and household error. Agency error cases are dropped after 3 demand letters are sent if there is no payment. Mississippi collected $1,007,609 in claims during FY86, ranking 21st among the States.
Following Up and Suspending/Terminating Claims	Mississippi has no followup process. The uniform criterion for suspending claims is an inactivity period of 120 days. Claims suspended for 3 years are terminated.

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MISSISSIPPI	QUALITY CONTROL
ORGANIZATION	
Unit	Quality Assurance Claims Investigation and Administrative Hearings, Department of Public Welfare.
System Type	The Quality Assurance Unit is responsible for QC activities in the AFDC and Food Stamp Programs. The QC system is not integrated with these programs.
Sample Size	The Mississippi QC sample is composed of 1,200 cases.
Staff	There are 11 FTE QC reviewers for the FSP. Most reviewers have had an average of 5 years of experience as eligibility workers and supervisors. Most are college graduates. Combining staff FTEs and QC sample size leads to an estimate of 109 QC reviews performed for each FTE.
Review Time	On average, a QC review takes 12 hours. Internal re-reviews take, on average, 8 hours. The following case characteristics increase review time by: more than 60 minutes- • Earned income • Errors found in the case • Large household (5 or more members) • Remote local office or household • Cutbacks in number of reviewers, increasing caseload 20 to 60 minutes- • Unearned income less than 20 minutes- • Receipt of AFDC, Medicaid and food stamps (continued)

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MISSISSIPPI	QUALITY CONTROL (continued)
OPERATING PROCEDURES	
Local Office Notification and Preparation	Local offices are not notified prior to the day of review. Cases to be reviewed are identified when the reviewer arrives at the local office. Local office staff then pull the selected case files. Supplementary information on demographic characteristics and identification of eligibility worker is collected on all cases in the QC sample.
Error Determination and Resolution	The initial error determination may occasionally involve a supervisor and policy specialist. Policy questions that arise during the error-determination process are resolved either by the review supervisor by a policy specialist.
Internal Re-review	All cases in the QC sample are re-reviewed by the review supervisor and the QC division director.
Analyses of QC Data	

	ANALYSES PERFORMED ROUTINELY	ANALYSES PERFORMED OCCASIONALLY
Identification of error-prone:		
• case categories	X	
• groups of workers	X	
• offices	X	
Projection of:		
• caseload size or characteristics		X
• effect of policy change		X
Caseload Description:		X
Evaluation of impact of change in policy or administrative operations:		X

Use of FNS Software	Software provided by FNS is used to analyze QC data, in general, and to perform error-prone analyses, in particular.

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MISSISSIPPI	WORK REGISTRATION / JOB SEARCH
OVERVIEW	
Coverage	The Food Stamp Job Search Program operates in 8 counties, serving 28% of the State's PA and NPA caseload, targeting both the PA and NPA cases. A large food stamp caseload, coordination with local colleges for GED training, and good job markets were the criteria for selection.
Staff Assignments	Workers in income maintenance units refer participants to the work registration/job search program and inform participants of disqualification if they fail to comply. Assessment, assignment, monitoring, and notification activities are handled by a special WR/JS unit. A State WIN administrator helps with Job Search monitoring.
Activity Level	For Federal fiscal year 1986, reported average monthly activity was: • Referred to Assessment 1,113 • Job Ready 513 • Not Job Ready 256 • Exempt 128 • Entered Job Search 513 • Entered Employment 112 • Found Noncompliant 236 • Disqualified 209
Program Operations	Assessments are conducted individually and in groups, averaging 60 minutes per session. Voluntary counseling or training is provided in groups, job clubs, and individually. Referral to Jobs and Job Development are included components of the Job Search Program. Each registrant is required to make 24 contacts during a continuous 8 week period. Every 4 weeks registrants report names of employers and contact persons, dates, and results of contacts, whether they submitted an application and whether employer was hiring. Contacts are confirmed at random.

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MISSISSIPPI	WORK REGISTRATION / JOB SEARCH (continued)
REPORTING	Participant records are hand tabulated at the local/county level. Summarized cumulative totals are prepared by adding all transactions to previous totals. Case management and participant-tracking functions are not automated.
Referral and Assessment	Registrants are counted as referred at every new application, reapplication (e.g. break in certification), and recertification. Referrals occur when there is a break in certification. The number of registrants who are interviewed by the Job Search provider (i.e., who are assessed) includes exempt registrants who may participate in Job Search.
Job Search Entrance	During the year, registrants are counted each time they are assigned to job search status.
Employment	Registrants are counted every time they obtain employment whether they were referred by the contractor, a social worker, or found their jobs themselves. Followup activity includes verification of job referral, and routine Job Search contact reporting. These followups are conducted in-person, by mail, and by telephone.
Noncompliance and Disqualification	Registrants are counted every time they are noncompliant or disqualified. Income maintenance staff receive weekly noncompliance reports, which are reviewed within 10 days.

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MISSOURI	STATE SUMMARY
Administering agency	The Department of Social Services administers the Food Stamp Program. The program is State-administered.
Caseload	The average monthly caseload in FY 1986 was about 138,000 households, including 385,000 individuals. Missouri ranks 17th in number of persons participating. PA households account for 35% of the total.
Project areas	Missouri has 115 project areas. The largest are Jackson

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MISSOURI	AUTOMATED CERTIFICATION SYSTEM
OVERVIEW	
System Name	Unnamed
General Characteristics	Implemented in 1982, Missouri's Food Stamp data base covers the State's caseload. The system uses IBM hardware. There is no local processing hardware.
Key System Capabilities	Manual Determination and Automated Results Checking: The system performs no eligibility determination functions; all determinations are performed manually by eligibility workers. The system performs eligibility tests and benefit calculations, but only to check the results that are determined and entered manually by the eligibility worker.
Turnaround	Household actions are processed in daily batch runs for all actions performed since the last run.
AFDC and Food Stamp Integration	AFDC and food stamps are handled by the same workers, using a combined application form. Separate input forms must be used to enter the data for the two programs.
DATA BASE	
Level of Detail and Contents	System stores all household member's names, birthdates, race, sex, social security numbers, and case numbers regardless of membership in food stamp case. Historical data are available on-line for past 12 months. Data covering the past 36 months are stored on tape.
Financial Data	By individual • Gross earnings • Self-employment income and allowable expense • Unearned income (7 categories) • Work registration status Housing and utilities, medical, dependent care costs, and total countable value of resources are available for the household.

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MISSOURI	AUTOMATED CERTIFICATION SYSTEM (continued)
SYSTEM FUNCTIONS AND AUTOMATED OUTPUT	<u>Stores</u> • Net income • Allotment • Recoupment amount (deducted) <u>Calculates</u> • Excess shelter costs deduction (including utility cost component) • Excess medical deduction • Dependent care deduction <u>Performs</u> • Gross income test • Net income test • Resource test <u>Generates</u> • ATPs (mailed) • Certification period expiration notice • Appointment notices • Verification notices • Notice that household must file monthly reports • Monthly report forms • Monthly report filing reminders and termination notices • Application approvals/denials • Interim change/recertification notices • Edit reports (daily) • Required case actions (monthly) • Computer match results (daily) • Supervisory reports System has no access to other assistance program income data for use in food stamp eligibility processing.

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MISSOURI	COMPUTER MATCHING

OVERVIEW

Systems

There are 11 Statewide systems:

1. SDX (batch), implemented 1973.
2. Bendex (batch), implemented 1969.
3. Vital Statistics-Death (batch), implemented April, 1986.
4. Lottery Match (batch), implemented April, 1986.
5. Employment Security Interface (ESI) (batch), implemented February, 1986.
6. IMES (on-line), implemented 1979.
7. Department of Social Services (DOSS) (on-line), implemented 1979.
8. KCES (on-line), implemented 1979.
9. Vital I-Birth (on-line), implemented 1979.
10. Vital I-Death (on-line), implemented 1979.
11. Disqualification Match (DRIP) (batch), implemented 1984.

All systems are managed by the Division of Data Processing of the Division of Family Services, Department of Social Services. The Food Stamp, AFDC, Medicaid and Child Support programs use these systems.

Data Bases and Access

System	Data Accessed	Update Time	Time Lapse	Front-End or Ongoing
(1)	SSI benefits	Month	2-3 weeks	Ongoing
	SSA benefits	Month	2-3 weeks	
	SSA self-employ	Year	> 1 year	
	SSA wages	Year	> 1 year	
(2)	SSA benefits	2 weeks	1-3 months	Ongoing
	Medicare buy-in information	2 weeks	1-3 months	
(3)	Vital Stats-Death	Day	Next day	Ongoing
(4)	Missouri Lottery Winnings	Day	Next day	Ongoing
(5)	Earned income	Quarter	4-6 months	Both
	UI benefits	Week	Next week	
(6)	Earned income	Quarter	4-6 months	Both
	UI benefits	Week	Next week	
(7)	AFDC benefits	Day	Next day	Both
	GA benefits	Day	Next day	
	Medicaid records	Day	Next day	
(8)	Kansas FS benefits	Day	1-3 months	Both
	Kansas wage	Quarter	7-9 months	
	Kansas UI	Week	7-9 months	
(9)	MO birth records	Day	Next day	Ongoing
(10)	MO death records	Day	Next day	Ongoing
(11)	FS Disqualifieds	Month	NA	Ongoing

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MISSOURI	COMPUTER MATCHING (continued)
OPERATING PROCEDURES	
Staff Assignments	State staff initiate front-end and ongoing searches and access systems using Social Security number, name, and date of birth.
Front-End Matching	Four systems perform front-end matching of the Statewide caseload: ESI, IMES, DOSS, and KCES. Local offices receive on-line information from the ESI system within a week; they receive on-line information overnight from the IMES and DOSS systems. Upon request, local offices receive printouts from the KCES system within a week. The information covers: gross wages, employment status, employer name and address and quarterly wages; UI benefits and claim information; AFDC, GA , Medicaid and other DOSS programs benefits and participation status; household composition; Kansas wage, gross income, FS and UI benefits, employment status, household composition, and wage and UI time period.
Ongoing Matching	All systems are used for ongoing matching of the Statewide caseload. Matching is done monthly for the SDX and Vital Statistics-Death systems. It is done bi-monthly for the Bendex system and weekly for the Lottery Match system. The ESI and IMES systems match daily. The DOSS, KCES, Vital I-Birth and Vital I-Death systems are matched as needed, while the DRIP system matching is done quarterly. Local offices receive printouts from the SDX, Bendex, Vital Statistics-Death, Lottery Match, and KCES systems. They receive on-line information from the ESI system within a week; the remaining systems provide on-line information overnight. The information covers: wages, gross income, SSA and SSI benefits; Medicare buy-in information; death records; lottery winnings; UI benefits, employment status, employer name and address, the quarter in which wages were earned, claim information; AFDC, GA, Medicaid and all other DOSS programs benefits and participation status; household composition; Kansas gross income, FS and UI benefits, employment status, household composition and wage and UI time periods; birth and death records; and FS disqualification status.
Followup	Missouri has established procedures that local offices must follow in processing matched cases. No system is capable of triggering identification if there is a dollar wage discrepancy. Cases are not prioritized in either front-end or ongoing matching.
Monitoring	Local offices are not required to submit regular reports to the State on the status of actions taken on matched cases. The State office cannot automatically monitor what is happening to matched cases. Policy outlining has been established in the form of normal supervisory reviews of work and standard supervisor responsibility.

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MISSOURI	MONTHLY REPORTING

OVERVIEW

Cases Required to Report

PA Caseload

All PA households that are not statutorily exempt are required by the Food Stamp Program to complete monthly reports.

NPA Caseload

Monthly reporters include:
- cases composed of 5 or more persons

Information on Monthly Report

	Required to report	*Reporting format*	*Verification*
Earned income	Yes	By earner	Weekly paystub
Unearned income	Yes	By type of income by individual	For change only
Resources	Yes	Specific by type	Not specified
Expenses	Yes	Not specified	For all types
Household composition	Change only	Not specified	Not specified

(continued)

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MISSOURI	MONTHLY REPORTING (continued)
OPERATING PROCEDURES	
Mailing Monthly Reports	The State Department of Social Services mails monthly reporting forms to households. The NPA mailing is separate from the distribution of benefits. PA households receive the form along with their AFDC check. A return envelope is included with the monthly reporting form. Households pay their own postage.
Monthly Reporting Schedule	Missouri operates monthly reporting on a 2-month cycle. That is, the cycle contains a "processing" month between the budget and issuance months. Monthly reporting forms are mailed on 2 dates, one for PA cases, the other for NPA cases. Households have 7 to 9 days in which to complete their monthly reports. Final (adverse action) notices are mailed 9 to 11 days after the original mailing of monthly reporting forms. The final deadline for submitting monthly reports is 18 to 25 days after mailout. Those cases that are terminated for failure to file on a timely basis, but submit their report before the end of the issuance month, may be reinstated without loss of benefits.
Staff Assignments	Eligibility workers review monthly reports for completeness; make decisions on actions required by information on complete forms; and also handle incomplete monthly reports.
Automation	Automated functions include assigning cases to or from monthly reporting. Information on other capabilities (e.g. form generation and tracking) was unavailable at the time FNS surveyed the States.

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MISSOURI	CLAIMS COLLECTION
ORGANIZATION	
Agencies	Missouri's claims collection process is administered at the State level. There are 7 specialized district level investigations units under the Division of Legal Services, where all claims are referred.
Staff Training	Eligibility workers receive training when hired, refresher training, and retraining. Policy manuals are available.
System Monitoring	Routine daily reports are issued on claims referrals, investigations, establishment, collection, followup, suspensions, and terminations for local offices and the investigation unit. There are time limits of 30 days for referrals and investigations, 60 days for establishment, and 60 to 90 days for followup.
Automation	Statewide automated functions include: • Generating demand letters • Maintaining histories with dates of case actions, recoupment, payments, and suspensions • Tracking match hits, referrals, investigations, established and suspended claims, claim payments, and disqualified individuals • Flagging fraud/nonfraud cases, and cases with active, delinquent and suspended claim balances • Aging overissuances, claims referrals, investigations, delinquent and suspended claims • Individual status reporting for local office and investigation unit

(continued)

MISSOURI	CLAIMS COLLECTION (continued)
OPERATING PROCEDURES	
Identifying and Investigating Claims	Methods to detect overissuances in order of importance are: • Eligibility worker review • Conflicting information from client • Review at recertification • Computer matching of wages • Duplicate participation checks • Internal audits • Computer matching of unearned income • QC reviews • Computer matching of resources • Information from other agencies After identification, overissuance is calculated for previous 5 to 7 years. Ninety percent of overissuances are referred for fraud investigations. Claims are investigated through case file reviews, in-office interviews, and third-party contacts. In addition, fraud claims are investigated through witness interviews, home visits, and forensic investigations. No priority is given to fraud or nonfraud cases. Characteristics that increase the likelihood of an investigation include: large dollar amounts, good quality of evidence, and recent error. All cases are sent to the Division of Legal Services, which sends each case to criminal or civil court unless the claim is under $100.
Establishing and Collecting Claims	For all cases, the establishment methods used are civil and criminal prosecution, administrative fraud hearings, disqualification consent agreements, and waivers of hearing. Cases are referred for criminal prosecution because of larger dollar amount, repeat offenses, and flagrant violations. Four monthly demand letters are sent to collect claims after court action. Recoupment is used in fraud, household error, and agency error cases. The latter depends on the client's consent. Missouri collected $1,255,027 in claims during FY86, ranking 14th among the States.
Following Up and Suspending/Terminating Claims	In addition to demand letters, followup involves monthly billing. Alternative collection methods used are tax refund interception, wage garnishment, or property liens for cases that cannot be collected through recoupment or voluntary compliance. The uniform criterion for suspending claims is nonresponse after all followup methods are exhausted. Claims suspended for 3 years are terminated.

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MISSOURI	QUALITY CONTROL
ORGANIZATION	
Unit	Quality Control Unit, Department of Social Services.
System Type	The Quality Control Unit is responsible for QC activities in the AFDC, Medicaid, and Food Stamp Programs. The QC system is not integrated with these programs.
Sample Size	The Missouri QC sample is composed of 2,400 cases.
Staff	There are 27 FTE QC reviewers for the FSP. Most reviewers have had an average of 8 years of experience as eligibility workers. Most are college graduates. Combining staff FTEs and QC sample size leads to an estimate of 91 QC reviews performed for each FTE.
Review Time	On average, a QC review takes 12 hours. Internal re-reviews take, on average, 1.5 hours for non-error cases, 4 hours for error cases. The following case characteristics increase review time by: more than 60 minutes- • Earned income • Errors found in the case • Large household (5 or more members) • Remote local office or household • Non-monthly reporting households 20 to 60 minutes- • Receipt of AFDS, Medicaid, and food stamps less than 20 minutes- • Unearned income

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MISSOURI	QUALITY CONTROL (continued)
OPERATING PROCEDURES	
Local Office Notification and Preparation	Local offices are not notified of reviews. Metropolitan offices are notified of an upcoming review, and cases to be reviewed are identified to ensure that the file can be found when the reviewer arrives. Supplementary information on household classification is collected on all cases in the QC sample.
Error Determination and Resolution	The initial error determination is made by a supervisor. Policy questions that arise during the error-determination process are resolved by the review supervisor.
Internal Re-review	All cases in the QC sample are re-reviewed by a first level supervisor. All cases with errors are re-reviewed by a second level supervisor and a policy specialist.
Analyses of QC Data	ANALYSES PERFORMED ROUTINELY / OCCASIONALLY Identification of error-prone: • case categories: X • groups of workers: X • offices: X Projection of: • caseload size or characteristics: X
Use of FNS Software	Software provided by FNS is used to analyze QC data, in general, and to perform error-prone analyses, in particular.

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MISSOURI	WORK REGISTRATION / JOB SEARCH
OVERVIEW	
Coverage	The Food Stamp Job Search Program operates in all 115 counties, serving 100% of the State's PA and NPA caseload, targeting both the PA and NPA cases.
Staff Assignments	Workers in income maintenance units refer participants to the work registration/job search program and inform participants of disqualification if they fail to comply. Assessment, assignment, monitoring, and notification activities are handled by the job service subcontractor.
Activity Level	For Federal fiscal year 1986, reported average monthly activity was: • Referred to Assessment 6,132 • Job Ready 6,079 • Not Job Ready 42 • Exempt 10 • Entered Job Search 354 • Entered Employment 160 • Found Noncompliant 34 • Disqualified 42
Program Operations	Assessments are conducted individually and in groups, averaging 15 minutes per session. Mandatory counseling or training is provided in groups and individually. Referral to Jobs and Job Development are included components of the Job Search Program. Each registrant is required to make 18 contacts during a continuous 6 week period. Every 6 weeks registrants report names of employers and contact persons, types, dates, and results of contacts. A minimum of 1 of every 24 contacts is confirmed at random.

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MISSOURI	WORK REGISTRATION / JOB SEARCH (continued)
REPORTING	Participant records are computer generated at the local/county level, except for referral which is generated at the State level. Computerized cumulative totals are prepared by adding all transactions to previous totals. All case management and participant-tracking functions are automated and accessible through on-line entry/query.
Referral and Assessment	Registrants are counted as referred at every new application, reapplication (e.g. break in certification), and every 12 months. Referrals occur once every 12 months, or when there is a break in certification. The number of registrants who are interviewed by the Job Search provider (i.e., who are assessed) does not include exempt registrants who are not allowed to participate in Job Search.
Job Search Entrance	During the year, registrants are counted each time they are assigned to job search status.
Employment	Registrants are counted every time they obtain employment whether they were referred by the contractor or found their jobs themselves. Followup activity includes collecting information at eligibility review and at reapplication for food stamp benefits, and computer wage matching. These followups are conducted in-person and on-line.
Noncompliance and Disqualification	Registrants are counted every time they are noncompliant or disqualified. Income maintenance staff receive daily noncompliance reports, which are reviewed each day.

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MONTANA	STATE SUMMARY
Administering agency	The Department of Social and Rehabilitative Services administers the Food Stamp Program. The program is State-supervised.
Caseload	The average monthly caseload in FY 1986 was about 22,000 households, including 59,500 individuals. Montana ranks 42nd in number of persons participating. PA households account for 36% of the total.
Project areas	Montana has 54 project areas. The largest are Cascade (Great Falls), Missoula, and Yellowstone (Billings) counties, accounting for about 26% of the State caseload.
Benefits issued	Montana's food stamp issuances in FY 1986 totaled $32 million, ranking 43rd in the nation. Monthly issuance averaged $44.91 per person.
Administrative expenses	The federal share of Montana's administrative costs amounted to $2.9 million in FY 1986, ranking 45th. Federal costs were $11.17 per household per month.

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MONTANA (CASCADE)	AUTOMATED CERTIFICATION SYSTEM
OVERVIEW	
System Name	System 38
General Characteristics	Implemented in 1982, System 38 is a county system. The system uses IBM hardware. There is no local processing hardware.
Key System Capabilities	Basic Input and Recording: The system performs no eligibility determination functions; all determinations are performed manually by the eligibility worker.
Turnaround	Household actions are processed in daily batch runs for all actions performed since the last run.
AFDC and Food Stamp Integration	AFDC and food stamps are handled by the same workers. Separate application forms and input forms must be used to enter the data for the two programs.
DATA BASE	
Level of Detail and Contents	System stores head of household's name, address, social security number and size of household. Historical data are available on-line for information since 1982.
Financial Data	Utility costs are available for the household.

(continued)

MONTANA (CASCADE)	AUTOMATED CERTIFICATION SYSTEM (continued)
SYSTEM FUNCTIONS AND AUTOMATED OUTPUT	<u>Generates</u> • ATPs (mailed) • Listings for coupon issuance • Certification period expiration notice • Appointment notices • Verification notices • Notice that household must file monthly reports • Monthly report forms • Monthly report filing reminders and termination notices • Application approvals/denials • Interim change/recertification notices • Outstanding verifications needed (monthly) System has no access to other assistance program income data for use in food stamp eligibility processing.

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MONTANA (LEWIS & CLARK)	AUTOMATED CERTIFICATION SYSTEM
OVERVIEW	
System Name	Lewis & Clark County Food Stamp System
General Characteristics	Implemented in 1983, the system serves 100% of the food stamp cases in the two counties it handles. The system uses IBM hardware. There is no local processing hardware.
Key System Capabilities	Basic Input and Recording: The system performs no eligibility determination functions; all determinations are performed manually by the eligibility worker.
Turnaround	Household actions are processed in daily batch runs for all actions performed since the last run.
AFDC and Food Stamp Integration	AFDC and food stamps are handled by the same workers. Separate application forms and input forms must be used to enter the data for the two programs.
DATA BASE	
Level of Detail and Contents	System stores head of household's name, social security number and number of children and adults in household. Historical data are available on-line for the past 36 months.
Financial Data	Utility costs are available for the household.

(continued)

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MONTANA (LEWIS & CLARK)	AUTOMATED CERTIFICATION SYSTEM (continued)
SYSTEM FUNCTIONS AND AUTOMATED OUTPUT	<u>Generates</u> • ATPs (mailed) • On-line issuance of benefits • Certification period expiration notice • Appointment notices • Verification notices • Notice that household must file monthly reports • Monthly report forms • Monthly report filing reminders and termination notices • Application approvals/denials • Interim change/recertification notices • Eligibility results (monthly) System has no access to other assistance program income data for use in food stamp eligibility processing.

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MONTANA	COMPUTER MATCHING

OVERVIEW

Systems

There are 4 Statewide batch systems:

1. Wage Match, implemented October, 1982.
2. Unemployment (UC), implemented October, 1982.
3. Worker's Compensation, implemented December, 1984.
4. Bendex Match, implemented 1976.

All systems are managed by the Department of Social and Rehabilitative Services. The Food Stamp, AFDC, Medicaid, Child Support, and GA programs use these systems.

Data Bases and Access

System	Data Accessed	Update Time	Time Lapse	Front-End or Ongoing
(1)	DOL Wages	Quarter	1-3 months	Both
(2)	UI benefits	Day	Next day	Both
(3)	Worker's Comp.	Week	Next day	Ongoing

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MONTANA	COMPUTER MATCHING (continued)
OPERATING PROCEDURES	
Staff Assignments	Both State and local staff initiate front-end and ongoing searches on the Wage and UC systems. State staff initiate ongoing searches on the Worker's Compensation and Bendex systems. The systems are accessed by Social Security number.
Front-End Matching	Two systems do front-end matching of the Statewide caseload: Wage Match and UC. Local offices receive computer printouts within a week with information on wages, employment status, employer identification, UI benefits, and status of UI benefit claim.
Ongoing Matching	All systems perform ongoing matching of the Statewide caseload. All matching is done monthly. Within a week, local offices receive printouts with information on wages, employment status, employer identification, UI and SSA benefits, status of UI benefit claim, Worker's Compensation benefits, and Worker's Compensation medical payments.
Followup	Montana has established procedures that local offices must follow in processing matched cases. No systems are capable of triggering identification if there is a dollar wage discrepancy. Cases are not prioritized in either front-end or ongoing matching. Followups must be completed within 30 days.
Monitoring	Local offices are not required to submit regular reports to the State on the status of actions taken on matched cases. The State office cannot automatically monitor what is happening to matched cases.

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MONTANA	MONTHLY REPORTING

OVERVIEW

Cases Required to Report

All Food Stamp households that are not statutorily exempt are required by the Food Stamp program to complete monthly reports.

Information on Monthly Report

	Required to report	*Reporting format*	*Verification*
Earned income	Yes	By earner	Weekly paystub
Unearned income	Yes	By type of income by individual	Not specified
Resources	Change only	Specific by type	For change only
Expenses	Yes	Not specified	For all types
Household composition	Yes	Not specified	Not specified

(continued)

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MONTANA	MONTHLY REPORTING (continued)
OPERATING PROCEDURES	
Mailing Monthly Reports	The State Department of Social and Rehabilitative Services mails monthly reporting forms to PA households. Local welfare offices send forms to NPA households. The mailings are separate from the distribution of benefits A return envelope is included with the monthly reporting form.
Monthly Reporting Schedule	Montana operates monthly reporting on a 2-month cycle. That is, the cycle contains a "processing" month between the budget and issuance months. Monthly reporting forms are mailed on the 29th day of each month. The initial deadline for filing monthly reports is the 8th day of the next month so that households have 9 days in which to complete their monthly reports. Warning notices are sent on the 9th of each month. Final (adverse action) notices are mailed 20 days after the original mailing of monthly reporting forms. The final deadline for submitting monthly reports is the 18th day of the report month. Montana does not reinstate those cases that were terminated for failure to file on a timely basis.
Staff Assignments	Clerks review or eligibility workers review monthly reports for completeness; eligibility workers make decisions on actions required by information on complete forms; and also handle incomplete monthly reports.
Automation	Information on automated capabilities was unavailable at the time FNS surveyed the States.

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MONTANA	CLAIMS COLLECTION
ORGANIZATION	
Agencies	Montana's claims collection process is State supervised and county administered. There is a specialized Statewide claims Recovery Unit (RU). Cases of suspected fraud are handled by the Department of Revenue and the county prosecutor.
Staff Training	Eligibility workers receive no specific claims collection training.
System Monitoring	Routine monthly reports are issued on claims establishment, collection, followup, suspensions, and terminations for local offices and the RU. There are no time limits on processing cases.
Automation	Statewide automated functions include: • Generating demand letters • Maintaining histories with dates of recoupment, payments, and suspensions • Tracking match hits, established and suspended claims, and claim payments • Individual status reporting for local office Nonautomated functions include: • Tracking referrals, investigations, and disqualified individuals • Flagging fraud/nonfraud cases, and cases with active, delinquent and suspended claim balances

(continued)

MONTANA	CLAIMS COLLECTION (continued)
OPERATING PROCEDURES	
Identifying and Investigating Claims	Methods to detect overissuances in order of importance are: • Computer matching of wages • Computer matching of unearned income • QC reviews • Review at recertification • Special investigation units • Hotline, informal complaints • Error-prone profile • Conflicting information from client • Information from other agencies • Duplicate participation checks • Internal audits After identification, overissuance is calculated for previous 6 years. Ten percent of overissuances are referred for fraud investigations. Claims are investigated through case file reviews, in-office interviews, third-party contacts, and home visits. In addition, fraud claims are investigated through witness interviews, and forensic investigations. Priority is given to fraud over nonfraud cases. Characteristics that increase the likelihood of an investigation include: active cases, large dollar amounts, good quality of evidence, repeat offenses, flagrant violations, PA households, recent error, and age of client.
Establishing and Collecting Claims	For fraud cases, the establishment methods used are fraud prosecution, administrative fraud hearings, and waivers of hearing. Cases are referred for prosecution because of dollar amount over $500, repeat offenses, flagrant violations, and competency of client. Three monthly demand letters are sent to collect claims. Recoupment is used in fraud, household error, and agency error cases. The latter depends on the client's consent. Montana collected $163,965 in claims during FY86, ranking 41st among the States.
Following Up and Suspending/Terminating Claims	Cases that do not respond to the demand letters are suspended. After this, alternative collection methods are used such as tax refund interception and private collection agencies. Claims suspended for 3 years are terminated.

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MONTANA	QUALITY CONTROL
ORGANIZATION	
Unit	Program Integrity Bureau of the Audit and Program Compliance Division, Department of Social and Rehabilitative Services.
System Type	The Program Integrity Bureau is responsible for QC activities in the GA, AFDC, Medicaid, and Food Stamp Programs. The QC system is integrated with AFDC reviews.
Sample Size	The Montana QC sample is composed of 698 cases. In addition, the Program Integrity Bureau conducts approximately 3,000 special reviews in order to allow more detailed analysis of causes of agency errors, and to measure worker performance. These file reviews are not part of the basic QC sample.
Staff	There are 6 FTE QC reviewers for the FSP. Most reviewers have had an average of 2 years of experience as eligibility workers. Most are high school graduates. Combining staff FTEs and QC sample size leads to an estimate of 127 QC reviews performed for each FTE.
Review Time	The average time of a QC review is not known. Internal re-reviews take, on average, 1 hour. The following case characteristics increase review time by: more than 60 minutes- • Earned income • Errors found in the case • Receipt of AFDC, Medicaid, and food stamps 20 to 60 minutes- • Receipt of GA and food stamps • Remote local office or household less than 20 minutes- • Unearned income • Large household (5 or more members)

(continued)

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MONTANA	QUALITY CONTROL (continued)
OPERATING PROCEDURES	
Local Office Notification and Preparation	Local offices are notified of cases to be reviewed. Local office staff pull the selected case files and mail them to the reviewer. Supplementary information on eligibility worker assignment is collected on all cases in the QC sample.
Error Determination and Resolution	The initial error determination is made by a policy specialist. Policy questions that arise during the error-determination process are re-solved either by the review supervisor by a policy specialist.
Internal Re-review	All cases in the QC sample are re-reviewed by the review supervisor. Error cases are also re-reviewed by a policy specialist and the local office.
Analyses of QC Data	

	ANALYSES PERFORMED	
Regular Reviews	ROUTINELY	OCCASIONALLY
Identification of error-prone:		
• case categories	X	
• groups of workers	X	
• offices	X	
Projection of:		
• caseload size or characteristics	X	
• effect of policy change	X	
Caseload Description:	X	
Evaluation of impact of change in policy or administrative operations:	X	
Special Reviews		
Identification of error-prone:		
• case categories	X	
• groups of workers	X	
• offices	X	
Projection of:		
• caseload size or characteristics	X	
• effect of policy change	X	
Caseload Description:	X	
Evaluation of impact of change in policy or administrative operations:	X	

Use of FNS Software	Montana does not use the analysis software provided by FNS.

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MONTANA	WORK REGISTRATION / JOB SEARCH
OVERVIEW	
Coverage	The Food Stamp Job Search Program operates in 6 counties, serving 54% of the State's PA and NPA caseload, targeting both PA and NPA cases. A large food stamp caseload, good job markets, and county preference were the criteria for selection.
Staff Assignments	Workers in income maintenance units refer participants to the work registration/job search program and inform participants of disqualification if they fail to comply. Assessment, assignment, monitoring, and notification activities are handled by the job service subcontractor.
Activity Level	For Federal fiscal year 1986, reported average monthly activity was: • Referred to Assessment 321 • Job Ready 190 • Not Job Ready 15 • Exempt 0 • Entered Job Search 185 • Entered Employment 81 • Found Noncompliant 203 • Disqualified 52
Program Operations	Assessments are conducted individually, averaging 30-45 minutes per person. Voluntary counseling or training is provided individually. Mandatory Job Club Training and preliminary work training is provided. Referral to Jobs, Job Development, and on-the-job training are included components of the Job Search Program. Each registrant is required to make 24 contacts during a continuous 8 week period. Every 2 weeks registrants report names of employers and contact persons, dates, contacts, and whether an application was submitted. Contacts are confirmed at random. (continued)

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MONTANA	WORK REGISTRATION / JOB SEARCH (continued)
REPORTING	Participant records are computer generated at the county level. Computerized summaries of cumulative totals are prepared by adding all transactions to previous totals. All case management and participant-tracking functions, except referral, are automated and accessible through on-line entry/query.
Referral and Assessment	Registrants are counted as referred at every new application, reapplication (e.g. break in certification), and recertification. Referrals occur once every 12 months. The number of registrants who are interviewed by the Job Search provider (i.e., who are assessed) includes some exempt registrants who may participate in Job Search.
Job Search Entrance	During the year, registrants are counted each time they are assigned to job search status. Job ready registrants may not be counted if they delay their job search with good cause or if they leave the FS Program.
Employment	Registrants are counted every time they obtain employment whether they were referred by the contractor or found their jobs themselves. Followup activity includes verification of job referral, routine Job Search contact reporting, collecting information at eligibility review and at reapplication for food stamp benefits, and computer wage matching. These followups are conducted by telephone.
Noncompliance and Disqualification	Registrants are counted every time they are noncompliant or disqualified. Income maintenance staff in large offices receive weekly noncompliance reports, which are reviewed each week. Staff in small offices are not on a specific schedule.

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NEBRASKA	STATE SUMMARY
Administering agency	The Department of Social Services administers the Food Stamp Program. The program is State-administered.
Caseload	The average monthly caseload in FY 1986 was about 36,000 households, including 99,500 individuals. Nebraska ranks 37th in number of persons participating. PA households account for 38% of the total.
Project areas	Nebraska has 62 project areas. The largest are the Omaha and Lincoln areas, accounting for about 44% of the State caseload.
Benefits issued	Nebraska's food stamp issuances in FY 1986 totaled $48 million, ranking 38th in the nation. Monthly issuance averaged $40.33 per person.
Administrative expenses	The federal share of Nebraska's administrative costs amounted to $5 million in FY 1986, ranking 36th. Federal costs were $11.63 per household per month.

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NEBRASKA	AUTOMATED CERTIFICATION SYSTEM
OVERVIEW	
System Name	Nebraska Food Stamp Automated System
General Characteristics	Implemented in 1985, the system serves the entire State. The system uses IBM hardware. There is no local processing hardware.
Key System Capabilities	Application-Based Eligibility/Benefit Determination: Data entry is performed directly from application forms to trigger eligibility determinations and benefit calculations by the system. No special input form is required.
Turnaround	Eligibility workers themselves use terminals to enter transactions and view eligibility and benefit results automatically determined by the system.
AFDC and Food Stamp Integration	AFDC and food stamps are handled by the same workers, using a combined application form. Separate input forms must be used to enter the data for the two programs.
DATA BASE	
Level of Detail and Contents	System stores all household member's names, birthdates, addresses and social security numbers, regardless of membership in food stamp case. Historical data are available on-line covering the past 36 months.
Financial Data	By individual • Gross earnings • Self-employment income and allowable expense • Unearned income (26 categories) • Work registration status Housing, utility, medical, dependent care costs, and total countable value of resources are available for the household.

(continued)

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NEBRASKA	AUTOMATED CERTIFICATION SYSTEM (continued)
SYSTEM FUNCTIONS AND AUTOMATED OUTPUT	<u>Calculates and Stores</u> • Net income • Excess shelter costs deduction (including utility cost component) • Excess medical deduction • Dependent care deduction • Allotment • First month's prorated allotment • Recoupment amount (deducted) <u>Performs</u> • Gross income test • Net income test • Resource test <u>Generates</u> • On-line issuance of benefits • Listings for coupon issuance • ID cards • Certification period expiration notice • Monthly report forms • Monthly report filing reminders and termination notices • Application approvals/denials • Interim change/recertification notices • Outstanding verifications needed (daily) • Eligibility results (daily) • Computer match results (daily) • Supervisory report System has access to AFDC, SSI and SSA program income data for use in food stamp eligibility processing.

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NEBRASKA	COMPUTER MATCHING

OVERVIEW

Systems

There are 6 integrated Statewide systems:

1. SDX (batch), implemented June, 1985.
2. Bendex (batch), implemented June, 1985.
3. IUC-daily (batch), implemented 1982.
4. WCE-Welfare Client (batch), implemented June, 1985.
5. IRS (on-line), implemented June, 1985.
6. Duplicate Participation (on-line), implemented November, 1983.

All systems are managed by the Central Data Processing section of the Department of Administrative Services. The Food Stamp, AFDC, and Medicaid programs as well as the State's own Aged Blind and Disabled Program (ABDP) use these systems.

Data Bases and Access

System	Data Accessed	Update Time	Time Lapse	Front-End or Ongoing
(1)	SSI benefits	Week	Next day	Both
(2)	SSA benefits	NA	NA	Both
(3)	UI benefits	NA	NA	Both
(4)	AFDC files	Day	Next day	Both
	ABDP	NA	NA	
(5)	IRS wages	Year	NA	Ongoing
(6)	FS duplicate participation	Day	Next day	Front-End

(continued)

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NEBRASKA	COMPUTER MATCHING (continued)
OPERATING PROCEDURES	
Staff Assignments	Both State and local staff initiate front-end and ongoing searches on the 4 batch systems. State staff initiate ongoing searches on the IRS system, while local staff initiate front-end searches on the Duplicate Participation system. Systems are accessed by Social Security number and name.
Front-End Matching	All systems, with the exception of the IRS systems, perform front-end matching of the Statewide caseload. Local offices receive on-line reports overnight with information on: UI, SSI and SSA benefits; employment status and employment information; AFDC and ABDP benefits; date of birth and sex.
Ongoing Matching	All systems, except the Duplicate Participation system, are used for ongoing matching of the Statewide caseload. Matching is done monthly on the IUC and WCE systems, and every 2 weeks for the Bendex system. Matching on the SDX system is done monthly and whenever data tapes are updated. Matching is done continuously on the IRS system. Local offices receive written match reports from the IRS system within a week; the other systems provide on-line reports overnight. The information covers: SSI, SSA, UI, AFDC and ABDP benefits; veterans pay and railroad retirement; employment status and employment information; IRS income and IRS wages.
Followup	Nebraska has established procedures that local offices must follow in processing matched cases. No system is capable of triggering identification if there is a dollar wage discrepancy, although the SDX and Bendex systems can notify caseworkers on-line if Social Security numbers do not match. Cases are not prioritized in either front-end or ongoing matching.
Monitoring	Reporting requirements for the 2 on-line systems have been established. If a hit is discovered through the IRS system, the caseworker must report it to the State within 45 days with the claim written on it. For the Duplicate Participation system, the caseworker must resolve the situation of duplicate applicants before they can be added to the caseload.

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NEBRASKA	MONTHLY REPORTING

OVERVIEW

Cases Required to Report

PA Caseload

All AFDC households that are required to report monthly and that also receive food stamps are required by the Food Stamp Program to complete monthly reports. Thus, monthly reporting requirements are the same for both programs and include the following cases:

- cases with current earnings
- cases with earnings during the past 2 months

NPA Caseload

Monthly reporters include:

- cases composed of 5 or more persons

Information on Monthly Report

	Required to report	***Reporting format***	***Verification***
Earned Income	Yes	By earner	Weekly paystub
Unearned Income	Yes	By type of income by individual	For change only
Resources	Change only	Specific by type	For change only
Expenses	No	Not applicable	Not applicable
Household composition	Change only	Not specified	Not specified

(continued)

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NEBRASKA	MONTHLY REPORTING (continued)
OPERATING PROCEDURES	
Mailing Monthly Reports	The State Department of Social Services mails monthly reporting forms to households. This mailing is separate from the distribution of benefits. A stamped return envelope is included with the monthly reporting form. Nebraska operates monthly reporting on a 2-month cycle. That is, the cycle contains a "processing" month between the budget and issuance months.
Monthly Reporting Schedule	Monthly reporting forms are mailed on the 26th day of each month. The initial deadline for filing monthly reports is the 5th working day after mailing so that households have 10 days in which to complete their monthly reports. Warning notices are mailed on the 7th work day of the month. Final (adverse action) notices are mailed 22 days after the original mailing of monthly reporting forms. This is also the final deadline for submitting monthly reports. Those cases that are terminated for failure to file on a timely basis, but submit their report before the end of the issuance month, may be reinstated without loss of benefits.
Staff Assignments	Eligibility workers or clerks review monthly reports for completeness; make decisions on actions required by information on complete forms; and also handle incomplete monthly reports. Eligibility workers make decisions about reassignments to or from monthly reporting.
Automation	Automated functions include assigning cases to or from monthly reporting. Information on other capabilities (e.g. form generation and tracking) was unavailable at the time FNS surveyed the States.

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NEBRASKA	CLAIMS COLLECTION
ORGANIZATION	

NEBRASKA	CLAIMS COLLECTION (continued)
OPERATING PROCEDURES	
Identifying and Investigating Claims	Methods to detect overissuances in order of importance are: • Review at recertification • QC reviews • Computer matching of unearned income • Hotline, informal complaints • Information from other agencies • Conflicting information from client • Duplicate participation checks • Internal audits • Special investigation units After identification, overissuance is calculated for previous 6 years for fraud cases, and 1 year for nonfraud cases. 5 percent of overissuances are referred for fraud investigations. Claims are investigated through case file reviews, in-office interviews, third-party contacts, and home visits. In addition, fraud claims are investigated through witness interviews. Priority is given to nonfraud over fraud cases. Characteristics that increase the likelihood of an investigation include: large dollar amounts, good quality of evidence, flagrant violations, and recent errors.
Establishing and Collecting Claims	For fraud cases, the establishment methods used are fraud prosecution, administrative fraud hearings, and disqualification consent agreements/waivers of hearing. Cases are referred for prosecution because of larger dollar amount, repeat offenses, and flagrant violations. Fraud cases under $300 are treated as nonfraud cases. Two monthly demand letters are sent to collect nonfraud claims, and 3 letters for fraud claims. Recoupment is used in fraud, household error, and agency error cases. The latter depends on the client's consent. Nebraska collected $244,098 in claims during FY86, ranking 38th among the States.
Following Up and Suspending/Terminating Claims	There are no followup methods used. The uniform criteria for suspending claims are 3 years of inactivity, inability to locate client, and loss of cost effectiveness. Claims suspended for 3 years are terminated. These cases remain on file for 3 additional years.

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NEBRASKA	QUALITY CONTROL
ORGANIZATION	
Unit	The Office of Program Evaluation and Review (PER) does the initial review; the Research and Finance Division performs further analysis and report preparation.
System Type	These offices are responsible for QC activities in the AFDC, Medicaid, and Food Stamp Programs. The QC reviews are not integrated with these programs.
Sample Size	The Nebraska QC sample is composed of 1,500 cases. In addition, two kinds of special reviews are conducted, taking 30 minutes each. The Program Support Visit (PSV) review allows more detailed analysis of errors in receiving proper benefits. Approximately 80 randomly sampled file reviews are performed, and problem cases are brought to supervisors for discussion. The supervisory review is used to prevent errors of office, agency and workers, targeting 3 PA cases per worker per month. As automated functions are implemented, these reviews will become less frequent.
Staff	There are 22 FTE QC reviewers for the FSP. Most reviewers have had an average of 7 years of experience as eligibility workers. Most have some college experience. Combining staff FTEs and QC sample size leads to an estimate of 68 QC reviews performed for each FTE.
Review Time	On average, a QC review takes 10 hours. Internal re-reviews take, on average, 1 hour. The following case characteristics increase review time by: more than 60 minutes- • Earned income • Errors found in the case • Following up on collateral contacts • Remote local office 20 to 60 minutes- • Unearned income • Large household (5 or more members) • Remote household less than 20 minutes- • Receipt of AFDC, Medicaid, and food stamps • Receipt of GA and food stamps (continued)

NEBRASKA	QUALITY CONTROL (continued)
OPERATING PROCEDURES	
Local Office Notification and Preparation	Local offices are notified of date of review, and cases to be reviewed are identified. If review does not include a visit, local office is asked to send these cases to the QC reviewer. Local office staff pull the selected case files and client's participation record and either set them aside for the QC reviewer's visit or mail them to the reviewer. Supplementary information on demographic characteristics, household type, last review experience of eligibility worker, and utility/heating sources is collected on all cases in the QC sample.
Error Determination and Resolution	The initial error determination may involve a supervisor, policy specialist, legal staff, and other reviewers. Policy questions that arise during the error-determination process are resolved either by the review supervisor by a policy specialist.
Internal Re-review	All cases in the QC sample are re-reviewed by the review supervisor, PER coordinator, PER administrator, and the local office. Error cases are resolved by legal staff.
Analyses of QC Data	

	ANALYSES PERFORMED	
Regular Reviews	ROUTINELY	OCCASIONALLY
Identification of error-prone:		
• case categories	X	
Caseload Description:		X
Evaluation of impact of change in policy or administrative operations:		X
Special Reviews		
Identification of error-prone:		
• case categories	X	
• groups of workers		X
• offices		X
Projection of:		
• caseload size or characteristics		X
• effect of policy change	X	
Evaluation of impact of change in policy or administrative operations:	X	

Use of FNS Software	Software provided by FNS is used in conjunction with the SEDAN system to analyze QC data, in general, and to perform error-prone analyses, in particular.

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NEBRASKA	WORK REGISTRATION / JOB SEARCH
OVERVIEW	
Coverage	The Food Stamp Job Search Program operates in 1 county, serving 12% of the State's PA and NPA caseload, targeting both the PA and NPA cases. County funding and a good number of potential referrals were the criteria for selection.
Staff Assignments	Workers in income maintenance units refer participants to the work registration/job search program and inform participants of disqualification if they fail to comply. Assessment, assignment, monitoring, and notification activities are handled by the job service subcontractor.
Activity Level	For Federal fiscal year 1986, reported average monthly activity was: • Referred to Assessment 227 • Job Ready 227 • Not Job Ready 1 • Exempt NA • Entered Job Search 186 • Entered Employment 45 • Found Noncompliant 66 • Disqualified 53
Program Operations	Assessments are conducted individually, averaging 30-45 minutes per person. Voluntary counseling or training is provided individually. Referral to Jobs is the included component of the Job Search Program. Each registrant is required to make 24 contacts during a continuous 8 week period. Every week, registrants report names of employers and contact persons, dates, and results of contacts. Some contacts are confirmed if information from registrant is inconsistent. (continued)

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NEBRASKA	WORK REGISTRATION / JOB SEARCH (continued)
REPORTING	Participant records are hand tabulated at the local/county level. Summarized cumulative totals are prepared by adding all transactions to previous totals. Case management and participant-tracking functions are not automated.
Referral and Assessment	Registrants are counted as referred at every new application, and re-application (e.g. break in certification). Referrals occur once every 12 months, or when there is a break in certification. The number of registrants who are interviewed by the Job Search provider (i.e., who are assessed) includes exempt registrants who may participate in Job Search.
Job Search Entrance	During the year, registrants are counted each time they are assigned to job search status.
Employment	Registrants are counted every time they obtain employment whether they were referred by the contractor or found their jobs themselves. Followup activity includes collecting information at eligibility review and at reapplication for food stamp benefits, and computer wage matching. These followups are conducted in person, by mail or by telephone.
Noncompliance and Disqualification	Registrants are counted every time they are noncompliant or disqualified. Income maintenance staff receive daily noncompliance reports, which are reviewed each day.

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NEVADA	STATE SUMMARY
Administering agency	The Department of Human Resources administers the Food Stamp Program. The program is State-administered.
Caseload	The average monthly caseload in FY 1986 was about 15,500 households, including 34,000 individuals. Nevada ranks 47th in number of persons participating. PA households account for 18% of the total.
Project areas	Nevada has 17 project areas. The largest are Clark (Las Vegas) and Washoe (Reno) counties, accounting for about 85% of the State caseload.
Benefits issued	Nevada's food stamp issuances in FY 1986 totaled $24.5 million, ranking 46th in the nation. Monthly issuance averaged $54.96 per person.
Administrative expenses	The federal share of Nevada's administrative costs amounted to $2.4 million in FY 1986, ranking 46th. Federal costs were $13.31 per household per month.

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NEVADA	AUTOMATED CERTIFICATION SYSTEM
OVERVIEW	
System Name	Unnamed
General Characteristics	Implemented in 1979, Nevada's food stamp system serves the entire State. The system uses IBM hardware. There is no local processing hardware.
Key System Capabilities	Integrated Eligibility/Benefit Determination: Eligibility workers prepare input forms from application data to trigger system functions which automatically determine eligibility, calculate benefits, and update the household record.
Turnaround	Data entry staff enter and edit transactions on-line at terminals. Edit results are immediately available. Household records are immediately updated.
AFDC and Food Stamp Integration	The AFDC and Food Stamp programs each have their own eligibility workers, and functions are kept separate.
DATA BASE	
Level of Detail and Contents	System stores all household member's names, birthdates, race, sex, ID numbers and social security numbers, regardless of membership in food stamp case. Historical data are available on-line for past 18 months. Data covering the past 36 months are stored in archives.
Financial Data	By individual • Gross earnings • Unearned income (10 categories) Housing, utility, medical and dependent care costs are available for the household.

(continued)

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NEVADA	AUTOMATED CERTIFICATION SYSTEM (continued)
SYSTEM FUNCTIONS AND AUTOMATED OUTPUT	<u>Calculates and Stores</u> • Net income • Excess shelter costs deduction (including utility cost component) • Excess medical deduction • Dependent care deduction • Allotment • Recoupment amount (deducted) <u>Performs</u> • Individual eligibility tests • Gross income test • Net income test <u>Generates</u> • Listings for coupon issuance • ID cards • Certification period expiration notice • Monthly report forms • Monthly report filing reminders and termination notices • Application approvals/denials • Interim change/recertification notices • Eligibility results (monthly) • Required case actions (daily) • Supervisory report System has no access to other assistance program income data for use in food stamp eligibility processing.

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NEVADA	COMPUTER MATCHING

OVERVIEW

Systems

There is 1 integrated Statewide batch system, the Employment Security Department Match, implemented June, 1979.

This system is managed by the Eligibility and Payment Unit of the Nevada State Welfare Division of the Department of Human Resources. The Food Stamp, AFDC, Medicaid and Child Support programs use this system.

Data Bases and Access

System	Data Accessed	Update Time	Time Lapse	Front-End or Ongoing
(1)	Earned income	Quarter	Next day	Both
	UI benefits	Week	Next day	

(continued)

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NEVADA	COMPUTER MATCHING (continued)
OPERATING PROCEDURES	
Staff Assignments	State staff initiate front-end and ongoing searches and access the system using Social Security numbers.
Front-End Matching	The Employment Security Department Match does front-end matching on the Statewide caseload. Local offices receive written match reports within a week covering information on wages, UI benefits, employment status, and name of employer.
Ongoing Matching	The system also does ongoing matching of the Statewide caseload at recertification. Local offices receive written match reports within a week covering information on wages, UI benefits, employment status, and name of employer.
Followup	Nevada has established procedures that local offices must follow in processing matched cases. The system is not capable of triggering identification if there is a dollar wage discrepancy. Cases are not prioritized in either front-end or ongoing matching.
Monitoring	Local offices are not required to submit regular reports to the State on the status of actions taken on matched cases. The State office cannot automatically monitor what is happening to matched cases. Every identified case is supervised at the local level, while the State does a cursory review of a random sample of cases.

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NEVADA	MONTHLY REPORTING

OVERVIEW

Cases Required to Report

All Food Stamp households that are not statutorily exempt are required by the Food Stamp program to complete monthly reports.

Information on Monthly Report

	Required to report	*Reporting format*	*Verification*
Earned income	Yes	By earner	Monthly
Unearned income	Yes	By type of income by individual	For all types
Resources	Yes	Specific by type	For change only
Expenses	Yes	Not specified	For all types
Household composition	Change only	Not specified	Not specified

(continued)

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NEVADA	MONTHLY REPORTING (continued)
OPERATING PROCEDURES	
Mailing Monthly Reports	The State Department of Human Resources mails monthly reporting forms to households. This mailing is separate from the distribution of benefits. Households supply envelopes and pay their own postage.
Monthly Reporting Schedule	Nevada operates monthly reporting on a 2-month cycle. That is, the cycle contains a "processing" month between the budget and issuance months. Monthly reporting forms are mailed on a rolling cycle, 5 work days prior to food stamp issuance. Households have 5 to 13 days in which to complete their monthly reports. Warning notices are sent 13 to 18 days after the original mailing of monthly reporting forms. Final (adverse action) notices are mailed 30 days after mailout. The final deadline for submitting monthly reports is the 23 to 28 days after mailout. Those cases that are terminated for failure to file on a timely basis, but submit their report before the end of the issuance month with a good cause for failing to file (i.e. medical emergency, agency error),, may be reinstated without loss of benefits.
Staff Assignments	Eligibility workers review monthly reports for completeness; make decisions on actions required by information on complete forms; and also handle incomplete monthly reports.
Automation	Automated functions include: • generating monthly reports • tracking receipt of monthly reports • generating warning notices • terminating cases for failure to file

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NEVADA	CLAIMS COLLECTION
ORGANIZATION	
Agencies	Nevada's claims collection process is administered at the State level. There are specialized claims collection and fraud investigations units.
Staff Training	Eligibility workers receive training when hired, refresher training, and retraining. Policy manuals are available.
System Monitoring	Routine reports are issued on claims referrals every quarter, and on investigations, establishment, and collection every month. There are time limits on referral, investigation, and establishment of claims.
Automation	Statewide automated functions include: • Calculating and deducting for recoupment • Generating demand letters • Maintaining histories with dates claim opened, recoupment, payment, and suspensions • Tracking investigations, established and suspended claims, claim payments, and disqualified individuals • Individual status reporting for State and local offices • Flagging active, delinquent, and suspended claims

(continued)

NEVADA	CLAIMS COLLECTION (continued)
OPERATING PROCEDURES	
Identifying and Investigating Claims	The methods used to detect overissuances, in order of importance, are: • Computer matching of wages • Special investigation units • Review at recertification • Internal audits • Conflicting information from client • QC reviews • Hotline, informal complaints • Information from other agencies • Duplicate participation checks After identification, overissuance is calculated for previous 6 years. Claims are investigated through case file reviews, in-office interviews, home visits, and third-party contacts. In addition, fraud claims are investigated through forensic investigations. Priority is given to fraud over nonfraud cases. Characteristics that increase the likelihood of an investigation include: recent error, active case, large dollar amount, quality of evidence, and repeat offender/flagrant violation.
Establishing and Collecting Claims	For fraud cases, the establishment methods used are fraud prosecution, administrative fraud hearings, disqualification consent agreements, and waivers of hearing. Cases are referred for prosecution because of larger dollar amounts, repeat offenses, and flagrant violations. Monthly demand letters are sent to collect claims. Recoupment is used in fraud, household error, and agency error cases. The latter depends on client's consent. Nevada collected $133,344 in claims during FY86, ranking 44th among the States.
Following Up and Suspending/Terminating Claims	In addition to demand letters, followup involves phone calls. Alternative collection methods used are small claims court, wage garnishment, and credit bureaus for cases that are inactive, delinquent, fraudulent, or involve large dollar amounts. The criteria for suspending claims are not known. Claims suspended for 3 years are terminated after the case is reviewed.

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NEVADA	QUALITY CONTROL
ORGANIZATION	
Unit	Office of Quality Control, State Welfare Office
System Type	The Office of Quality Control is responsible for QC activities in the AFDC, Medicaid, and Food Stamp Programs. The QC system is not integrated with these programs.
Sample Size	The Nevada QC sample is composed of 552 cases.
Staff	There are 3 FTE QC reviewers for the FSP. Most reviewers have had an average of 3 years of experience as eligibility workers. The education level is at least high school graduate, though some are college graduates. Combining staff FTEs and QC sample size leads to an estimate of 184 QC reviews performed for each FTE.
Review Time	On average, a QC review takes 6 hours. Internal re-reviews take, on average, 6 minutes. The following case characteristics increase review time by: more than 60 minutes- • Errors found in the case • Large household (5 or more members) • Remote local office or household 20 to 60 minutes- • Earned income • Unearned income • Receipt of AFDC, Medicaid and food stamps • Receipt of GA and food stamps

(continued)

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NEVADA	QUALITY CONTROL (continued)
OPERATING PROCEDURES	
Local Office Notification and Preparation	Local offices are notified by memo of date of cases to be reviewed. Local office staff pull the selected case files and mail them to the central office within 5 days.
Error Determination and Resolution	The initial error determination is usually done by the reviewer alone, but complex cases are written up by all 3 reviewers, and sent to a supervisor. Policy questions that arise during the error-determination process are resolved by the review supervisor.
Internal Re-review	All cases with errors and a random sample of each reviewer's cases are re-reviewed by the QC division director.
Analyses of QC Data	

	ANALYSES PERFORMED ROUTINELY	ANALYSES PERFORMED OCCASIONALLY
Identification of error-prone:		
• case categories	X	
• offices	X	
Projection of:		
• caseload size and characteristics	X	
• effect of policy change	X	
Evaluation of impact of change in policy or administrative operations:	X	

Use of FNS Software	Nevada does not use the analysis software provided by FNS.

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NEVADA	WORK REGISTRATION / JOB SEARCH
OVERVIEW	
Coverage	The Food Stamp Job Search Program operates in 4 counties, serving 91% of the State's PA and NPA caseload, targeting both PA and NPA cases. A large food stamp caseload and good job markets were the criteria for selection.
Staff Assignments	Workers in income maintenance units refer participants to the work registration/job search program and inform participants of disqualification if they fail to comply. Assessment, assignment, monitoring, and notification activities are handled by the job service subcontractor.
Activity Level	For Federal fiscal year 1986, reported average monthly activity was: • Referred to Assessment 1,136 • Job Ready 446 • Not Job Ready 43 • Exempt 20 • Entered Job Search 499 • Entered Employment 309 • Found Noncompliant 656 • Disqualified 445
Program Operations	Assessments are conducted in groups, averaging 60 minutes per session. Voluntary counseling or training is provided individually. Referral to Jobs and Job Development are included components of the Job Search Program. Each registrant is required to make 24 contacts during a continuous 8 week period. Every 4 weeks, in most offices, registrants report names and addresses of employers and contact persons, and results of contacts. Contacts are confirmed when ESD made referral or when the contact was disputed.

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NEW HAMPSHIRE	STATE SUMMARY
Administering agency	The Department of Health and Human Services administers the Food Stamp Program. The program is State-administered.
Caseload	The average monthly caseload in FY 1986 was about 10,500 households, including 24,000 individuals. New Hampshire ranks 52nd in number of persons participating. PA households account for 58% of the total.
Project areas	New Hampshire has a single project area serving all participants statewide.
Benefits issued	New Hampshire's food stamp issuances in FY 1986 totaled $12 million, ranking 53rd in the nation. Monthly issuances averaged $42.92 per person.
Administrative expenses	The federal share of New Hampshire's administrative costs amounted to $1.6 million in FY 1986, ranking 51st. Federal costs were $12.55 per household per month.

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NEW HAMPSHIRE	AUTOMATED CERTIFICATION SYSTEM
OVERVIEW	
System Name	Eligibility Management System
General Characteristics	Implemented in 1978, this is a Statewide system. The system uses Honeywell hardware. There is no local processing hardware.
Key System Capabilities	Integrated Eligibility/Benefit Determination: Eligibility workers prepare input forms from application data to trigger system functions which automatically determine eligibility, calculate benefits, and update the household record.
Turnaround	Household actions are processed in daily batch runs for all actions performed since the last run.
AFDC and Food Stamp Integration	AFDC and food stamps are handled by the same workers, using combined application forms and input forms.
DATA BASE	
Level of Detail and Contents	System stores all household member's names, birthdates, sex, case number and social security numbers, regardless of membership in food stamp case. Historical data are available on-line for past 3 months. Data covering all past actions are stored in archives.
Financial Data	By individual • Gross earnings • Self-employment income and allowable expense • Unearned income (49 categories) • Work registration status Housing, utility, medical, dependent care costs, and total countable value of resources are available for the household.

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NEW HAMPSHIRE	AUTOMATED CERTIFICATION SYSTEM (continued)
SYSTEM FUNCTIONS AND AUTOMATED OUTPUT	<u>Calculates and Stores</u> • Net income • Excess shelter costs deduction (including utility cost component) • Excess medical deduction • Dependent care deduction • Allotment • First month's prorated allotment <u>Performs</u> • Gross income test • Net income test • Resource test <u>Generates</u> • Listings for coupon issuance • Certification period expiration notice • Monthly report forms • Monthly report termination notices • Application approvals/denials • Interim change/recertification notices • Edit reports (daily) • Outstanding verifications needed (weekly or biweekly) • Eligibility results (daily) • Required case actions (monthly) • Computer match results (daily) • Supervisory report System has access to AFDC and the State supplemental programs' (Old Age Assistance, Aid to the Permanently & Totally Disabled, Aid to the Blind) income data for use in food stamp eligibility processing.

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NEW HAMPSHIRE	COMPUTER MATCHING

OVERVIEW

Systems

There are 5 integrated Statewide batch systems:

1. Wage, implemented February, 1981.
2. UC, implemented February, 1981.
3. Bendex, implemented February, 1981..
4. SDX, implemented 1978.
5. Pre-Screen, implemented March, 1986.

The systems are managed by the Office of Economics of the Department of Human Services. The Food Stamp, AFDC, Medicaid, Child Support, and SSI State Supplement programs all use these systems.

Data Bases and Access

System	Data Accessed	Update Time	Time Lapse	Front-End or Ongoing
(1)	Earned income	Quarter	NA	Ongoing
(2)	UI benefits	Quarter	Next day	Ongoing
(3)	SSA benefits	Month	NA	Both
(4)	SSI benefits	Month	NA	Both
(5)	Earned income UI benefits	Quarter Quarter	NA Next day	Front-End

(continued)

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NEW HAMPSHIRE	COMPUTER MATCHING (continued)
OPERATING PROCEDURES	
Staff Assignments	State staff initiate front-end and ongoing searches and access the systems using Social Security numbers.
Front-End Matching	Three systems do front-end matching of the Statewide caseload: Bendex, SDX, and Pre-Screen. Within a week, local offices receive written match reports with information on wages, SSA, SSI and UI benefits.
Ongoing Matching	All systems except Pre-Screen perform ongoing matching of the Statewide caseload. Matching on the Wage and UC systems is done quarterly, while it is done monthly on the SDX and Bendex systems. Local offices receive written match reports within a week, with information on: wages, UI, SSI, and SSA benefits.
Followup	New Hampshire does not have established procedures that local offices must follow in processing matched cases. No system is capable of triggering identification if there is a dollar wage discrepancy. However, the Wage system has a $400.00 tolerance for identifying matches; the SDX system has a $1.00 tolerance. Two systems prioritize cases. The Wage system prioritizes cases in ongoing matching by amount exceeding discrepancy range. The SDX system prioritizes in both front-end and ongoing matching cases where SDX says there are benefits while the client claims there are not.
Monitoring	Local offices are not required to submit regular reports to the State on the status of actions taken on matched cases. The State office cannot automatically monitor what is happening to matched cases.

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NEW HAMPSHIRE	MONTHLY REPORTING

OVERVIEW

Cases Required to Report

PA Caseload

All AFDC households that are required to report monthly and that also receive food stamps are required by the Food Stamp Program to complete monthly reports. Thus, monthly reporting requirements are the same for both programs and include the following cases:

- cases with current earnings
- cases with earnings during the past 2 months
- cases with unearned income

NPA Caseload

Monthly reporters include:

- cases with zero gross income except those that have a household member who is either work-registered or elderly or handicapped

Information on Monthly Report

	Required to report	***Reporting format***	***Verification***
Earned Income	Yes	By earner	Monthly
Unearned Income	Yes	By type of income by individual	For change only
Resources	Change only	Specific by type	For change only
Expenses	Change only	Not specified	For change only
Household composition	Change only	Not specified	Not specified

(continued)

NEW HAMPSHIRE	MONTHLY REPORTING (continued)
OPERATING PROCEDURES	
Mailing Monthly Reports	The State Department of Health and Human Services, Division of Human Services mails monthly reporting forms to households. This mailing is separate from the distribution of benefits. A stamped return envelope is included with the monthly reporting form. Households pay their own postage.
Monthly Reporting Schedule	New Hampshire operates monthly reporting on a 2-month cycle. That is, the cycle contains a "processing" month between the budget and issuance months. Monthly reporting forms are mailed on the 30th day of each month. The initial deadline for filing monthly reports is the 10th day of the next month so that households have 10 days in which to complete their monthly reports. Warning notices are mailed on the 11th day of the month. Final (adverse action) notices are mailed 23 days after the original mailing of monthly reporting forms. The final deadline for submitting monthly reports is the 20th day of the report month. Those cases that are terminated for failure to file on a timely basis, but submit their report before the end of the issuance monthwith good cause for delay, may be reinstated without loss of benefits.
Staff Assignments	At certification, local office eligibility workers assign cases to monthly reporting. Data entry workers review monthly reports for completeness; eligibility workers make decisions on actions required by information on complete forms; data entry workers and eligibility workers handle incomplete monthly reports. Eligibility workers make decisions about reassignments to or from monthly reporting.
Automation	Automated functions include: • determining/verifying status of monthly report • backup assigning to or from monthly reporting (i.e. checks for eligibility worker error)

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NEW HAMPSHIRE	CLAIMS COLLECTION
ORGANIZATION	
Agencies	New Hampshire's claims collection process is administered at the State level. There are specialized Statewide claims collection and fraud investigations units. Investigations into cases of suspected fraud are handled by the Office of Special Investigations (OSI). All claims go to the Bureau of Food Stamp Recovery (BFSR).
Staff Training	Eligibility workers receive training when hired, refresher training, and retraining. Policy manuals are available.
System Monitoring	Routine monthly reports are issued on claims referrals, investigations, establishment, collection, and followup, for State claims offices and fraud units. There are no time limits on processing cases.
Automation	Statewide automated functions include: • Maintaining histories with dates of recoupment • Flagging fraud/nonfraud cases, and cases with active claim balances • Aging claims establishments Nonautomated functions include: • Tracking match hits, referrals, investigations, established claims, claim payments, and disqualified individuals

(continued)

NEW HAMPSHIRE	CLAIMS COLLECTION (continued)
OPERATING PROCEDURES	
Identifying and Investigating Claims	Methods to detect overissuances in order of importance are: • Computer matching of wages • Review at recertification • QC reviews • Special investigation units • Conflicting information from client • Hotline, informal complaints After identification, overissuance is calculated for previous 6 years for fraud cases, 1 year for nonfraud cases. Fifty percent of overissuances are referred for fraud investigations. Claims are investigated through case file reviews. In addition, fraud claims are investigated through in-office interviews, third-party contacts, home visits, witness interviews, and forensic investigations. No priority is given to fraud or nonfraud cases. Characteristics that increase the likelihood of an investigation include: large dollar amounts, good quality of evidence, repeat offenses, flagrant violations, PA household, and recent error. For fraud cases, the establishment methods used are fraud prosecution, administrative fraud hearings, and waivers of hearing. Cases are referred for prosecution because of larger dollar amount, repeat offenses, and flagrant violations, or nonresponse to demand letters with claim over $250.
Establishing and Collecting Claims	Two demand letters are sent to collect claims. Recoupment is used in fraud, household error, and agency error cases. The latter depends on the client's consent. New Hampshire collected $143,563 in claims during FY86, ranking 43rd among the States.
Following Up and Suspending/Terminating Claims	In addition to demand letters, followup involves monthly billing and phone calls. Alternative collection methods used are court-ordered wage garnishment, and property liens for cases with fraud claims. New Hampshire does not suspend and thus does not terminate claims because of the small caseload. Virtually all claims are repaid in some manner.

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NEW HAMPSHIRE	QUALITY CONTROL
ORGANIZATION	
Unit	Office of Quality Assurance, Department of Human Services.
System Type	The Office of Quality Assurance is responsible for QC activities in the AFDC, Medicaid, and Food Stamp Programs. The QC system is integrated with these programs.
Sample Size	The New Hampshire QC sample is composed of 468 cases. The Office of Quality Control conducts 68 extra reviews in order to increase the precision of the error estimates and to allow analysis by office and region of causes of errors.
Staff	There are 4 FTE QC reviewers for the FSP. Most reviewers have had an average of 5 years of experience as eligibility workers. Most are college graduates. Combining staff FTEs and QC sample size leads to an estimate of 113 QC reviews performed for each FTE.
Review Time	On average, a QC review takes 11.5 hours. Internal re-reviews take, on average, 1 hour. The following case characteristics increase review time by: more than 60 minutes- • Earned income • Errors found in the case • Large household (5 or more members) • Receipt of AFDC, Medicaid, and food stamps 20 to 60 minutes- • Unearned income • Receipt of GA and food stamps less than 20 minutes- • Eligibility workers working at home (continued)

NEW HAMPSHIRE	QUALITY CONTROL (continued)
OPERATING PROCEDURES	
Local Office Notification and Preparation	Local offices are notified of date of review, and cases to be reviewed are identified. If review does not include a visit, the local office is asked to send these cases to the QC reviewer. Local office staff pull the selected case files and either set them aside for the QC reviewer's visit or mail them to the reviewer. Supplementary information on previous reviews, length of certification period and individual applications is collected on all cases in the QC sample.
Error Determination and Resolution	The initial error determination may involve a supervisor, policy specialist, program administrator, and other reviewers. Policy questions that arise during the error-determination process are resolved either by the review supervisor or by the program administrator.
Internal Re-review	All cases with errors are re-reviewed by the review supervisor, the QC division director, the review committee, and a policy specialist.
Analyses of QC Data	ANALYSES PERFORMED ROUTINELY / OCCASIONALLY Identification of error-prone: • case categories: X • offices: X Projection of: • caseload size or characteristics: X Caseload Description: X
Use of FNS Software	New Hampshire does not use the analysis software provided by FNS.

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NEW HAMPSHIRE	WORK REGISTRATION / JOB SEARCH
OVERVIEW	
Coverage	The Food Stamp Job Search Program operates in 5 counties, serving 54% of the State's PA and NPA caseload, targeting the NPA cases. A large food stamp caseload, absence of work registration program or WIN, and good job markets were the criteria for selection.
Staff Assignments	Workers in income maintenance units refer participants to the work registration/job search program and inform participants of disqualification if they fail to comply. Assessment, assignment, and notification activities are handled by the job service subcontractor. Job search monitoring duties are handled by the Food Stamp Agency.
Activity Level	For Federal fiscal year 1986, reported average monthly activity was: • Referred to Assessment 228 • Job Ready 311 • Not Job Ready NA • Exempt NA • Entered Job Search 243 • Entered Employment 42 • Found Noncompliant 126 • Disqualified 89
Program Operations	Assessments are conducted individually, averaging 35 minutes per person. Voluntary counseling or training is provided individually. Referral to Jobs, Job Development, on-the-job and Classroom Training are included components of the Job Search Program. Each registrant is required to make 24 contacts during a 4 week period every 6 months. Registrants report names of employers and contact persons, dates, and results of contacts, and type of work. Contacts are confirmed at random. (continued)

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NEW HAMPSHIRE	WORK REGISTRATION / JOB SEARCH (continued)
REPORTING	Disqualification reports are computer generated at the county level. Computerized totals are prepared by adding all transactions to previous totals. Automated statistical reports on case management are available. For all other records, local totals are hand tabulated at the county level. Summarized cumulative totals are prepared by adding all transactions to previous totals. All case management and participant-tracking functions are automated and accessible through on-line entry/query.
Referral and Assessment	Registrants are counted as referred at every new application, reapplication (e.g. break in certification), and recertification. Referrals occur once every 6 months. The number of registrants who are interviewed by the Job Search provider (i.e., who are assessed) includes exempt registrants who may participate in Job Search.
Job Search Entrance	During the year, registrants are counted each time they are assigned to job search status. Job ready registrants may not be counted if they delayed their job search with good cause, failed to comply with good cause, enrolled in a job training program, or left the FS program.
Employment	Registrants are counted every time they obtain employment whether they were referred by the contractor or found their jobs themselves. Followup activity includes verification of job referral, routine Job Search contact reporting, collecting information at eligibility review and at reapplication for food stamp benefits, and computer wage matching. these followups are conducted in-person, by mail and by telephone.
Noncompliance and Disqualification	Registrants are counted every time they are noncompliant or disqualified. Income maintenance staff receive noncompliance reports as they occur, which are reviewed when received.

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NEW JERSEY	STATE SUMMARY
Administering agency	The Department of Human Services administers the Food Stamp Program. The program is State-supervised.
Caseload	The average monthly caseload in FY 1986 was about 161,000 households, including 428,500 individuals. New Jersey ranks 16th in number of persons participating. PA households account for 59% of the total.
Project areas	New Jersey has 21 project areas. The largest are Essex (Newark), Hudson (Jersey City), and Camden counties, accounting for about 55% of the State caseload.
Benefits issued	New Jersey's food stamp issuances in FY 1986 totaled $240 million, ranking 15th in the nation. Monthly issuances averaged $46.64 per person.
Administrative expenses	The federal share of New Jersey's administrative costs amounted to $30 million in FY 1986, ranking 8th. Federal costs were $15.65 per household per month.

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NEW JERSEY	AUTOMATED CERTIFICATION SYSTEM
OVERVIEW	
System Name	Central Operations Data Exchange Services (CODES)
General Characteristics	Implemented in 1981, CODES is a Statewide system. The design is a derivative of the Oklahoma system (implemented in 1972). The system uses Honeywell hardware. There is no local processing hardware.
Key System Capabilities	Stand-Alone Eligibility and Benefit Determination: Eligibility workers can use an on-line or batch computer process to have the system determine eligibility results and household data using an input form to record them on the data base.
Turnaround	Household actions are processed in daily batch runs for all actions performed since the last run.
AFDC and Food Stamp Integration	AFDC and food stamps for PA households are handled by the same workers, using combined application forms and input forms.
DATA BASE	
Level of Detail and Contents	System stores all household member's names, birthdates and social security numbers, regardless of membership in food stamp case. Historical data are available on-line for past 12 months.
Financial Data	By total • Gross earnings • Unearned income (7 categories) • Work registration status Utility, medical, and dependent care costs are available for the household.

(continued)

NEW JERSEY	AUTOMATED CERTIFICATION SYSTEM (continued)
SYSTEM FUNCTIONS AND AUTOMATED OUTPUT	<u>Calculates and Stores</u> • Net income • Excess shelter costs deduction (including utility cost component) • Excess medical deduction • Dependent care deduction • Allotment (not stored) • First month's prorated allotment • Recoupment amount (deducted) <u>Performs</u> • Individual eligibility tests • Gross income test • Net income test <u>Generates</u> • ATPs (mailed) • Certification period expiration notice • Monthly report forms • Edit reports (daily) • Outstanding verifications needed (weekly or biweekly) • Eligibility results (daily) • Required case actions (monthly) • Computer match results (daily) System has access to AFDC program income data for use in food stamp eligibility processing.

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NEW JERSEY	COMPUTER MATCHING

OVERVIEW

Systems

There are 4 Statewide systems:

1. Wage Reporting System Batch (WRS Batch), implemented September, 1981.
2. Unemployment Insurance Batch (UI Batch), implemented January, 1974.
3. Wage Reporting system On-line (WRS On-line), implemented May, 1985.
4. Unemployment Insurance On-line (UI On-line), implemented December, 1981.

The systems are managed by the Integrity Control System of the Division of Public Welfare. The Food Stamp, AFDC, Medicaid, and Child Support programs all use these systems.

Data Bases and Access

System	Data Accessed	Update Time	Time Lapse	Front-End or Ongoing
(1)	Earned income	Quarter	4-6 months	Ongoing
(2)	UI benefits	Day	Next day	Ongoing
(3)	Earned income	Quarter	Next week	Both
(4)	UI benefits	Day	Next day	Both

(continued)

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NEW JERSEY	COMPUTER MATCHING (continued)
OPERATING PROCEDURES	
Staff Assignments	State staff initiate front-end and ongoing searches and access the systems using Social Security number and name.
Front-End Matching	The WRS On-line and UI On-line systems are used for front-end matching of the Statewide caseload. Local offices receive information by phone within 1 day and by computer printout within 2 days. The information covers: wages, place of employment, other Social Security numbers, UI benefits, date UI claim was filled, status of UI claim, date of

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NEW JERSEY	MONTHLY REPORTING

OVERVIEW

Cases Required to Report

PA Caseload

All AFDC households that are required to report monthly and that also receive food stamps are required by the Food Stamp Program to complete monthly reports. Thus, monthly reporting requirements are the same for both programs and include the following cases:

- cases with current earnings
- cases with unearned income

NPA Caseload

Monthly reporters include:

- cases with current earnings

Information on Monthly Report

Required to report	*Reporting format*	*Verification*
Yes	By earner	Weekly paystub
Yes	By type of income by individual	For change only
Change only	Specific by type	Not specified
Yes	Not specified	For change only
Change only	Not specified	Not specified

(continued)

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NEW JERSEY	MONTHLY REPORTING (continued)
OPERATING PROCEDURES	
Mailing Monthly Reports	Local offices, supervised by the State Department of Human Services mails monthly reporting forms to households. This mailing is sent with the benefits mailing. A stamped return envelope is included with the monthly reporting form.
Monthly Reporting Schedule	New Jersey operates monthly reporting on a 2-month cycle. That is, the cycle contains a "processing" month between the budget and issuance months. Monthly reporting forms are mailed on the 29th day of each month. The initial deadline for filing monthly reports is the 5th working day of the next month so that households have 9 days in which to complete their monthly reports. Warning notices are mailed on the 5th working day of the month. Final (adverse action) notices are mailed 30 days after the original mailing of monthly reporting forms. The final deadline for submitting monthly reports is the 10 days after the filing deadline of the report month. Those cases that are terminated for failure to file on a timely basis, but submit their report before the end of the issuance month, may be reinstated without loss of benefits.
Staff Assignments	Clerks or eligibility workers review monthly reports for completeness; eligibility workers make decisions on actions required by information on complete forms; and also handle incomplete monthly reports.
Automation	Automated functions include: • generating monthly reports • assigning cases to or from monthly reporting

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NEW JERSEY	CLAIMS COLLECTION
ORGANIZATION	
Agencies	New Jersey's claims collection process is State supervised and county administered. There are specialized county claims collection and fraud investigations units.
Staff Training	Eligibility workers receive training when hired, refresher training, and retraining. Policy manuals are available.
System Monitoring	Routine monthly reports are issued on claims referrals, investigations, establishment, followup, suspensions, and terminations in the county offices. Monthly reports on claims collection are issued to the State office and county claims units. There are no time limits on processing cases.
Automation	New Jersey had no automated functions as of FY1986. Nonautomated functions include: • Tracking match hits, referrals, investigations, established and suspended claims, claim payments, and disqualified individuals • Flagging fraud/nonfraud cases, and cases with active, delinquent and suspended claim balances

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NEW JERSEY	CLAIMS COLLECTION (continued)
OPERATING PROCEDURES	
Identifying and Investigating Claims	Methods to detect overissuances in order of importance are: • Computer matching of wages • Review at recertification • Computer matching of unearned income • Conflicting information from client • Internal audits • Special investigation units • Hotline, informal complaints • Information from other agencies • QC reviews • Duplicate participation checks After identification, overissuance is calculated for previous 6 years. 33 percent of overissuances are referred for fraud investigations. Claims are investigated through case file reviews, in-office interviews, third-party contacts, and home visits. In addition, fraud claims are investigated through witness interviews, and forensic investigations. Priority is given to nonfraud over fraud cases, and household error over agency error. Characteristics that increase the likelihood of an investigation include: active cases, large dollar amounts, good quality of evidence, repeat offenses, flagrant violations, recent errors, and participant household.
Establishing and Collecting Claims	For fraud cases, the establishment methods used are fraud prosecution, administrative fraud hearings, disqualification consent agreements, and waivers of hearing. Cases are referred for prosecution if the claim is more than a certain amount (decided by each county), or because of repeat offenses, and flagrant violations. One monthly demand letter is sent to collect fraud and household error claims in active food stamp cases. Three demand letters are sent to collect agency error claims on active cases. Recoupment is used in fraud, household error, and agency error active cases. The latter depends on the client's consent. If the case is no longer on food stamps, demand letters are sent until they become non-cost effective. New Jersey collected $3,333,662 in claims during FY86, ranking 3rd among the States.
Following Up and Suspending/Terminating Claims	In addition to demand letters, followup involves phone calls. An alternative collection method used in some counties is tax refund interception. The uniform criteria for suspending claims are loss of cost effectiveness, inability to locate household, and small amount. Claims suspended for 3 years are terminated. These cases remain on file indefinitely.

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NEW JERSEY	QUALITY CONTROL
ORGANIZATION	
Unit	Bureau of Quality Control, Division of Public Welfare.
System Type	The Bureau of Quality Control is responsible for QC activities in the GA, AFDC, Medicaid, and Food Stamp Programs. The QC system is integrated with all programs.
Sample Size	The New Jersey QC sample is composed of 2,382 cases. In addition, the Bureau of Quality Control conducts approximately 1,000 special management evaluation reviews in two counties in order to increase the precision of the error estimates to allow more detailed analysis of causes of agency error by office or region. These file reviews are required by the USDA.
Staff	There are 26 FTE QC reviewers for the FSP. Most reviewers have not had previous positions in the welfare department. Most have some college experience. Combining staff FTEs and QC sample size leads to an estimate of 92 QC reviews performed for each FTE.
Review Time	On average, a QC review takes 11.5 hours. Internal re-reviews take, on average, 1 hour. The following case characteristics increase review time by: more than 60 minutes- • Errors found in the case • Lack of cooperation • Receipt of educational grants and loans 20 to 60 minutes- • Earned income • Unearned income • Large household (5 or more members) • Receipt of GA and food stamps • Remote local office or household less than 20 minutes- • Receipt of AFDC, Medicaid and food stamps (continued)

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NEW JERSEY	QUALITY CONTROL (continued)
OPERATING PROCEDURES	
Local Office Notification and Preparation	Local offices are notified of date of review. Local office staff pull the selected case files for the QC reviewer. Supplementary information is collected on heating arrangements for the Low Income Energy Assistance Program for all cases in the QC sample.
Error Determination and Resolution	The initial error determination is made by a reviewer alone. Policy questions that arise during the error-determination process are resolved by the review supervisor.
Internal Re-review	All cases with errors in the QC sample are re-reviewed by the review supervisor. All cases with errors are re-reviewed by the administrative supervisor.
Analyses of QC Data	

	ANALYSES PERFORMED	
Regular Reviews	ROUTINELY	OCCASIONALLY
Identification of error-prone:		
• case categories	X	
• groups of workers		X
• offices		X
Projection of:		
• caseload size or characteristics	X	
• effect of policy change		X
Caseload Description:	X	
Evaluation of impact of change in policy or administrative operations:		X
Special Reviews		
Identification of error-prone:		
• case categories	X	
• groups of workers	X	
• offices	X	
Developing corrective action:	X	

Use of FNS Software	Software provided by FNS is used to analyze QC data, in general, and to perform error-prone analyses, in particular.

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NEW JERSEY	WORK REGISTRATION / JOB SEARCH
OVERVIEW	
Coverage	The Food Stamp Job Search Program operates in all 21 counties, serving 100% of the State's PA and NPA caseload, targeting the NPA cases.
Staff Assignments	Workers in income maintenance units refer participants to the work registration/job search program, notify of noncompliance, and inform participants of disqualification if they fail to comply. Assessment, assignment, and monitoring activities are handled by the job service subcontractor.
Activity Level	For Federal fiscal year 1986, reported average monthly activity was: • Referred to Assessment 567 • Job Ready 311 • Not Job Ready NA • Exempt NA • Entered Job Search 243 • Entered Employment 42 • Found Noncompliant 126 • Disqualified 89
Program Operations	Assessments are conducted individually, averaging 30 minutes per person. Voluntary counseling or training is provided in groups and individually. Classroom Training is an included component of the Job Search Program. Each registrant is required to make 24 contacts during a continuous 8 week period. Registrants report names of employers and contact persons, dates, and results of contacts. Contacts are confirmed at random, or if there is something suspicious about the contact.

(continued)

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NEW JERSEY	WORK REGISTRATION / JOB SEARCH (continued)
REPORTING	Participant records are hand tabulated at the local/county level. Summarized cumulative totals are prepared by adding the number of new participants to the previous total. Case management and participant-tracking functions are not automated.
Referral and Assessment	Registrants are counted as referred at every new application, reapplication (e.g. break in certification), and recertification. Referrals occur at every certification. The number of registrants who are interviewed by the Job Search provider (i.e., who are assessed) includes exempt registrants who may participate in Job Search.
Job Search Entrance	During the year, registrants are counted every time they are assigned to job search status.
Employment	Registrants are counted every time they obtain employment if they were referred by the contractor. Followup activity includes collecting information at eligibility review and at reapplication for food stamp benefits, and computer wage matching. These followups are conducted in-person and by computer.
Noncompliance and Disqualification	Registrants are counted every time they are noncompliant or disqualified. Income maintenance staff receive weekly noncompliance reports, which are reviewed.

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NEW MEXICO	STATE SUMMARY
Administering agency	The Human Services Department administers the Food Stamp Program. The program is State-administered.
Caseload	The average monthly caseload in FY 1986 was about 49,000 households, including 154,000 individuals. New Mexico ranks 33rd in number of persons participating. PA households account for 38% of the total.
Project areas	New Mexico has 32 project areas. The largest are Bernalillo (Albuquerque), Dona Ana (Las Cruces), and McKinley (Gallup) counties, accounting for about 38% of the State caseload.
Benefits issued	New Mexico's food stamp issuances in FY 1986 totaled $88 million, ranking 34th in the nation. Monthly issuance averaged $47.78 per person.
Administrative expenses	The federal share of New Mexico's administrative costs amounted to $7.9 million in FY 1986, ranking 31st. Federal costs were $13.39 per household per month.

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NEW MEXICO	AUTOMATED CERTIFICATION SYSTEM
OVERVIEW	
System Name	Food Stamp System
General Characteristics	Implemented in 1980, the Food Stamp System operates Statewide. The design is a derivative of the Louisiana system (implemented in 1979). The system uses IBM central and local processing hardware.
Key System Capabilities	Integrated Eligibility/Benefit Determination: Eligibility workers prepare input forms from application data to trigger system functions which automatically determine eligibility, calculate benefits, and update the household record.
Turnaround	Household actions are processed in daily batch runs for all actions performed since the last run.
AFDC and Food Stamp Integration	AFDC and food stamps are handled by the same workers, using a combined application form. Separate input forms must be used to enter the data for the two programs.
DATA BASE	
Level of Detail and Contents	System stores all household member's names, birthdates and social security numbers, regardless of membership in food stamp case. Historical data are not available on-line. However, data covering the past 36 months are stored on tape.
Financial Data	By total • Gross earnings • Self-employment income • Unearned income (19 categories) • Work registration status Housing, utility, medical, and dependent care costs are available for the household.

(continued)

NEW MEXICO	AUTOMATED CERTIFICATION SYSTEM (continued)
SYSTEM FUNCTIONS AND AUTOMATED OUTPUT	<u>Calculates and Stores</u> • Net income • Excess shelter costs deduction (including utility cost component) • Excess medical deduction • Dependent care deduction • Allotment • First month's prorated allotment • Recoupment amount (deducted) <u>Performs</u> • Gross income test • Net income test <u>Generates</u> • On-line issuance of benefits • Listings for coupon issuance • Certification period expiration notice • Monthly report forms • Monthly report filing reminders and termination notices • Application approvals/denials • Interim change/recertification notices • Edit reports (daily) • Outstanding verifications needed (weekly or biweekly) • Eligibility results (daily) • Required case actions (monthly) • Computer match results (daily) • Supervisory reports System has access to AFDC, GA and Child Support program income data for use in food stamp eligibility processing.

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NEW MEXICO	COMPUTER MATCHING

OVERVIEW

Systems

There are 4 integrated Statewide systems:

1. Food Stamp Master File (batch), implemented September, 1981.
2. Food Stamp Master File (on-line), implemented September, 1981.
3. Quarterly with Arizona (batch), implemented 1984.
4. AFDC update (batch), implemented December, 1981.

The systems are managed by the Data Control section of the Department of Human Services. The Food Stamp, AFDC, and Child Support programs all use these systems.

Data Bases and Access

System	Data Accessed	Update Time	Time Lapse	Front-End or Ongoing
(1)	Earned income	Quarter	NA	Ongoing
	UI benefits	Week	NA	
	SSI benefits	Quarter	NA	
	AFDC benefits	Day	NA	
	Child Support	Day	NA	
(2)	Earned income	Quarter	NA	Front-End
	UI benefits	Week	NA	
	SSI benefits	Quarter	NA	
	AFDC benefits	Day	NA	
	Child Support	Day	NA	
(3)	FS caseload-AZ.	NA	NA	Ongoing
(4)	AFDC participation status	Day	Next day	Ongoing

(continued)

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NEW MEXICO	COMPUTER MATCHING (continued)
OPERATING PROCEDURES	
Staff Assignments	Both State and local staff initiate front-end searches on the FS Master File on-line system. State staff initiate ongoing searches on the remaining systems. The systems are accessed using Social Security number, name, and date of birth.
Front-End Matching	Only the FS Master File on-line system is used for front-end matching of the Statewide caseload. Local offices receive on-line reports overnight with information on wages, UI, SSI and AFDC benefits, and how much child support is paid for which child.
Ongoing Matching	The 3 batch systems are used for ongoing matching of the Statewide caseload, although the AFDC update system is only used for cases with an action taken that day. Matching on the FS Master File batch system is done at recertification. It is done quarterly on the Quarterly with Arizona system and whenever action is taken in either the Food Stamp or AFDC casefile for the AFDC update system. Local offices receive written match reports within a week with information on wages, UI, SSI and AFDC benefits, how much child support is paid for which child, and Arizona Food Stamp participation status.
Followup	New Mexico has established procedures that local offices must follow in processing matched cases. No systems are capable of triggering identification if there is a dollar wage discrepancy. Cases are not prioritized in either front-end or ongoing matching.
Monitoring	Reporting requirements have been established for all systems: the county supervisor must send reports to the field office, and hits must be followed up within a week. The monitoring process is not automated.

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NEW MEXICO	MONTHLY REPORTING

OVERVIEW

Cases Required to Report

PA Caseload

All AFDC households who are required to report monthly and who also receive food stamps are required by the Food Stamp Program to complete monthly reports. Thus, monthly reporting requirements are the same for both programs and include the following cases:

- cases with current earnings
- cases with earnings during the past 3 months
- cases with expenses within $15 of income
- cases in applicant status for SSI, SSA, GA or Veteran's Benefits

NPA Caseload

All NPA Food Stamp households that are not statutorily exempt are required to complete monthly reports.

Information on Monthly Report

	Required to report	*Reporting format*	*Verification*
Earned Income	Yes	By earner	Weekly paystub
Unearned Income	Change only	General for household	For change only
Resources	Change only	General for household	For change only
Expenses	Yes	Not specified	For all types
Household composition	Yes	Not specified	Not specified

(continued)

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NEW MEXICO	MONTHLY REPORTING (continued)
OPERATING PROCEDURES	
Mailing Monthly Reports	The State Human Services Department mails monthly reporting forms to households. This mailing is separate from the distribution of benefits. A return envelope is included with the monthly reporting form. Households pay their own postage.
Monthly Reporting Schedule	New Mexico operates monthly reporting on a 2-month cycle. That is, the cycle contains a "processing" month between the budget and issuance months. Monthly reporting forms are mailed on the 2nd to last day of each month. The initial deadline for filing monthly reports is the 5th day of the next month so that households have 7 days in which to complete their monthly reports. Final (adverse action) notices are mailed 16 days after the original mailing of monthly reporting forms. The final deadline for submitting monthly reports is the 5th day of the report month. New Mexico does not reinstate those cases that were terminated for failure to file on a timely basis.
Staff Assignments	At certification, local office eligibility workers assign cases to monthly reporting. Clerks review monthly reports for completeness; make decisions on actions required by information on complete forms; and also handle incomplete monthly reports. Eligibility workers make decisions about reassignments to or from monthly reporting.
Automation	Automated functions include: • generating monthly reports • generating adverse action notices • terminating cases for failure to file
Monthly Reporting Effects	Studies show that monthly reporting has reduced Quality Control error rates in New Mexico.

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NEW MEXICO	CLAIMS COLLECTION
ORGANIZATION	
Agencies	New Mexico's claims collection process is administered at the State level. There are specialized Statewide claims collection and fraud investigations units. One-third of cases of suspected fraud are handled by Program Integrity Bureau (PIB) which takes cases to court. Noncourt cases are handled at county level.
Staff Training	Eligibility workers receive training when hired and retraining. Policy manuals are available.
System Monitoring	Routine monthly reports are issued on claims referrals, establishment, and collection for State and local offices and State claim unit. There are no time limits on processing cases.
Automation	Statewide automated functions include: • Calculating amount of overissuance for previous 36 months • Calculating and deducting for recoupment • Generating demand letters • Maintaining histories with dates of case actions, recoupment, payments, and suspensions • Tracking match hits, established and suspended claims, and claim payments • Individual status reporting for State office and claim unit

(continued)

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NEW MEXICO	**CLAIMS COLLECTION** (continued)
OPERATING PROCEDURES **Identifying and Investigating Claims**	Methods to detect overissuances in order of importance are: • Computer matching of wages • Review at recertification • Conflicting information from client • QC reviews

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NEW MEXICO	QUALITY CONTROL
ORGANIZATION	
Unit	Income Support Division, Quality Assurance Section, Department of Human Services.
System Type	The Quality Assurance Section is responsible for QC activities in the AFDC, Medicaid, and Food Stamp Programs. The QC system is not integrated with these programs.
Sample Size	The New Mexico QC sample is composed of 2,400 cases.
Staff	There are 17 FTE QC reviewers for the FSP. Most reviewers have had an average of 5 years of experience as eligibility workers. Most have some college experience. Combining staff FTEs and QC sample size leads to an estimate of 141 QC reviews performed for each FTE.
Review Time	On average, a QC review takes 20 hours. Internal re-reviews take, on average, 2 hours. The following case characteristics increase review time by: more than 60 minutes- • Earned income • Unearned income • Errors found in the case • Large household (5 or more members) • Remote household 20 to 60 minutes- • Receipt of AFDC, Medicaid, and food stamps • Receipt of GA and food stamps

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NEW MEXICO	QUALITY CONTROL (continued)
OPERATING PROCEDURES	
Local Office Notification and Preparation	Local offices are notified of date of review, and cases to be reviewed are identified. If review does not include a visit, local office is asked to send these cases to the QC reviewer. Local office staff pull the selected case files and either set them aside for the QC reviewer's visit or mail them to the reviewer.
Error Determination and Resolution	The initial error determination is made by a reviewer alone. Policy questions that arise during the error-determination process are resolved by a review supervisor.
Internal Re-review	All cases in the QC sample are re-reviewed by the review supervisor, QC division director, a review committee, and a policy specialist.
Analyses of QC Data	ANALYSES PERFORMED ROUTINELY / OCCASIONALLY Identification of error-prone: • case categories: X • offices: X Projection of: • effect of policy change: X Caseload Description: X
Use of FNS Software	Software provided by FNS is used to analyze QC data, in general, and to perform error-prone analyses, in particular.

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NEW MEXICO	WORK REGISTRATION / JOB SEARCH
OVERVIEW	
Coverage	The Food Stamp Job Search Program operates in all 31 counties, serving 100% of the State's PA and NPA caseload, targeting both the PA and NPA cases.
Staff Assignments	Workers in income maintenance units refer participants to the work registration/job search program and inform participants of disqualification if they fail to comply. Assessment, assignment, monitoring, and notification activities are handled by the job service subcontractor.
Activity Level	For Federal fiscal year 1986, reported average monthly activity was: • Referred to Assessment 1,121 • Job Ready 310 • Not Job Ready NA • Exempt NA • Entered Job Search 310 • Entered Employment 264 • Found Noncompliant 354 • Disqualified 37
Program Operations	Assessments are conducted individually, averaging 20-25 minutes per person. Voluntary counseling or training is provided individually. Referral to Jobs, Job Development, on-the-job and Classroom Training are included components of the Job Search Program. Each registrant is required to make 24 contacts during a continuous 4 week period. Registrants report names of employers and contact persons, dates, and results of contacts. One of every 24 contacts is confirmed at random.

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NEW MEXICO	WORK REGISTRATION / JOB SEARCH (continued)
REPORTING	Participant records are computer generated at the local/county level. Computerized cumulative totals are prepared by adding the number of new participants to previous totals. All case management and participant-tracking functions are automated and batch listings are provided.
Referral and Assessment	Registrants are counted as referred at every new application, reapplication (e.g. break in certification), and recertification. Referrals occur once every 12 months, or when there is a break in certification. The number of registrants who are interviewed by the Job Search provider (i.e., who are assessed) does not include exempt registrants who are not allowed to participate in Job Search.
Job Search Entrance	During the year, registrants are counted each time part of job search is completed. Job ready registrants may not be counted if they have left the FS Program.
Employment	Registrants are counted every time they obtain employment whether they were referred by the contractor or found their jobs themselves. Followup activity includes verification of job referral, collecting information at eligibility review and at reapplication for food stamp benefits, and computer wage matching. These followups are conducted in-person, by mail, and by telephone.
Noncompliance and Disqualification	Registrants are counted every time they are noncompliant or disqualified. Income maintenance staff receive weekly noncompliance reports, which are reviewed when received.

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NEW YORK	STATE SUMMARY
Administering agency	The Department of Social Services administers the Food Stamp Program. The program is State-supervised.
Caseload	The average monthly caseload in FY 1986 was about 722,000 households, including 1,723,000 individuals. New York ranks 1st in number of persons participating. PA households account for 77% of the total.
Project areas	New York has 58 project areas. The largest are the New York City, Dutchess-Poughkeepsie, and Monroe (Rochester) areas, accounting for about 73% of the State caseload.
Benefits issued	New York's food stamp issuances in FY 1986 totaled $935 million, ranking 1st in the nation. Monthly issuance averaged $45.24 per person.
Administrative expenses	The federal share of New York's administrative costs amounted to $117 million in FY 1986, ranking 1st. Federal costs were $13.48 per household per month.

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NEW YORK STATE	AUTOMATED CERTIFICATION SYSTEM
OVERVIEW	
System Name	Welfare Management System (WMS)
General Characteristics	Implemented in 1983, WMS is a Statewide system. The system uses Sperry/Univac central hardware and many kinds of local processing hardware.
Key System Capabilities	Application-Based Eligibility/Benefit Determination: Data entry is performed directly from application forms to trigger eligibility determinations and benefit calculations by the system. No special input form is required.
Turnaround	Eligibility workers themselves use terminals to enter transactions and view eligibility and benefit results automatically determined by the system.
AFDC and Food Stamp Integration	AFDC and food stamps are handled by the same workers, using combined application forms and input forms.
DATA BASE	
Level of Detail and Contents	System stores all household member's names, ID numbers and social security numbers, regardless of membership in food stamp case. Historical data are available on-line for information since system implementation. Budget data covering the past 12 months are stored on tape.
Financial Data	By individual • Gross earnings • Self-employment income • Unearned income (55 categories) • Work registration status Housing, utility, medical, and dependent care costs are available for the household.

(continued)

NEW YORK STATE	AUTOMATED CERTIFICATION SYSTEM (continued)
SYSTEM FUNCTIONS AND AUTOMATED OUTPUT	<u>Calculates and Stores</u> • Net income • Excess shelter costs deduction (including utility cost component) • Excess medical deduction • Dependent care deduction • Allotment • First month's prorated allotment • Recoupment amount (deducted) <u>Performs</u> • Gross income test • Net income test <u>Generates</u> • ATPs (mailed) • Listings for coupon issuance • Notice that household must file monthly reports • Monthly report forms • Monthly report filing reminders • Outstanding verifications needed (monthly) • Eligibility results (quarterly) • Required case actions (monthly) • Computer match results (quarterly) • Supervisory reports System has access to AFDC, GA, and Energy Assistance (PA cases only) program income data for use in food stamp eligibility processing.

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NEW YORK CITY	AUTOMATED CERTIFICATION SYSTEM
OVERVIEW	
System Name	Welfare Management System (WMS)
General Characteristics	Implemented in 1987, WMS is a Statewide system. The design is a derivative of the New York State system (implemented in 1983). The system uses Sperry/Univac central hardware and Winchester local processing hardware.
Key System Capabilities	Application-Based Eligibility/Benefit Determination: Data entry is performed directly from application forms to trigger eligibility determinations and benefit calculations by the system. No special input form is required.
Turnaround	Eligibility workers themselves use terminals to enter transactions and view eligibility and benefit results automatically determined by the system.
AFDC and Food Stamp Integration	AFDC and food stamps are handled by the same workers, using combined application forms and input forms.
DATA BASE	
Level of Detail and Contents	System stores all household member's names and social security numbers, regardless of membership in food stamp case. Historical data are available on-line for past 6 months. Data covering all past information is stored on tape.
Financial Data	By individual • Gross earnings • Self-employment income and allowable expense • Unearned income (50 categories) • Work registration status Housing, utility, medical, and dependent care costs are available for the household.

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NEW YORK CITY	AUTOMATED CERTIFICATION SYSTEM (continued)
SYSTEM FUNCTIONS AND AUTOMATED OUTPUT	<u>Calculates and Stores</u> • Net income • Excess shelter costs deduction (including utility cost component) • Excess medical deduction • Dependent care deduction • Allotment • First month's prorated allotment • Recoupment amount (deducted) <u>Performs</u> • Gross income test • Net income test <u>Generates</u> • On-line issuance of benefits • Certification period expiration notice • Appointment notices • Monthly report forms • Monthly report filing reminders and termination notices • Interim change/recertification notices • Edit reports (daily) • Required case actions (monthly) • Computer match results (varies by type – between daily and monthly) System has access to AFDC and GA program income data for use in food stamp eligibility processing.

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NEW YORK	COMPUTER MATCHING

OVERVIEW

Systems

There are 5 systems:

1. Comprehensive Income Tracking (CINTRAK) (batch), implemented 1978.
2. Resource File Integration (RFI) (batch), implemented December, 1984.
3. Overnight Clearance System (OCS) (batch), implemented 1982.
4. Department of Motor Vehicles (DMV) (on-line), implementation date unknown.
5. Quick Turnaround System (QTS) (batch), implemented 1981.

The RFI system covers upstate New York, while the OCS system covers only New York City. The remaining systems are Statewide.

The systems are managed by the Audit and Quality Control section of the Division of Income Maintenance, Department of Social Services. The Food Stamp, AFDC, Medicaid, and GA programs all use these systems.

Data Bases and Access

System	Data Accessed	Update Time	Time Lapse	Front-End or Ongoing
(1)	UI benefits	Week	Next week	Ongoing
	SSA benefits	NA	NA	
	State payroll	2 weeks	2-3 weeks	
	Dept. of Health	NA	NA	
(2)	Earned income	Quarter	4-6 months	Both
(3)	Earned income	Quarter	1-3 months	Front-end
	UI benefits	Week	Next week	
(4)	DMV records	Day	Next day	Ongoing
(5)	Earned income	Quarter	4-6 months	Ongoing

(continued)

NEW YORK	COMPUTER MATCHING (continued)
OPERATING PROCEDURES	
Staff Assignments	Both State and local staff initiate front-end and ongoing searches. The systems are accessed using Social Security number, name, variations on names, and date of birth.
Front-End Matching	Two systems are used for front-end matching: RFI matches on the upstate New York caseload, while OCS matches on the New York City caseload. Local offices receive on-line reports overnight with information on: wages, employment status, UI benefits, and name and address of last employer.
Ongoing Matching	All systems except OCS are used for ongoing matching. CINTRAK is used for the Statewide caseload, and RFI is used for the upstate New York caseload. DMV is used at caseworker's discretion in those local offices with terminals, while QTS is used selectively on a Statewide basis. Matching is done monthly on CINTRAK, quarterly on RFI, and as needed on the DMV and QTS systems. Local offices receive written match reports from CINTRAK within 1 to 3 weeks, and on-line reports from RFI within 1 to 3 weeks. The QTS system provides written match reports within a week. The information covers: wages, death certificates, UI and SSA benefits, employment status, value of motor vehicles, and household composition.
Followup	New York has established procedures that local offices must follow in processing cases matched through all systems except DMV. No systems are capable of triggering identification if there is a dollar wage discrepancy. The CINTRAK and RFI systems prioritize cases chronologically by the date of report.
Monitoring	Monthly reports must be submitted from the RFI system for legislative cost-benefits analysis. The OCS system must report the number of denials and cases rejected. The other systems do not have reporting requirements. The State office does not automatically monitor what is happening to matched cases.

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NEW YORK	MONTHLY REPORTING

OVERVIEW

Cases Required to Report

PA Caseload

All AFDC households that are required to report monthly and that also receive food stamps are required by the Food Stamp Program to complete monthly reports. Thus, monthly reporting requirements are the same for both programs and include the following cases:

- cases with current earnings
- cases with earnings during the past 2 months

NPA Caseload

Monthly reporters include:

- cases with current earnings that live outside New York City
- cases with current earnings in households with 7 or more members living in New York City

Information on Monthly Report

	Required to report	***Reporting format***	***Verification***
Earned Income	Yes	By earner	Monthly paystub
Unearned Income	Yes	By type of income by individual	For all types
Resources	Change only	General for household	For change only
Expenses	Change only	Not specified	For change only
Household composition	Change only	Not specified	For change only

(continued)

NEW YORK	MONTHLY REPORTING (continued)
OPERATING PROCEDURES	
Mailing Monthly Reports	The State Department of Social Services mails monthly reporting forms to households. This mailing is separate from the distribution of benefits. A stamped return envelope is included with the monthly reporting form.
Monthly Reporting Schedule	New York operates monthly reporting on a 2-month cycle. That is, the cycle contains a "processing" month between the budget and issuance months. Monthly reporting forms are mailed near the 27th day of the month. The initial deadline for filing monthly reports is the 5th day of the next month so that households have 8 days in which to complete their monthly reports. Warning notices are mailed on the 9th day of the month. Final (adverse action) notices are generated by the local offices on their own schedule. The final deadline for submitting monthly reports is 21 days after the mailout date. Those cases that are terminated for failure to file on a timely basis, but submit their report before the end of the issuance month, may be reinstated without loss of benefits.
Staff Assignments	Staffing assignments vary by county.
Automation	Automated functions include: • generating monthly reports • tracking receipt of monthly reports • assigning cases to or from monthly reporting

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NEW YORK	CLAIMS COLLECTION
ORGANIZATION	
Agencies	New York's claims collection process is State supervised and county administered. There are specialized local claims collection and fraud investigation units.
Staff Training	Eligibility workers receive training when hired and retraining. Policy manuals are available.
System Monitoring	Routine quarterly reports are issued on claims referrals and investigations. Monthly reports are issued on establishment, collection, followup, suspensions, and terminations for State, regional and local offices. There are no time limits on processing cases.
Automation	Statewide (excluding NYC) integrated automated functions include: • Calculating and deducting for recoupment • Maintaining histories with dates of case actions, recoupment, and payments • Tracking match hits and referrals Nonautomated functions include: • Tracking investigations, established claims, and claim payments • Aging delinquent and suspended claims

(continued)

NEW YORK	CLAIMS COLLECTION (continued)
OPERATING PROCEDURES	
Identifying and Investigating Claims	Methods to detect overissuances in order of importance are: • Review at recertification • Duplicate participation checks • Special investigation units • Computer matching of wages, unearned income and resources • Internal audits • Hotline, informal complaints • Error-prone profile • QC reviews • Information from other agencies • Conflicting information from client After identification, overissuance is calculated for previous 6 years for fraud cases, 1 year for nonfraud cases. Twelve percent of overissuances are referred for fraud investigations. Claims are investigated through case file reviews, in-office interviews, third-party contacts, and home visits. In addition, fraud claims are investigated through witness interviews, and forensic investigations. No priority is given to fraud or nonfraud cases.
Establishing and Collecting Claims	For fraud cases, the establishment methods used are fraud prosecution, administrative fraud hearings, disqualification consent agreements, and waivers of hearing. Cases are referred for prosecution and decisions to prosecute are made by individual district attorneys. Three monthly demand letters are sent to collect nonfraud claims. Recoupment is used in fraud, household error, and agency error cases. The latter depends on the client's consent; if there is no consent, the claim is suspended. New York collected $2,615,495 in claims during FY86, ranking 5th among the States.
Following Up and Suspending/Terminating Claims	The criteria for suspending claims is determined by each county, although all individuals must be contacted again before suspension. Claims suspended for 3 years are terminated. These cases remain on file indefinitely.

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NEW YORK	QUALITY CONTROL
ORGANIZATION	
Unit	Office of Audit and Quality Control, Department of Social Services.
System Type	The Office of Audit and Quality Control is responsible for QC activities in the GA, AFDC, Medicaid, and Food Stamp Programs. Food stamp and AFDC QC reviews are integrated.
Sample Size	The New York QC sample is composed of 1,200 cases. In addition, local offices conduct special file reviews in order to increase the precision of the error estimates to allow more detailed analysis of causes of agency error by office or region.
Staff	There are 16 FTE QC reviewers for the FSP. Most reviewers have not had previous positions in the welfare department. Most are college graduates. Combining staff FTEs and QC sample size leads to an estimate of 75 QC reviews performed for each FTE.
Review Time	On average, a QC review takes 16 hours. Internal re-reviews take, on average, 20 minutes. The following case characteristics increase review time by: more than 60 minutes- • Earned income • Errors found in the case • Remote household 20 to 60 minutes- • Unearned income • Receipt of AFDC, Medicaid and food stamps • Remote local office less than 20 minutes- • Large household (5 or more members) • Receipt of GA and food stamps (continued)

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NEW YORK	QUALITY CONTROL (continued)
OPERATING PROCEDURES	
Local Office Notification and Preparation	Local offices are notified of date of review, and cases to be reviewed are identified. New York City office staff pull the selected case files and set them aside for the QC reviewer's visit Other local offices do not carry out preparations. Supplementary information on demographic characteristics, welfare participation and work experience is collected on all cases in the QC sample.
Error Determination and Resolution	The initial error determination may involve a supervisor, policy specialist, and data analysis. Policy questions that arise during the error-determination process are resolved by a policy specialist.
Internal Re-review	All cases with errors, and a random sample of each reviewer's cases are re-reviewed by the QC division director.
Analyses of QC Data	

	ANALYSES PERFORMED	
Regular and Special Reviews	ROUTINELY	OCCASIONALLY
Identification of error-prone:		
• case categories	X	
• groups of workers		X
• offices		X
Projection of:		
• caseload size or characteristics		X
• effect of policy change		X
Caseload Description:	X	
Evaluation of impact of change in policy or administrative operations:		X

Use of FNS Software	Software provided by FNS is used to analyze QC data, in general, and to perform error-prone analyses, in particular.

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NORTH CAROLINA	COMPUTER MATCHING

OVERVIEW

Systems

There are 4 integrated Statewide systems:

1. Bendex (batch), implemented June, 1988.
2. Employment Security Batch (ESC batch), implemented July, 1985.
3. DOT (on-line), implemented June, 1984.
4. Employment Security On-line (ESC on-line), implemented June, 1984.

The systems are managed by the Division of Information Systems, Social Services Division of the Department of Human Resources. The Food Stamp, AFDC, and Medicaid programs use these systems.

Data Bases and Access

System	Data Accessed	Update Time	Time Lapse	Front-End or Ongoing
(1)	SSA benefits	Month	1-3 months	Front-End
	SSI benefits	Month	1-3 months	
(2)	Earned income	Quarter	1-3 months	Ongoing
	UI benefits	Week	Next day	
(3)	DMV records	NA	NA	Front-End
(4)	Earned income	Quarter	1-3 months	Front-End
	UI benefits	Week	Next day	

(continued)

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NORTH CAROLINA	COMPUTER MATCHING (continued)
OPERATING PROCEDURES	
Staff Assignments	State staff use the ESC batch system for ongoing searches. Both State and local staff use the remaining 3 systems for front-end matching. With the exception of the DOT system, the systems are accessed by Social Security number; the DOT system is accessed by name and vehicle information (license plate, title).
Front-End Matching	All systems, except ESC batch, are used for front-end matching of the Statewide caseload. Local offices receive on-line information overnight on SSA, SSI and UI benefits, property value, and wages.
Ongoing Matching	Only the ESC batch system is used for ongoing matching of the Statewide caseload. The matching is done at recertification. Local offices receive written match reports overnight with information on wages and UI benefits.
Followup	North Carolina has not established procedures that local offices must follow in processing matched cases. No systems are capable of triggering identification if there are discrepancies. Cases are not prioritized in either front-end or ongoing matching.
Monitoring	Local offices are not required to submit regular reports to the State on the status of actions taken on matched cases. The State office cannot automatically monitor what is happening to matched cases.

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NORTH CAROLINA	MONTHLY REPORTING

OVERVIEW

Cases Required to Report

PA Caseload

All AFDC households that are required to report monthly and that also receive food stamps are required by the Food Stamp Program to complete monthly reports. Thus, monthly reporting requirements are the same for both programs and include the following cases:

- all cases for 3 months after AFDC certification
- cases with current earnings
- cases with earnings during the past 3 months
- cases with unearned income
- cases with irregular unearned income
- cases with any children aged 16 to 18 years

NPA Caseload

Monthly reporters include:

- cases composed of 6 or more persons

Information on Monthly Report

Required to report	*Reporting format*	*Verification*
Yes	By earner	Weekly paystub
Yes	By type of income by individual	Not specified
Change only	General for household	Not specified
No	Not applicable	Not applicable
Change only	Not specified	Not specified

(continued)

NORTH CAROLINA	MONTHLY REPORTING (continued)
OPERATING PROCEDURES	
Mailing Monthly Reports	The State Department of Human Resources mails monthly reporting forms to households. This mailing is separate from the distribution of benefits. A stamped return envelope is included with the monthly reporting form. Households pay their own postage.
Monthly Reporting Schedule	North Carolina operates monthly reporting on a 2-month cycle. That is, the cycle contains a "processing" month between the budget and issuance months. Monthly reporting forms are mailed on the 30th day of each month. The initial deadline for filing monthly reports is the 6th to 10th days of the next month so that households have 6 to 10 days in which to complete their monthly reports. Warning notices are mailed on the 12th day of the month. Final (adverse action) notices are mailed 30 days after the original mailing of monthly reporting forms. The final deadline for submitting monthly reports is the last day of the report month. Those cases that are terminated for failure to file on a timely basis, but submit their report before the end of the issuance month, may be reinstated without loss of benefits.
Staff Assignments	At certification, local office eligibility workers assign cases to monthly reporting. Clerks or eligibility workers review monthly reports for completeness; eligibility workers or clerks make decisions on actions required by information on complete forms; and also handle incomplete monthly reports. Eligibility workers make decisions about reassignments to or from monthly reporting.
Automation	Automated functions include: • determining/verifying status of monthly report • generating monthly reports • tracking receipt of monthly reports • terminating cases for failure to file • assigning cases to or from monthly reporting

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NORTH CAROLINA	CLAIMS COLLECTION
ORGANIZATION	
Agencies	North Carolina's claims collection process is State supervised and county administered. There are specialized county level claims collection and fraud investigations units in the 12 urban counties with heavy caseloads. Demand letters and repayment agreements are produced at the State level, while the county worker handles all other duties.
Staff Training	Eligibility workers receive training when hired, refresher training, and retraining. Policy manuals are available.
System Monitoring	Routine monthly reports are issued on claims establishment, collection, suspensions, and terminations for State and local offices. There are no time limits on processing cases.
Automation	Statewide automated functions include: • Calculating and deducting for recoupment • Generating demand letters • Maintaining histories with dates of case actions, recoupment, payments, and suspensions • Tracking established and suspended claims, claim payments, and disqualified individuals • Flagging cases with active and delinquent claim balances

(continued)

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NORTH CAROLINA	CLAIMS COLLECTION (continued)
OPERATING PROCEDURES	
Identifying and Investigating Claims	The top 5 methods to detect overissuances are: • Computer matching of resources through DMV • Hotline, informal complaints • Information from other agencies • Conflicting information from client • Computer matching of wages Other methods include: • QC reviews • Review at recertification • Duplicate participation checks • Special investigation units After identification, overissuance is calculated for previous 6 years for fraud cases, 1 year for nonfraud cases. An unknown percent of overissuances are referred for fraud investigations. Claims are investigated through case file reviews, in-office interviews, third-party contacts, and home visits. In addition, fraud claims are investigated through witness interviews, and forensic investigations in some counties. No priority is given to fraud or nonfraud cases. The characteristic that increases the likelihood of an investigation is large dollar amount.
Establishing and Collecting Claims	For fraud cases, the establishment methods used are fraud prosecution, administrative fraud hearings, disqualification consent agreements, and waivers of hearing. Cases are referred for prosecution because of large dollar amount. Three monthly demand letters are sent to collect claims. Recoupment is used in fraud, household error, and agency error cases. The latter depends on the client's consent. North Carolina collected $1,767,333 in claims during FY86, ranking 10th among the States.
Following Up and Suspending/Terminating Claims	In addition to demand letters, followup involves monthly billing and phone calls. The alternative collection method used in some counties is small claims court. The criteria for suspending claims follows federal regulations. Claims suspended for 3 years are terminated.

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NORTH CAROLINA	QUALITY CONTROL
ORGANIZATION	
Unit	Office of Program Integrity, Division of Social Services.
System Type	The Office of Program Integrity is responsible for QC activities in the AFDC Program. The QC system is not integrated.
Sample Size	The North Carolina QC sample is composed of 1,200 cases. In addition, the Office of Program Integrity conducts special file reviews in selected counties. 40 files are pulled for review to attempt to lower the error rate and see if additional training is needed. These reviews are not part of the basic QC sample, and the data from these reviews are not reported to FNS.
Staff	There are 15 FTE QC reviewers for the FSP. Most reviewers have had an average of 5-10 years of experience as eligibility worker supervisors. Most are college graduates. Combining staff FTEs and QC sample size leads to an estimate of 80 QC reviews performed for each FTE.
Review Time	It is not known how long a QC review takes. Internal re-reviews take, on average, 2 hours for cases with errors, 1 hour for cases with no errors. The following case characteristics increase review time by: more than 60 minutes- • Earned income • Unearned income • Large household (5 or more members) • Errors found in the case • Remote local office or household • Shelter expenses • Medical deductions 20 to 60 minutes- • Receipt of AFDC, Medicaid and food stamps (continued)

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NORTH CAROLINA	QUALITY CONTROL (continued)
OPERATING PROCEDURES	
Local Office Notification and Preparation	Local offices are notified a few hours before review visit, and cases to be reviewed are identified. Local office staff pull the selected case files and set them aside for the QC reviewer's visit.
Error Determination and Resolution	The initial error determination is made by the reviewer alone. Policy questions that arise during the error-determination process are resolved by the chief QC coordinator.
Internal Re-review	All cases in the QC sample are re-reviewed by the review supervisor, a policy specialist, and the chief QC coordinator.
Analyses of QC Data	

	ANALYSES PERFORMED	
Regular Reviews	ROUTINELY	OCCASIONALLY
Identification of error-prone:		
• case categories	X	
• groups of workers		X
Projection of:		
• caseload size or characteristics	X	
Caseload Description:	X	
Special Reviews		
Identification of error-prone:		
• case categories		X
• groups of workers	X	
• offices	X	
Projection of:		
• effect of policy change		X
Caseload Description:	X	
Evaluation of impact of change in policy or administrative operations:		X

Use of FNS Software

Software provided by FNS is used to analyze QC data, in general, and to perform error-prone analyses, in particular.

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NORTH CAROLINA	WORK REGISTRATION / JOB SEARCH
OVERVIEW	
Coverage	The Food Stamp Job Search Program operates in 57 counties, serving an unknown proportion of the State's PA and NPA caseload, targeting both the PA and NPA cases. Good job markets were the criteria for selection, as determined by the job service subcontractor, ESC.
Staff Assignments	Workers in income maintenance units refer participants to the work registration/job search program and inform participants of disqualification if they fail to comply. Assessment, assignment, and notification activities are handled by the job service subcontractor. State staff handle all job search monitoring functions.
Activity Level	For Federal fiscal year 1986, reported average monthly activity was: • Referred to Assessment 1,644 • Job Ready 1,252 • Not Job Ready NA • Exempt NA • Entered Job Search 1,145 • Entered Employment 196 • Found Noncompliant 177 • Disqualified 105
Program Operations	Assessments are conducted individually, averaging 30 minutes per person. Mandatory counseling or training is provided in job clubs, groups, and individually. Referral to Jobs, FS Workfare, on-the-job training, and Classroom Training are included components of the Job Search Program. Each registrant is required to make 24 contacts during a continuous 8 week period. Every 8 weeks registrants report names of employers, dates, and results of contacts. Contacts are not confirmed.

(continued)

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NORTH CAROLINA	WORK REGISTRATION / JOB SEARCH (continued)
REPORTING	For disqualification reports, computerized totals are prepared. CM and PT functions are automated for statistical reporting. For all other reports, participant records are hand tabulated at the local/county level. Summarized cumulative totals are prepared by adding all transactions to previous totals. All other case management and participant-tracking functions are not automated.
Referral and Assessment	Registrants are counted as referred at every new application, reapplication (e.g. break in certification), and recertification. Referrals occur once every 12 months. The number of registrants who are interviewed by the Job Search provider (i.e., who are assessed) includes exempt registrants who may participate in Job Search.
Job Search Entrance	During the year, registrants are counted each time they are assigned to job search status.
Employment	Registrants are counted every time they obtain employment when referred by the contractor. Clients must report in person, by mail or by phone upon receiving a job after the last job search. The agency does no followup of its own.
Noncompliance and Disqualification	Registrants are counted every time they are noncompliant or disqualified. Income maintenance staff receive daily noncompliance reports, which are reviewed when received.

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NORTH DAKOTA	STATE SUMMARY
Administering agency	The Department of Human Services administers the Food Stamp Program. The program is State-supervised.
Caseload	The average monthly caseload in FY 1986 was about 12,500 households, including 35,500 individuals. North Dakota ranks 46th in number of persons participating. PA households account for 37% of the total.
Project areas	North Dakota has 51 project areas. The largest are Burleigh (Bismarck), Cass (Fargo), Rolette (Rolla), and Ward (Minot) counties, accounting for about 32% of the State caseload.
Benefits Issued	North Dakota's food stamp issuances in FY 1986 totaled $17.5 million, ranking 50th in the nation. Monthly issuances averaged $40.95 per person.
Administrative expenses	The federal share of North Dakota's administrative costs amounted to $1.9 million in FY 1986, ranking 48th. Federal costs were $12.64 per household per month.
Special Circumstances	North Dakota did not have Job Search contract with FNS for FY 1986.

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NORTH DAKOTA	AUTOMATED CERTIFICATION SYSTEM
OVERVIEW	
System Name	The information on North Dakota's Automated Certification System is based on Mississippi, which uses the same system.
General Characteristics	North Dakota's food stamp system serves the entire State. The design is a derivative of the Alaska system (implemented in 1983).
Key System Capabilities	Application-Based Eligibility/Benefit Determination: Data entry is performed directly from application forms to trigger eligibility determinations and benefit calculations by the system. No special input form is required.
Turnaround	Eligibility workers themselves use terminals to enter transactions and view eligibility and benefit results automatically determined by the system.
AFDC and Food Stamp Integration	No information available.
DATA BASE	
Level of Detail and Contents	System stores all household member's names, birthdates, ID numbers and social security numbers, regardless of membership in food stamp case.
Financial Data	By individual • Gross earnings • Self-employment income and allowable expense • Unearned income (10 categories) • Work registration status Housing, utility, medical, dependent care costs, and total countable value of resources are available for the household.

(continued)

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NORTH DAKOTA	AUTOMATED CERTIFICATION SYSTEM (continued)
SYSTEM FUNCTIONS AND AUTOMATED OUTPUT	<u>Calculates and Stores</u> • Net income • Excess shelter costs deduction (including utility cost component) • Excess medical deduction • Dependent care deduction • Allotment • First month's prorated allotment • Recoupment amount (deducted) <u>Performs</u> • Individual eligibility tests • Gross income test • Net income test • Resource test <u>Generates</u> • On-line issuance of benefits • Listings for coupon issuance • ID cards • Certification period expiration notice • Appointment notices • Verification notices • Notice that household must file monthly reports • Monthly report forms • Monthly report filing reminders and termination notices • Application approvals/denials • Interim change/recertification notices • Edit reports (daily) • Outstanding verifications needed (daily) • Eligibility results (daily) • Required case actions (daily) • Computer match results (daily) • Supervisory reports

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NORTH DAKOTA	COMPUTER MATCHING
OVERVIEW	
Systems	There are 4 Statewide batch systems, all implemented in June, 1984: 1. Job Search Wage. 2. Job Search UI. 3. Worker's Compensation. 4. Bendex/SDX. The systems are managed by the Division of Economic Assistance

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NORTH DAKOTA	COMPUTER MATCHING (continued)
OPERATING PROCEDURES	
Staff Assignments	State staff initiate ongoing searches on all 4 systems and access them by Social Security number and name.
Front-End Matching	No systems are used for front-end matching.
Ongoing Matching	All systems are used for ongoing matching of the Statewide caseload. The matching for the Job Search Wage and Bendex/SDX systems are done quarterly. The matching on the Job Search UI and Worker's Comp systems are done monthly. Local offices receive on-line reports overnight with information on wages, employment status, UI, SSA, SSI, and Worker's Comp benefits.
Followup	North Dakota has established procedures that local offices must follow in processing matched cases. These systems are not capable of triggering identification if there are discrepancies. Cases are not prioritized in ongoing matching.
Monitoring	Local offices are not required to submit regular reports to the State on the status of actions taken on matched cases. The State office cannot automatically monitor what is happening to matched cases.

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NORTH DAKOTA	MONTHLY REPORTING
OVERVIEW	
Cases Required to Report	All Food Stamp households that are not statutorily exempt are required by the Food Stamp program to complete monthly reports.
Monthly Reporting Information	Data on North Dakota's monthly reporting form, operating procedures, and monthly reporting effects are unavailable. A survey administered by the Food and Nutrition Service yielded the following information on automation: functions include the generation and tracking of monthly reports.

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NORTH DAKOTA	CLAIMS COLLECTION
ORGANIZATION	North Dakota Food Stamp Program staff were not available to complete a claims collection survey. No data are available on this topic.

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NORTH DAKOTA	QUALITY CONTROL
ORGANIZATION	
Unit	The office responsible for conducting QC reviews was unavailable at the time of data collection.
System Type	Food stamp QC reviews are integrated with the reviews for the AFDC and Medicaid programs.
Sample Size	The North Dakota QC sample is composed of 317 cases. In addition, the office of quality control conducts 500 special "desk reviews" in order to monitor eligibility worker performance.
Staff	There are 2 FTE QC reviewers for the FSP. Other staff data were unavailable. Combining staff FTEs and QC sample size leads to an estimate of 160 QC reviews performed for each FTE.
Review Time	On average, a QC review takes 4 hours. The case characteristics that increase review time were unknown.

(continued)

NORTH DAKOTA	QUALITY CONTROL (continued)
OPERATING PROCEDURES	
Local Office Notification and Preparation	No data available.
Error Determination and Resolution	No data available.
Internal Re-review	No data available.
Analyses of QC Data	No data available.
Use of FNS Software	No data available.

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OHIO	STATE SUMMARY
Administering agency	The Department of Health and Human Services administers the Food Stamp Program. The program is State-supervised.
Caseload	The average monthly caseload in FY 1986 was about 450,000 households, including 1,127,000 individuals. Ohio ranks 4th in number of persons participating. PA households account for 63% of the total.
Project areas	Ohio has 88 project areas. The largest are Cuyahoga (Cleveland), Hamilton (Cincinnati), and Franklin (Columbus) counties, accounting for about 34% of the State caseload.
Benefits issued	Ohio's food stamp issuances in FY 1986 totaled $702 million, ranking 4th in the nation. Monthly issuances averaged $51.89 per person.
Administrative expenses	The federal share of Ohio's administrative costs amounted to $34 million in FY 1986, ranking 6th. Federal costs were $5.74 per household per month.
Special Circumstances	Ohio did not have Job Search contract with FNS for FY 1986.

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OHIO (CUYAHOGA)	AUTOMATED CERTIFICATION SYSTEM
OVERVIEW	
System Name	Unnamed
General Characteristics	Implemented in 1970, the Cuyahoga system serves all food stamp cases in the county. The design is a derivative of the old Michigan system. The system uses IBM hardware. There is no local processing hardware.
Key System Capabilities	Manual Determination and Automated Results Checking: The system performs no eligibility determination functions; all determinations are performed manually by eligibility workers. The system performs eligibility tests and benefit calculations, but only to check the results that are determined and entered manually by the eligibility worker.
Turnaround	Data entry staff enter and edit transactions on-line at terminals. Edit results are immediately available. Household records are immediately updated.
AFDC and Food Stamp Integration	AFDC and food stamps are handled by the same workers. Separate application forms and input forms must be used to enter the data for the two programs.
DATA BASE	
Level of Detail and Contents	System stores head of household's name, case number and social security number. Historical data are not available on-line. However, issuance data covering the past 6 months are stored on a different database.
Financial Data	By individual • Gross earnings • Self-employment income • Unearned income (23 categories) Housing, utility, and dependent care costs are available for the household.

(continued)

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OHIO (CUYAHOGA)	AUTOMATED CERTIFICATION SYSTEM (continued)
SYSTEM FUNCTIONS AND AUTOMATED OUTPUT	<u>Calculates and Stores</u> • Net income • Excess shelter costs deduction (not stored) • Utility cost component (entered by worker) • Excess medical deduction (entered by worker) • Dependent care deduction • Allotment • First month's prorated allotment <u>Performs</u> • Gross income test • Net income test <u>Generates</u> • On-line issuance of benefits • ID cards • Certification period expiration notice • Monthly report forms • Required case actions (monthly) System has no access to other assistance program income data for use in food stamp eligibility processing.

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OHIO (HAMILTON)	AUTOMATED CERTIFICATION SYSTEM
OVERVIEW	
System Name	Hamilton City System
General Characteristics	Implemented in 1970, this is a county system. The system uses IBM hardware. There is no local processing hardware.
Key System Capabilities	Integrated Eligibility/Benefit Determination: Eligibility workers prepare input forms from application data to trigger system functions which automatically determine eligibility, calculate benefits, and update the household record.
Turnaround	Data entry staff enter and edit transactions on-line at terminals. Edit results are immediately available. Household records are immediately updated.
AFDC and Food Stamp Integration	The AFDC and food stamp programs have separate eligibility workers and separate processes.
DATA BASE	
Level of Detail and Contents	System stores all household member's names, birthdates, ID numbers, race and social security numbers, regardless of membership in food stamp case. Historical issuance data are available on-line for past 6 months. Data covering the past 5 years are stored on tape.
Financial Data	By total • Gross earnings • Unearned income (6 categories) • Work registration status Housing, utility, medical, and dependent care costs are available for the household.

(continued)

OHIO (HAMILTON)	AUTOMATED CERTIFICATION SYSTEM (continued)
SYSTEM FUNCTIONS AND AUTOMATED OUTPUT	<u>Calculates and Stores</u> • Net income • Excess shelter costs deduction (including utility cost component) • Excess medical deduction • Dependent care deduction • Allotment • First month's prorated allotment • Recoupment amount (deducted) <u>Performs</u> • Gross income test • Net income test <u>Generates</u> • ATPs (mailed) • Listings for coupon issuance • ID cards • Certification period expiration notice • Appointment notices • Monthly report forms • Monthly report filing reminders and termination notices • Application approvals/denials • Interim change/recertification notices • Outstanding verifications needed (monthly) • Required case actions (monthly) • Computer match results (monthly) • Supervisory reports System has no access to other assistance program income data for use in food stamp eligibility processing.

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OHIO	COMPUTER MATCHING
OVERVIEW	
Systems	There are no computer matching systems in Ohio.

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OHIO	MONTHLY REPORTING

OVERVIEW

Cases Required to Report

PA Caseload

PA cases that must report monthly include:
- cases with current earnings
- cases with earnings during the past 6 months

NPA Caseload

Monthly reporters include:
- cases with current earnings
- cases with earnings during the past 6 months

Information on Monthly Report

	Required to report	*Reporting format*	*Verification*
Earned income	Yes	By earner	Weekly paystub
Unearned income	Change only	General for household	For change only
Resources	Change only	General for household	Not specified
Expenses	Change only	Not specified	Not specified
Household composition	Change only	Not specified	Not specified

(continued)

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OHIO	MONTHLY REPORTING (continued)
OPERATING PROCEDURES	
Mailing Monthly Reports	Local offices, supervised by the State Department of Human Services mails monthly reporting forms to households. This mailing is separate from the distribution of benefits. The agency pays postage for return, and no envelope is necessary.
Monthly Reporting Schedule	Ohio operates monthly reporting on a 2-month cycle. That is, the cycle contains a "processing" month between the budget and issuance months. Monthly reporting forms are mailed on the 27th day of each month. The deadline for filing monthly reports is the 5th to the eighth day of the next month so that households have 7 to 10 days in which to complete their monthly reports. Final warning notices are mailed 12 after the original mailing of monthly reporting forms. Those cases that are terminated for failure to file on a timely basis, but submit their report before the end of the issuance month, may be reinstated without loss of benefits.
Staff Assignments	At certification, local office eligibility workers ans supervisors assign cases to monthly reporting. Clerks and eligibility workers review monthly reports for completeness; eligibility workers and clerks make decisions on actions required by information on complete forms; clerks and eligibility workers handle incomplete monthly reports. Eligibility workers and supervisors make decisions about reassignments to or from monthly reporting.
Automation	Information on automated capabilities was unavailable at the time FNS surveyed the States.

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OHIO	CLAIMS COLLECTION
ORGANIZATION	
Agencies	Ohio's claims collection process is State supervised and county administered. There are specialized local and Statewide claims collection units.
Staff Training	Eligibility workers receive training when hired, refresher training, and retraining. Policy manuals are available.
System Monitoring	Routine monthly reports are not issued on claims collection. There are no time limits on processing cases.
Automation	Nonautomated functions include: • Tracking match hits, established claims, and disqualified individuals • Flagging fraud/nonfraud cases, and cases with active claim balances • Aging overissuances, claims referrals, and suspended claims • Individual status reporting for the State office and claim unit (via a batch system)

(continued)

OHIO	CLAIMS COLLECTION (continued)
OPERATING PROCEDURES	
Identifying and Investigating Claims	Methods to detect overissuances in order of importance are: • Review at recertification • Computer matching of wages • Conflicting information from client • Duplicate participation checks • Special investigation units • QC reviews • Hotline, informal complaints After identification, overissuance is calculated for previous 6 years for fraud cases, 1 year for nonfraud cases. An unknown percent of overissuances are referred for fraud investigations. Claims are investigated through case file reviews, and in-office interviews. In addition, fraud claims are investigated through witness interviews, bank interviews, and forensic investigations. Priority is given to fraud over nonfraud cases. Characteristics that increase the likelihood of an investigation include: large dollar amounts, good quality of evidence, repeat offenses, flagrant violations, PA household, and recent error.
Establishing and Collecting Claims	For fraud cases, the establishment methods used are fraud prosecution, administrative fraud hearings, disqualification consent agreements, and waivers of hearing. Cases are referred for prosecution because of larger dollar amount, repeat offenses, and flagrant violations. Monthly demand letters are sent to collect claims until they are suspended. Recoupment is used in fraud, household error, and agency error cases. The latter depends on the client's consent. Ohio collected $2,109,941 in claims during FY86, ranking 6th among the States.
Following Up and Suspending/Terminating Claims	In addition to demand letters, fraud claim followup involves phone calls. Alternative collection methods used are property liens and small claims court for cases with fraud claims, large dollar amount and PA households. The State reviews cases suggested for suspension by counties every 6 months. Claims suspended for 3 years are terminated.

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OHIO	QUALITY CONTROL
ORGANIZATION	
Unit	Bureau of Quality Control.
System Type	The Bureau of Quality Control is responsible for QC activities in the GA, AFDC, Medicaid, and Food Stamp Programs. The QC system is integrated with all programs.
Sample Size	The Ohio QC sample is composed of 1,200 cases.
Staff	There are 23 FTE QC reviewers for the FSP. Most reviewers have had an average of 5 years of experience as eligibility workers. Most are college graduates. Combining staff FTEs and QC sample size leads to an estimate of 53 QC reviews performed for each FTE.
Review Time	On average, a QC review takes 9.5 hours. Internal re-reviews take, on average, 2 hours. The following case characteristics increase review time by: more than 60 minutes- • Errors found in the case • Remote local office or household • Uncooperative clients 20 to 60 minutes- • Earned income • Large household (5 or more members) • Second food stamp case in same household less than 20 minutes- • Unearned income • Receipt of GA and food stamps (continued)

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OHIO	QUALITY CONTROL (continued)
OPERATING PROCEDURES	
Local Office Notification and Preparation	Local offices are notified of date of review, and cases to be reviewed are identified. Local office staff pull the selected case files and set them aside for the QC reviewer's visit.
Error Determination and Resolution	The initial error determination is made by a reviewer alone. Policy questions that arise during the error-determination process are resolved by the review supervisor and by a policy specialist in a central or district office.
Internal Re-review	All cases in the QC sample are re-reviewed by the review supervisor, a policy specialist, and the local office.
Analyses of QC Data	ANALYSES PERFORMED ROUTINELY / OCCASIONALLY Identification of error-prone: • case categories: X • offices: X Projection of: • caseload size and characteristics: X Caseload Description: X
Use of FNS Software	Software provided by FNS is used to analyze QC data, in general, and to perform error-prone analyses, in particular.

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OKLAHOMA	STATE SUMMARY
Administering agency	The Department of Human Services administers the Food Stamp Program. The program is State-administered.
Caseload	The average monthly caseload in FY 1986 was about 100,000 households, including 263,500 individuals. Oklahoma ranks 26th in number of persons participating. PA households account for 46% of the total.
Project areas	Oklahoma has 77 project areas. The largest are Oklahoma (Oklahoma City) and Tulsa counties, accounting for about 26% of the State caseload.
Benefits issued	Oklahoma's food stamp issuances in FY 1986 totaled $139 million, ranking 27th in the nation. Monthly issuance averaged $43.94 per person.
Administrative expenses	The federal share of Oklahoma's administrative costs amounted to $15 million in FY 1986, ranking 23rd. Federal costs were $12.43 per household per month.

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OKLAHOMA	AUTOMATED CERTIFICATION SYSTEM
OVERVIEW	
System Name	Case Information System (CI)
General Characteristics	Implemented in 1972, CI is a Statewide system. The system uses IBM hardware. There is no local processing hardware.
Key System Capabilities	Integrated Eligibility/Benefit Determination: Eligibility workers prepare input forms from application data to trigger system functions which automatically determine eligibility, calculate benefits, and update the household record.
Turnaround	Data entry staff enter and edit transactions on-line at terminals. Edit results are immediately available. Household records are immediately updated.
AFDC and Food Stamp Integration	AFDC and food stamps are handled by the same workers, using combined application forms and input forms.
DATA BASE	
Level of Detail and Contents	System stores all household member's names, birthdates, race, ID numbers and social security numbers, regardless of membership in food stamp case. Historical data are not available on-line. However, data covering 5 years after closure are stored on tape.
Financial Data	By individual • Gross earnings • Self-employment income and allowable expense • Unearned income (21 categories) • Work registration status Housing, utility, medical, dependent care costs, and total countable value of resources are available for the household.

(continued)

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OKLAHOMA	AUTOMATED CERTIFICATION SYSTEM (continued)
SYSTEM FUNCTIONS AND AUTOMATED OUTPUT	<u>Calculates and Stores</u> • Net income • Excess shelter costs deduction (including utility cost component) • Excess medical deduction • Dependent care deduction • Allotment • First month's prorated allotment • Recoupment amount (deducted) <u>Performs</u> • Individual eligibility tests • Gross income test • Net income test • Resource test <u>Generates</u> • ATPs (mailed) • Listings for coupon issuance • Certification period expiration notice • Notice that household must file monthly reports • Monthly report forms • Monthly report filing reminders and termination notices • Application approvals/denials • Interim change/recertification notices • Edit reports (daily) • Outstanding verifications needed (monthly) • Eligibility results (daily) • Required case actions (monthly) • Computer match results (on demand) System has no access to other assistance program income data for use in food stamp eligibility processing.

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OKLAHOMA	COMPUTER MATCHING

OVERVIEW

Systems

There are 5 Statewide batch systems, all implemented in May, 1985.

1. SDX
2. Bendex
3. Oklahoma Employment Security Commission UIB
4. Oklahoma Employment Security Commission Wages
5. Welfare Enumeration System

All systems are managed by the Management Information Division of the Department of Human Services. The Food Stamp, AFDC, and Medicaid programs use these systems.

Data Bases and Access

System	Data Accessed	Update Time	Time Lapse	Front-End or Ongoing
(1)	SSI benefits	Week	Next week	Both
(2)	SSA benefits	Month	1-3 months	Both
(3)	UI benefits	Week	Next week	Both
(4)	Earned income	Month	1-3 months	Both
(5)	Welfare Enumeration	Month	1-3 months	Both

(continued)

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OKLAHOMA	COMPUTER MATCHING (continued)
OPERATING PROCEDURES	
Staff Assignments	Both State and local staff initiate front-end and ongoing searches and access systems by Social Security number and SSA benefit claim number.
Front-End Matching	All 5 systems are used for front-end matching of the Statewide caseload. Local offices receive on-line reports: for the SDX and UIB systems this takes a week; for the remaining systems from 1 to 3 weeks. The information covers SSI, SSA, and UI benefits, wages, gross income, and Social Security number.
Ongoing Matching	All 5 systems are used for ongoing matching of the Statewide caseload. The matching on the SDX and UIB systems is done weekly; for the remaining systems it is done monthly. Local offices receive on-line reports within a week, with information on: SSI, SSA, and UI benefits, wages, gross income, and Social Security number.
Followup	Oklahoma has established procedures that local offices must follow in processing matched cases. The Wage system is capable of triggering identification if there is a dollar wage discrepancy of more than $200 per quarter. Cases are not prioritized in either front-end or ongoing matching.
Monitoring	Local offices are not required to submit regular reports to the State on the status of actions taken on matched cases. The State office cannot automatically monitor what is happening to matched cases.

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OKLAHOMA	MONTHLY REPORTING

OVERVIEW

Cases Required to Report

PA Caseload

All AFDC households that are required to report monthly and that also receive food stamps are required by the Food Stamp Program to complete monthly reports. Thus, monthly reporting requirements are the same for both programs and include the following cases:

- cases with current earnings
- cases with earnings during the past 2 months
- households with stepparents

NPA Caseload

Monthly reporters include:

- cases with a Food Stamp net income that is lower than or equal to a predetermined amount that increases with increasing household size

Information on Monthly Report

	Required to report	***Reporting format***	***Verification***
Earned Income	Yes	By earner	Monthly
Unearned Income	Yes	By type of income by individual	For all types
Resources	Yes	Specific by type	For change only
Expenses	Yes	Not specified	For all types
Household composition	Change only	Not specified	Not specified

(continued)

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OKLAHOMA	MONTHLY REPORTING (continued)
OPERATING PROCEDURES	
Mailing Monthly Reports	The State Department of Human Services mails monthly reporting forms to households. This mailing is separate from the distribution of benefits. Households supply envelopes, and pay their own postage.
Monthly Reporting Schedule	Oklahoma operates monthly reporting on a 2-month cycle. That is, the cycle contains a "processing" month between the budget and issuance months. Monthly reporting forms are mailed during the last week of each month. The initial deadline for filing monthly reports is the 10th day of the next month so that households have 9 to 18 days in which to complete their monthly reports. Final warning notices are mailed on the work day following the initial deadline for filing monthly reports. The final deadline for submitting monthly reports is the last day of the report month. Those cases that are terminated for failure to file on a timely basis, but submit their report before the end of the issuance month, may be reinstated without loss of benefits.
Staff Assignments	Clerks review monthly reports for completeness; and make decisions on actions required by information on complete forms; eligibility workers handle incomplete monthly reports.
Automation	Automated functions include: • determining/verifying status of monthly report • generating monthly reports • generating adverse action notices • terminating cases for failure to file • assigning cases to or from monthly reporting

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OKLAHOMA	CLAIMS COLLECTION
ORGANIZATION	
Agencies	Oklahoma's claims collection process is administered at the State level . There are specialized Statewide Claims and Fraud Units.
Staff Training	Eligibility workers receive training when hired, refresher training, and retraining. Policy manuals are available.
System Monitoring	Routine monthly reports are issued on claims referrals, investigations, establishment, collection, suspensions, and terminations for State Claim and Fraud Units. There are no time limits on processing cases.
Automation	Statewide automated functions include: • Calculating and deducting for recoupment • Maintaining histories of recoupment and payments • Tracking match hits, established and suspended claims, and claim payments • Flagging fraud/nonfraud cases, and cases with suspended claim balances Nonautomated functions include: • Tracking referrals, investigations, and disqualified individuals

(continued)

OKLAHOMA	CLAIMS COLLECTION (continued)
OPERATING PROCEDURES	
Identifying and Investigating Claims	Methods to detect overissuances in order of importance are: • Error-prone profile • QC reviews • Computer matching of wages • Duplicate participation checks • Special investigation units • Internal audits • Computer matching of unearned income • Review at recertification • Information from other agencies • Conflicting information from client • Hotline, informal complaints After identification, overissuance is calculated for previous year in nonfraud cases, and as far back as possible for fraud cases. Twenty-five percent of overissuances are referred for fraud investigations. Claims are investigated through case file reviews, in-office interviews, third-party contacts, and home visits. In addition, fraud claims are investigated through witness interviews. No priority is given to fraud or nonfraud cases, but household errors receive priority over agency errors. Characteristics that increase the likelihood of an investigation include: active cases, large dollar amounts, good quality of evidence, repeat offenses, flagrant violations, recent error, participant household, and age of client.
Establishing and Collecting Claims	For fraud cases, the establishment methods used are fraud prosecution, administrative fraud hearings, and waivers of hearing. Cases are referred for prosecution because of dollar amount above cost of prosecution, repeat offenses, and flagrant violations. One to three monthly demand letters are sent to collect nonfraud claims, depending on amount. Recoupment is used in fraud, household error, and agency error cases. The latter depends on the client's consent. Oklahoma collected $379,679 in claims during FY86, ranking 35th among the States.
Following Up and Suspending/Terminating Claims	In addition to demand letters, followup involves further court action in fraud cases, and home visits and client interviews in nonfraud cases. The uniform criteria for suspending claims are inability to locate client, claim less than $35, death of responsible person, or loss of cost-effectiveness. Claims suspended for 3 years are terminated.

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OKLAHOMA	QUALITY CONTROL
ORGANIZATION	
Unit	Administrative Review Unit, Audit and Review Division, Department of Human Services.
System Type	The Administrative Review Unit is responsible for QC activities in the AFDC, Medicaid, and Food Stamp Programs. The QC system is not integrated with these programs.
Sample Size	The Oklahoma QC sample is composed of 1,200 cases.
Staff	There are 30 FTE QC reviewers for the FSP. Most reviewers have had an average of 5 years of experience as eligibility workers. Most are college graduates. Combining staff FTEs and QC sample size leads to an estimate of 40 QC reviews performed for each FTE.
Review Time	On average, a QC review takes 13.5 hours. Internal re-reviews take, on average, 1 hour. The following case characteristics increase review time by: more than 60 minutes- • Earned income • Errors found in the case • Remote local office • Locating households 20 to 60 minutes- • Large household (5 or more members) • Remote household less than 20 minutes- • Unearned income • Receipt of AFDC, Medicaid and food stamps • Receipt of GA and food stamps (continued)

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OKLAHOMA	QUALITY CONTROL (continued)
OPERATING PROCEDURES	
Local Office Notification and Preparation	Local offices are notified of cases to be reviewed. The local office is asked to send these cases to the QC reviewer, or pull them to be picked up. Supplementary information on demographic characteristics is collected on all cases in the QC sample.
Error Determination and Resolution	The initial error determination is made by a supervisor. Policy questions that arise during the error-determination process are resolved by the review supervisor.
Internal Re-review	All cases with errors in the QC sample are re-reviewed by the review supervisor and QC unit director.
Analyses of QC Data	ANALYSES PERFORMED ROUTINELY / OCCASIONALLY Identification of error-prone: • case categories: X • offices: X Caseload Description: X
Use of FNS Software	Software provided by FNS is used to analyze QC data, in general, and to perform error-prone analyses, in particular.

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OKLAHOMA	WORK REGISTRATION / JOB SEARCH
OVERVIEW	
Coverage	The Food Stamp Job Search Program operates in 10 counties, serving 45% of the State's PA and NPA caseload, targeting the NPA cases. Good job markets, a high concentration of job ready cases, and success in WIN Demo were the criteria for selection.
Staff Assignments	Workers in income maintenance units refer participants to the work registration/job search program, do some assessment and assignment of participants, and inform participants of disqualification if they fail to comply. Some assessment and assignment, and all monitoring, and notification activities are handled by a special WR/JS unit.
Activity Level	For Federal fiscal year 1986, reported average monthly activity was: • Referred to Assessment 2,318 • Job Ready 1,462 • Not Job Ready 230 • Exempt NA • Entered Job Search 991 • Entered Employment 357 • Found Noncompliant 867 • Disqualified 307
Program Operations	Assessments are conducted individually and in groups, averaging 30 minutes per session. Voluntary counseling or training is provided in groups and individually. Referral to Jobs and Classroom Training are included components of the Job Search Program. Each registrant is required to make 15 contacts during a continuous 8 week period. Every 4 weeks registrants report names of employers contacted. All contacts are confirmed.

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OREGON	STATE SUMMARY
Administering agency	The Department of Human Resources administers the Food Stamp Program. The program is State-administered.
Caseload	The average monthly caseload in FY 1986 was about 93,500 households, including 226,500 individuals. Oregon ranks 29th in number of persons participating. PA households account for 38% of the total.
Project areas	Oregon has a single project area serving all participants statewide.
Benefits issued	Oregon's food stamp issuances in FY 1986 totaled $140 million, ranking 26th in the nation. Monthly issuance averaged $51.80 per person.
Administrative expenses	The federal share of Oregon's administrative costs amounted to $11 million in FY 1986, ranking 27th. Federal costs were $10.15 per household per month.

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OREGON	AUTOMATED CERTIFICATION SYSTEM
OVERVIEW	
System Name	Food Stamp Management Information System
General Characteristics	Implemented in 1976, this is a Statewide system. The system uses IBM hardware. There is no local processing hardware.
Key System Capabilities	Integrated Eligibility/Benefit Determination: Eligibility workers prepare input forms from application data to trigger system functions which automatically determine eligibility, calculate benefits, and update the household record.
Turnaround	Eligibility workers themselves use terminals to enter transactions and view eligibility and benefit results automatically determined by the system.
AFDC and Food Stamp Integration	AFDC and food stamps are handled by the same workers, using a combined application form. Separate input forms must be used to enter the data for the two programs.
DATA BASE	
Level of Detail and Contents	System stores all household member's names and social security numbers, regardless of membership in food stamp case. Historical data are available on-line for 6 months. Data covering the past 3 years are stored on microfilm.
Financial Data	By individual • Gross earnings • Self-employment income • Unearned income (22 categories) • Work registration status Housing, utility, medical, dependent care costs, and total countable value of resources are available for the household.

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OREGON	AUTOMATED CERTIFICATION SYSTEM (continued)
SYSTEM FUNCTIONS AND AUTOMATED OUTPUT	<u>Calculates and Stores</u> • Net income • Excess shelter costs deduction (including utility cost component) • Excess medical deduction • Dependent care deduction • Allotment • First month's prorated allotment • Recoupment amount (deducted) <u>Performs</u> • Gross income test • Net income test • Resource test <u>Generates</u> • Listings for coupon issuance • ID cards • Certification period expiration notice • Appointment notices • Verification notices • Monthly report forms • Monthly report filing reminders and termination notices • Application approvals/denials • Interim change/recertification notices • Outstanding verifications needed (monthly) • Eligibility results (monthly) • Required case actions (monthly) • Computer match results (monthly) System has access to AFDC, GA, Unemployment Compensation and Workman's Compensation program income data for use in food stamp eligibility processing.

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OREGON	COMPUTER MATCHING

OVERVIEW

Systems

There are 8 Statewide systems:

1. UC (batch), implemented 1977.
2. State Quarterly Wage (batch), implemented in 1983.
3. Bendex/SDX, implemented 1980.
4. Worker Compensation (batch), implemented 1981.
5. Child Support (batch), implemented 1984.
6. Food Stamp Disqualification (batch), implemented 1985.
7. Client Maintenance (batch), implemented December, 1977.
8. On-line access to all batch systems (except Worker's Comp) implemented in 1977.

All systems are managed by Adult and Family Services Information Systems, Department of Human Resources. The Food Stamp, AFDC, Medicaid, Child Support, and General Assistance programs use these systems.

Data Bases and Access

System	Data Accessed	Update Time	Time Lapse	Front-End or Ongoing
(1)	UI benefits	Week	Next week	Ongoing
(2)	Earned income	Quarter	4-6 months	Ongoing
(3)	SSA benefits	Month	NA	Ongoing
	SSI benefits	Month	NA	
(4)	Worker's Comp.	Month	NA	Ongoing
(5)	Child Support income	Day	Next day	Ongoing
(6)	FS Disqualifieds	Month	1-3 months	Ongoing
(7)	AFDC benefits	Day	Next day	Ongoing
	SSI benefits	Day	Next day	
	GA benefits	Day	Next day	
(8)	UI benefits	Week	Next Week	Front-End
	Earned income	Quarter	4-6 months	
	SSA benefits	Month	NA	
	SSI benefits	Month	NA	
	Worker's Comp.	Month	NA	
	Child Support income	Day	Next day	
	FS Disqualifieds	Month	1-3 months	
	AFDC benefits	Day	Next day	
	SSI benefits	Day	Next day	
	GA benefits	Day	Next day	

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OREGON	COMPUTER MATCHING (continued)
OPERATING PROCEDURES	
Staff Assignments	State staff initiate front-end and ongoing searches on all systems; local staff also use the On-line Access system. The systems are accessed by Social Security number and name.
Front-End Matching	Only the On-line Access system is used for front-end matching of the Statewide caseload. Local offices receive on-line reports overnight, with information on: wages, gross income and employment status; benefits from UI, SSI, SSA, AFDC, SSI Supplement, GA and Worker's Compensation, dates of benefits for UI, SSA and SSI; and yearly financial information.
Ongoing Matching	All 7 batch systems are used for ongoing matching of the Statewide caseload. The matching on the State Quarterly Wage system is done quarterly; matching on the remaining systems is done monthly. Local offices receive on-line reports from the FS Disqualification and Client Maintenance systems overnight; the remaining systems provide computer printouts within a week. The information covers: wages, gross income and employer's name and address; benefits from UI, SSI, SSA, AFDC, SSI Supplement, GA, Child Support and Worker's Compensation; and FS disqualifieds.
Followup	There are no reporting requirements for local offices, but policy outlining has been established in the form of a written manual. The State Quarterly Wage system is capable of triggering identification if there is a dollar wage discrepancy of more than $75 per quarter. Cases are not prioritized in either front-end or ongoing matching.
Monitoring	Local offices are not required to submit regular reports to the State on the status of actions taken on matched cases. The State office cannot automatically monitor what is happening to matched cases.

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OREGON	MONTHLY REPORTING

OVERVIEW

Cases Required to Report

All Food Stamp households who are not statutorily exempt are required by the Food Stamp program to complete monthly reports.

Information on Monthly Report

	Required to report	*Reporting format*	*Verification*
Earned Income	Yes	By earner	Monthly
Unearned Income	Yes	By type of income by individual	For all types
Resources	Yes	Specific by type	Not specifiec
Expenses	No	Not applicable	Not applicable
Household composition	Change only	Not specified	Not specified

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OREGON	MONTHLY REPORTING (continued)
OPERATING PROCEDURES	
Mailing Monthly Reports	The State Department of Human Resources mails monthly reporting forms to NPA households. Local welfare offices send forms to the PA households. The mailings are separate from the distribution of benefits. A return envelope is included with the monthly reporting form. Households pay their own postage.
Monthly Reporting Schedule	Oregon operates monthly reporting on a one-month cycle. That is, no "processing" month exists between the budget and issuance months. Monthly reporting forms are mailed on the 20th day of each month. The initial deadline for filing monthly reports is the 10th day of the next month so that households have 20 days in which to complete their monthly reports. If no report has been filed, a warning notice is sent at this time. Final (adverse action) notices are mailed the 31st which is also the final deadline for submitting monthly reports. Oregon does not reinstate those cases that were terminated for failure to file on a timely basis.
Staff Assignments	Clerks or eligibility workers review monthly reports for completeness; eligibility workers make decisions on actions required by information on complete forms; and also handle incomplete monthly reports.
Automation	Automated functions include: • generating monthly reports • terminating cases for failure to file

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OREGON	CLAIMS COLLECTION
ORGANIZATION	
Agencies	Oregon's claims collection process is administered at the State level. There are specialized district and Statewide claims collection units.
Staff Training	Eligibility workers receive training when hired and retraining. Policy manuals are available.
System Monitoring	Routine reports are issued on claims referrals, establishment, collection, followup, suspensions, and terminations for State and local offices and claim unit. There are time limits of 45 days for referring and investigating, and 35 days to complete followup.
Automation	Statewide integrated automated functions include: • Calculating and deducting for recoupment • Generating demand letters • Maintaining histories with dates of all case actions, recoupment, payments, and suspensions • Tracking match hits, referrals, investigations, established and suspended claims, claim payments, and bankrupt and disqualified individuals • Flagging fraud/nonfraud cases, and cases with active, delinquent and suspended claim balances • Aging delinquent and suspended claims • Individual status reporting for State, local and district offices and claim unit

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OREGON	CLAIMS COLLECTION (continued)
OPERATING PROCEDURES	
Identifying and Investigating Claims	Methods to detect overissuances in order of importance are: • Computer matching of wages • Computer matching of unearned income • Information from other agencies • Special investigation units • Review at recertification • Hotline, informal complaints • QC reviews • Conflicting information from client • Duplicate participation checks • Internal audits After identification, overissuance is calculated for previous 6 years. Twenty percent of overissuances are referred for fraud investigations. Claims are investigated through case file reviews and third-party contacts. In addition, fraud claims are investigated through in-office and witness interviews, home visits, and forensic investigations. Priority is given to fraud over nonfraud cases. Characteristics that increase the likelihood of an investigation include: large dollar amounts, good quality of evidence, repeat offenses, flagrant violations, PA household, and participant household.
Establishing and Collecting Claims	For fraud cases, the establishment methods used are fraud prosecution, administrative fraud hearings, disqualification consent agreements/ waivers of hearing. Cases are referred for prosecution because of larger dollar amount, repeat offenses, and flagrant violations. Prosecution is used more often in rural areas of Oregon. A monthly demand letter is sent to collect nonfraud claims. Then, for active cases, recoupment is used the next month in household error claims. Inactive cases continue to receive demand letters. Agency error cases are dropped after 1 demand letter. Fraud claims receive 3 monthly demand letters. Recoupment is used in fraud and household error cases. Oregon collected $1,613,047 in claims during FY86, ranking 13th among the States.
Following Up and Suspending/Terminating Claims	In addition to demand letters, followup involves monthly billing for cases that are entered into involuntary repayment agreements. Alternative collection methods used are tax refund interception, wage garnishment, property liens, small claims court and civil suits for cases with fraud claims, large dollar amount, employed status, or long-term delinquency. The uniform criteria for suspending claims are agency error, inability to locate client, and loss of cost effectiveness. Claims suspended for 3 years are terminated.

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OREGON	QUALITY CONTROL
ORGANIZATION	
Unit	Quality Control Error Reduction Unit, Department of Human Resources.
System Type	The Error Reduction Unit is responsible for QC activities in the AFDC, Medicaid, and Food Stamp Programs. The QC system is integrated with these programs.
Sample Size	The Oregon QC sample is composed of 2,978 cases. In addition, the Bureau of Quality Control conducts 578 in order to increase the precision of the error estimates and to allow more detailed analysis of causes of agency error by office or region.
Staff	There are 10 FTE QC reviewers for the FSP. Most reviewers have had an average of 2 years of experience as eligibility workers. Most are high school graduates. Combining staff FTEs and QC sample size leads to an estimate of 295 QC reviews performed for each FTE.
Review Time	On average, a QC review takes 8 hours. Internal re-reviews take, on average, 5 minutes. The following case characteristics increase review time by: more than 60 minutes- • Remote local office or household 20 to 60 minutes- • Earned income • Receipt of AFDC, Medicaid, and food stamps • Errors found in the case less than 20 minutes- • Unearned income • Large household (5 or more members) • Receipt of GA and food stamps (continued)

OREGON	QUALITY CONTROL (continued)
OPERATING PROCEDURES	
Local Office Notification and Preparation	Local offices are notified of date of review, and cases to be reviewed are identified. If review does not include a visit, local office is asked to send these cases to the QC reviewer. Local office staff pull the selected case files and either set them aside for the QC reviewer's visit or mail them to the reviewer.
Error Determination and Resolution	The initial error determination may involve a supervisor, the central office, QC manager, and other reviewers. Policy questions that arise during the error-determination process are resolved either by the local review supervisor or by a policy specialist.
Internal Re-review	All cases with errors in the QC sample are re-reviewed by the review supervisor in the central office.
Analyses of QC Data	ANALYSES PERFORMED ROUTINELY / OCCASIONALLY Identification of error-prone: • case categories — X • offices — X Projection of: • caseload size or characteristics — X Caseload Description: — X
Use of FNS Software	Oregon does not use the analysis software provided by FNS.

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OREGON	WORK REGISTRATION / JOB SEARCH
OVERVIEW	
Coverage	The Food Stamp Job Search Program operates in 10 counties, serving 33% of the State's PA and NPA caseload, targeting the PA cases. Absence of FS Workfare, use of WIN Demo staff, high concentration of job ready cases, and households with certification periods exceeding 2 months were the criteria for selection.
Staff Assignments	Workers in income maintenance units notify participants in the work registration/job search program of noncompliance, and inform participants of disqualification if they fail to comply. Referral, assessment, assignment, and monitoring are handled by a special WR/JS unit.
Activity Level	For Federal fiscal year 1986, reported average monthly activity was: • Referred to Assessment 387 • Job Ready 310 • Not Job Ready NA • Exempt NA • Entered Job Search 305 • Entered Employment 156 • Found Noncompliant 12 • Disqualified 10
Program Operations	Assessments are conducted individually, averaging 60 minutes per person. Voluntary counseling or training is provided in groups, job clubs, and individually. Referral to Jobs, Job Development, on-the-job and Classroom Training, work supplementation, and employment preparation are included components of the Job Search Program. Each registrant is required to make 24 contacts during a continuous 8 week period. Every 2 weeks registrants report names of employers and contact persons, dates, types, and results of contacts. At least 1 of every 24 contacts is confirmed at random. (continued)

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OREGON	WORK REGISTRATION / JOB SEARCH (continued)
REPORTING	Participant records are hand tabulated at the local/county level. Summarized cumulative totals are prepared by adding all transactions to previous totals. Case management and participant-tracking functions for placement and disqualification available in statistical reports are automated. All other functions are not automated.
Referral and Assessment	Registrants are counted as referred at every new application and reapplication (e.g. break in certification). Referrals occur when there is a break in certification. The number of registrants who are interviewed by the Job Search provider (i.e., who are assessed) includes exempt registrants who may participate in Job Search.
Job Search Entrance	During the year, registrants are counted each time they are assigned to job search status.
Employment	Registrants are counted the first time they obtain employment whether they were referred by the contractor or found their jobs themselves. Followup activity includes routine Job Search contact reporting conducted in person, by mail, and by telephone.
Noncompliance and Disqualification	Registrants are counted every time they are noncompliant or disqualified. Income maintenance staff receive monthly noncompliance reports, which are reviewed each month.

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PENNSYLVANIA	STATE SUMMARY
Administering agency	The Department of Public Welfare administers the Food Stamp Program. The program is State-administered.
Caseload	The average monthly caseload in FY 1986 was about 406,000 households, including 1,011,500 individuals. Pennsylvania ranks 6th in number of persons participating. PA households account for 63% of the total.
Project areas	Pennsylvania has 67 project areas. The largest are Philadelphia and Allegheny (Pittsburgh) counties, accounting for about 44% of the State caseload.
Benefits issued	Pennsylvania's food stamp issuances in FY 1986 totaled $547 million, ranking 6th in the nation. Monthly issuance averaged $45.04 per person.
Administrative expenses	The federal share of Pennsylvania's administrative costs amounted to $39 million in FY 1986, ranking 5th. Federal costs were $8.07 per household per month.
Special Circumstances	Pennsylvania did not have a Job Search contract with FNS for FY 1986.

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PENNSYLVANIA	AUTOMATED CERTIFICATION SYSTEM
OVERVIEW	
System Name	Food Stamp Stand-Alone System
General Characteristics	Implemented in 1980, this is a Statewide system. The system uses Sperry/Univac hardware. There is no local processing hardware.
Key System Capabilities	Integrated Eligibility/Benefit Determination: Eligibility workers prepare input forms from application data to trigger system functions which automatically determine eligibility, calculate benefits, and update the household record.
Turnaround	Data entry staff enter and edit transactions on-line at terminals. Edit results are immediately available. Household records are immediately updated.
AFDC and Food Stamp Integration	AFDC and food stamps are handled by the same workers, using a combined application form. Separate input forms must be used to enter the data for the two programs.
DATA BASE	
Level of Detail and Contents	System stores all household member's names, sex, birthdates and social security numbers, regardless of membership in food stamp case. Historical data are available on-line for past 3 months. However, data covering all past information are stored on tape.
Financial Data	By total • Gross earnings • Unearned income Utility, medical, and dependent care costs are available for the household.

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PENNSYLVANIA	AUTOMATED CERTIFICATION SYSTEM (continued)
SYSTEM FUNCTIONS AND AUTOMATED OUTPUT	<u>Calculates and Stores</u> • Net income • Allotment • First month's prorated allotment • Recoupment amount (deducted) <u>Performs</u> • Gross income test • Net income test <u>Generates</u> • ATPs (mailed) • On-line issuance of benefits • ID cards • Certification period expiration notice • Interim change/recertification notices • Edit reports (daily) • Required case actions (monthly) • Computer match results (monthly) System has no access to other assistance program income data for use in food stamp eligibility processing.

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PENNSYLVANIA	COMPUTER MATCHING

OVERVIEW

Systems

There are 3 Statewide batch systems:

1. Quarterly Wage/UC Match, implemented 1979.
2. Daily Wage/UC Match, implemented July, 1985.
3. Lottery Match, implemented 1981.

All systems are managed by the Office of Policy and Program Management, Office of Income Maintenance of the Department of Public Welfare. The Food Stamp, AFDC, Medicaid, Child Support and General Assistance programs use these systems.

Data Bases and Access

System	Data Accessed	Update Time	Time Lapse	Front-End or Ongoing
(1)	Earned income	Quarter	4-6 months	Ongoing
	UC benefits	Week	Next week	
(2)	Earned income	Quarter	4-6 months	Both
	UC benefits	Week	Next week	
(3)	Lottery winnings	Week	Next week	Ongoing

(continued)

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PENNSYLVANIA	**COMPUTER MATCHING** (continued)
OPERATING PROCEDURES	
Staff Assignments	[illegible]

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PENNSYLVANIA	MONTHLY REPORTING

OVERVIEW

Cases Required to Report

PA Caseload

All AFDC households that are required to report monthly and that also receive food stamps are required by the Food Stamp Program to complete monthly reports. Thus, monthly reporting requirements are the same for both programs and include the following cases:

- cases with current earnings
- cases with earnings during the past 2 months
- cases with deemed income
- households with stepparent or legally responsible sponsor with recent (3-month) work history who is not included in AFDC grant

NPA Caseload

Monthly reporters include:

- cases with current earnings

Information on Monthly Report

	Required to report	***Reporting format***	***Verification***
Earned income	Yes	By earner	Monthly
Unearned income	Yes	By type of income by individual	For change only
Resources	Change only	General for household	Not specified
Expenses	Yes	Not specified	For all types
Household composition	Change only	Not specified	Not specified

(continued)

PENNSYLVANIA	MONTHLY REPORTING (continued)
OPERATING PROCEDURES	
Mailing Monthly Reports	The State Department of Public Welfare mails monthly reporting forms to households. This mailing is separate from the distribution of benefits. The forms require no envelope, and postage is paid by the State.
Monthly Reporting Schedule	Pennsylvania operates monthly reporting on a 2-month cycle. That is, the cycle contains a "processing" month between the budget and issuance months. Monthly reporting forms are mailed on the 10 different dates each month. Households have 10 days after mailout in which to complete their monthly reports. Final (adverse action) notices are mailed 20 days after the original mailing of monthly reporting forms. The final deadline for submitting monthly reports is 32 days after mailout. Those cases that are terminated for failure to file on a timely basis, but that submit their report before the end of the issuance month, may be reinstated without loss of benefits.
Staff Assignments	At certification, local office eligibility workers assign cases to monthly reporting. Eligibility workers handle incomplete monthly reports.
Automation	Automated functions include: • generating monthly reports • generating warning notices • reassigning cases to or from monthly reporting

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PENNSYLVANIA	CLAIMS COLLECTION
ORGANIZATION	
Agencies	Pennsylvania's claims collection process is administered at the State level. There are specialized district and Statewide claims collection and fraud investigations units. Claims are handled by Fraud, Abuse & Investigations Recovery (FAIR). Collection duties are also handled by the Referral Processing Division (RFD).
Staff Training	Eligibility workers receive training when hired and retraining. Policy manuals are available.
System Monitoring	Routine monthly reports are issued on claims referrals and collection for RFD. There are no time limits on processing cases.
Automation	Statewide integrated automated functions include: • Generating demand letters • Maintaining histories with dates of latest case actions, recoupment, payments, and suspensions • Tracking referrals, investigations, established and suspended claims, and claim payments • Aging claims referrals, investigations, delinquent and suspended claims

(continued)

PENNSYLVANIA	CLAIMS COLLECTION (continued)
OPERATING PROCEDURES	
Identifying and Investigating Claims	The top 3 methods to detect overissuances in order of importance are: • QC reviews • Internal audits • Computer matching of wages Other methods include: • Review at recertification • Duplicate participation checks • Error-prone profile • Hotline, informal complaints • Information from other agencies • Conflicting information from client Seventy-five percent of overissuances are referred for fraud investigations. Claims are investigated through case file reviews and third-party contacts. In addition, fraud claims are investigated through witness interviews and forensic investigations, and nonfraud claims go through in-office interviews. Priority is given to fraud over nonfraud cases. Characteristics that increase the likelihood of an investigation include: good quality of evidence and repeat offenses.
Establishing and Collecting Claims	For fraud cases, the establishment methods used are fraud prosecution and disqualification consent agreements. Cases are referred for prosecution only in Philadelphia, and this occurs rarely. Three monthly collection letters are sent to alert nonfraud claims cases. The letters suggest methods and amounts of payments through a coupon payment system. Recoupment is used in fraud cases if court-ordered, but other payment methods can be chosen by clients. Pennsylvania collected $1,705,017 in claims during FY86, ranking 12th among the States.
Following Up and Suspending/Terminating Claims	Followup involves some additional letters, and occasionally alternative collection through a private collection agency. The criterion for suspending claims is several years of inactivity or delinquency. Claims suspended for 3 years are terminated.

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PENNSYLVANIA	QUALITY CONTROL
ORGANIZATION	
Unit	Office of Quality Assurance, Department of Public Welfare.
System Type	The Office of Quality Assurance is responsible for QC activities in the GA, AFDC, Medicaid, and Food Stamp Programs. The QC system is not integrated.
Sample Size	The Pennsylvania QC sample is composed of 1,200 cases. In addition, the Program Support Unit conducts a random sample of 4,000 additional reviews in order to reduce error rates. These reviews are not part of the basic QC sample, and the data from these reviews are not reported to FNS.
Staff	There are 13 FTE QC reviewers for the FSP. Most reviewers have had experience as eligibility workers. Most are high school graduates. Combining staff FTEs and QC sample size leads to an estimate of 93 QC reviews performed for each FTE.
Review Time	On average, a QC review takes 9 hours. Internal re-reviews take, on average, 1.25 hours. The following case characteristics increase review time by: more than 60 minutes- • Earned income • Large household (5 or more members) • Remote household • Missed interviews 20 to 60 minutes- • Unearned income • Errors found in the case less than 20 minutes- • Receipt of AFDC, Medicaid and food stamps • Receipt of GA and food stamps (continued)

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PENNSYLVANIA	QUALITY CONTROL (continued)
OPERATING PROCEDURES	
Local Office Notification and Preparation	Local offices are notified of cases to be reviewed. Local office staff pull the selected case files and mail them to the reviewer.
Error Determination and Resolution	The initial error determination is made by a reviewer alone. Policy questions that arise during the error-determination process are resolved by a policy specialist.
Internal Re-review	All cases with errors are re-reviewed by the review supervisor, a QC Program Manager, a policy writer, and the Program Support Unit.
Analyses of QC Data	

	ANALYSES PERFORMED	
Regular Reviews	ROUTINELY	OCCASIONALLY
Identification of error-prone:		
• case categories		X
• offices	X	
Projection of:		
• effect of policy change		X
Evaluation of impact of change in policy or administrative operations:	X	
Special Reviews		
Identification of error-prone:		
• case categories	X	
• groups of workers	X	
Projection of:		
• effect of policy change		X
Evaluation of impact of change in policy or administrative operations:		X

Use of FNS Software	Software provided by FNS is used to analyze QC data, in general, and to perform error-prone analyses, in particular.

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RHODE ISLAND	STATE SUMMARY
Administering agency	The Department of Human Services administers the Food Stamp Program. The program is State-administered.
Caseload	The average monthly caseload in FY 1986 was about 28,000 households, including 66,000 individuals. Rhode Island ranks 41st in number of persons participating. PA households account for 71% of the total.
Project areas	Rhode Island has a single project area serving all participants statewide.
Benefits issued	Rhode Island's food stamp issuances in FY 1986 totaled $33 million, ranking 42nd in the nation. Monthly issuances averaged $41.96 per person.
Administrative expenses	The federal share of Rhode Island's administrative costs amounted to $3.2 million in FY 1986, ranking 44th. Federal costs were $9.59 per household per month.
Special Circumstances	Rhode Island did not have Job Search contract with FNS for FY1986.

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RHODE ISLAND	AUTOMATED CERTIFICATION SYSTEM
OVERVIEW	
System Name	Unnamed
General Characteristics	Implemented in 1979, Rhode Island's system serves the entire State. The system uses IBM hardware. There is no local processing hardware.
Key System Capabilities	Integrated Eligibility/Benefit Determination: Eligibility workers prepare input forms from application data to trigger system functions which automatically determine eligibility, calculate benefits, and update the household record.
Turnaround	Household actions are processed in daily batch runs for all actions performed since the last run.
AFDC and Food Stamp Integration	The AFDC and food stamp programs have separate workers and maintain separate processes.
DATA BASE	
Level of Detail and Contents	System stores all household member's names, birthdates and social security numbers, regardless of membership in food stamp case. Historical data are not available on-line or on tape.
Financial Data	By individual • Gross earnings • Self-employment income • Unearned income (19 categories) • Work registration status Housing, utility, medical, dependent care costs, and total countable value of resources are available for the household.

(continued)

RHODE ISLAND	AUTOMATED CERTIFICATION SYSTEM (continued)
SYSTEM FUNCTIONS AND AUTOMATED OUTPUT	<u>Calculates and Stores</u> • Net income • Excess shelter costs deduction • Utility cost component (entered by worker) • Excess medical deduction • Dependent care deduction • Allotment • Recoupment amount (deducted) <u>Performs</u> • Gross income test • Net income test <u>Generates</u> • ATPs (mailed) • ID cards • Certification period expiration notice • Application approvals/denials • Interim change/recertification notices • Eligibility results (daily) • Required case actions (monthly) • Computer match results (monthly) System has access to AFDC, SSA and SSI program income data for use in food stamp eligibility processing.

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RHODE ISLAND	COMPUTER MATCHING

OVERVIEW

Systems

There are 5 Statewide batch systems:

1. UI, implemented April, 1982.
2. Temporary Disability Insurance (TDI), implemented April, 1982.
3. New Hires, implemented October, 1983.
4. AFDC files, implemented March, 1984.
5. Bureau of Family Support (BFS), implemented December, 1984.

All systems are managed by the Management Information Systems office of the Department of Human Services. The Food Stamp, AFDC, Medicaid and Child Support programs use these systems.

Data Bases and Access

System	Data Accessed	Update Time	Time Lapse	Front-End or Ongoing
(1)	UI benefits	Month	Next week	Both
(2)	TDI benefits	Month	Next week	Both
(3)	Names of new hires	Month	Next week	Both
(4)	AFDC benefits	Week	Next day	Both
(5)	Child Support	Month	Next week	Both

(continued)

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RHODE ISLAND	COMPUTER MATCHING (continued)
OPERATING PROCEDURES	
Staff Assignments	Both State and local staff initiate front-end and ongoing searches and access the systems by Social Security number, AFDC case number, and Child Support case number.
Front-End Matching	All 5 systems are used for front-end matching of the Statewide caseload. Local offices receive written match reports within a week with information on: UI, AFDC, and TDI benefits, household composition, wages, employment status, and gross income.
Ongoing Matching	All 5 systems are used for ongoing matching of the Statewide caseload. All matching is done monthly. Local offices receive written match reports within a week with information on: UI, AFDC, and TDI benefits, household composition, wages, employment status and gross income.
Followup	Rhode Island has established procedures that local offices must follow in processing matched cases. No system is capable of triggering identification if there is a dollar wage discrepancy. Cases are not prioritized in either front-end or ongoing matching.
Monitoring	The State has established reporting requirements and policy outlining for local offices for the UI, TDI and New Hires systems. Local offices are required to submit a monthly report with information on number referred, number of hits, and the action taken. The State cannot automatically monitor what is happening to matched cases.

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RHODE ISLAND	MONTHLY REPORTING

OVERVIEW

Cases Required to Report

PA Caseload

All AFDC households that are required to report monthly and that also receive food stamps are required by the Food Stamp Program to complete monthly reports. Thus, monthly reporting requirements are the same for both programs and include the following cases:

- cases with current earnings

NPA Caseload

Monthly reporters include:

- cases with irregular unearned income (fluctuating at least $25 a month)

Information on Monthly Report

	Required to report	***Reporting format***	***Verification***
Earned Income	Yes	By earner	Monthly
Unearned Income	Yes	By type of income by individual	Not specified
Resources	No	Not applicable	Not applicable
Expenses	Yes	Not specified	For all types
Household composition	Change only	Not specified	Not specified

(continued)

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RHODE ISLAND	MONTHLY REPORTING (continued)
OPERATING PROCEDURES	
Mailing Monthly Reports	The State Department of Human Services supervises the local offices that mail monthly reporting forms to households. This mailing is separate from the distribution of benefits. A stamped return envelope is included with the monthly reporting form.
Monthly Reporting Schedule	Rhode Island operates monthly reporting on a 2-month cycle. That is, the cycle contains a "processing" month between the budget and issuance months. Monthly reporting forms are mailed on the 25th day of each month. Households have 10 days in which to complete their monthly reports. Final (adverse action) notices are mailed 15 days after the original mailing of monthly reporting forms. The final deadline for submitting monthly reports is the last day of the report month. Rhode Island does not reinstate those cases that were terminated for failure to file on a timely basis.
Staff Assignments	At certification, local office eligibility workers assign cases to monthly reporting. Eligibility workers review monthly reports for completeness; make decisions on actions required by information on complete forms; and also handle incomplete monthly reports. Eligibility workers make decisions about reassignments to or from monthly reporting.
Automation	Automated functions include: • determining/verifying status of monthly report • generating warning notices • terminating cases for failure to file

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RHODE ISLAND	CLAIMS COLLECTION
ORGANIZATION	
Agencies	Rhode Island's claims collection process is administered at the State level. There are specialized Statewide claims collection and fraud investigations units. Cases of suspected fraud are handled by the Attorney General's office. Most other activities are handled by the Collection Claims Recovery Unit (CCRV).
Staff Training	Eligibility workers receive training when hired and retraining. Policy manuals are available.
System Monitoring	Routine reports are issued on claims referrals, fraud investigations, establishment, collection, and followup for CCRV. There are no time limits on processing cases.
Automation	Statewide automated functions include: • Calculating and deducting for recoupment • Maintaining histories with dates of latest case actions, recoupment, and payments • Tracking claim payments and disqualified individuals • Flagging disqualified cases • Aging delinquent claims Nonautomated functions include: • Tracking match hits, referrals, fraud investigations, and established and suspended claims • Flagging fraud cases with active and suspended claim balances and disqualified cases • Aging suspended claims

(continued)

RHODE ISLAND	CLAIMS COLLECTION (continued)
OPERATING PROCEDURES	
Identifying and Investigating Claims	Methods to detect overissuances in order of importance are: • Review at recertification • Information from other agencies • Computer matching of wages • Computer matching of unearned income • Manual bank match • Duplicate participation checks • QC reviews • Conflicting information from client • Hotline, informal complaints • Special investigation units • Internal audits After identification, overissuance is calculated for previous 6 years for fraud cases, 1 year for nonfraud cases. Fifty percent of overissuances are referred for fraud investigations. Claims are investigated through case file reviews, in-office interviews, telephone interviews, third-party contacts, and home visits. In addition, fraud claims are investigated through witness interviews, and forensic investigations. No priority is given to fraud or nonfraud cases.
Establishing and Collecting Claims	For fraud cases, the establishment methods used are fraud prosecution, administrative fraud hearings, disqualification consent agreements, and waivers of hearing. Cases are referred for prosecution because of dollar amount over $500, repeat offenses, and flagrant violations. Three monthly demand letters are sent to collect fraud and household error claims. Agency error cases are sent demand letters periodically, with more letters sent for higher claims. Recoupment is used in fraud, household error, and agency error cases. The latter depends on the client's consent. Rhode Island collected $107,466 in claims during FY86, ranking 48th among the States.
Following Up and Suspending/Terminating Claims	Rhode Island has no followup procedure. The uniform criterion for suspending claims is inability of client to make restitution. Claims suspended for 3 years are terminated.

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RHODE ISLAND	QUALITY CONTROL
ORGANIZATION	
Unit	Quality Control Unit of the Operations Management Division, Department of Social Services.
System Type	The Quality Control Unit is responsible for QC activities in the AFDC, Medicaid, and Food Stamp Programs. The QC system is integrated with these programs.
Sample Size	The Rhode Island QC sample is composed of 1,172 cases.
Staff	There are 11 FTE QC reviewers for the FSP. Most reviewers have had an average of 3 years of experience as social case workers. Most are college graduates. Combining staff FTEs and QC sample size leads to an estimate of 111 QC reviews performed for each FTE.
Review Time	On average, a QC review takes 14 hours. Internal re-reviews take, on average, 2 hours for error cases, and under an hour for cases without errors. The following case characteristics increase review time by: more than 60 minutes- • Earned income • Large household (5 or more members) • Receipt of AFDC, Medicaid and food stamps • Errors found in the case 20 to 60 minutes- • Receipt of GA and food stamps • Remote local office or household less than 20 minutes- • Unearned income (continued)

RHODE ISLAND	QUALITY CONTROL (continued)
OPERATING PROCEDURES	
Local Office Notification and Preparation	Local offices are notified of cases to be reviewed. Local office staff pull the selected case files and mail them to the central office for the reviewer.
Error Determination and Resolution	The initial error determination is made by a supervisor. Policy questions that arise during the error-determination process are resolved by the review supervisor.
Internal Re-review	All cases in the QC sample are re-reviewed by the review supervisor, the local office, and if there is disagreement, by the supervisor of the Corrective Action Unit.
Analyses of QC Data	

	ANALYSES PERFORMED ROUTINELY	ANALYSES PERFORMED OCCASIONALLY
Identification of error-prone:		
• case categories	X	
• groups of workers	X	
• offices	X	
Projection of:		
• effect of policy change		X
Caseload Description:		X
Evaluation of impact of change in policy or administrative operations:		X

Use of FNS Software	Software provided by FNS is used to analyze QC data, in general, and to perform error-prone analyses, in particular.

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SOUTH CAROLINA	STATE SUMMARY
Administering agency	The Department of Social Services administers the Food Stamp Program. The program is State-supervised.
Caseload	The average monthly caseload in FY 1986 was about 115,000 households, including 337,500 individuals. South Carolina ranks 21st in number of persons participating. PA households account for 19% of the total.
Project areas	South Carolina has 46 project areas. The largest are Charleston, Richland (Columbia), and Florence counties, accounting for about 19% of the State caseload.
Benefits issued	South Carolina's food stamp issuances in FY 1986 totaled $179 million, ranking 20th in the nation. Monthly issuances averaged $44.15 per person.
Administrative expenses	The federal share of South Carolina's administrative costs amounted to $16.5 million in FY 1986, ranking 22nd. Federal costs were $12.18 per household per month.

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SOUTH CAROLINA	AUTOMATED CERTIFICATION SYSTEM
OVERVIEW	
System Name	State/County Integrated Database for Certification Issuance and Recoupment (SID III)
General Characteristics	Implemented in 1984, SID III is a Statewide system. The design is a derivative of the Alabama system (implemented in 1981). The system uses IBM central and local processing hardware.
Key System Capabilities	Integrated Eligibility/Benefit Determination: Eligibility workers prepare input forms from application data to trigger system functions which automatically determine eligibility, calculate benefits, and update the household record.
Turnaround	Data entry staff enter and edit transactions on-line at terminals. Edit

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SOUTH CAROLINA	AUTOMATED CERTIFICATION SYSTEM (continued)
SYSTEM FUNCTIONS AND AUTOMATED OUTPUT	<u>Calculates and Stores</u> • Net income • Excess shelter costs deduction (including utility cost component) • Dependent care deduction • Allotment (not stored) • First month's prorated allotment • Recoupment amount (deducted) <u>Performs</u> • Gross income test • Net income test <u>Generates</u> • On-line issuance of benefits • Certification period expiration notice • Monthly report forms • Monthly report filing reminders • Application approvals/denials • Interim change/recertification notices • Eligibility results • Required case actions (3 times/month) • Supervisory reports System has no access to other assistance program income data for use in food stamp eligibility processing.

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SOUTH CAROLINA	COMPUTER MATCHING

OVERVIEW

Systems

There are 5 Statewide systems:

1. Employment Security Commission (ESC batch), implemented October, 1984.
2. Client Information System (CIS on-line), implemented September, 1985.
3. National Disqualification (batch), implemented July, 1986.
4. Employment Security Commission (ESC on-line), implemented October, 1984.
5. National Disqualification (on-line), implemented July, 1986.

All systems are managed by the Food Assistance Division of the Department of Social Security. The Food Stamp, AFDC, Medicaid, and Child Support programs use these systems.

Data Bases and Access

System	Data Accessed	Update Time	Time Lapse	Front-End or Ongoing
(1)	Earned income	Quarter	Next day	Both
	UI benefits	Day	Next day	
(2)	SSI benefits	Week	Next day	Both
	AFDC benefits	Month	NA	
	Adult GA benefits	Month	NA	
	Medicaid records	Month	NA	
(3)	Fed. Government	Day	Next day	Both
(4)	Earned income	Quarter	Next day	Both
	UI benefits	Day	Next day	
(5)	Fed. Government	Day	Next day	Both

(continued)

SOUTH CAROLINA	COMPUTER MATCHING (continued)
OPERATING PROCEDURES	
Staff Assignments	Both State and local staff initiate front-end and ongoing searches and access the systems by Social Security number.
Front-End Matching	All 5 systems are used for front-end matching of the Statewide caseload. Local offices receive written match reports from the ESC batch and National Disqualification batch systems within a week. They receive on-line information from the other systems overnight. The information covers: wages, benefits from UI, AFDC, GA and Medicaid, and reasons for FS disqualification.
Ongoing Matching	All 5 systems are used for ongoing matching of the Statewide caseload. The matching is done at recertification on the ESC batch, ESC on-line and National Disqualifieds on-line systems. Matching is done at worker's discretion on the CIS on-line system; it is done monthly on the National Disqualifieds batch system. Local offices receive written match reports from the ESC batch and National Disqualification batch systems within a week. They receive on-line information from the other systems overnight. The information covers: wages, household composition, benefits from UI, AFDC, GA and Medicaid, and reasons for FS disqualification.
Followup	South Carolina has established procedures that local offices must follow in processing matched cases. No system is capable of triggering identification if there is a dollar wage discrepancy. Cases are not prioritized in either front-end or ongoing matching.
Monitoring	Local offices are not required to submit regular reports to the State on the status of actions taken on matched cases. Supervisors are responsible for following up matches. The State office cannot automatically monitor what is happening to matched cases.

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SOUTH CAROLINA	MONTHLY REPORTING

OVERVIEW

Cases Required to Report

PA Caseload

All AFDC households that are required to report monthly and that also receive food stamps are required by the Food Stamp Program to complete monthly reports. Thus, monthly reporting requirements are the same for both programs and include the following cases:

- cases with current earnings
- cases with earnings during the past 3 months
- cases with unearned income
- cases in their first three months of food stamp receipt

NPA Caseload

Monthly reporters include:

- cases with current earnings and 5 or more persons in the household

Information on Monthly Report

	Required to report	***Reporting format***	***Verification***
Earned Income	Yes	By earner	Weekly paystub
Unearned Income	Yes	By type of income by individual	Not specified
Resources	Change only	Specific by type	Not specified
Expenses	Yes	Not specified	For all types
Household composition	Change only	Not specified	Not specified

(continued)

SOUTH CAROLINA	MONTHLY REPORTING (continued)
OPERATING PROCEDURES	
Mailing Monthly Reports	The State Department of Social Services mails monthly reporting forms to households. This mailing is separate from the distribution of benefits. A stamped return envelope is included with the monthly reporting form. Households pay their own postage.
Monthly Reporting Schedule	South Carolina operates monthly reporting on a 2-month cycle. That is, the cycle contains a "processing" month between the budget and issuance months. Monthly reporting forms are mailed on the last day of each month. The initial deadline for filing monthly reports is the 10th day of the next month so that households have 10 days in which to complete their monthly reports. Final (adverse action) notices are mailed 11 days after the original mailing of monthly reporting forms. The final deadline for submitting monthly reports is the 25th day of the report month. Those cases that are terminated for failure to file on a timely basis, but that submit their report before the end of the issuance month, may be reinstated without loss of benefits.
Staff Assignments	Eligibility workers or clerks review monthly reports for completeness; eligibility workers make decisions on actions required by information on complete forms; and also handle incomplete monthly reports.
Automation	Automated functions include: • determining/verifying status of monthly report • generating monthly reports • tracking receipt of monthly reports • generating warning/adverse action notices • assigning cases to or from monthly reporting

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SOUTH CAROLINA	CLAIMS COLLECTION
ORGANIZATION	
Agencies	South Carolina's claims collection process is State supervised and county administered. There is a specialized county claims collection unit for cases of suspected fraud.
Staff Training	Eligibility workers receive training when hired, refresher training, and retraining. Policy manuals are available.
System Monitoring	Routine monthly reports are issued on claims referrals, investigations, establishment, collection, followup, suspensions, and terminations for State and county offices. There are no Statewide time limits on processing cases.
Automation	Statewide integrated automated functions include: • Calculating amount of overissuance for previous 72 months • Calculating and deducting for recoupment • Generating demand letters • Maintaining histories with dates of case actions, recoupment, payments, and suspensions • Tracking referrals, investigations, established and suspended claims, claim payments, and disqualified individuals • Flagging fraud/nonfraud cases, and cases with active and suspended claim balances (only some counties have these functions) • Aging overissuances, claims referrals, investigations, delinquent and suspended claims • Individual status reporting for State and county offices

(continued)

SOUTH CAROLINA	CLAIMS COLLECTION (continued)
OPERATING PROCEDURES	
Identifying and Investigating Claims	The top 3 methods to detect overissuances in order of importance are: • Computer matching of wages • Review at recertification • Conflicting information from client Other methods include: • QC reviews • Duplicate participation checks • Internal audits • Hotline, informal complaints • Information from other agencies After identification, overissuance is calculated for previous 6 years for fraud and client error, and 1 year for agency error. Six percent of overissuances are referred for fraud investigations. Claims are investigated through case file reviews, in-office interviews, third-party contacts, and home visits. In addition, fraud claims are investigated through witness interviews. No priority is given to fraud or nonfraud cases. The likelihood of collecting on the claim will increase the possibility of an investigation.
Establishing and Collecting Claims	For fraud cases, the establishment methods used are fraud prosecution, administrative fraud hearings, disqualification consent agreements, and waivers of hearing. Cases are referred for prosecution because of larger dollar amount, repeat offenses, and flagrant violations. Monthly demand letters are sent to collect claims. Recoupment is used in fraud, household error, and agency error cases. The latter depends on the client's consent, but most of these cases are suspended. South Carolina collected $1,853,972 in claims during FY86, ranking 8th among the States.
Following Up and Suspending/Terminating Claims	In addition to demand letters, followup involves office interviews and phone calls. The alternative collection method used is magistrate court for cases with large dollar amount and ability to pay. The criterion for suspending claims is county determined according to federal regulations. Claims suspended for 3 years are terminated. These cases remain on file indefinitely.

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SOUTH CAROLINA	QUALITY CONTROL
ORGANIZATION	
Unit	Quality Control Division, Department of Social Services
System Type	The Quality Control Division is responsible for QC activities in the AFDC, Medicaid, and Food Stamp Programs. The QC system is not integrated with these programs.
Sample Size	The South Carolina QC sample is composed of 1,200 cases.
Staff	There are 18 FTE QC reviewers for the FSP. Most reviewers have had an average of 5 years of experience as eligibility workers. Most are college graduates. Combining staff FTEs and QC sample size leads to an estimate of 67 QC reviews performed for each FTE.
Review Time	On average, a QC review takes 11.5 hours. Internal re-reviews take, on average, 2.5 hours. The following case characteristics increase review time by: more than 60 minutes- • Earned income • Large household (5 or more members) • Errors found in the case • Difficulty locating client 20 to 60 minutes- • Unearned income • Receipt of AFDC, Medicaid and food stamps • Remote household less than 20 minutes- • Receipt of GA and food stamps • Remote local office

(continued)

SOUTH CAROLINA	QUALITY CONTROL (continued)
OPERATING PROCEDURES	
Local Office Notification and Preparation	Local offices are not notified in the review process. The client is contacted and arrangements are made for the reviewer to make a home visit. The case is then written up in the home office.
Error Determination and Resolution	The initial error determination is made by a reviewer alone. Policy questions that arise during the error-determination process are resolved by the review supervisor, by a policy specialist, or by regional office personnel.
Internal Re-review	All cases in the QC sample are re-reviewed by the review supervisor and the assistant director of program areas.
Analyses of QC Data	

	ANALYSES PERFORMED	
Regular Reviews	ROUTINELY	OCCASIONALLY
Identification of error-prone:		
• case categories	X	
• offices	X	
Projection of:		
• effect of policy change		X
Caseload Description:	X	
Evaluation of impact of change in policy or administrative operations:	X	

Use of FNS Software	South Carolina does not use the analysis software provided by FNS.

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SOUTH CAROLINA	WORK REGISTRATION / JOB SEARCH
OVERVIEW	
Coverage	The Food Stamp Job Search Program operates in 19 counties, serving an unknown proportion of the State's PA and NPA caseload, targeting the NPA cases. A high proportion of job ready cases and good job markets were the criteria for selection.
Staff Assignments	Workers in income maintenance units refer participants to the work registration/job search program, do assessment and assignments, some job search monitoring, and inform participants of disqualification if they fail to comply. Some monitoring and notification activities are handled by the job service subcontractor.
Activity Level	For Federal fiscal year 1986, reported average monthly activity was: • Referred to Assessment 931 • Job Ready NA • Not Job Ready NA • Exempt NA • Entered Job Search 244 • Entered Employment 173 • Found Noncompliant 430 • Disqualified 147
Program Operations	Assessments are conducted individually, averaging 20 minutes per person. No counseling or training is provided. Referral to Jobs is an included component of the Job Search Program. Each registrant is required to make 24 contacts during a continuous 8 week period. Every 4 weeks registrants report names of employers and contact persons, dates, and results of contacts. A minimum of 1 of every 24 contacts is confirmed at random.

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SOUTH CAROLINA	WORK REGISTRATION / JOB SEARCH (continued)
REPORTING	Participant records are hand tabulated at the local/county level. Summarized cumulative totals are prepared by adding all transactions to previous totals. Case management and participant-tracking functions are not automated.
Referral and Assessment	Registrants are counted as referred at every new application, reapplication (e.g. break in certification), and recertification. Referrals occur once every 12 months, or when there is a break in certification. The number of registrants who are interviewed by the Job Search provider (i.e., who are assessed) does not include exempt registrants who are not allowed to participate in Job Search.
Job Search Entrance	During the year, registrants are counted the first time they are assigned to job search status.
Employment	Registrants are counted the first time they obtain employment when referred by the contractor. No followup is done.
Noncompliance and Disqualification	Registrants are counted every time they are noncompliant or disqualified. Income maintenance staff receive noncompliance reports, which are reviewed when received.

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SOUTH DAKOTA	STATE SUMMARY
Administering agency	The Department of Social Services administers the Food Stamp Program. The program is State-administered.
Caseload	The average monthly caseload in FY 1986 was about 17,000 households, including 52,000 individuals. South Dakota ranks 44th in number of persons participating. PA households account for 19% of the total.
Project areas	South Dakota has 65 project areas. The largest are Pennington (Rapid City), Minnehaha (Sioux Falls), and Shannon (Hot Springs) counties, accounting for about 30% of the State caseload.
Benefits issued	South Dakota's food stamp issuances in FY 1986 totaled $29 million, ranking 44th in the nation. Monthly issuance averaged $46.12 per person.
Administrative expenses	The federal share of South Dakota's administrative costs amounted to $3.3 million in FY 1986, ranking 43rd. Federal costs were $16.31 per household per month.

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SOUTH DAKOTA	AUTOMATED CERTIFICATION SYSTEM
OVERVIEW	
System Name	Access
General Characteristics	Implemented in 1985, Access is a Statewide system. The design is a derivative of the Vermont system (implemented in 1983). The system uses IBM central and local processing hardware.
Key System Capabilities	Application-Based Eligibility/Benefit Determination: Data entry is performed directly from application forms to trigger eligibility determinations and benefit calculations by the system. No special input form is required.
Turnaround	Eligibility workers themselves use terminals to enter transactions and view eligibility and benefit results automatically determined by the system.
AFDC and Food Stamp Integration	AFDC and food stamps for PA households are handled by the same workers, using combined application forms and input forms.
DATA BASE	
Level of Detail and Contents	System stores all household member's social security numbers regardless of membership in food stamp case. All historical data are available on-line.
Financial Data	By individual • Gross earnings • Self-employment income and allowable expense • Unearned income (25 categories) • Work registration status Housing, utility, medical, dependent care costs, and total countable value of resources are available for the household.

(continued)

SOUTH DAKOTA	AUTOMATED CERTIFICATION SYSTEM (continued)
SYSTEM FUNCTIONS AND AUTOMATED OUTPUT	<u>Calculates and Stores</u> • Net income • Excess shelter costs deduction (including utility cost component) • Excess medical deduction • Dependent care deduction • Allotment • First month's prorated allotment • Recoupment amount (deducted) <u>Performs</u> • Individual eligibility tests • Gross income test • Net income test • Resource test <u>Generates</u> • ATPs (mailed) • Listings for coupon issuance • Notice that household must file monthly reports • Monthly report forms • Monthly report filing reminders and termination notices • Application approvals/denials • Interim change/recertification notices • Edit reports (daily) • Outstanding verifications needed (daily) • Eligibility results (daily) • Required case actions (daily) • Supervisory reports System has access to AFDC, SSI, SSA and Child Support program income data for use in food stamp eligibility processing.

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SOUTH DAKOTA	COMPUTER MATCHING

OVERVIEW

Systems

There are 3 Statewide batch systems:

1. Bendex, implemented April, 1984.
2. SDX, implemented 1970.
3. DOL Wage Match, implemented March 1983.

All systems are managed by the Systems Division of the Department of Social Services. The Food Stamp, AFDC, and Medicaid programs use these systems.

Data Bases and Access

System	Data Accessed	Update Time	Time Lapse	Front-End or Ongoing
(1)	SSA benefits	Month	Next day	Both
(2)	SSI benefits	Month	Next week	Both
(3)	Earned income	Quarter	1-3 months	Both
	UI benefits	Month	2-3 weeks	

(continued)

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SOUTH DAKOTA	COMPUTER MATCHING (continued)
OPERATING PROCEDURES	
Staff Assignments	Local staff initiate front-end and ongoing searches and access the systems by Social Security number.
Front-End Matching	All 3 systems are used for front-end matching of the Statewide caseload. Local offices receive written match reports within a week with information covering wages and UI, SSI, and SSA benefits.
Ongoing Matching	All 3 systems are used for ongoing matching of the Statewide caseload. The matching is done monthly on the SDX and Wage Match systems whenever there is a change to a record in the Bendex system. Local offices receive written match reports within a week with information covering wages and UI, SSI, and SSA benefits.
Followup	South Dakota has established procedures that local offices must follow in processing matched cases for reverification. No system is capable of triggering identification if there is a dollar wage discrepancy. Cases are not prioritized in either front-end or ongoing matching.
Monitoring	Local offices are not required to submit regular reports to the State on the status of actions taken on matched cases. The State office cannot automatically monitor what is happening to matched cases.

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SOUTH DAKOTA	MONTHLY REPORTING

OVERVIEW

Cases Required to Report

All Food Stamp households that are not statutorily exempt are required by the Food Stamp program to complete monthly reports.

Information on Monthly Report

	Required to report	*Reporting format*	*Verification*
Earned Income	Yes	By earner	Monthly
Unearned Income	Yes only	By type of income by individual	Not specified
Resources	Change only	General for household	For change only
Expenses	Yes	Not specified	For all types
Household composition	Change only	Not specified	Not specified

(continued)

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SOUTH DAKOTA	MONTHLY REPORTING (continued)
OPERATING PROCEDURES	
Mailing Monthly Reports	The State Department of Social Services mails monthly reporting forms to households. This mailing is separate from the distribution of benefits. Households supply envelopes and pay their own postage.
Monthly Reporting Schedule	South Dakota operates monthly reporting on a 2-month cycle. That is, the cycle contains a "processing" month between the budget and issuance months. Monthly reporting forms are mailed on the 11th day of each month. The completed forms are due between the 15th and 20th of the month so that households have 4 to 9 days in which to complete their monthly reports. Final (adverse action) notices are mailed 14 days after the original mailing of monthly reporting forms. The final deadline for submitting monthly reports is the 20th day of the report month. Those cases that are terminated for failure to file on a timely basis, but submit their report within 25 days of the effective date of closure, may be reinstated without loss of benefits.
Staff Assignments	Eligibility workers review monthly reports for completeness; make decisions on actions required by information on complete forms; and also handle incomplete monthly reports.
Automation	Automated functions include: • generating monthly reports • determining/verifying status of monthly report • tracking receipt of monthly reports

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SOUTH DAKOTA	CLAIMS COLLECTION
ORGANIZATION	
Agencies	South Dakota's claims collection process is administered at the State level. There is a specialized unit, the Central Recovery Investigating Unit, that handles all activities after initial referral.
Staff Training	Eligibility workers receive training when hired, refresher training, and retraining. Policy manuals are available.
System Monitoring	Routine monthly reports are issued on claims establishment, collection, followup, suspensions, and terminations for district offices and the Recovery Unit. There are time limits of 30 days for referral, 90 days to establish, and 30 days for followup after client is found delinquent.
Automation	Statewide integrated automated functions include:

SOUTH DAKOTA	CLAIMS COLLECTION (continued)
OPERATING PROCEDURES	
Identifying and Investigating Claims	Methods to detect overissuances in order of importance are: • Computer matching of wages • Conflicting information from client • Computer matching of unearned income • Information from other agencies • QC reviews • Review at recertification • Internal audits • Hotline, informal complaints • Duplicate participation checks • Error-prone profile • Special investigation units After identification, overissuance is calculated for previous 6 years for fraud cases, 1 year for nonfraud cases. An unknown percent of overissuances are referred for fraud investigations. Claims are investigated through case file reviews, in-office interviews, third-party contacts, and home visits. In addition, fraud claims are investigated through witness interviews, third-party contacts, and home visits. Nonfraud claims are also investigated through telephone interview. No priority is given to fraud or nonfraud cases.
Establishing and Collecting Claims	For fraud cases, the establishment methods used are fraud prosecution, administrative fraud hearings, disqualification consent agreements, and waivers of hearing. Cases are referred for prosecution because of dollar amount over $250, repeat offenses, flagrant violations, and persons that are not elderly. Up to 3 monthly demand letters are sent to collect claims. Recoupment is used in fraud, household error, and agency error active cases. The latter depends on the client's consent. South Dakota collected $71,929 in claims during FY86, ranking 52nd among the States.
Following Up and Suspending/Terminating Claims	In addition to demand letters, followup involves phone calls. Inactive cases may be pursued through small claims court if the dollar amount is sufficient or there is long-term delinquency. The criteria for suspending claims are unknown. Claims suspended for 3 years are terminated.

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SOUTH DAKOTA	QUALITY CONTROL
ORGANIZATION	
Unit	Office of Quality Control, Department of Social Services.
System Type	The Office of Quality Control is responsible for QC activities in the AFDC, Medicaid, and Food Stamp Programs. The QC system is not integrated with these programs.
Sample Size	The South Carolina QC sample is composed of 609 cases. In addition, the Bureau of Quality Control conducts 8,000 special file reviews on error-prone cases in order to allow analysis by office or region, and to measure individual worker performance.
Staff	There are 4 FTE QC reviewers for the FSP. Most reviewers have not had previous positions in the welfare department. Most are college graduates. Combining staff FTEs and QC sample size leads to an estimate of 150 QC reviews performed for each FTE.
Review Time	The average time of a QC review could not be estimated. Internal re-reviews take, on average, 2 hours. The case characteristics that increase review time were not known.

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SOUTH DAKOTA	QUALITY CONTROL (continued)
OPERATING PROCEDURES	
Local Office Notification and Preparation	Local offices are notified of date of review, and cases to be reviewed are identified. If review does not include a visit, local office is asked to send these cases to the QC reviewer. Local office staff pull the selected case files and either set them aside for the QC reviewer's visit or mail them to the reviewer.
Error Determination and Resolution	The initial error determination is made by a reviewer alone. Policy questions that arise during the error-determination process are resolved either by the review supervisor or by a policy specialist.
Internal Re-review	All cases with errors, and a random sample of each reviewer's cases are re-reviewed by the review supervisor and the local office.
Analyses of QC Data	ANALYSES PERFORMED Regular Reviews — ROUTINELY / OCCASIONALLY Identification of error-prone: • case categories — X • groups of workers — X Special Reviews Identification of error-prone: • case categories — X • offices — X Caseload Description: — X
Use of FNS Software	Software provided by FNS is used to analyze QC data, in general, and to perform error-prone analyses, in particular.

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SOUTH DAKOTA	WORK REGISTRATION / JOB SEARCH
OVERVIEW	
Coverage	The Food Stamp Job Search Program operates in 13 counties, serving 48% of the State's PA and NPA caseload, targeting both PA and NPA cases. A large food stamp caseload and good job markets were the criteria for selection.
Staff Assignments	Workers in income maintenance units refer participants to the work registration/job search program and inform participants of disqualification if they fail to comply. Assessment, assignment, monitoring, and notification activities are handled by the job service subcontractor. A State FS/JS coordinator of the Office of Economic Assistance aids in JS monitoring.
Activity Level	For Federal fiscal year 1986, reported average monthly activity was: • Referred to Assessment 425 • Job Ready 164 • Not Job Ready NA • Exempt NA • Entered Job Search 121 • Entered Employment 53 • Found Noncompliant 87 • Disqualified 11
Program Operations	Assessments are conducted individually, averaging 30 minutes per person. Voluntary counseling or training is provided in job clubs, groups and individually. Referral to Jobs and Job Development are included components of the Job Search Program. Each registrant is required to make 24 contacts during a continuous 8 week period. Every 4 to 8 weeks registrants report names of employers and contact persons, dates, and results of contacts. A minimum of 1 of every 24 contacts is confirmed at random.

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SOUTH DAKOTA	WORK REGISTRATION / JOB SEARCH (continued)
REPORTING	Participant records are computer generated at the local/county level. Summarized cumulative totals are prepared by adding the number of new participants to the previous total. Case management and participant-tracking functions are not automated.
Referral and Assessment	Registrants are counted as referred at every new application and reapplication (e.g. break in certification). Referrals occur once every 12 months, or when there is a break in certification. The number of registrants who are interviewed by the Job Search provider (i.e., who are assessed) does not include exempt registrants who are not allowed to participate in Job Search.
Job Search Entrance	During the year, registrants are counted the first time they are assigned to job search status. Job ready registrants may not be counted if they delay their job search with good cause, or if they have left the FS Program.
Employment	Registrants are counted the first time they obtain employment whether they were referred by the contractor or found their jobs themselves. Followup activity includes verification of job referral, routine Job Search contact reporting, collecting information at eligibility review and at reapplication for food stamp benefits. these followups are conducted in person, by mail, and by telephone.
Noncompliance and Disqualification	Registrants are counted every time they are noncompliant or disqualified. Income maintenance staff receive and review noncompliance reports.

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TENNESSEE	STATE SUMMARY
Administering agency	The Department of Human Services administers the Food Stamp Program. The program is State-administered.
Caseload	The average monthly caseload in FY 1986 was about 184,000 households, including 505,500 individuals. Tennessee ranks 13th in number of persons participating. PA households account for 34% of the total.
Project areas	Tennessee has 95 project areas. The largest are Shelby (Memphis), Davidson (Nashville), Hamilton (Chattanooga), and Knox (Knoxville) counties, accounting for about 42% of the State caseload.
Benefits issued	Tennessee's food stamp issuances in FY 1986 totaled $278 million, ranking 12th in the nation. Monthly issuance averaged $45.81 per person.
Administrative expenses	The federal share of Tennessee's administrative costs amounted to $24 million in FY 1986, ranking 12th. Federal costs were $10.79 per household per month.

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TENNESSEE	AUTOMATED CERTIFICATION SYSTEM
OVERVIEW	
System Name	Tennessee Welfare Integrated Services System (TWISS)
General Characteristics	Implemented in 1976, TWISS is a Statewide system. The system uses Amdahl hardware. There is no local processing hardware.
Key System Capabilities	Basic Input and Recording: The system performs no eligibility determination functions; all determinations are performed manually by the eligibility worker.
Turnaround	Household actions are processed in daily batch runs for all actions performed since the last run.
AFDC and Food Stamp Integration	AFDC and food stamps for PA households are handled by the same workers, using a combined application form. Separate input forms must be used to enter the data for the two programs.
DATA BASE	
Level of Detail and Contents	System stores all household member's names, birthdates, ID numbers and social security numbers, regardless of membership in food stamp case. Historical issuance data for previous 12 months are available on-line.
Financial Data	By total • Gross earnings • Self-employment income and allowable expense • Unearned income (15 categories) Housing, utility, medical, and dependent care costs are available for the household.

(continued)

TENNESSEE	AUTOMATED CERTIFICATION SYSTEM (continued)
SYSTEM FUNCTIONS AND AUTOMATED OUTPUT	<u>Stores</u> • Excess shelter costs deduction (including utility cost component) • Excess medical deduction • Dependent care deduction <u>Generates</u> • ATPs (mailed) • Listings for coupon issuance • Monthly report forms • Edit reports (daily) • Required case actions (monthly) • Computer match results (daily) System has no access to other assistance program income data for use in food stamp eligibility processing.

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TENNESSEE	COMPUTER MATCHING

OVERVIEW

Systems

There are 2 integrated Statewide systems:

1. TWIST (batch), implemented 1976.
2. ACCENT (on-line), implemented 1985.

This system is managed by the Systems and Procedures Office of the Department of Human Services. The Food Stamp, AFDC, Medicaid, Child Support, Protective Services, Adoption and Foster Care programs use these systems.

Data Bases and Access

System	Data Accessed	Update Time	Time Lapse	Front-End or Ongoing
(1)	Earned income	Quarter	Next day	Both
	UI benefits	Week	Next day	
	SSA benefits	Month	Next day	
	SSI benefits	Week	Next day	
	AFDC benefits	Day	Next day	
	Medicaid records	Day	Next day	
	Social Services	Day	Next day	
(2)	Earned income	Quarter	Next day	Front-End
	UI benefits	Week	Next day	
	SSA benefits	Month	Next day	
	SSI benefits	Week	Next day	
	AFDC benefits	Day	Next day	
	Medicaid records	Day	Next day	
	Social Services	Day	Next day	

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TENNESSEE	COMPUTER MATCHING (continued)
OPERATING PROCEDURES	
Staff Assignments	Both State and local staff initiate front-end and ongoing searches and access systems by Social Security number, name, case number and participation status.
Front-End Matching	Both systems are used for front-end matching of the Statewide caseload. Local offices receive written match reports from the TWIST system overnight, while the ACCENT system provides on-line information immediately. The information covers: wages, employment status, UI, SSA, SSI, AFDC and Medicaid benefits, gross income, household composition, date of birth, sex, race, and participation in AFDC and Medicaid.
Ongoing Matching	Ongoing matching is performed on the TWIST system. Matching is done at recertification, and local offices receive written match reports in less than a day. The information covers: wages, employment status, UI, SSA, SSI, AFDC and Medicaid benefits, gross income, household composition, date of birth, sex, race, and participation in AFDC and Medicaid.
Followup	Tennessee has established procedures that local offices must follow in processing matched cases. This system is not capable of triggering identification if there is a dollar wage discrepancy. Cases are not prioritized in front-end or ongoing matching.
Monitoring	Local offices are not required to submit regular reports to the State on the status of actions taken on matched cases. The State office cannot automatically monitor what is happening to matched cases.

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TENNESSEE	MONTHLY REPORTING

OVERVIEW

Cases Required to Report

PA Caseload

All AFDC households that are required to report monthly and that also receive food stamps are required by the Food Stamp Program to complete monthly reports. Thus, monthly reporting requirements are the same for both programs and include the following cases:

- cases with current earnings
- cases with earnings during the past 2 months
- cases with irregular unearned income (unstable income from non government sources)
- households with stepparents who are not included in AFDC grants
- cases aged 16 or 17 that are not in school (only some counties)

NPA Caseload

Monthly reporters include:

- cases with current earnings and 6 or more persons in household

Information on Monthly Report

	Required to report	***Reporting format***	***Verification***
Earned Income	Yes	By earner	Monthly
Unearned Income	Yes	By type of income by individual	For change only
Resources	Change only	Specific by type	For change only
Expenses	Change only	Not specified	For change only
Household composition	Change only	Not specified	Not specified

(continued)

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TENNESSEE	MONTHLY REPORTING (continued)
OPERATING PROCEDURES	
Mailing Monthly Reports	The State Department of Human Services mails monthly reporting forms to households. This mailing is separate from the distribution of benefits. A stamped return envelope is included with the monthly reporting form.
Monthly Reporting Schedule	Tennessee operates monthly reporting on a 2-month cycle. That is, the cycle contains a "processing" month between the budget and issuance months. Monthly reporting forms are mailed on the 28th day of each month. The initial deadline for filing monthly reports is the 5th day of the next month so that households have 7 days in which to complete their monthly reports. Final warning notices are mailed on the 12th day of the month. The final deadline for submitting monthly reports is the 21st day of the report month. Rhode Island does not reinstate those cases that were terminated for failure to file on a timely basis.
Staff Assignments	At certification, local office eligibility workers assign cases to monthly reporting. Eligibility workers or date entry workers review monthly reports for completeness; eligibility workers make decisions on actions required by information on complete forms; and also handle incomplete monthly reports. Eligibility workers make decisions about reassignments to or from monthly reporting.
Automation	Automated functions include generating monthly reports.

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TENNESSEE	CLAIMS COLLECTION
ORGANIZATION	
Agencies	Tennessee's claims collection process is administered at the State level. There is a State Welfare Investigations Unit that investigates some cases.
Staff Training	Eligibility workers receive training when hired, refresher training, and retraining. Policy manuals are available.
System Monitoring	Routine monthly reports are not issued on claims collection. There are time limits of 90 days to establish claims, and 5 days from missed payment for followup.
Automation	Tennessee has no automated monitoring system.

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TENNESSEE	CLAIMS COLLECTION (continued)
OPERATING PROCEDURES	
Identifying and Investigating Claims	The top 3 methods to detect overissuances in order of importance are: • Computer matching of wages • QC reviews • Review at recertification Other methods include: • Computer matching of unearned income • Duplicate participation checks • Special investigation units • Internal audits • Error-prone profile • Hotline, informal complaints • Information from other agencies • Conflicting information from client After identification, overissuance is calculated for previous 6 years for fraud cases, 1 year for nonfraud cases. Thirty-three percent of overissuances are referred for fraud investigations. Fraud claims are investigated through case file reviews, in-office interviews, third-party contacts, home visits, and witness interviews. Nonfraud cases are investigated through case file reviews. No priority is given to fraud or nonfraud cases.
Establishing and Collecting Claims	After the amount of overissuance is calculated, a notice is sent to inform the client of claim. For fraud cases, the establishment methods used are fraud prosecution, administrative fraud hearings, and disqualification consent agreements/waivers of hearing. Cases are referred for prosecution because of larger dollar amount, repeat offenses, and flagrant violations. Four monthly demand letters are sent to collect claims. Recoupment is used in fraud, household error, and agency error cases. The latter depends on the client's consent. Tennessee collected $1,015,496 in claims during FY86, ranking 20th among the States.
Following Up and Suspending/Terminating Claims	At this time, Tennessee has no followup procedure. Suspension criteria follow federal regulations. Termination occurs after 3 years of suspension, or upon death of recipient. These cases remain on file indefinitely.

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TENNESSEE	QUALITY CONTROL
ORGANIZATION	
Unit	Administrative Review Section.
System Type	The Administrative Review Section is responsible for QC activities in the AFDC, Medicaid, and Food Stamp Programs. The QC system is not integrated with these programs.
Sample Size	The Tennessee QC sample is composed of 1,200 cases.
Staff	There are 12 FTE QC reviewers for the FSP. Most reviewers have had an average of 5 years of experience as eligibility workers or supervisors. Most are college graduates. Combining staff FTEs and QC sample size leads to an estimate of 101 QC reviews performed for each FTE.
Review Time	On average, a QC review takes 16 hours. Internal re-reviews take, on average, 20 minutes. The following case characteristics increase review time by: more than 60 minutes- • Earned income • Large household (5 or more members) • Errors found in the case 20 to 60 minutes- • Unearned income • Receipt of AFDC, Medicaid and food stamps • Remote local office or household

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TENNESSEE	QUALITY CONTROL (continued)
OPERATING PROCEDURES	
Local Office Notification and Preparation	Local offices are notified of cases to be reviewed. Local office staff pull the selected case files and mail them to the reviewer. Supplementary information on demographic characteristics, work history, and family characteristics is collected on all cases in the QC sample.
Error Determination and Resolution	The initial error determination may involve a supervisor. Policy questions that arise during the error-determination process are resolved by the review supervisor or the regional program manager.
Internal Re-review	All cases are re-reviewed by the first-line supervisor. Then, all cases with errors are re-reviewed by the review supervisor, QC program manager, the review committee, and the local office.
Analyses of QC Data	ANALYSES PERFORMED ROUTINELY / OCCASIONALLY Identification of error-prone: • case categories: X • offices: X Projection of: • caseload size and characteristics: X Caseload Description: X
Use of FNS Software	Software provided by FNS is used to analyze QC data, in general, and to perform error-prone analyses, in particular.

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TENNESSEE	WORK REGISTRATION / JOB SEARCH
OVERVIEW	
Coverage	The Food Stamp Job Search Program operates in 34 counties, serving 70% of the State's PA and NPA caseload. It targets both the PA and NPA cases, especially English-speaking 20-45 year olds with child care, transportation, and a 10th grade education. A large food stamp caseload, high concentration of households with high FS allotments, and good job markets were the criteria for selection.
Staff Assignments	Workers in income maintenance units refer participants to the work registration/job search program and inform participants of disqualification if they fail to comply. Assessment, assignment, monitoring, and notification activities are handled by the job service subcontractor.
Activity Level	For Federal fiscal year 1986, reported average monthly activity was: • Referred to Assessment 1,391 • Job Ready 787 • Not Job Ready NA • Exempt NA • Entered Job Search 787 • Entered Employment 398 • Found Noncompliant 621 • Disqualified 113
Program Operations	Assessments are conducted individually, averaging 30 minutes per person. Counseling or training is not provided. Referral to Jobs is an included component of the Job Search Program. Each registrant is required to make 8 contacts during a continuous 8 week period. Every 4 weeks registrants report names of employers and contact persons, dates, and results of contacts. A minimum of 1 of every 24 contacts is confirmed at random.

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TENNESSEE	**WORK REGISTRATION / JOB SEARCH** (continued)
REPORTING	[illegible]

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TEXAS	STATE SUMMARY
Administering agency	The Department of Human Services administers the Food Stamp Program. The program is State-administered.
Caseload	The average monthly caseload in FY 1986 was about 417,000 households, including 1,333,500 individuals. Texas ranks 3rd in number of persons participating. PA households account for 19% of the total.
Project areas	Texas has 254 project areas. The largest are Harris (Houston), Hidalgo (Edinburg and McAllen), and Bexar (San Antonio) counties, accounting for about 31% of the State caseload.
Benefits issued	Texas' food stamp issuances in FY 1986 totaled $769 million, ranking 2nd in the nation. Monthly issuances averaged $48.07 per person.
Administrative expenses	The federal share of Texas' administrative costs amounted to $72 million in FY 1986, ranking 3rd. Federal costs were $14.45 per household per month.

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TEXAS	AUTOMATED CERTIFICATION SYSTEM
OVERVIEW	
System Name	Welfare Network (Welnet)
General Characteristics	Implemented in 1984, Welnet handles 50% of the State's food stamp caseload. The system uses Sperry/Univac central hardware and IBM local processing hardware.
Key System Capabilities	Application-Based Eligibility/Benefit Determination: Data entry is performed directly from application forms to trigger eligibility determinations and benefit calculations by the system. No special input form is required.
Turnaround	Eligibility workers themselves use terminals to enter transactions and view eligibility and benefit results automatically determined by the system.
AFDC and Food Stamp Integration	AFDC and food stamps for PA households are handled by the same workers, using combined application forms and input forms.
DATA BASE	
Level of Detail and Contents	System stores all household member's names, birthdates, ID numbers and social security numbers, regardless of membership in food stamp case. Historical data are not available on-line. However, gross household earnings data covering the past 24 months are stored on tape.
Financial Data	By individual • Gross earnings • Self-employment income and allowable expense • Unearned income (10 categories) • Work registration status Housing, utility, medical, dependent care costs, and total countable value of resources are available for the household.

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TEXAS	AUTOMATED CERTIFICATION SYSTEM (continued)
SYSTEM FUNCTIONS AND AUTOMATED OUTPUT	<u>Calculates and Stores</u> • Net income • Excess shelter costs deduction (including utility cost component) • Excess medical deduction • Dependent care deduction • Allotment • First month's prorated allotment • Recoupment amount (deducted) <u>Performs</u> • Individual eligibility tests • Gross income test • Net income test • Resource test <u>Generates</u> • ATPs (mailed) • Listings for coupon issuance • ID cards • Certification period expiration notice • Verification notices • Monthly report forms • Monthly report filing reminders and termination notices • Application approvals/denials • Interim change/recertification notices • Edit reports (on demand) • Outstanding verifications needed (daily) • Required case actions (weekly or biweekly) • Supervisory reports System has access to AFDC program income data for use in food stamp eligibility processing.

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TEXAS	COMPUTER MATCHING

OVERVIEW

Systems

There are 5 Statewide integrated batch systems:

1. Bendex/SDX, implemented January, 1974.
2. Employment Commission Weekly, implemented 1984.
3. Employment Commission Monthly, implemented 1984.
4. Employment Commission Quarterly, implemented 1984.
5. Duplicate Participation (SAVERR), implemented 1979.

All systems are managed by the Income Assistance Services section of the Department of Human Services. The Food Stamp, AFDC and Medicaid programs use these systems.

Data Bases and Access

System	Data Accessed	Update Time	Time Lapse	Front-End or Ongoing
(1)	SSA self-employ	NA	1-3 months	Ongoing
	SSA benefits	NA	1-3 months	
	SSI benefits	NA	2-6 weeks	
(2)	UI benefits	Month	NA	Front-End
	SSA wages	Quarter	1-3 months	
(3)	UI benefits	Month	Next week	Ongoing
(4)	Earned income	Quarter	1-3 months	Ongoing
(5)	FS Duplicate Participation	Day	Next day	Front-end

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TEXAS	COMPUTER MATCHING (continued)
OPERATING PROCEDURES	
Staff Assignments	State staff initiate front-end and ongoing searches and the systems are accessed by Social Security number.
Front-End Matching	Two systems do front-end matching of the Statewide caseload: Employment Commission Weekly and SAVERR. Within a week, local offices receive written match reports with information on wages, UI benefits and Food Stamp participation status.
Ongoing Matching	Three systems do ongoing matching of the Statewide caseload: Bendex/SDX, Employment Commission Monthly, and Employment Commission Quarterly. Matching is done monthly on the first 2 of these systems; it is done quarterly on the Employment Commission Quarterly system. Local offices receive written match reports within a week with information on gross SSA self-employment income (annualized figure), SSA, SSI, and UI benefits and wages.
Followup	Texas has established procedures that local offices must follow in processing matched cases for the EC Quarterly system only. The Employment Commission Quarterly system is capable of triggering identification if there is a $50 discrepancy per household active case per quarter, or a $300 discrepancy per household inactive case. For the Employment Commission Quarterly system, each hit has a cover sheet which must be returned to the State stating the resolution of the match. Cases are prioritized on the Employment Commission Weekly system by the amount exceeding discrepancy range.
Monitoring	Local offices are required to submit regular reports to the State on the status of actions taken on ongoing cases. The State office can automatically monitor what is happening to cases matched using the weekly or quarterly EC systems.

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TEXAS	MONTHLY REPORTING
OVERVIEW	
Cases Required to Report	PA and NPA monthly reporters include: • households containing 2 or more adults with one employed full-time • cases specified as error-prone • cases with irregular earned income of at least $200 a month, fluctuating $50 a month
Information on Monthly Report	Sample monthly reporting form not available.

(continued)

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TEXAS	MONTHLY REPORTING (continued)
OPERATING PROCEDURES	
Mailing Monthly Reports	The State Department of Human Services mails monthly reporting forms to households. This mailing is separate from the distribution of benefits. A stamped return envelope is included with the monthly reporting form. A stamped return envelope is included with the form.
Monthly Reporting Schedule	Texas operates monthly reporting on a 2-month cycle. That is, the cycle contains a "processing" month between the budget and issuance months. Monthly reporting forms are mailed on the 26th day of each month. The initial deadline for filing monthly reports is the 7th or 8th day of the next month so that households have 10 days in which to complete their monthly reports. Warning notices are mailed on the 9th or 10th day of the month. Final (adverse action) notices are mailed 25 days after the original mailing of monthly reporting forms. The final deadline for submitting monthly reports is the 25th day of the report month. Those cases that are terminated for failure to file on a timely basis, but that submit their report before the end of the issuance month, may be reinstated without loss of benefits.
Staff Assignments	At certification, local office eligibility workers assign cases to monthly reporting. Clerks or eligibility workers review monthly reports for completeness; clerks make decisions on actions required by information on complete forms; eligibility workers handle incomplete monthly reports. Eligibility workers make decisions about reassignments to or from monthly reporting.
Automation	Automated functions include: • generating monthly reports • tracking receipt of monthly reports • generating warning/adverse action notices • terminating cases for failure to file

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TEXAS	CLAIMS COLLECTION
ORGANIZATION	
Agencies	Texas' claims collection process is administered at the State level. There are specialized claims collection and fraud investigations units. Cases of suspected fraud are handled by the State Investigations Unit. Nonfraud claims in urban areas go to a regional office recovery unit; in rural areas, the eligibility worker handles the claim.
Staff Training	All claims staff receive training when hired and retraining. Policy manuals are available.
System Monitoring	Routine monthly reports are issued on claims referrals, investigations, fraud establishment, collection, followup, suspensions, and terminations for State, district and local offices. There is a time limit of 90 days to reject a case for fraud establishment.
Automation	Statewide integrated automated functions include: • Calculating and deducting for recoupment • Generating demand letters for fraud claims • Maintaining histories with dates of latest case actions, recoupment, payments, and suspensions • Tracking fraud investigations, established and suspended claims, claim payments, and disqualified individuals • Flagging fraud cases, and cases with active and delinquent claim balances • Aging fraud claims referrals, investigations, and delinquent claims; all suspended claims. • Individual status reporting for State fraud unit and claim unit, State office

(continued)

TEXAS	CLAIMS COLLECTION (continued)
OPERATING PROCEDURES	
Identifying and Investigating Claims	Methods to detect overissuances in order of importance are: • Computer matching of wages • Review at recertification • Conflicting information from client • Duplicate participation checks • QC reviews • Hotline, informal complaints • Information from other agencies • Internal audits • Computer matching of unearned income After identification, overissuance is calculated for previous 6 years. An unknown percent of overissuances are referred for fraud investigations. Claims are investigated through case file reviews, in-office interviews, third-party contacts, and home visits. In addition, fraud claims are investigated through witness interviews, and forensic investigations. Priority is given to fraud over nonfraud cases. Characteristics that increase the likelihood of an investigation include: large dollar amounts, good quality of evidence, repeat offenses, flagrant violations, and age of client.
Establishing and Collecting Claims	For fraud cases, the establishment methods used are fraud prosecution, administrative fraud hearings, and waivers of hearing. Cases are referred for prosecution because of dollar amount over $500, repeat offenses, falsified application or monthly reporting form, and age under 60 years. Monthly demand letters are sent to collect claims. Recoupment is used in fraud, household error, and agency error cases. The latter depends on the client's consent. Restitution can be used if the client requests this option, or in alternative collection procedures. Texas collected $4,625,185 in claims during FY86, ranking 1st among the States.
Following Up and Suspending/Terminating Claims	The alternative collection method used is a private collection agency for cases with fraud claims that are inactive, or long-term delinquency, and cases not adjudicated. The uniform criteria for suspending claims are a required number of letters sent to inactive cases, and other criteria set by Federal FNS regulations. Claims suspended for 5 years are terminated.

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TEXAS	QUALITY CONTROL
ORGANIZATION	
Unit	Quality Control Section of the Program Review and Evaluation Division, Department of Human Services.
System Type	The Quality Control Section is responsible for QC activities in the AFDC, Medicaid, and Food Stamp Programs. The QC system is not integrated with these programs.
Sample Size	The Texas QC sample is composed of 1,200 cases. In addition, the Quality Control Section conducts 200 special management needs reviews. These reviews are expedited food stamp cases to see if there is any additional loss of federal funds.
Staff	There are 17 FTE QC reviewers for the FSP. Most reviewers have had a minimum of 2 years of experience as eligibility workers. Most are college graduates. Combining staff FTEs and QC sample size leads to an estimate of 71 QC reviews performed for each FTE.
Review Time	On average, a QC review takes 12 hours. Internal re-reviews take, on average, 3.5 hours. The following case characteristics increase review time by: more than 60 minutes- • Earned income • Unearned income • Large household (5 or more members) • Errors found in the case • Remote local office or household • Receipt of AFDC, Medicaid and food stamps • Difficulty locating household (continued)

TEXAS	QUALITY CONTROL (continued)
OPERATING PROCEDURES	
Local Office Notification and Preparation	Local offices are notified of date of review, and cases to be reviewed are identified. Local office staff pull the selected case files and either set them aside for the QC reviewer's visit or mail them to the reviewer. Supplementary information on case characteristics, monthly reporting status, and the impact of new regulations is collected on all cases in the QC sample.
Error Determination and Resolution	The initial error determination is made by a reviewer alone. Policy questions that arise during the error-determination process are resolved by the review supervisor.
Internal Re-review	All cases with errors, and some cases without errors are re-reviewed by the review supervisor and the review committee.
Analyses of QC Data	

	ANALYSES PERFORMED	
Regular Reviews	ROUTINELY	OCCASIONALLY
Identification of error-prone:		
• case categories		X
Projection of:		
• caseload size or characteristics		X
• effect of policy change	X	
Caseload Description:	X	
Evaluation of impact of change in policy or administrative operations:	X	
Casual analysis and error specification:	X	
Special Reviews		
Identification of error-prone:		
• case categories		X
Projection of:		
• effect of policy change		X
Caseload Description:		X
Evaluation of impact of change in policy or administrative operations		X

Use of FNS Software	Texas does not use the analysis software provided by FNS.

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TEXAS	WORK REGISTRATION / JOB SEARCH
OVERVIEW	
Coverage	The Food Stamp Job Search Program operates in 28 counties, serving 54% of the State's PA and NPA caseload, targeting the NPA cases. A large population was the criterion for selection.
Staff Assignments	Workers in income maintenance units refer participants to the work registration/job search program and inform participants of disqualification if they fail to comply. Assessment, assignment, monitoring, and notification activities are handled by the job service subcontractor.
Activity Level	For Federal fiscal year 1986, reported average monthly activity was: • Referred to Assessment 14,198 • Job Ready 3,273 • Not Job Ready NA • Exempt NA • Entered Job Search 3,273 • Entered Employment 931 • Found Noncompliant 6,055 • Disqualified 1,097
Program Operations	Assessments are conducted individually, averaging 30 minutes per person. Counseling or training is not provided. Referral to Jobs and Job Development are included components of the Job Search Program. Each registrant is required to make 24 contacts during a continuous 8 week period. Every 4 weeks registrants report names of employers and contact persons, dates, and results of contacts. A minimum of 1 of every 24 contacts is confirmed at random, with suspicious contacts always verified.

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TEXAS	WORK REGISTRATION / JOB SEARCH (continued)
REPORTING	The FS agency does referral and disqualification reporting by computer at the State level. Summarized cumulative totals are prepared by adding all transactions to previous totals. CM and PT functions are automated for statistical reporting. All other participant records are hand tabulated at the local/county level. Summarized cumulative totals are prepared by adding all transactions to previous totals. All other case management and participant-tracking functions are not automated.
Referral and Assessment	Registrants are counted as referred at every new application and reapplication (e.g. break in certification). Referrals occur at recertification, or when there is a break in certification. The number of registrants who are interviewed by the Job Search provider (i.e., who are assessed) does not include exempt registrants who are not allowed to participate in Job Search.
Job Search Entrance	During the year, registrants are counted each time they are assigned to job search status.
Employment	Registrants are counted the first time they obtain employment whether they were referred by the contractor or found their jobs themselves. Texas has no followup policy.
Noncompliance and Disqualification	Registrants are counted every time they are noncompliant or disqualified. Income maintenance staff receive daily noncompliance reports, which are reviewed.

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UTAH	STATE SUMMARY
Administering agency	The Department of Social Services administers the Food Stamp Program. The program is State-administered.
Caseload	The average monthly caseload in FY 1986 was about 558 000 households, including 77,500 individuals. Utah ranks 39th in number of persons participating. PA households account for 57% of the total.
Project areas	Utah has 11 project areas. The largest are Region 2B and Region 3, accounting for about 57% of the State caseload.
Benefits issued	Utah's food stamp issuances in FY 1986 totaled $42 million, ranking 39th in the nation. Monthly issuances averaged $45.04 per person.
Administrative expenses	The federal share of Utah's administrative costs amounted to $4.8 million in FY 1986, ranking 39th. Federal costs were $15.62 per household per month.
Special Circumstances	Utah did not have Job Search contract with FNS for FY 1986.

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UTAH	AUTOMATED CERTIFICATION SYSTEM
OVERVIEW	
System Name	Assistance Payment Administration Case Information System (APA-CIS)
General Characteristics	Implemented in 1972, APA-CIS is a Statewide system. The design is a derivative of a previous Maine system. The system uses IBM hardware. There is no local processing hardware.
Key System Capabilities	Application-Based Eligibility/Benefit Determination: Data entry is performed directly from application forms to trigger eligibility determinations and benefit calculations by the system. No special input form is required.
Turnaround	Eligibility workers themselves use terminals to enter transactions and view eligibility and benefit results automatically determined by the system.
AFDC and Food Stamp Integration	AFDC and food stamps for PA households are handled by the same workers, using combined application forms and input forms.
DATA BASE	
Level of Detail and Contents	System stores all household member's names, birthdates, and social security numbers, regardless of membership in food stamp case. Historical data since date of implementation are available on-line.
Financial Data	By total • Gross earnings • Self-employment income and allowable expense • Unearned income (8 categories) • Work registration status Excess housing costs, utility, medical, and dependent care costs are available for the household.

(continued)

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UTAH	AUTOMATED CERTIFICATION SYSTEM (continued)
SYSTEM FUNCTIONS AND AUTOMATED OUTPUT	<u>Calculates and Stores</u> • Net income • Excess shelter costs deduction (entered by worker) • Excess medical deduction • Dependent care deduction • Allotment • First month's prorated allotment • Recoupment amount (deducted) <u>Performs</u> • Gross income test • Net income test <u>Generates</u> • Listings for coupon issuance • Certification period expiration notice • Notice that household must file monthly reports • Monthly report forms • Monthly report filing reminders and termination notices • Application approvals/denials • Interim change/recertification notices System has access to AFDC, GA, SSA, and SSI program income data for use in food stamp eligibility processing.

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UTAH	COMPUTER MATCHING

OVERVIEW

Systems

There are 8 Statewide systems:

1. Job Service Wage match (batch), implemented August, 1984.
2. Bendex/SDX (batch), implemented April, 1977.
3. Immigration and Naturalization Service (INS batch), implemented April, 1986.
4. Wage match (on-line), implemented July, 1986.
5. UC (on-line), implemented July, 1986.
6. DMV (on-line), implemented January, 1978.
7. Beers (batch), implemented March, 1980.
8. UC (batch), implemented 1975.

All systems are managed by the Office of Assistance Payments of the Department of Social Services. The Food Stamp, AFDC, Medicaid, Child Support and GA programs use these systems.

Data Bases and Access

System	Data Accessed	Update Time	Time Lapse	Front-End or Ongoing
(1)	Job Service wages	Quarter	1-3 months	Ongoing
(2)	SSA benefits	Month	1-3 months	Ongoing
	SSI benefits	Week	1-3 months	
(3)	INS files	NA	NA	Front-End
(4)	Earned income	Quarter	1-3 months	Both
(5)	UI benefits	Day	Next day	Both
(6)	DMV records	NA	NA	Both
(7)	SSA wages	Quarter	4-6 months	Ongoing
	SSA self-employ	Quarter	4-6 months	
(8)	UI benefits	Week	Next week	Ongoing

(continued)

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UTAH	COMPUTER MATCHING (continued)
OPERATING PROCEDURES	
Staff Assignments	State staff initiate front-end and ongoing searches on the Job Service Wage, Bendex/SDX and INS systems; both State and local staff initiate searches on the remaining systems. The systems are accessed by Social Security number and name.
Front-End Matching	Four systems are used for front-end matching: INS, Wage Match (on-line), UC on-line, and DMV. The INS system is only employed for the FS caseload in 4 pilot districts; the remaining systems cover the State-wide caseload. Local offices receive a report from the INS system within a week; they receive on-line information which covers: alien registration number, name, address, alien status and port of entry

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UTAH	MONTHLY REPORTING

OVERVIEW

Cases Required to Report

PA Caseload

PA cases that must report monthly include:
- cases with current earnings
- cases with earnings during the past 3 months
- new cases (those receiving food stamp benefits for up to 3 months)

NPA Caseload

NPA monthly reporters include:
- cases with current earnings
- cases with earnings during the past 3 months

Information on Monthly Report

	Required to report	***Reporting format***	***Verification***
Earned Income	Yes	By earner	Monthly
Unearned Income	Yes	By type of income by household	Not specified
Resources	Change only	Specific by type	Not specified
Expenses	Yes	Not specified	For all types
Household composition	Yes	Not specified	Not specified

(continued)

UTAH	MONTHLY REPORTING (continued)
OPERATING PROCEDURES	
Mailing Monthly Reports	The State Department of Social Services mails monthly reporting forms to households. This mailing is separate from the distribution of benefits. A stamped return envelope is included with the monthly reporting form. Households pay their own postage.
Monthly Reporting Schedule	Utah operates monthly reporting on a 2-month cycle. That is, the cycle contains a "processing" month between the budget and issuance months. Monthly reporting forms are mailed on the 22nd day of each month. The initial deadline for filing monthly reports is the 5th day of the next month so that households have 13 days in which to complete their monthly reports. Final warning notices are mailed 10 days before the end of the month. The final deadline for submitting monthly reports is the 23rd day of the report month. Utah does not reinstate those cases that were terminated for failure to file on a timely basis.
Staff Assignments	At certification, local office eligibility workers assign cases to monthly reporting. Eligibility workers review monthly reports for completeness; make decisions on actions required by information on complete forms; and also handle incomplete monthly reports.
Automation	Automated functions include: • determining/verifying status of monthly report • generating monthly reports • tracking receipt of monthly reports • generating warning notices • terminating cases for failure to file • reassigning cases to or from monthly reporting

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UTAH	CLAIMS COLLECTION
ORGANIZATION	
Agencies	Utah's claims collection process is administered at the State level. There is a specialized Statewide claims unit, The Office of Recovery Services (ORS), which handles claims establishment, collection, followup, suspension and termination.
Staff Training	Eligibility workers receive training when hired, refresher training, and retraining. Policy manuals are available.
System Monitoring	Routine monthly reports are issued on claims referrals, investigations, establishment, collection, followup, suspensions, and terminations for State and local claim units. There are no time limits on processing cases.
Automation	Statewide integrated automated functions include: • Calculating and deducting for recoupment • Maintaining histories with dates of recoupment, payments, and suspensions • Tracking referrals, established and suspended claims, and claim payments • Flagging fraud cases, and disqualified cases • Individual status reporting for State and local claim unit Nonautomated functions include: • Tracking match hits and disqualified individuals

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UTAH	CLAIMS COLLECTION (continued)
OPERATING PROCEDURES	
Identifying and Investigating Claims	Methods to detect overissuances in order of importance are: • Hotline, informal complaints • Special investigation units • Computer matching of wages • Error-prone profile • Conflicting information from client • Internal audits • Review at recertification • Duplicate participation checks • Information from other agencies • QC reviews After identification, overissuance is calculated for previous 6 years for fraud cases, 1 year for nonfraud cases. Sixty percent of overissuances are referred for fraud investigations. Claims are investigated through case file reviews, in-office interviews, third-party contacts, and home visits. In addition, fraud claims are investigated through witness interviews, and forensic investigations. No priority is given to fraud or nonfraud cases.
Establishing and Collecting Claims	For fraud cases, the establishment methods used are criminal and civil prosecution and administrative fraud hearings. Cases are referred for prosecution because of larger dollar amount, repeat offenses, and flagrant violations. Two monthly demand letters are sent to collect claims under $200. If there is no response, the claim is suspended. For claims over $200, after one letter, an administrative hearing is held. Clients are encouraged to pay in full or in monthly installments. Recoupment is also used in fraud, household error, and agency error cases. The latter depends on the client's consent. Utah collected $470,947 in claims during FY86, ranking 32nd among the States.
Following Up and Suspending/Terminating Claims	In addition to demand letters, followup involves monthly billing and phone calls. Alternative collection methods used are bank account garnishment for cases with fraud claims, older errors, large dollar amount, inactivity, or long-term delinquency. The uniform criteria for suspending claims are amounts less than $200, or no immediate knowledge of client, or client moved out of State. Claims suspended for 3 years are terminated. Claims are terminated on client's death.

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UTAH	QUALITY CONTROL
ORGANIZATION	
Unit	Bureau of Quality Control, Department of Social Services.
System Type	The Bureau of Quality Control is responsible for QC activities in the GA, AFDC, Medicaid, and Food Stamp Programs. The QC system is integrated with the AFDC, Food Stamp and Medicaid programs.
Sample Size	The Utah QC sample is composed of 580 cases. In addition, the Bureau of Quality Control conducts 4,200 special reviews in order to allow more detailed analysis of causes of error by office or region, and to measure individual workers' performance. These file reviews take 1 hour and are selected by error-prone profile sampling.
Staff	There are 5 FTE QC reviewers for the FSP. Most reviewers have experience as eligibility workers. Most are college graduates. Combining staff FTEs and QC sample size leads to an estimate of 126 QC reviews performed for each FTE.
Review Time	On average, a QC review takes 15.5 hours. Internal re-review time could not be estimated. The following case characteristics increase review time by: more than 60 minutes- • Earned income • Large household (5 or more members) • Receipt of AFDC, Medicaid and food stamps • Remote household • Difficulty locating household members • Errors found in the case 20 to 60 minutes- • Unearned income • Remote local office less than 20 minutes- • Receipt of GA and food stamps

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UTAH	QUALITY CONTROL (continued)
OPERATING PROCEDURES	
Local Office Notification and Preparation	Local offices are notified of cases to be reviewed. Local office staff pull the selected case files and mail them to the reviewer. Supplementary information on demographic characteristics, welfare history, work experience, and client's lifestyle is collected on all cases in the QC sample.
Error Determination and Resolution	The initial error determination is made by a reviewer alone. Policy questions that arise during the error-determination process are resolved either by the review supervisor or by a policy specialist.
Internal Re-review	All cases in the QC sample are re-reviewed by the review supervisor, QC division director, the review committee, a policy specialist, the local office, and the corrective action coordinator.
Analyses of QC Data	ANALYSES PERFORMED Regular Reviews — ROUTINELY / OCCASIONALLY Identification of error-prone: • case categories — X • offices — X Projection of: • effect of policy change — X Caseload Description: — X Evaluation of impact of change in policy or administrative operations: — X Special Reviews Identification of error-prone: • case categories — X • offices — X Caseload Description: — X
Use of FNS Software	Utah does not use the analysis software provided by FNS.

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VERMONT	STATE SUMMARY
Administering agency	The Agency of Human Services administers the Food Stamp Program. The program is State-administered.
Caseload	The average monthly caseload in FY 1986 was about 16,000 households, including 38,500 individuals. Vermont ranks 45th in number of persons participating. PA households account for 49% of the total.
Project areas	Vermont has a single project area serving all participants statewide.
Benefits issued	Vermont's food stamp issuances in FY 1986 totaled $18 million, ranking 48th in the nation. Monthly issuance averaged $39.95 per person.
Administrative expenses	The federal share of Vermont's administrative costs amounted to $1.9 million in FY 1986, ranking 49th. Federal costs were $9.61 per household per month.

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VERMONT	AUTOMATED CERTIFICATION SYSTEM
OVERVIEW	
System Name	Access
General Characteristics	Implemented in 1983, Access is a Statewide system. The system uses IBM hardware. There is no local processing hardware.
Key System Capabilities	Application-Based Eligibility/Benefit Determination: Data entry is performed directly from application forms to trigger eligibility determinations and benefit calculations by the system. No special input form is required.
Turnaround	Eligibility workers themselves use terminals to enter transactions and view eligibility and benefit results automatically determined by the system.
AFDC and Food Stamp Integration	AFDC and food stamps for PA households are handled by the same workers, using combined application forms and input forms.
DATA BASE	
Level of Detail and Contents	System stores all household member's names and social security numbers, regardless of membership in food stamp case. Historical data since date of implementation are available on-line.
Financial Data	By individual • Gross earnings • Self-employment income and allowable expense • Unearned income (18 categories) • Work registration status Housing, utility, medical, dependent care costs, and total countable value of resources are available for the household.

(continued)

VERMONT	AUTOMATED CERTIFICATION SYSTEM (continued)
SYSTEM FUNCTIONS AND AUTOMATED OUTPUT	<u>Calculates and Stores</u> • Net income • Excess shelter costs deduction (including utility cost component) • Excess medical deduction • Dependent care deduction • Allotment • First month's prorated allotment • Recoupment amount (deducted) <u>Performs</u> • Individual eligibility tests • Gross income test • Net income test • Resource test <u>Generates</u> • ATPs (mailed) • Listings for coupon issuance • ID cards • Certification period expiration notice • Appointment notices • Notice that household must file monthly reports • Monthly report forms • Monthly report filing reminders and termination notices • Application approvals/denials • Interim change/recertification notices • Edit reports (on demand) • Outstanding verifications needed (on demand) • Eligibility results (on demand) • Required case actions (on demand) • Computer match results (on demand) • Supervisory reports System has access to AFDC program income data for use in food stamp eligibility processing.

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VERMONT	COMPUTER MATCHING

OVERVIEW

Systems

There are 4 Statewide integrated batch systems:

1. SDX, implemented January, 1985.
2. Bendex, implemented October, 1984.
3. Department of Employment and Training UC, implemented January, 1985.
4. Numident, implemented June, 1986.

All systems are managed by the Computer Services Division of the Department of Social Welfare. The Food Stamp, AFDC, Medicaid, and Child Support programs use these systems.

Data Bases and Access

System	Data Accessed	Update Time	Time Lapse	Front-End or Ongoing
(1)	SSI benefits	Week	Next day	Both
(2)	SSA wages	Week	Next day	Both
	SSA self-employ	Week	Next day	
	SSA benefits	Week	Next day	
	Medicare records	NA	Next day	
(3)	UI benefits	Week	Next day	Both
(4)	SSN, DOB, Name	NA	Next day	Front-End

(continued)

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VERMONT	COMPUTER MATCHING (continued)
OPERATING PROCEDURES	
Staff Assignments	State staff initiate front-end and ongoing searches and the systems are accessed by Social Security number, name, date of birth, and internal sequence number.
Front-End Matching	All 4 systems do front-end matching of the Statewide caseload. Local offices receive on-line reports overnight with information on SSI, SSA and UI benefits, wages, gross income, name, date of birth, and Social Security number.
Ongoing Matching	All systems except Numident perform ongoing matching of the State-wide caseload. Matching is done 6 times a month on the SDX system, twice a month on the Bendex system and weekly on the UC system. Local offices receive on-line reports overnight with information on SSI, SSA and UI benefits, wages, and gross income.
Followup	All systems but Numident have established procedures that local offices must follow in processing matched cases. No system is capable of triggering identification if there is a dollar wage discrepancy. Cases are not prioritized in either front-end or ongoing matching.
Monitoring	Local offices are not required to submit regular reports to the State on the status of actions taken on matched cases. The State office cannot automatically monitor what is happening to matched cases. The discrepancy appears on the worker's daily report until the worker resolves the discrepancy. If the discrepancy is not cleared within 10 days, data processing flags the supervisor's report (every morning) to resolve it.

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VERMONT	MONTHLY REPORTING

OVERVIEW

Cases Required to Report

PA Caseload

All AFDC households that are required to report monthly and that also receive food stamps are required by the Food Stamp Program to complete monthly reports. Thus, monthly reporting requirements are the same for both programs and include the following cases:

- cases with current earnings
- cases with earnings during the past 3 months, except for new cases

NPA Caseload

Monthly reporters include:

- cases with current earnings (not from self-employment) and 3 or more members

Information on Monthly Report

	Required to report	*Reporting format*	*Verification*
Earned income	Yes	By earner	Weekly paystub
Unearned income	Yes	By type of income by individual	For change only
Resources	Yes	Specific by type	Not specified
Expenses	Yes	Not specified	For all types
Household composition	Change only	Not specified	For change only

(continued)

VERMONT	MONTHLY REPORTING (continued)
OPERATING PROCEDURES	
Mailing Monthly Reports	The State Agency of Human Services mails monthly reporting forms to households. This mailing is separate from the distribution of benefits. Households supply envelopes, while the agency pays for postage.
Monthly Reporting Schedule	Vermont operates monthly reporting on a one-month cycle. That is, there is no "processing" month between the budget and issuance months. Monthly reporting forms are mailed on the 29th day of each month. The initial deadline for filing monthly reports is the 5th working day of the next month so that households have 5 to 7 days in which to complete their monthly reports. Warning notices are mailed the day after the initial deadline for filing monthly reports. Final (adverse action) notices are mailed 16 to 18 days after the original mailing of monthly reporting forms. The final deadline for submitting monthly reports is the last day of the budget month. Those cases that are terminated for failure to file on a timely basis, but that submit their report before the end of the issuance month or ten days after the effective date of closure (whichever is later), may be reinstated without loss of benefits.
Staff Assignments	At certification, local office eligibility workers assign cases to monthly reporting. Eligibility workers or clerks review monthly reports for completeness; eligibility workers or dare entry workers make decisions on actions required by information on complete forms. Eligibility workers handle incomplete monthly reports and make decisions about reassignments to or from monthly reporting.
Automation	Automated functions include: • determining/verifying status of monthly report • generating monthly reports • tracking receipt of monthly reports • generating warning/adverse action notices • terminating cases for failure to file

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VERMONT	CLAIMS COLLECTION
ORGANIZATION	
Agencies	Vermont's claims collection process is administered at the State level. There is a specialized central fraud investigations unit.
Staff Training	Eligibility workers receive training when hired, refresher training, and retraining. Policy manuals are available.
System Monitoring	Routine monthly reports are issued on claims referrals, establishment, collection, followup, suspensions, and terminations for State and local offices. There is a time limit of 30 days for claims establishment.
Automation	Statewide integrated automated functions include: • Calculating and deducting for recoupment • Generating demand letters • Maintaining histories with dates of case actions, recoupment, payments, suspensions, and amount of claim • Tracking established and suspended claims and claim payments • Flagging fraud/nonfraud cases, and cases with active, delinquent and suspended claim balances Nonautomated functions include: • Tracking match hits, referrals, investigations, and disqualified individuals • Individual status reporting for State and local office

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VERMONT	CLAIMS COLLECTION (continued)
OPERATING PROCEDURES	
Identifying and Investigating Claims	The top 4 methods to detect overissuances in order of importance are: • Review at recertification • Internal audits • QC reviews • Conflicting information from client Other methods include: • Computer matching of wages • Computer matching of unearned income • Computer matching of resources • Hotline, informal complaints • Information from other agencies After identification, overissuance is calculated for previous 3 years for fraud claims, 1 year for nonfraud claims. Twenty-five percent of overissuances are referred for fraud investigations. Claims are investigated through case file reviews, in-office interviews, third-party contacts, and home visits. In addition, fraud claims are investigated through witness interviews, and forensic investigations. No priority is given to fraud or nonfraud cases.
Establishing and Collecting Claims	For fraud cases, the establishment methods used are fraud prosecution, administrative fraud hearings, disqualification consent agreements, and waivers of hearing. Cases are referred for prosecution because of larger dollar amount, repeat offenses, flagrant violations, and strong evidence. Up to 4 monthly demand letters are sent to collect fraud and household error claims. One demand letter is sent to collect agency error claims. Recoupment is used in fraud, household error, and agency error cases. The latter depends on the client's consent. Vermont collected $78,531 in claims during FY86, ranking 51st among the States.
Following Up and Suspending/Terminating Claims	In addition to demand letters, followup involves monthly billing. The uniform criteria for suspending claims are as per Federal FNS regulations. Claims suspended for 3 years are terminated. These cases remain on file for 3 additional years for audit purposes.

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VERMONT	QUALITY CONTROL
ORGANIZATION	
Unit	Program Integrity Unit, Department of Social Welfare.
System Type	The Program Integrity Unit is responsible for QC activities in the Fuel Survey, AFDC, Medicaid, and Food Stamp Programs. The QC system is integrated with the AFDC, Medicaid and Food Stamp Programs.
Sample Size	The Vermont QC sample is composed of 440 cases.
Staff	There are 4 FTE QC reviewers for the FSP. Most reviewers have hd an average of 5 years of experience as eligibility workers. Most are college graduates. Combining staff FTEs and QC sample size leads to an estimate of 126 QC reviews performed for each FTE.
Review Time	On average, a QC review takes 14 hours. Internal re-reviews take, on average, 6 hours. The following case characteristics increase review time by: more than 60 minutes- • Earned income • Large household (5 or more members) • Errors found in the case 20 to 60 minutes- • Unearned income • Receipt of GA and food stamps • Remote local office or household less than 20 minutes- • Receipt of AFDC, Medicaid and food stamps

(continued)

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VERMONT	QUALITY CONTROL (continued)
OPERATING PROCEDURES	
Local Office Notification and Preparation	Local offices are not notified of reviews. Supplementary information on fuel survey characteristics is collected on a subsample of 100 cases in the QC sample.
Error Determination and Resolution	The initial error determination may involve a supervisor, policy specialist, and other reviewers. Policy questions that arise during the error-determination process are resolved by a policy specialist.
Internal Re-review	All cases with errors are re-reviewed by the review supervisor, the QC division director, a policy specialist, the local office, and income maintenance directors.
Analyses of QC Data	ANALYSES PERFORMED ROUTINELY / OCCASIONALLY Identification of error-prone: • case categories: X • offices: X Projection of: • effect of policy change: X Caseload Description: X Evaluation of impact of change in policy or administrative operations: X
Use of FNS Software	Software provided by FNS is used to analyze QC data, in general, and to perform error-prone analyses, in particular.

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VERMONT	WORK REGISTRATION / JOB SEARCH
OVERVIEW	
Coverage	The Food Stamp Job Search Program operates in 2 counties, serving 11% of the State's PA and NPA caseload, targeting the NPA cases. A large food stamp caseload and good job markets were the criteria for selection.
Staff Assignments	Workers in income maintenance units refer participants to the work registration/job search program and inform participants of disqualification if they fail to comply. Assessment, assignment, monitoring, and notification activities are handled by the job service subcontractor.
Activity Level	For Federal fiscal year 1986, reported average monthly activity was: • Referred to Assessment 90 • Job Ready 82 • Not Job Ready 0 • Exempt 0 • Entered Job Search 82 • Entered Employment 27 • Found Noncompliant 36 • Disqualified 5
Program Operations	Assessments are conducted individually, averaging 30 minutes per

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VERMONT	WORK REGISTRATION / JOB SEARCH (continued)
REPORTING	Participant records are hand tabulated at the local/county level. Summarized cumulative totals are prepared by adding all transactions to previous totals. Case management and participant-tracking functions are not automated.
Referral and Assessment	Registrants are counted as referred at every new application and reapplication (e.g. break in certification). Referrals occur at every recertification. The number of registrants who are interviewed by the Job Search provider (i.e., who are assessed) includes exempt registrants who may participate in Job Search.
Job Search Entrance	During the year, registrants are counted each time they are assigned to job search status.
Employment	Registrants are counted every time they obtain employment whether they were referred by the contractor or found their jobs themselves. Followup activity includes verification of job referral, routine Job Search contact reporting, and collecting information at eligibility review or reapplication for food stamp benefits. These followups are conducted in person.
Noncompliance and Disqualification	Registrants are counted every time they are noncompliant or disqualified. Income maintenance staff receive weekly noncompliance reports, which are reviewed each week.

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VIRGINIA	STATE SUMMARY
Administering agency	The Department of Social Services administers the Food Stamp Program. The program is State-supervised.
Caseload	The average monthly caseload in FY 1986 was about 133,000 households, including 343,000 individuals. Virginia ranks 20th in number of persons participating. PA households account for 40% of the total.
Project areas	Virginia has 124 project areas. The largest are Norfolk and Richmond, accounting for about 16% of the State caseload.
Benefits issued	Virginia's food stamp issuances in FY 1986 totaled $181 million, ranking 19th in the nation. Monthly issuance averaged $43.92 per person.
Administrative expenses	The federal share of Virginia's administrative costs amounted to $17 million in FY 1986, ranking 21st. Federal costs were $10.52 per household per month.

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VIRGINIA	AUTOMATED CERTIFICATION SYSTEM
OVERVIEW	
System Name	Virginia Client Information System (VACIS)
General Characteristics	Implemented in 1985, VACIS is a Statewide system as of January, 1987. The system uses Sperry/Univac hardware. There is no local processing hardware.
Key System Capabilities	Integrated Eligibility/Benefit Determination: Eligibility workers prepare input forms from application data to trigger system functions which automatically determine eligibility, calculate benefits, and update the household record.
Turnaround	Household actions are processed in daily batch runs for all actions performed since the last run.
AFDC and Food Stamp Integration	AFDC and food stamps for PA households are handled by the same workers, using combined application forms and input forms.
DATA BASE	
Level of Detail and Contents	System stores all household member's names, ID numbers and social security numbers, regardless of membership in food stamp case. Historical data on issuances are available on-line for past 3 years.
Financial Data	By individual • Gross earnings • Self-employment income • Unearned income (33 categories) • Work registration status Housing, utility, medical, dependent care costs, and total countable value of resources are available for the household.

(continued)

VIRGINIA	AUTOMATED CERTIFICATION SYSTEM (continued)
SYSTEM FUNCTIONS AND AUTOMATED OUTPUT	<u>Calculates and Stores</u> • Net income • Excess shelter costs deduction (including utility cost component) • Excess medical deduction • Dependent care deduction • Allotment • First month's prorated allotment • Recoupment amount (deducted) <u>Performs</u> • Gross income test • Net income test • Resource test <u>Generates</u> • ATPs (mailed) • Listings for coupon issuance • Certification period expiration notice • Monthly report forms • Monthly report termination notices • Application approvals/denials • Interim change/recertification notices • Required case actions (weekly or biweekly) • Computer match results (monthly) • Supervisory reports System has no access to other assistance program income data for use in food stamp eligibility processing.

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VIRGINIA	COMPUTER MATCHING

OVERVIEW

Systems

There is 1 Statewide batch system, the Automatic Income Reporting System, implemented in April, 1975:

The system is managed by the Bureau of Data Systems of the Department of Social Services. The Food Stamp, AFDC and Child Support programs use this system.

Data Bases and Access

System	Data Accessed	Update Time	Time Lapse	Front-End or Ongoing
(1)	Earned income	Quarter	Next week	Both
	UI benefits	Week	Next week	

(continued)

VIRGINIA	COMPUTER MATCHING (continued)
OPERATING PROCEDURES	
Staff Assignments	Both State and local staff initiate front-end and ongoing searches. The system is accessed by Social Security number and name.
Front-End Matching	The system is used for front-end matching of the Statewide caseload and provides local offices with written match reports within 1 to 3 weeks. The information covers wages and UI benefits.
Ongoing Matching	The system is also used for ongoing matching of the Statewide caseload; matching is done at recertification. Local offices receive written match reports within 1 to 3 weeks with information on wages and UI benefits.
Followup	Virginia has established procedures that local offices must follow in processing matched cases. The system is not capable of triggering identification if there is a dollar wage discrepancy. There are no reporting requirements for local offices, but policy outlining has been established; the local office is required to determine whether the match has an impact on the benefit level within 7 days. Cases are not prioritized in either front-end or ongoing matching.
Monitoring	Local offices are not required to submit regular reports to the State on the status of actions taken on matched cases. The State office cannot automatically monitor what is happening to matched cases.

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VIRGINIA	MONTHLY REPORTING

OVERVIEW

Cases Required to Report

PA Caseload

All ADC households that are required to report monthly and that also receive food stamps are required by the Food Stamp Program to complete monthly reports. Thus, monthly reporting requirements are the same for both programs and include the following cases:

- cases with current earnings
- cases with recent work history
- cases in which children receive support from a stepparent
- cases where mother is an SSI recipient
- cases with three or more household members and any kind of non-ADC income, earnings, or recent work history

NPA Caseload

Monthly reporters include:

- cases with 3 or more household members and any kind of non-ADC income, earnings, or recent work history
- cases containing any member(s) who must report for the ADC program (*see rules above*)

Information on Monthly Report

	Required to report	***Reporting format***	***Verification***
Earned Income	Yes	By earner	Monthly
Unearned Income	Yes	By type of income by individual	For change only
Resources	Yes	Specific by type	Not specified
Expenses	Yes	Not specified	For change only
Household composition	Yes	Not specified	Not specified

(continued)

VIRGINIA	MONTHLY REPORTING (continued)
OPERATING PROCEDURES	
Mailing Monthly Reports	The State Department of Social Services mails monthly reporting forms to households. This mailing is separate from the distribution of benefits. A return envelope is included with the monthly reporting form. Households pay their own postage.
Monthly Reporting Schedule	Virginia operates monthly reporting on a 2-month cycle. That is, the cycle contains a "processing" month between the budget and issuance months. Monthly reporting forms are mailed on the 27th day of each month. The initial deadline for filing monthly reports is the 5th day of the next month so that households have 8 days in which to complete their monthly reports. Warning notices are mailed on the 8th day of the month. Final (adverse action) notices are mailed up to 23 days after the original mailing of monthly reporting forms. The final deadline for submitting monthly reports is the last day of the report month. Virginia does not reinstate those cases that were terminated for failure to file on a timely basis..
Staff Assignments	At certification, local office eligibility workers assign cases to monthly reporting. Eligibility workers or clerks review monthly reports for completeness; eligibility workers make decisions on actions required by information on complete forms; handle incomplete monthly reports; and also make decisions about reassignments to or from monthly reporting.
Automation	Information on automated capabilities was unavailable at the tine FNS surveyed the States.

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VIRGINIA	CLAIMS COLLECTION
ORGANIZATION	
Agencies	Virginia's claims collection process is State supervised and county administered in 124 agencies. There are specialized claims collection units in every county agency and fraud investigations units in some agencies. In very small agencies, 1 person may handle all these activities. There is a 2 person Centralized Fraud Unit that assists local agencies in investigations and provides technical assistance.
Staff Training	Eligibility workers receive training when hired and retraining. Policy manuals are available.
System Monitoring	Routine monthly reports are issued on claims establishment, collection, suspensions, and terminations for local offices. There are no time limits on processing cases.
Automation	Statewide automated functions include: • Maintaining histories with dates of case actions, recoupment, payments, and suspensions • Tracking suspended claims and claim payments • Flagging cases with suspended and terminated claim balances • Individual status reporting on established claims for local offices Nonautomated functions include: • Tracking fraud investigations and disqualified individuals • Flagging fraud/nonfraud cases

(continued)

VIRGINIA	CLAIMS COLLECTION (continued)
OPERATING PROCEDURES	
Identifying and Investigating Claims	Methods to detect overissuances in order of importance are: • QC reviews • Case readings • Management evaluation reviews • Duplicate participation checks • Conflicting information from client • Review at recertification • Computer matching of wages • Special investigation units • Information from other agencies • Internal audits • Hotline, informal complaints After identification, overissuance is calculated for previous 6 years for fraud cases, 1 year for nonfraud cases. Fifteen to twenty percent of overissuances are referred for fraud investigations. Claims are investigated through case file reviews, in-office interviews, third-party contacts, and home visits. In addition, fraud claims are investigated through witness interviews, prosecutor investigation, and forensic investigations. Priority is given to fraud over nonfraud cases. Characteristics that increase the likelihood of an investigation include: active cases, large dollar amounts, good quality of evidence, repeat offenses, flagrant violations and PA households.
Establishing and Collecting Claims	For fraud cases, the establishment methods used are fraud prosecution, and disqualification consent agreements. Cases are referred for prosecution because of larger dollar amount, repeat offenses, and flagrant violations. A monthly demand letter is sent to collect fraud and household error claims. Agency error cases receive letters until they agree to pay or the claim is determined uncollectable. Recoupment is used in fraud, household error, and agency error cases. Virginia collected $1,022,181 in claims during FY86, ranking 19th among the States.
Following Up and Suspending/Terminating Claims	In addition to demand letters, followup involves notification at recertification and phone calls. The criteria for suspending claims is determined by each local agency, and is therefore not uniform. Claims suspended for 3 years are terminated by the State's Research and Reporting Unit.

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VIRGINIA	QUALITY CONTROL
ORGANIZATION	
Unit	Division of Benefit Programs and the Bureau of Monitoring and Review, Department of Social Services.
System Type	These offices are responsible for QC activities in the GA, AFDC, Medicaid, and Food Stamp Programs, and, every 3 years, the GA program. The QC system is not integrated with these programs.
Sample Size	The Virginia QC sample is composed of 1,200 cases. In addition, social specialists conduct 4,500.special file reviews in order to measure individual worker performance and to allow analysis by office or region. These reviews are not part of the basic QC sample, and the data from these reviews are not reported to FNS.
Staff	There are 14 FTE QC reviewers for the FSP. Most reviewers have had an average of 2 years of experience as eligibility workers and supervisors. Most are college graduates. Combining staff FTEs and QC sample size leads to an estimate of 88 QC reviews performed for each FTE.
Review Time	On average, a QC review takes 13.5 hours. Internal re-reviews take, on average, 45 minutes. The following case characteristics increase review time by: more than 60 minutes- • Earned income • Errors found in the case • Remote local office or household • No employer/client cooperation 20 to 60 minutes- • Large household (5 or more members) less than 20 minutes- • Unearned income • Receipt of AFDC, Medicaid and food stamps • Receipt of GA and food stamps (continued)

VIRGINIA	QUALITY CONTROL (continued)
OPERATING PROCEDURES	
Local Office Notification and Preparation	Local offices are asked to mail case files to the QC reviewer. Supplementary information on monthly reporting is collected on all cases in the QC sample.
Error Determination and Resolution	The initial error determination is made by a reviewer alone. Policy questions that arise during the error-determination process are resolved either by the review supervisor or by a policy specialist.
Internal Re-review	All cases with errors, and some without errors, are re-reviewed by the central office QC specialist.
Analyses of QC Data	

	ANALYSES PERFORMED	
Regular Reviews	ROUTINELY	OCCASIONALLY
Identification of error-prone:		
• case categories	X	
• groups of workers		X
• offices	X	
Projection of:		
• effect of policy change	X	
Caseload Description:	X	
Evaluation of impact of change in policy or administrative operations:	X	
Special Reviews		
Identification of error-prone:		
• case categories	X	
• groups of workers		X
• offices	X	
Projection of:		
• effect of policy change		X
Evaluation of impact of change in policy or administrative operations:	X	

Use of FNS Software	Software provided by FNS is used to analyze QC data, in general, and to perform error-prone analyses, in particular.

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VIRGINIA	WORK REGISTRATION / JOB SEARCH
OVERVIEW	
Coverage	The Food Stamp Job Search Program operates in 21 counties, serving 30% of the State's PA and NPA caseload, targeting the NPA cases. A large food stamp caseload, absence of FS Workfare, county preference, and good job markets were the criteria for selection.
Staff Assignments	Workers in income maintenance units refer participants to the work registration/job search program, notify of noncompliance, and inform participants of disqualification if they fail to comply. Assessment, assignment, monitoring, and some notification activities are handled by a special WR/JS unit.
Activity Level	*For Federal fiscal year 1986, reported average monthly activity was:* • Referred to Assessment 1,033 • Job Ready 727 • Not Job Ready 210 • Exempt 77 • Entered Job Search 726 • Entered Employment 208 • Found Noncompliant 180 • Disqualified 138
Program Operations	Assessments are conducted in groups and individually, averaging 3 hours per session. Voluntary counseling or training is provided in groups, job clubs, and individually. Referral to Jobs and Job Development are included components of the Job Search Program. Each registrant is usually required to make 24 contacts during a separate 8 week period, but some counties may vary. Registrants report names of employers and contact persons, dates, and results of contacts. Some contacts are confirmed if the contact is suspicious.

(continued)

VIRGINIA	WORK REGISTRATION / JOB SEARCH (continued)
REPORTING	Participant records are hand tabulated at the local/county level. Summarized cumulative totals are prepared by adding all transactions to previous totals. All case management and participant-tracking functions are automated and accessible through statistical reports.
Refer al and Assessment	Registrants are counted as referred at every new application and recertification. Referrals occur once every 12 months, or when there is a break in certification. The number of registrants who are interviewed by the Job Search provider (i.e., who are assessed) includes exempt registrants who may participate in Job Search.
Job Search Entrance	During the year, registrants are counted each time they are assigned to job search status. Job ready registrants may not be counted if they delayed their job search with good cause, failed to comply with good cause, or left the FS Program.
Employment	Registrants are counted every time they obtain employment whether they were referred by the contractor or found their jobs themselves. Followup activity includes routine Job Search contact reporting, and collecting information at eligibility review and at reapplication for food stamp benefits. These followups are conducted in person, by mail, and by telephone.
Noncompliance and Disqualification	Registrants are counted every time they are noncompliant or disqualified. Income maintenance staff receive and review noncompliance reports.

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VIRGIN ISLANDS	STATE SUMMARY
Administering agency	The Insular Department of Social Welfare administers the Food Stamp Program. The program is State-administered.
Caseload	The average monthly caseload in FY 1986 was about 7,500 households, including 29,500 individuals. The Virgin Islands rank 49th in number of persons participating. PA households account for 11% of the total.
Project areas	The Virgin Islands have 2 project areas serving all participants statewide.
Benefits issued	The Virgin Islands' food stamp issuances in FY 1986 totaled $21.5 million, ranking 47th in the nation. Monthly issuance averaged $61.30 per person.
Administrative expenses	The federal share of the Virgin Islands' administrative costs amounted to $1.2 million in FY 1986, ranking 52nd. Federal costs were $12.72 per household per month.

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VIRGIN ISLANDS	AUTOMATED CERTIFICATION SYSTEM
OVERVIEW	
System Name	Unnamed
General Characteristics	Implemented in 1984, the system serves the entire food stamp caseload of the islands. The system uses no central processing hardware, but has IBM local processing hardware.
Key System Capabilities	Stand-Alone Eligibility and Benefit Determination: Eligibility workers can use an on-line or batch computer process to have the system determine eligibility results and household data using an input form to record them on the data base.
Turnaround	Household actions are processed in daily batch runs for all actions performed since the last run.
AFDC and Food Stamp Integration	The AFDC and food stamp programs have different workers and maintain separate processes.
DATA BASE	
Level of Detail and Contents	The system does not store household information.
Financial Data	No historical data are maintained on-line or on tape as of yet.

(continued)

VIRGIN ISLANDS	AUTOMATED CERTIFICATION SYSTEM (continued)
SYSTEM FUNCTIONS AND AUTOMATED OUTPUT	<u>Calculates and Stores</u> • Net income • Excess shelter costs deduction (including utility cost component) • Excess medical deduction • Dependent care deduction • Allotment • First month's prorated allotment <u>Performs</u> • Gross income test • Net income test System has no access to other assistance program income data for use in food stamp eligibility processing.

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VIRGIN ISLANDS	COMPUTER MATCHING

OVERVIEW

Systems

There is 1 Territory-wide batch system, the Virgin Islands Quarterly Wage Match, implemented March, 1986.

This system is managed by the Data Processing Unit of the Department of Social Services. The Food Stamp, AFDC, GA, and Aid to Disabled programs use the system.

Data Bases and Access

System	Data Accessed	Update Time	Time Lapse	Front-End or Ongoing
(1)	DOL wages	Quarter	4-6 months	Ongoing
	Wages from non-gov't employers	Week	1-3 months	

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VIRGIN ISLANDS	MONTHLY REPORTING
OVERVIEW	
Cases Required to Report	
PA Caseload	No data available on PA cases.
NPA Caseload	Monthly reporters include: • cases with 2 or more adults with earnings • cases with seasonal earnings • cases with irregular unearned income
Information on Monthly Report	Monthly reporting form not available.

(continued)

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VIRGIN ISLANDS	MONTHLY REPORTING (continued)
OPERATING PROCEDURES	
Mailing Monthly Reports	Local welfare offices mail monthly reporting forms to recipients. This mailing is separate from the distribution of benefits. Recipients pay their own postage, and supply envelopes.
Monthly Reporting Schedule	The Virgin Islands operate monthly reporting on a two-month cycle. That is, the cycle contains a "processing" monthly between the budget and issuance months. Monthly reporting forms are mailed once each month. The initial deadline for filing monthly reports is the 10th day of the next month. Final (adverse action) notices are mailed 30 days after the original mailing of monthly reporting forms. The Virgin Islands do not reinstate those cases that are terminated for failure to file on a timely basis.
Staff Assignments	At certification, local office eligibility workers assign cases to monthly reporting. Eligibility workers review monthly reports for completeness; make decisions on actions required by information on complete forms; and also handle incomplete monthly reports. Eligibility workers make decisions about reassignment to or from monthly reporting.
Automation	No data available.

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VIRGIN ISLANDS	CLAIMS COLLECTION
ORGANIZATION	
Agencies	The Virgin Islands' claims collection process is administered at the State level. There is a specialized Statewide fraud investigations unit.
Staff Training	Eligibility workers receive training when hired, refresher training, and retraining.
System Monitoring	Routine monthly reports are not issued on claims collection. There are no time limits on processing cases.
Automation	Statewide automated functions include: • Calculating amount of overissuance • Calculating and deducting for recoupment • Generating demand letters • Tracking established claims and claim payments • Individual status reporting for claim unit Nonautomated functions include: • Flagging fraud cases and cases with active claim balances

(continued)

VIRGIN ISLANDS	CLAIMS COLLECTION (continued)
OPERATING PROCEDURES	
Identifying and Investigating Claims	Methods to detect overissuances in order of importance are: • Review at recertification • QC reviews • Error-prone profile • Conflicting information from client • Duplicate participation checks After identification, overissuance is calculated as far back as possible. Ten percent of overissuances are referred for fraud investigations. The Virgin Islands define fraud as any claim over $1,000 regardless of error, and nonfraud is defined as any error under $1,000. Claims are investigated through case file reviews, in-office interviews, third-party contacts, and home visits. In addition, fraud claims are investigated through witness interviews, and forensic investigations. Priority is given to fraud over nonfraud cases. The characteristic that increases the likelihood of an investigation is large dollar amount.
Establishing and Collecting Claims	For fraud cases, the establishment methods used are fraud prosecution, administrative fraud hearings, disqualification consent agreements, and waivers of hearing. Cases are referred for prosecution because of larger dollar amount, repeat offenses, and flagrant violations. No cases have come before a judge in over 3 years, however, because of low priority in court system. Claims under $35 are dropped. Three monthly demand letters are sent to collect claims. Recoupment is used after second letter in fraud, household error, and agency error cases. The Virgin Islands collected $61,654 in claims during FY86, ranking 53rd among the States.
Following Up and Suspending/Terminating Claims	The Virgin Islands have no followup procedure. Claims are not suspended or terminated because most overissuances are recouped. The few remaining are left on file indefinitely.

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VIRGIN ISLANDS	QUALITY CONTROL
ORGANIZATION	
Unit	Bureau of Case Review, Department of Social Welfare.
System Type	The Bureau of Case Review is responsible for QC activities in the Adult Program (aid to elderly, blind, disabled), AFDC, and Food Stamp Programs. The QC system is not integrated with these programs.
Sample Size	The Virgin Islands QC sample is composed of 300 cases.
Staff	There are 8 FTE QC reviewers for the FSP. Most reviewers have had an average of 3 years of experience as eligibility workers. Most are high school graduates. Combining staff FTEs and QC sample size leads to an estimate of 38 QC reviews performed for each FTE.
Review Time	On average, a QC review takes 3 days. Internal re-reviews take, on average, 2 hours. The following case characteristics increase review time by: more than 60 minutes- • Earned income • Unearned income • Employers/clients do not cooperate if no longer receiving assistance 20 to 60 minutes- • Large household (5 or more members) • Errors found in the case less than 20 minutes- • Receipt of AFDC, Medicaid and food stamps • Receipt of GA and food stamps • Remote local office or household (continued)

VIRGIN ISLANDS	QUALITY CONTROL (continued)
OPERATING PROCEDURES	
Local Office Notification and Preparation	Local offices are notified of cases to be reviewed. Local office staff pull the selected case files by number and mail them to the reviewer.
Error Determination and Resolution	The initial error determination may involve a supervisor. Policy questions that arise during the error-determination process are resolved either by the review supervisor or by the regional office director.
Internal Re-review	All cases in the QC sample are re-reviewed by the review supervisor and QC division director.
Analyses of QC Data	ANALYSES PERFORMED ROUTINELY / OCCASIONALLY Identification of error-prone: • case categories — X • offices — X
Use of FNS Software	Software provided by FNS is used to analyze QC data, in general, and to perform error-prone analyses, in particular.

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VIRGIN ISLANDS	WORK REGISTRATION / JOB SEARCH
OVERVIEW	
Coverage	The Food Stamp Job Search Program operates on all 3 islands, serving 100% of the State's PA and NPA caseload, targeting the NPA cases.
Staff Assignments	Workers in income maintenance units refer participants to the work registration/job search program, assess and assign participants, and inform participants of disqualification if they fail to comply. Monitoring and notification activities are handled by the job service subcontractor.
Activity Level	For Federal fiscal year 1986, reported average monthly activity was: • Referred to Assessment 42 • Job Ready 35 • Not Job Ready NA • Exempt NA • Entered Job Search 35 • Entered Employment 17 • Found Noncompliant 16 • Disqualified 0
Program Operations	Assessments are conducted individually, averaging 10 minutes per person. Mandatory counseling or training is provided in job clubs, groups, and individually. Referral to Jobs, Job Development, and on-the-job training are included components of the Job Search Program. Each registrant is required to make 16 contacts during a separate 8 week period. Every 4 weeks registrants report names of employers and contact persons, dates, types, results of contacts, and title of position. Some contacts are confirmed in questionable cases.

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VIRGIN ISLANDS	WORK REGISTRATION / JOB SEARCH (continued)
REPORTING	Participant records are hand tabulated at the local/county level. Summarized cumulative totals are prepared by adding all transactions to previous totals. Case management and participant-tracking functions are not automated.
Referral and Assessment	Registrants are counted as referred at every new application and reapplication (e.g. break in certification). Referrals occur at every recertification. The number of registrants who are interviewed by the Job Search provider (i.e., who are assessed) includes exempt registrants who may participate in Job Search.
Job Search Entrance	During the year, registrants are counted each time they are assigned to job search status. Job ready registrants may not be counted if they could have found a full-time job.
Employment	Registrants are counted every time they obtain employment whether they were referred by the contractor or found their jobs themselves. Special followups are conducted by mail or by telephone.
Noncompliance and Disqualification	Registrants are counted every time they are noncompliant or disqualified. Income maintenance staff receive noncompliance reports within 5 days, which are reviewed monthly.

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WASHINGTON	STATE SUMMARY
Administering agency	The Department of Social and Health Services administers the Food Stamp Program. The program is State-administered.
Caseload	The average monthly caseload in FY 1986 was about 117,000 households, including 293,000 individuals. Washington ranks 23rd in number of persons participating. PA households account for 62% of the total.
Project areas	Washington has 39 project areas. The largest are the King-Rainier (Seattle), Pierce (Tacoma), and Spokane areas, accounting for about 43% of the State caseload.
Benefits issued	Washington's food stamp issuances in FY 1986 totaled $148 million, ranking 25th in the nation. Monthly issuances averaged $42.14 per person.
Administrative expenses	The federal share of Washington's administrative costs amounted to $19.5 million in FY 1986, ranking 17th. Federal costs were $13.82 per household per month.

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WASHINGTON	AUTOMATED CERTIFICATION SYSTEM
OVERVIEW	
System Name	Client Financial
General Characteristics	Implemented in 1968, this is a Statewide system. The system uses Sperry/Univac hardware. There is no local processing hardware.
Key System Capabilities	Integrated Eligibility/Benefit Determination: Eligibility workers prepare input forms from application data to trigger system functions which automatically determine eligibility, calculate benefits, and update the household record.
Turnaround	Household actions are processed in daily batch runs for all actions performed since the last run.
AFDC and Food Stamp Integration	AFDC and food stamps for PA households are handled by the same workers, using a combined application forms and input forms.
DATA BASE	
Level of Detail and Contents	System stores all household member's names, birthdates, ID numbers and social security numbers, regardless of membership in food stamp case. All historical data are not available on-line.
Financial Data	By total • Gross earnings • Self-employment income and allowable expense • Unearned income (50 categories) • Work registration status Housing, utility, and total countable value of resources are available for the household.

(continued)

WASHINGTON	AUTOMATED CERTIFICATION SYSTEM (continued)
SYSTEM FUNCTIONS AND AUTOMATED OUTPUT	<u>Calculates and Stores</u> • Excess shelter costs deduction (including utility cost component) • Excess medical deduction (entered by worker) • Dependent care deduction (entered by worker) • Allotment • First month's prorated allotment • Recoupment amount (deducted) <u>Generates</u> • ATPs (mailed) • Listings for coupon issuance • ID cards • Certification period expiration notice • Notice that household must file monthly reports • Monthly report forms • Monthly report filing reminders and termination notices System has no access to other assistance program income data for use in food stamp eligibility processing.

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WASHINGTON	COMPUTER MATCHING

OVERVIEW

Systems

There are 4 Statewide systems:

1. UC, implemented December, 1979.
2. Wage Discrepancy, implemented December, 1979.
3. Disqualified Households, implemented January, 1983.
4. SDX, implemented January, 1976.

All systems are managed by the Division of Income Assistance of the Department of Social and Health Services. The Food Stamp, AFDC, Medicaid and Child Support programs use these systems.

Data Bases and Access

System	Data Accessed	Update Time	Time Lapse	Front-End or Ongoing
(1)	UI benefits	Month	Next week	Ongoing
(2)	Earned income	Quarter	4-6 months	Ongoing
(3)	Active participant households	Month	1-3 months	Ongoing
(4)	SSI benefits	Week	2-3 weeks	NA

(continued)

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WASHINGTON	COMPUTER MATCHING (continued)
OPERATING PROCEDURES	
Staff Assignments	Both State and local staff (only State staff on the Disqualified Households system) initiate ongoing searches and the systems are accessed by Social Security number, name, household number, disqualified household number, and date of birth.
Front-End Matching	No systems are used for front-end matching.
Ongoing Matching	All systems, except SDX, perform ongoing matching of the Statewide caseload. Matching the Wage Discrepancies system is done quarterly; matching on the other systems is done monthly. Local offices receive written match reports within a week with information on: UI benefits, wages, and household composition.
Followup	Washington has established procedures that local offices must follow in processing matched cases. The UC system is capable of triggering identification if there is a dollar wage discrepancy of $25 per month, while the Wage Discrepancy system triggers identification if there is a discrepancy of $25 per quarter. Cases are not prioritized in ongoing matching.
Monitoring	Local offices are required to report hits to the State monthly on the UC system, quarterly on the Wage Discrepancy system, and as time permits on the Disqualified Household system.

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WASHINGTON	MONTHLY REPORTING

OVERVIEW

Cases Required to Report

PA Caseload

All AFDC households that are required to report monthly and that also receive food stamps are required by the Food Stamp Program to complete monthly reports. Thus, monthly reporting requirements are the same for both programs and include the following cases:

- cases with current earnings
- cases with earnings during the past 2 months
- cases with deemed income from someone who has earned income or recent work history

NPA Caseload

Monthly reporters include:

- cases with current earnings

Information on Monthly Report

	Required to report	***Reporting format***	***Verification***
Earned Income	Yes	By earner	Monthly
Unearned Income	Change only	General for household	For change only
Resources	Change only	General for household	For change only
Expenses	Change only	Not specified	For change only
Household composition	Change only	Not specified	Not specified

(continued)

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WASHINGTON	MONTHLY REPORTING (continued)
OPERATING PROCEDURES	
Mailing Monthly Reports	The State Department of Social and Health Services mails monthly reporting forms to households. This mailing is separate from the distribution of benefits. A stamped return envelope is included with the monthly reporting form.
Monthly Reporting Schedule	Washington operates monthly reporting on a 2-month cycle. That is, the cycle contains a "processing" month between the budget and issuance months. Monthly reporting forms are mailed on the 25th day of each month. The initial deadline for filing monthly reports is the 5th day of the next month so that households have 10 days in which to complete their monthly reports. Final (adverse action) notices are mailed 25 days after the original mailing of monthly reporting forms. The final deadline for submitting monthly reports is the 20th day of the report month. Washington does not reinstate those cases that were terminated for failure to file on a timely basis.
Staff Assignments	At certification, local office eligibility workers assign cases to monthly reporting. Eligibility workers review monthly reports for completeness; make decisions on actions required by information on complete forms; and also handle incomplete monthly reports. Eligibility workers make decisions about reassignments to or from monthly reporting.
Automation	Automated functions include generating monthly reports

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WASHINGTON	CLAIMS COLLECTION
ORGANIZATION	
Agencies	Washington's claims collection process is administered at the State level. There are specialized Statewide claims collection and fraud investigations units.
Staff Training	Eligibility workers receive training when hired, refresher training, and retraining. Policy manuals are available.
System Monitoring	Routine reports are issued on claims investigations, establishment, collection, and suspensions every month. There are time limits on establishment and collection of claims.
Automation	Statewide integrated automated functions include: • Calculating and deducting for recoupment • Generating demand letters • Maintaining histories with dates claim opened, recoupment, payments, and suspensions • Tracking match hits, overissuances, referrals, investigations, established and suspended claims, claim payments, and disqualified individuals • Flagging referrals and active claims

(continued)

WASHINGTON	CLAIMS COLLECTION (continued)
OPERATING PROCEDURES	
Identifying and Investigating Claims	The methods used to detect overissuances, in order of importance, are: • Computer matching of wages • Internal audits • Computer matching of unearned income • Information from other agencies • QC reviews • Review at recertification • Hotline, informal complaints • Duplicate participation checks • Special investigation units • Conflicting information from client After identification, overissuance is calculated for previous 6 years for fraud cases, 2 years for nonfraud cases. Claims are investigated through case file reviews, in-office interviews, and third-party contacts. In addition, fraud claims are investigated through forensic investigations and home visits. No priority is given to fraud or nonfraud cases. Characteristics that increase the likelihood of an investigation include: recent error, large dollar amount, quality of evidence, repeat offender/ flagrant violation, active case, and costs of followup.
Establishing and Collecting Claims	For fraud cases, the establishment methods used are fraud prosecution, administrative fraud hearings, and disqualification consent agreements/waivers of hearing. Cases are referred for prosecution because of large dollar amount and repeat offenses. Four monthly demand letters are sent to collect claims. Recoupment is used in fraud, household error, and agency error cases. The latter depends on client's consent. Washington collected $1,114,259 in claims during FY86, ranking 18th among the States.
Following Up and Suspending/Terminating Claims	In addition to demand letters, followup involves phone calls. Alternative collection methods used are property liens, wage garnishment, and credit bureaus. The criteria for suspending claims are not known. Claims suspended for 3 years are terminated after the case is reviewed.

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WASHINGTON	QUALITY CONTROL
ORGANIZATION	
Unit	Quality Control Section, Office of Evaluation and Program Review.
System Type	The Quality Control Section is responsible for QC activities in the AFDC, Medicaid, and Food Stamp Programs. The QC system is integrated with all programs.
Sample Size	The Washington QC sample is composed of 2,751 cases.
Staff	There are 12 FTE QC reviewers for the FSP. Most reviewers have had an average of 3 years of experience as eligibility worker supervisors. Most have some college experience. Combining staff FTEs and QC sample size leads to an estimate of 222 QC reviews performed for each FTE.
Review Time	On average, a QC review takes 9 hours. Internal re-reviews take, on average, 30 minutes. The following case characteristics increase review time by: more than 60 minutes- • Receipt of AFDC, Medicaid and food stamps • Remote local office or household 20 to 60 minutes- • Earned income • Large household (5 or more members) • Errors found in the case • Difficulty locating client less than 20 minutes- • Unearned income • Receipt of GA and food stamps (continued)

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WASHINGTON	QUALITY CONTROL (continued)
OPERATING PROCEDURES	
Local Office Notification and Preparation	Local offices are notified of date of review, and cases to be reviewed are identified. If review does not include a visit, local office is asked to send these cases to the QC reviewer. Local office staff pull the selected case files and either set them aside for the QC reviewer's visit or mail them to the reviewer.
Error Determination and Resolution	The initial error determination is made by a supervisor. Policy questions that arise during the error-determination process are resolved by a policy specialist.
Internal Re-review	All cases in the QC sample are re-reviewed by the review supervisor.
Analyses of QC Data	

	ANALYSES PERFORMED ROUTINELY	ANALYSES PERFORMED OCCASIONALLY
Identification of error-prone:		
• case categories	X	
• offices	X	
Projection of:		
• caseload size or characteristics		X
Caseload Description:		X

Use of FNS Software	Software provided by FNS is occasionally used to analyze QC data, in general, and to perform error-prone analyses, in particular.

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WASHINGTON	WORK REGISTRATION / JOB SEARCH
OVERVIEW	
Coverage	The Food Stamp Job Search Program operates in all 39 counties, serving 100% of the State's PA and NPA caseload, targeting the NPA cases.
Staff Assignments	Workers in income maintenance units refer participants to the work registration/job search program and inform participants of disqualification if they fail to comply. Assessment, assignment, monitoring, and notification activities are handled by the job service subcontractor.
Activity Level	For Federal fiscal year 1986, reported average monthly activity was: • Referred to Assessment 2,317 • Job Ready 1,297 • Not Job Ready NA • Exempt NA • Entered Job Search 1,297 • Entered Employment 259 • Found Noncompliant 742 • Disqualified 301
Program Operations	Assessments are conducted individually, averaging 41 minutes per person. Voluntary counseling or training is provided in groups. Referral to Jobs and FS Workfare are included components of the Job Search Program. Each registrant is required to make 24 contacts during a continuous 8 week period. Every 4 weeks registrants report name of employers, dates, and results of contacts. Contacts are not confirmed.

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WASHINGTON	WORK REGISTRATION / JOB SEARCH (continued)
REPORTING	Participant records are hand tabulated at the local/county level. Summarized cumulative totals are prepared by adding all transactions to previous totals. All case management and participant-tracking functions are automated and accessible through statistical reports.
Referral and Assessment	Registrants are counted as referred at every new application, reapplication (e.g. break in certification), and recertification. Referrals occur once every 12 months. The number of registrants who are interviewed by the Job Search provider (i.e., who are assessed) does not include exempt registrants who are not allowed to participate in Job Search.
Job Search Entrance	During the year, registrants are counted each time they are assigned to job search status.
Employment	Registrants are counted the first time they obtain employment whether they were referred by the contractor or found their jobs themselves. No followup is done.
Noncompliance and	Registrants are counted every time they are noncompliant or disqual-

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WEST VIRGINIA	STATE SUMMARY
Administering agency	The Department of Human Services administers the Food Stamp Program. The program is State-administered.
Caseload	The average monthly caseload in FY 1986 was about 93,500 households, including 275,000 individuals. West Virginia ranks 24th in number of persons participating. PA households account for 36% of the total.
Project areas	West Virginia has a single project area serving all participants statewide.
Benefits issued	West Virginia's food stamp issuances in FY 1986 totaled $156 million, ranking 23rd in the nation. Monthly issuances averaged $47.37 per person.
Administrative expenses	The federal share of West Virginia's administrative costs amounted to $5.1 million in FY 1986, ranking 35th. Federal costs were $4.57 per household per month.

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WEST VIRGINIA	AUTOMATED CERTIFICATION SYSTEM
OVERVIEW	
System Name	C-219
General Characteristics	Implemented in 1971, C-219 is a Statewide system. The system uses IBM hardware. There is no local processing hardware.
Key System Capabilities	Application-Based Eligibility/Benefit Determination: Data entry is performed directly from application forms to trigger eligibility determinations and benefit calculations by the system. No special input form is required.
Turnaround	Data entry staff enter and edit transactions on-line at terminals. Edit results are immediately available. Household records are immediately updated.
AFDC and Food Stamp Integration	AFDC and food stamps for PA households are handled by the same workers, using combined application forms and input forms.
DATA BASE	
Level of Detail and Contents	System stores all household member's names, birthdates and social security numbers, regardless of membership in food stamp case. Historical data are not available on-line or on tape.
Financial Data	By total • Gross earnings • Self-employment income and allowable expense • Unearned income (6 categories) • Work registration status Housing, utility, and medical costs are available for the household.

(continued)

WEST VIRGINIA	AUTOMATED CERTIFICATION SYSTEM (continued)
SYSTEM FUNCTIONS AND AUTOMATED OUTPUT	<u>Calculates and Stores</u> • Net income • Excess shelter costs deduction (including utility cost component) • Excess medical deduction (entered by worker) • Dependent care deduction (entered by worker) • Allotment • First month's prorated allotment • Recoupment amount (deducted) <u>Performs</u> • Net income test <u>Generates</u> • Listings for coupon issuance (mailed) • ID cards • Certification period expiration notice • Appointment notices • Notice that household must file monthly reports • Monthly report forms • Monthly report filing reminders and termination notices • Application approvals/denials • Interim change/recertification notices • Required case actions (monthly) • Computer match results (weekly or biweekly) • Supervisory reports System has access to AFDC program income data for use in food stamp eligibility processing.

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WEST VIRGINIA	COMPUTER MATCHING

OVERVIEW

Systems

There are 4 Statewide integrated batch systems:

1. Employment Security Wages, implemented September, 1983.
2. Employment Security UI, implemented September, 1983.
3. Worker's Compensation, implemented January, 1981.
4. Duplicate Participation, implemented April, 1984.

All systems are managed by the Computer Services division of the Department of Human Services. The Food Stamp, AFDC, and Medicaid programs use these systems.

Data Bases and Access

System	Data Accessed	Update Time	Time Lapse	Front-End or Ongoing
(1)	Earned income	Quarter	Next day	Both
(2)	UI benefits	Month	Next day	Ongoing
(3)	Worker's Compensation	Month	Next day	Both
(4)	AFDC benefits	Day	Next day	Both
	Medicaid records	Day	Next day	
	FS other counties	Day	Next day	

(continued)

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WEST VIRGINIA	COMPUTER MATCHING (continued)
OPERATING PROCEDURES	
Staff Assignments	State staff initiate front-end and ongoing searches and the systems are accessed by Social Security number and name.
Front-End Matching	All systems except Employment Security UI perform front-end matching of the Statewide caseload. Local offices receive written match reports within a week with information on: wages, employment information, Worker's Compensation benefits, and participation status in AFDC, Medicaid and FS in other counties.
Ongoing Matching	All systems perform ongoing matching of the Statewide caseload. Matching on the Employment Security Wage system is done quarterly; matching is done monthly on the remaining systems. Local offices receive written match reports within a week with information on: wages, employment history, UI benefits and benefit information, Worker's Compensation benefits, and participation status in AFDC, Medicaid and FS in other counties.
Followup	West Virginia has not established procedures that local offices must follow in processing matched cases. No systems are capable of triggering identification if there is a dollar wage discrepancy. Cases are prioritized in the Employment Security Wages system by wage.
Monitoring	Local offices are not required to submit regular reports to the State on the status of actions taken on matched cases. The State office cannot automatically monitor what is happening to matched cases.

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WEST VIRGINIA	MONTHLY REPORTING
OVERVIEW	
Cases Required to Report	
PA Caseload	Monthly reporters include the following cases: • cases with current earnings • cases with earnings during the past 3 months • cases with expenses exceeding income
NPA Caseload	Monthly reporters include: • cases with current earnings
Information on Monthly Report	No sample monthly reporting form was available.

(continued)

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WEST VIRGINIA	MONTHLY REPORTING (continued)
OPERATING PROCEDURES	
Mailing Monthly Reports	The State Department of Human Services mails monthly reporting forms to recipients. This mailing is separate from the distribution of benefits. Recipients supply envelopes and pay their own postage.
Monthly Reporting Schedule	West Virginia operates monthly reporting on a 2-month cycle. That is, the cycle contains a "processing" month between the budget and issuance months. Monthly reporting forms are mailed on the 30th day of each month. Recipients have 7 days in which to complete their monthly reports. Final (adverse action) notices are mailed 13 days after the original mailing of monthly reporting forms. The final deadline for submitting monthly reports is also the 13 day of the report month. West Virginia does not reinstate those cases that were terminated for failure to file on a timely basis.
Staff Assignments	At certification, local office eligibility workers assign zero-income cases to monthly reporting. Eligibility workers or clerks review monthly reports for completeness; make decisions on actions required by information on complete forms; and also handle incomplete monthly reports. Eligibility workers make decisions about reassignments to or from monthly reporting for zero-income cases.
Automation	Automated functions include: • determining/verifying status of monthly report • generating monthly reports • assigning cases to or from monthly reporting due to earned income fluctuations
Monthly Reporting Effects	Quality Control analysis shows that monthly reporting increased the percent of dollars in error by 2 percentage points for the PA food stamp cases subject to monthly reporting

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WEST VIRGINIA	CLAIMS COLLECTION
ORGANIZATION	
Agencies	West Virginia's claims collection process is State supervised and county administered. There is a specialized Statewide claims collection and fraud investigations unit. Cases of suspected fraud are handled by investigators, and nonfraud claims are handled by Repayment Offices of the Division of Investigation and Fraud (DIF).
Staff Training	Eligibility workers receive training when hired, refresher training, and retraining. Policy manuals are available.
System Monitoring	Routine monthly reports are issued on claims referrals, investigations, establishment, collection, and followup for county administrators and DIF. There are no time limits on processing cases.
Automation	Statewide integrated automated functions include: • Deducting for recoupment • Maintaining histories with dates of recoupment Nonautomated functions include: • Tracking referrals, investigations, established and suspended claims, claim payments, and disqualified individuals • Flagging fraud/nonfraud cases, cases with active, delinquent and suspended claim balances and disqualified individuals

(continued)

WEST VIRGINIA	CLAIMS COLLECTION (continued)
OPERATING PROCEDURES	
Identifying and Investigating Claims	Methods to detect overissuances in order of importance are: • Review at recertification • Computer matching of wages, unearned income and resources • QC reviews • Conflicting information from client • Hotline, informal complaints • Error-prone profile • Special investigation units • Duplicate participation checks After identification, overissuance is calculated for previous 6 years for fraud cases, 1 year for nonfraud cases. Three percent of overissuances are referred for fraud investigations. Claims are investigated through case file reviews, in-office interviews, third-party contacts, and duplicate printouts. In addition, fraud claims are investigated through witness interviews, and forensic investigations. Priority is given to fraud over nonfraud cases and to household error over agency error cases. Characteristics that increase the likelihood of an investigation include: active cases, large dollar amounts, good quality of evidence, repeat offenses, and flagrant violations.
Establishing and Collecting Claims	For fraud cases, the establishment methods used are fraud prosecution, administrative fraud hearings, disqualification consent agreements/waivers of hearing. Cases are referred for prosecution because of dollar amount over $500. Elderly, disabled, or poverty cases are not sent to prosecution. One demand letter is sent to collect fraud and agency error claims. Three demand letters are sent to collect household error claims. Recoupment is used in fraud, household error, and agency error cases. The latter depends on the client's consent. West Virginia collected $509,400 in claims during FY86, ranking 31st among the States.
Following Up and Suspending/Terminating Claims	In addition to demand letters, followup may involve phone calls. Alternative collection methods used are wage garnishment, property liens, small claims court for cases with fraud claims, large dollar amount, inactivity, and/or good possibility of recovery. The uniform criteria for suspending claims are inability to locate client and small dollar amount. Claims suspended for 3 years are terminated. These cases remain on file indefinitely.

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WEST VIRGINIA	QUALITY CONTROL
ORGANIZATION	
Unit	Division of Quality Control, Department of Human Services.
System Type	The Division of Quality Control is responsible for QC activities in the Energy & Flood Assistance Programs, AFDC, Medicaid, and Food Stamp Programs. The QC system is integrated with the AFDC, Medicaid and Food Stamp programs.
Sample Size	The West Virginia QC sample is composed of 1,200 cases.
Staff	There are 11 FTE QC reviewers for the FSP. Most reviewers have had an average of 7 years of experience as eligibility workers. Most have some college experience. Combining staff FTEs and QC sample size leads to an estimate of 111 QC reviews performed for each FTE.
Review Time	On average, a QC review takes 15 hours. Internal re-reviews take, on average, 1 hour. The following case characteristics increase review time by: more than 60 minutes- • Earned income • Receipt of AFDC, Medicaid, and food stamps • Errors found in the case • Remote household 20 to 60 minutes- • Unearned income • Remote local office less than 20 minutes- • Large household (5 or more members)

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WEST VIRGINIA	QUALITY CONTROL (continued)
OPERATING PROCEDURES	
Local Office Notification and Preparation	When the reviewer goes to another office, that local office is notified of date of review, and cases to be reviewed are identified. Local office staff pull the selected case files and set them aside for the QC reviewer's visit.
Error Determination and Resolution	The initial error determination is made by a reviewer alone. Policy questions that arise during the error-determination process are resolved by the review supervisor.
Internal Re-review	All cases with errors and a random sample of each reviewer's cases are re-reviewed by the review supervisor and QC division director.
Analyses of QC Data	

	ANALYSES PERFORMED ROUTINELY	ANALYSES PERFORMED OCCASIONALLY
Identification of error-prone:		
• case categories	X	
• offices	X	
Projection of:		
• caseload size or characteristics	X	
Caseload Description:		X
Evaluation of impact of change in policy or administrative operations:		X

Use of FNS Software	Software provided by FNS is used to analyze QC data, in general, and to perform error-prone analyses, in particular.

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WEST VIRGINIA	WORK REGISTRATION / JOB SEARCH
OVERVIEW	
Coverage	The Food Stamp Job Search Program operates in all 27 counties, serving 100% of the State's PA and NPA caseload, targeting both the PA and NPA cases.
Staff Assignments	Workers in income maintenance units refer participants to the work registration/job search program and inform participants of disqualification if they fail to comply. Assessment, assignment, monitoring, and notification activities are handled by a special WR/JS unit.
Activity Level	For Federal fiscal year 1986, reported average monthly activity was: • Referred to Assessment 3,115 • Job Ready 2,206 • Not Job Ready 312 • Exempt NA • Entered Job Search 1,839 • Entered Employment 207 • Found Noncompliant 144 • Disqualified 277
Program Operations	Assessments are conducted individually or in groups, averaging 30-45 minutes per session. Mandatory counseling or training is provided in groups and individually. Each registrant is required to make 24 contacts during a 1 year period. Every 4 weeks registrants report names and phone numbers of employers and contact persons, dates, results of contacts, and whether they were interviewed. Some contacts are confirmed if questionable or vague.

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WEST VIRGINIA	WORK REGISTRATION / JOB SEARCH (continued)
REPORTING	Participant records are computer generated at the local/county level. Computerized cumulative totals are prepared by adding all transactions to previous totals. All case management and participant-tracking functions are automated and accessible through on-line entry/query.
Referral and Assessment	Registrants are counted as referred at every new application, reapplication (e.g. break in certification), and recertification. Referrals occur once every 12 months, or when there is a break in certification. The number of registrants who are interviewed by the Job Search provider (i.e., who are assessed) does not include exempt registrants who are not allowed to participate in Job Search.
Job Search Entrance	During the year, registrants are counted each time they are assigned to job search status. Job ready registrants may not be counted if they delayed their job search with good cause, enrolled in a job training program, became employed part-time, failed to comply with good cause, or left the FS Program.
Employment	Registrants are counted the first time they obtain employment whether they were referred by the contractor or found their jobs themselves. No followup is done by the agency.
Noncompliance and Disqualification	Registrants are counted every time they are noncompliant or disqualified. Income maintenance staff receive daily noncompliance reports, which are reviewed each day.

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WISCONSIN	STATE SUMMARY
Administering agency	The Department of Health and Social Services administers the Food Stamp Program. The program is State-supervised.
Caseload	The average monthly caseload in FY 1986 was about 130,000 households, including 368,500 individuals. Wisconsin ranks 19th in number of persons participating. PA households account for 65% of the total.
Project areas	Wisconsin has 77 project areas. The largest is Milwaukee accounting for about 37% of the State caseload.
Benefits issued	Wisconsin's food stamp issuances in FY 1986 totaled $151 million, ranking 24th in the nation. Monthly issuance averaged $34.12 per person.
Administrative expenses	The federal share of Wisconsin's administrative costs amounted to $11 million in FY 1986, ranking 28th. Federal costs were $6.98 per household per month.

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WISCONSIN	AUTOMATED CERTIFICATION SYSTEM
OVERVIEW	
System Name	The Computer Reporting Network (CRN)
General Characteristics	Implemented in 1979, CRN is a Statewide system. The system uses IBM hardware. There is no local processing hardware.
Key System Capabilities	Application-Based Eligibility/Benefit Determination: Data entry is performed directly from application forms to trigger eligibility determinations and benefit calculations by the system. No special input form is required.
Turnaround	Data entry staff enter and edit transactions on-line at terminals. Edit results are immediately available. Household records are immediately updated.
AFDC and Food Stamp Integration	AFDC and food stamps for PA households are handled by the same workers, using a combined application forms and input forms.
DATA BASE	
Level of Detail and Contents	System stores all household member's social security numbers, regardless of membership in food stamp case. Historical data are not available on-line. However, all data since system implementation are stored on tape.
Financial Data	By individual • Gross earnings • Self-employment income and allowable expense • Unearned income (33 categories) • Work registration status Housing, utility, medical, dependent care costs, and total countable value of resources are available for the household.

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WISCONSIN	AUTOMATED CERTIFICATION SYSTEM (continued)
SYSTEM FUNCTIONS AND AUTOMATED OUTPUT	<u>Calculates and Stores</u> • Net income • Excess shelter costs deduction (including utility cost component) • Excess medical deduction • Dependent care deduction • Allotment • First month's prorated allotment • Recoupment amount (deducted) <u>Performs</u> • Individual eligibility tests • Gross income test • Net income test • Resource test <u>Generates</u> • Listings for coupon issuance (mailed) • ID cards • Certification period expiration notice • Monthly report forms • Monthly report filing reminders and termination notices • Application approvals/denials • Interim change/recertification notices • Edit reports (monthly) • Outstanding verifications needed (monthly) • Eligibility results (monthly) • Required case actions (monthly) • Computer match results (monthly) • Supervisory reports System has access to AFDC program income data for use in food stamp eligibility processing.

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WISCONSIN	COMPUTER MATCHING

OVERVIEW

Systems

There are 7 Statewide integrated systems:

1. UC (batch), implemented October, 1984.
2. Bendex benefits (batch), implemented December, 1985.
3. Bendex wages (batch), implemented 1983.
4. SDX (batch), implemented 1984.
5. SSN Validation (batch), implemented July, 1986.
6. Duplicate Participation I for recipients in more than 1 case (on-line), implemented 1978.
7. Duplicate Participation II for recipients who try to open a new case (on-line), implemented 1978.

All systems are managed by the Bureau of Economic Assistance of the Division of Community Services, Department of Health and Social Services. The Food Stamp, AFDC, and Medicaid programs use these systems.

Data Bases and Access

System	Data Accessed	Update Time	Time Lapse	Front-End or Ongoing
(1)	UI benefits	Day	Next day	Both
(2)	SSA benefits	Month	Next day	Both
(3)	SSA wages	Week	Next day	Both
(4)	SSI benefits	Month	Next day	Both
(5)	SSNs	Month	Next day	Front-End
(6)	FS Dup. Part. I	Day	Next day	Ongoing
(7)	FS Dup. Part. II	Day	Next day	Front-End

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WISCONSIN	MONTHLY REPORTING
OVERVIEW	
Cases Required to Report	
PA Caseload	All AFDC households that are required to report monthly and that also receive food stamps are required by the Food Stamp Program to complete monthly reports. Thus, monthly reporting requirements are the same for both programs and include the following cases: • cases with current earnings • ongoing cases with earnings during the past 2 months • cases choosing actual utility expense rather than standard allowance • cases containing any member who has been sanctioned for no cooperating with other programs (e.g. child support, work registration) or who has been convicted of fraud • cases with a member voluntarily excluded from AFDC grant • new food stamp cases targeted as volatile at eligibility worker's or supervisor's discretion
NPA Caseload	Monthly reporters include: • cases with current earnings • ongoing cases with earnings during the past 2 months • cases choosing actual utility expense rather than standard allowance • cases containing any member who has been sanctioned for not cooperating with other programs (e.g. child support, work registration) or who has been convicted of fraud • cases with deemed income • new food stamp cases targeted as volatile at eligibility worker's or supervisor's discretion
Information on Monthly Report	Sample monthly reporting form not available.

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WISCONSIN	MONTHLY REPORTING (continued)
OPERATING PROCEDURES	
Mailing Monthly Reports	The State Department of Health and Social Services mails monthly reporting forms to households. This mailing is separate from the distribution of benefits. A stamped return envelope is included with the monthly reporting form. Households pay their own postage.
Monthly Reporting Schedule	Wisconsin operates monthly reporting on a 2-month cycle. That is, the cycle contains a "processing" month between the budget and issuance months. Monthly reporting forms are mailed on the 20th day of each month. The initial deadline for filing monthly reports is the 5th day of the next month so that households have 15 days in which to complete their monthly reports. Final (adverse action) notices are mailed 27 days after the original mailing of monthly reporting forms. The final deadline for submitting monthly reports is the day after these final notices are mailed. Those cases that are terminated for failure to file on a timely basis, but that submit their report before the end of the issuance month, may be reinstated without loss of benefits.
Staff Assignments	Eligibility workers review monthly reports for completeness; make decisions on actions required by information on complete forms; and also handle incomplete monthly reports.
Automation	Automated functions include: • determining/verifying status of monthly report • generating monthly reports • tracking receipt of monthly reports • generating warning/adverse action notices • terminating cases for failure to file • assigning cases to or from monthly reporting (unless discretionary in which eligibility workers perform this function)

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WISCONSIN	CLAIMS COLLECTION
ORGANIZATION	
Agencies	Wisconsin's claims collection process is State supervised and county administered. All procedures are handled by eligibility workers in the 72 county offices. Only Milwaukee, with 40% of the caseload, has a separate claims unit.
Staff Training	Eligibility workers do not receive training, but policy manuals are available.
System Monitoring	Routine monthly reports are not issued on claims collection procedures. There are no time limits on processing cases.
Automation	Statewide integrated automated functions include: • Calculating amount of overissuance back to April 1986 • Calculating and deducting for recoupment • Generating demand letters • Maintaining histories with dates of suspensions • Tracking disqualified individuals • Flagging cases with suspended claim balances Nonautomated functions include: • Tracking referrals, investigations, established and suspended claims, and claim payments • Flagging fraud/nonfraud cases and cases with delinquent claim balances

(continued)

WISCONSIN	CLAIMS COLLECTION (continued)
OPERATING PROCEDURES	
Identifying and Investigating Claims	The top 3 methods to detect overissuances in order of importance are: • QC reviews • Computer matching of unearned income • Special investigation units Other methods include: • Review at recertification • Computer matching of resources • Duplicate participation checks • Internal audits • Hotline, informal complaints • Information from other agencies • Conflicting information from client After identification, overissuance is calculated for previous year. An unknown percent of overissuances are referred for fraud investigations. Claims are investigated through case file reviews, in-office interviews, third-party contacts, and home visits. No priority is given to fraud or nonfraud cases.
Establishing and Collecting Claims	For fraud cases, the establishment method used is fraud prosecution for cases with large dollar amounts. However, few cases are brought to prosecution, because few are ever convicted under Wisconsin law. Three monthly demand letters are sent to collect claims. Recoupment is used in fraud, household error, and agency error cases. The latter depends on the client's consent. Wisconsin collected $862,201 in claims during FY86, ranking 25th among the States.
Following Up and Suspending/Terminating Claims	Wisconsin has no followup procedures for food stamp claims. The criteria for suspending claims is decided by each county, but most claims are collected before a suspension is needed. Claims suspended for 3 years are terminated.

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WISCONSIN	QUALITY CONTROL
ORGANIZATION	
Unit	Quality Control Unit
System Type	The Quality Control Unit is responsible for QC activities in the AFDC, Medicaid, and Food Stamp Programs. The QC system is integrated with these programs.
Sample Size	The Wisconsin QC sample is composed of 2,129 cases. In addition, the Quality Control Unit conducts 200 special file reviews for corrective action on error-prone cases.
Staff	There are 11 FTE QC reviewers for the FSP. Most reviewers have had an average of 4 years of experience as eligibility workers. Most have some college experience. Combining staff FTEs and QC sample size leads to an estimate of 190 QC reviews performed for each FTE.
Review Time	On average, a QC review takes 16 hours. Internal re-reviews take, on average, 1.5 hours for error cases, 1 hour for cases without errors. The following case characteristics increase review time by: more than 60 minutes- • Earned income • Large household (5 or more members) • Errors found in the case • Remote household • Determining household composition 20 to 60 minutes- • Unearned income less than 20 minutes- • Receipt of AFDC, Medicaid and food stamps • Receipt of GA and food stamps • Remote local office (continued)

WISCONSIN	QUALITY CONTROL (continued)
OPERATING PROCEDURES	
Local Office Notification and Preparation	Local offices are notified of date of review, and cases to be reviewed are identified. Local office staff pull the selected case files and set them aside for the QC reviewer's visit.
Error Determination and Resolution	The initial error determination is made by a reviewer alone. Policy questions that arise during the error-determination process are resolved by the review supervisor.
Internal Re-review	All cases with errors and a random sample of each reviewer's cases are re-reviewed by the review supervisor.
Analyses of QC Data	

	ANALYSES PERFORMED	
Regular Reviews	ROUTINELY	OCCASIONALLY
Identification of error-prone:		
• case categories	X	
• offices	X	
Projection of:		
• caseload size or characteristics	X	
Caseload Description:	X	
Evaluation of impact of change in policy or administrative operations:		X
Special Reviews		
Identification of error-prone:		
• case categories	X	
• groups of workers		X
• offices	X	
Caseload Description:	X	

Use of FNS Software

Wisconsin does not use the analysis software provided by FNS.

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WISCONSIN	WORK REGISTRATION / JOB SEARCH
OVERVIEW	
Coverage	The Food Stamp Job Search Program operates in 8 counties, serving 18% of the State's PA and NPA caseload, targeting the NPA cases. A large food stamp caseload and high concentrations of households with high FS allotments were the criteria for selection.
Staff Assignments	Workers in income maintenance units refer participants to the work registration/job search program and inform participants of disqualification if they fail to comply. Assessment, assignment, monitoring, and notification activities are handled by the job service subcontractor.
Activity Level	For Federal fiscal year 1986, reported average monthly activity was: • Referred to Assessment 566 • Job Ready 354 • Not Job Ready NA • Exempt NA • Entered Job Search 426 • Entered Employment 100 • Found Noncompliant 143 • Disqualified 200
Program Operations	Assessments are conducted in groups, averaging 1.5 to 3.5 hours per session. Voluntary and mandatory counseling or training is provided in groups and individually. Referral to Jobs, FS Workfare, on-the-job training, and Classroom Training are included components of the Job Search Program. Each registrant is required to make 24 contacts during a continuous 8 week period. Every 4 weeks registrants report names of employers and contact persons, dates, phone numbers, and results of contacts. Some contacts are confirmed if they are suspicious. (continued)

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WISCONSIN	WORK REGISTRATION / JOB SEARCH (continued)
REPORTING	Participant records are computer generated at the local/county level. Computerized cumulative totals are prepared by adding all transactions to previous totals. All case management and participant-tracking functions are automated and accessible through statistical reporting.
Referral and Assessment	Registrants are counted as referred at every new application, reapplication (e.g. break in certification), and recertification. Referrals occur at recertification, or when there is a break in certification. The number of registrants who are interviewed by the Job Search provider (i.e., who are assessed) includes exempt registrants who may participate in Job Search.
Job Search Entrance	During the year, registrants are counted each time they are assigned to job search status.
Employment	Registrants are counted the first time they obtain employment whether they were referred by the contractor or found their jobs themselves. Followup activity includes collecting information at eligibility review and at reapplication for food stamp benefits, and computer wage matching. These followups are conducted in person, by mail, and by telephone.
Noncompliance and Disqualification	Registrants are counted every time they are noncompliant or disqualified. Income maintenance staff receive noncompliance reports, which are reviewed within 10 days of receipt.

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WYOMING	STATE SUMMARY
Administering agency	The Department of Health and Social Services administers the Food Stamp Program. The program is State-administered.
Caseload	The average monthly caseload in FY 1986 was about 10,000 households, including 28,500 individuals. Wyoming ranks 50th in number of persons participating. PA households account for 57% of the total.
Project areas	Wyoming has a single project area serving all participants statewide.
Benefits issued	Wyoming's food stamp issuances in FY 1986 totaled $15.5 million, ranking 52nd in the nation. Monthly issuance averaged $45.47 per person.
Administrative expenses	The federal share of Wyoming's administrative costs amounted to $2.1 million in FY 1986, ranking 47th. Federal costs were $17.93 per household per month.
Special Circumstances	Wyoming did not have a Job Search contract with FNS for FY1986.

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WYOMING	AUTOMATED CERTIFICATION SYSTEM
OVERVIEW	
System Name	Food Stamp Master File
General Characteristics	Implemented in 1966, this is a Statewide system. The system uses IBM hardware. There is no local processing hardware.
Key System Capabilities	Integrated Eligibility/Benefit Determination: Eligibility workers prepare input forms from application data to trigger system functions which automatically determine eligibility, calculate benefits, and update the household record.
Turnaround	Household actions are processed in daily batch runs for all actions performed since the last run.
AFDC and Food Stamp Integration	AFDC and food stamps for PA households are handled by the same workers, using a combined application form. Separate input forms must be used to enter the data for the two programs.
DATA BASE	
Level of Detail and Contents	System stores all household member's names, birthdates, and social security numbers, regardless of membership in food stamp case. No historical data are maintained on-line or on tape.
Financial Data	By total • Gross earnings • Self-employment income • Unearned income (10 categories) Excess housing costs, utility costs, and dependent care costs are available for the household.

(continued)

WYOMING	AUTOMATED CERTIFICATION SYSTEM (continued)
SYSTEM FUNCTIONS AND AUTOMATED OUTPUT	<u>Calculates and Stores</u> • Allotment • First month's prorated allotment • Recoupment amount (deducted) <u>Generates</u> • ATPs (mailed) • Listings for coupon issuance • Certification period expiration notice • Monthly report forms • Required case actions (monthly) System has no access to other assistance program income data for use in food stamp eligibility processing.
System Update	Wyoming planned to implement an automated certification system in FY 1986 based on the Alaska system. Data on the new system was not available when Wyoming was surveyed.

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WYOMING	COMPUTER MATCHING

OVERVIEW

Systems

There are 3 Statewide integrated batch systems:

1. Unearned Income, implemented November, 1985.
2. Wage, implemented November, 1985.
3. IRS, implemented July, 1986.

All systems are managed by the State Auditor's Office. The Food Stamp and AFDC programs use these systems.

Data Bases and Access

System	Data Accessed	Update Time	Time Lapse	Front-End or Ongoing
(1)	UI benefits	Week	Next day	Both
	SSI benefits	Month	Next day	
	AFDC benefits	Month	Next day	
	Worker's Compensation	Week	Next day	
	Vital stats: death	Month	Next day	
	Retirement	Month	Next day	
(2)	Earned income	Quarter	1-3 months	Ongoing
(3)	IRS 1099s	Year	2-3 weeks	Both

(continued)

WYOMING	COMPUTER MATCHING (continued)
OPERATING PROCEDURES	
Staff Assignments	State staff initiate front-end and ongoing searches and the systems are accessed by Social Security number, name, and date of check.
Front-End Matching	Two systems perform front-end matching of the Statewide caseload: Unearned Income and IRS. Local offices receive written match reports within a week, with information on: benefits from UI, SSI, AFDC, Worker's Compensation and Retirement, household composition, and unearned income.
Ongoing Matching	All 3 systems perform ongoing matching of the Statewide caseload. Matching is done monthly on the Unearned Income system, quarterly on the Wage system, and annually on the IRS system. Local offices receive written match reports within a week with information on: benefits from UI, SSI, AFDC, Worker's Compensation and Retirement, household composition, unearned income, wages, and employment information.
Followup	Wyoming has established procedures that local offices must follow in processing matched cases. The Unearned Income system is capable of triggering identification if there is a dollar wage discrepancy of $100 per household per month. The Wage system triggers identification if there is a discrepancy of $800 per household per quarter. Cases are prioritized in all systems by amount exceeding discrepancy range.
Monitoring	Local offices are required to submit ongoing reports from all systems with information on new hits. The State office can automatically monitor what is happening to matched cases.

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WYOMING	MONTHLY REPORTING

OVERVIEW

Cases Required to Report

All Food Stamp households that are not statutorily exempt are required by the Food Stamp program to complete monthly reports.

Information on Monthly Report

	Required to report	*Reporting format*	*Verification*
Earned Income	Yes	By earner	Monthly
Unearned Income	Yes	By type of income by household	For change only
Resources	Change only	Specific by type	For change only
Expenses	Yes	Not specified	For all types
Household composition	Yes	Not specified	Not specified

(continued)

WYOMING	MONTHLY REPORTING (continued)
OPERATING PROCEDURES	
Mailing Monthly Reports	The State Department of Health and Social Services mails monthly reporting forms to households. This mailing is separate from the distribution of benefits. A stamped return envelope is included with the monthly reporting form.
Monthly Reporting Schedule	Wyoming operates monthly reporting on a 2-month cycle. That is, the cycle contains a "processing" month between the budget and issuance months. Monthly reporting forms are mailed on the 4th day of each month for NPA households; for PA households, monthly reporting forms are mailed on the last day of the month. The initial deadline for filing monthly reports is the 12th day of the month for NPA households, or the 5th day of the next month for PA households, so that all households have 6 to 8 days in which to complete their monthly reports. One day later, warning notices are sent to those households that do not meet the initial deadline. Final (adverse action) notices are mailed on the 23rd. The final deadline for submitting monthly reports is the 10th and 13th day of the report month for PA and NPA households, respectively. Those cases that are terminated for failure to file on a timely basis, but that submit their report within nine days of the effective date of closure, may be reinstated without loss of benefits.
Staff Assignments	Eligibility workers review monthly reports for completeness; make decisions on actions required by information on complete forms; and also handle incomplete monthly reports.
Automation	Automated functions include: • generating monthly reports • determining/verifying status of monthly report

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WYOMING	CLAIMS COLLECTION
ORGANIZATION	
Agencies	Wyoming's claims collection process is administered at the State level. There is a specialized Statewide claims collection unit: the Overpayment Recovery Office.
Staff Training	Eligibility workers receive training when hired and retraining. Policy manuals are available.
System Monitoring	Occasional reports are issued on claims establishment and collection for county offices. There are time limits of 90 days for completing investigations and establishing claims.
Automation	Statewide automated functions include: • Maintaining histories with dates of case actions, recoupment, payments, and suspensions • Tracking match hits, established and suspended claims, claim payments, and disqualified individuals • Individual status reporting for State office Nonautomated functions include: • Flagging cases with active, delinquent and suspended claim balances

(continued)

WYOMING	CLAIMS COLLECTION (continued)
OPERATING PROCEDURES	
Identifying and Investigating Claims	Methods to detect overissuances in order of importance are: • Computer matching of wages • Conflicting information from client • Computer matching of unearned income • QC reviews • Information from Child Support Enforcement Agency • Hotline, informal complaints • Internal audits After identification, overissuance is calculated for previous 6 years. Three percent of overissuances are referred to police for fraud investigations. Claims are documented through case file reviews and in-office interviews. In addition, fraud claims are investigated through witness interviews, third-party contacts, home visits, and forensic investigations. No priority is given to fraud or nonfraud cases. Characteristics that increase the likelihood of an investigation include: active cases, large dollar amounts, good quality of evidence, repeat offenses and flagrant violations.
Establishing and Collecting Claims	For fraud cases, the establishment methods used are fraud prosecution, administrative disqualification hearings, and disqualification consent agreements. Cases are referred for prosecution because of larger dollar amount, good evidence, and flagrant violations (to act as deterrants since cases are publicized). Wyoming tries to prosecute at least one fraud case per county per year. Up to 3 monthly demand letters are sent to collect claims. Recoupment is used in fraud, household error, and agency error cases. The latter depends on the client's consent. Wyoming collected $105,530 in claims during FY86, ranking 49th among the States.
Following Up and Suspending/Terminating Claims	Alternative collection methods used are small claims court, credit bureaus, and private collection agencies. Wyoming does not suspend claims because most claims can be recouped, and the federal regulations for suspension are not thought to be consistent with good accounting procedures in the State. Claims can be terminated, however, if the claim was found to be in error, the individual goes bankrupt, or if the client wins or case is thrown out of criminal court. Under new State law, any claim delinquent for four years must be terminated.

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WYOMING	QUALITY CONTROL
ORGANIZATION	
Unit	Division of Public Assistance and Social Services and the Quality Control Unit, Department of Health and Human Services
System Type	These offices are responsible for QC activities in the AFDC, Medicaid, and Food Stamp Programs. The QC system is integrated with these programs.
Sample Size	The Wyoming QC sample is composed of 300 cases. In addition, the Quality Control Unit conducts special file reviews as needed in order to reduce error rates for counties and individual workers.
Staff	There are 3 FTE QC reviewers for the FSP. Most reviewers have an average of 3 years of experience as eligibility workers. Most have some college experience. Combining staff FTEs and QC sample size leads to an estimate of 95 QC reviews performed for each FTE.
Review Time	On average, a QC review takes 7.25 hours. Internal re-reviews take, on average, 15 minutes. The following case characteristics increase review time by: more than 60 minutes- • Earned income • Receipt of AFDC, Medicaid and food stamps • Errors found in the case 20 to 60 minutes- • Unearned income • Remote local office or household less than 20 minutes- • Large household (5 or more members) • Receipt of GA and food stamps (continued)

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WYOMING	QUALITY CONTROL (continued)
OPERATING PROCEDURES	
Local Office Notification and Preparation	Local offices are notified of cases to be reviewed. Local office staff pull the selected case files and mail them to the reviewer. Supplementary information on eligibility worker identification and monthly reporting status is collected on all cases in the QC sample.
Error Determination and Resolution	The initial error determination is made by a reviewer alone. Policy questions that arise during the error-determination process are resolved either by the QC supervisor or by a policy specialist.
Internal Re-review	All cases with errors are re-reviewed by the review supervisor, the QC division director, a policy specialist, and the local office.
Analyses of QC Data	

	ANALYSES PERFORMED	
Regular Reviews	ROUTINELY	OCCASIONALLY
Identification of error-prone:		
• case categories		X
• groups of workers	X	
• offices	X	
Projection of:		
• caseload size and characteristics		X
• effect of policy change	X	
Caseload Description:		X
Evaluation of impact of change in policy or administrative operations:	X	
Special Reviews		
Identification of error-prone:		
• case categories		X
• groups of workers		X
• offices	X	
Evaluation of impact of change in policy or administrative operations:		X

Use of FNS Software	Software provided by FNS is used to analyze QC data, in general, and to perform error-prone analyses, in particular.