

**DMA ADMINISTRATIVE LETTER NO. 06-07, daas
administrative Letter no. 07-16, Family Support and Child
Welfare, Services FSCWS- 09-2007, DSS, Administrative
Letter No. Food and, nutrition services and Energy,
Programs 05-2007, (veteran's affairs match)**

DATE: September 04, 2007

SUBJECT: VETERAN'S AFFAIRS MATCH

DISTRIBUTION: County Directors of Social Services Medicaid/Work First/Special Assistance/Food and Nutrition Services Supervisors/Staff

NOTE: This letter obsoletes DMA Administrative Letter 34-2000, DSS Administrative letter No. Economic Independence (Work First and Food Stamps) 14-2000, and DSS Administrative No. Adult and Family Services 8-2000

I. BACKGROUND

The Administration for Children and Families (ACF) has offered all states an opportunity to participate in a Veteran's Affairs (VA) match once every quarter. North Carolina will submit a tape to ACF containing data for all active individuals in EIS and FSIS. ACF will utilize the information provided to them to perform a match with the Veteran's Affairs (VA) Compensation and Pension Files. As a result of this match, we will produce a report: Veteran's Affairs Match.

This match will be produced once a quarter along with the interstate match: February, May, August, and November. Use these reports to determine if an individual is receiving assistance in more than one state and to determine if VA benefits have been reported correctly for recipients.

It will be necessary to report the results from this match in order for a cost benefit analysis to be completed and reported to ACF.

The purpose of this letter is to provide updated information effective with the August 2007 match.

The changes include:

- A. Revised Veteran Match Report Codes
- B. Revised VA Match Summary Sheet

These modifications are a result of the Public Assistance Reporting Information System (PARIS) VA Codes, PARIS Data Input Format Revision change.

II. VETERAN'S AFFAIRS MATCH

A. Selection Criteria

- 1. We select individuals who are in active, authorized status in EIS and/or FSIS.***
- 2. We only send one record per individual, as required by ACF. We use the Social Security Number in MCI to un-duplicate the records.***
- 3. Individuals are only submitted if their social security numbers have been verified by the Social Security Administration.***

B. Information on the Report

The report is sorted by county number, district/worker number (district worker for EIS cases, worker number for FSIS cases), and alphabetically by last name. SSI recipients in MAABD cases with a private living arrangement code should not appear on this report. The following data elements are on the report.

- 1. Client: This is the name we submit for matching.***
- 2. Vet: This is the name of the veteran in VA's file with whom the individual who's SSN we submitted is associated. VA only provides the first seven letters of the last name. If the Veteran is found in our Master Client Index, we will provide the full name.***
- 3. Spouse: This is the name of the veteran's spouse in VA's files with whom the individual who's SSN we submitted is associated. VA only provides the first seven letters of the last name. If the spouse is found in our Master Client Index, we will provide the full name.***
- 4. Payee: This is the name of the payee to whom the veteran's benefits are being paid according to the VA's files with whom the individual who's SSN we submitted is associated. VA only provides the first seven letters of the last name. If the payee is found in our Master Client Index, we will provide the name.***

5. **SSN:** *The first occurrence is the SSN we submit for matching. The second SSN is the SSN for the veteran found on VA's files. The third SSN is the SSN of the spouse and the fourth SSN is the SSN for the payee if applicable.*
6. **DOB:** *The first occurrence is the month, day, century, and year of birth that we submit for matching. The second occurrence is the month, day, century, and year of birth that was in the VA system for the veteran. The third occurrence is the month, day, century, and year of birth in the VA system for the spouse. The fourth occurrence is the month, day, century, and year of birth in the VA system for the payee. The third and fourth occurrences only display if the information is available.*
7. **PGM:** *Aid Program Category. The aid program category found in EIS or FSIS.*
8. **Case ID:** *The case ID found in EIS or FSIS.*
9. **Indv ID:** *The individual ID found in EIS or FSIS.*
10. **MCI stat:** *The status of the case as found in MCI.*
11. **Payee number:** *A code that identifies the payee.*

CODE	DESCRIPTION
0	Veteran
10	Wife, Husband, surviving spouse
11	Child #1
12	Child #2
13	Child #3
14	Child #4
15	Child #5
16	Child #6
17	Child #7
18	Child #8
19	Child #9
31	Consolidated Award Payee #1
32	Consolidated Award Payee #2
33	Consolidated Award Payee #3
34	Consolidated Award Payee #4

35	Consolidated Award Payee #5
36	Consolidated Award Payee #6
37	Consolidated Award Payee #7
38	Consolidated Award Payee #8
39	Consolidated Award Payee #9
50	Veteran's Father
60	Veteran's Mother

12. Aid and Attendance Code – Payee.

CODE	DESCRIPTION
Blank	Aid and attendance or housebound not a factor
0	Aid and attendance or housebound not payable
1	Entitled to aid and attendance, paying housebound while hospitalized
2	Entitled to aid and attendance
3	Entitled to housebound
4	Same as 0 but with helpless spouse
5	Same as 1, but with helpless spouse
6	Same as 2, but with helpless spouse
7	Same as 3, but with helpless spouse

13. Type of Recurring Expenses

CODE	DESCRIPTION
B	Both Social Security and other
C	Continuing unusual medical expenses
O	Other
R	10% Retired pay waiver exclusion
S	Social Security

14. Date award: The first date displays the date of the most recent award. Additional dates displayed are for prior awards with effective dates up to 9 occurrences.

15. Change reason: Code to indicate the reason for the award change.

CODE	DESCRIPTION
0	Original or no change
11	Excess income or dependency of parent not established or change in income or dependency
12	Excessive net worth
15	Person entitled remarried
16	Failure to furnish requested evidence
17	Failure to report for physical examination
18	Estate in excess of \$1,500.00
19	Veteran on active duty or in receipt of retired pay – or restored to VA rolls
20	Claim withdrawn or benefits renounced
21	Whereabouts unknown
22	Death of claimant or person entitled
23	Child over 18 on this award enters school
24	Child reaches age 18
25	Child over 18 on this award terminates school or becomes age 23
26	Dependent added
27	Apportionment made, changed or discontinued, due to separation, change in custody or change in amount of special apportionment
28	Claimant or dependent incarcerated or released from prison
29	Other reasons not listed
30	Election of VA or other benefit or change of VA benefit
31	Change of payee
32	Failure to file income questionnaire
33	Increased evaluation
34	Reduced evaluation
35	Hospital adjustment – hospitalized
36	Hospital adjustment – released from hospital
37	Legislative change
39	Administrative error
42	Child over 18 in another award determined helpless
43	Child over 18 in another award enters school

44	Child in another award reaches age 18
45	Child in another award terminated school, reaches age 23 or is no longer helpless, died or married
46	IVM match – related decrease or termination
50	Grant of A/A for disability compensation spouse
51	A/A for spouse discontinued
52	Child over 18 determined helpless
53	Helpless child enters school
54	Child no longer helpless
55	Child status changed from school to helpless child
56	Loss of dependent
57	Award requires payment of attorney fees
60	Reopened award
98	Automatic adjustment based on Eligibility Verification Report

16. Withholding type codes

CODES	DESCRIPTION
1	Code to indicate withholding for one or both of the following purposes: a- Apportionment - Total of amounts withheld for or being paid to dependents. b- Institutional maintenance and/or apportioned amount to a dependent parent c- Record purpose award - indicate total award withheld
2	Philippine Case – indicate amount payable in pesos when there is combined entitlement
3	PFOP – Portion of total award deposited in a Personal Funds of Patient Account
4	Amount (PL 86-211 pension) not payable due to hospitalization
5	Reduction of Protected Pension due to hospitalization

- 6 Computer generated code when there are simultaneous withholdings of types 7 and 8 or 7 and 9
- 7 Offset under 38 U.S.C.351
- 8 Recoupment of readjustment allowance or separation pay
- 9 Recoupment of severance pay

17. Entitlement code: Code designating the type of benefit and period of service.

FIRST POSITION

SECOND POSITION

- | | |
|----------------------|-------------------------------------|
| 0-Gulf War Service | 1-Compensation |
| 1-WWI Service | 2-Protected Pension (veteran |
| 2-WWII Service | 4-Section 306 Pension veteran) |
| 3-Korean Conflict | 5-Death Compensation |
| 4-Peacetime Service | 6-Protected Pension (survivor) |
| 7-Vietnam Service | 7-Dependency Indemnity Compensation |
| 9-Philippine Service | 8-Section 306 Pension(survivor) |
| | L-Improved Pension (veteran) |
| | D-Improved Pension (survivor) |

The second position will reflect 0 when there are no children, or 1-9 to indicate the number of children.

18. Dep tot/this: The first position indicates the dependency codes for the total award and the second position of this field indicates the dependency codes for the current award.

DEPENDENCY CODES-LIVING VETERAN

CODES	DESCRIPTION
0	Veteran
10	Veteran – Spouse
20	Veteran – Spouse – Father
30	Veteran – Spouse – Mother
40	Veteran – Spouse – Both Parents
50	Veteran – Father

60	Veteran – Mother
70	Veteran – Both Parents
8X	Veteran – Child

19. Dependency codes – deceased veteran

CODES	DESCRIPTION
0	Veteran
10	Veteran – Spouse
20	Veteran – Spouse - Father
30	Veteran – Spouse – Mother
40	Veteran – Spouse – Both Parents
50	Veteran – Father
60	Veteran – Mother
70	Veteran – Both Parents
8X	Veteran – Child

20. Gross award: *The gross award amount is the total monthly benefit amount awarded to the payee, including all money that is to be withheld or apportioned to other payees. This field displays zeroes if the Gross Award and the Net Award are equal.*

21. Net award: *The net award amount is the gross award amount, after withholding but, prior to deductions (for example, accounts receivable, insurance premiums, etc.).*

22. Expense amt: *The monthly amount of the recurring expense.*

23. Check amount: *The net award amount, after deductions, paid to the payee for the month immediately preceding the payment date. If there is an adjustment to the net award amount, the check amount will be adjusted proportionally. The check amount does not include retroactive or other one-time payments.*

24. Children: *The veteran’s dependent child(ren)’s name will display in this field with their date of birth. Data for as many as three children will display if they are dependents of the veteran.*

25. Address: This field displays the address.

26. Income: This field displays different sources of income for the payee, the spouse, and other types of retirement income.

SOURCE OF PAYEE/SPOUSE INCOME

CODES	DESCRIPTION
C	Other Income
E	Retirement (other than Social Security)
F	Social Security
G	No Source
P	Earned Income
Other	Multiple Sources of Income

27. Type of other retirement income

CODES	DESCRIPTION
B	Black Lung
C	Civil Service Retirement
O	Other, or combination of any other than B, C, M or R
M	Military Retirement
R	Railroad Retirement
S	Social Security
X	Combinations involving B, C, M or R types

NOTE: These code descriptions were provided to us from VA through ACF. If you receive a code that you do not understand, please call VA at 1-800-827-1000 for assistance.

III. UTILIZING THE VA MATCH REPORT

There are two copies of the VA match report. One copy is a master copy. The other is a worker copy. A designated individual in the agency must keep the master copy. You may wish to designate the FRR/BEER Control Person for this role. For the purpose of this letter, we will refer to that designee as the Control Person. The worker copy must be distributed to

the Income Maintenance Caseworkers. If an individual is active in more than one program, there will be an entry for each program.

A. The Worker's Responsibilities

1. Pull the case record indicated on the report.

2. Determine if the name associated with the SSN belongs to your client.

(a) If this is not your client:

(1) Document your record accordingly.

(2) If the SSN is verified, no further action is required. However, you may wish to notify VA that they may have an incorrect SSN for their client.

(b) If the name associated with the SSN belongs to your client, check the case record to see if the income was reported.

If the income was reported correctly, document the case record accordingly.

(2) If the income was not reported or was reported incorrectly, initiate corrective action within 30 days. If the action is positive, make the modification and send an adequate notice. If the action is negative, a timely notice is required. The Notice of Adverse Action is used (only) for the FNS program. The information on the match is considered verification, but the client must have the chance for rebuttal. Send a timely notice to the recipient and inform him that Veteran's Affairs reported that the amount of his pension or compensation was different from the amount reported by the client. If the client can provide other evidence, he should produce it within ten days.

(3) If appropriate, create a referral in EPICS to the Program Integrity Unit for

determination of any overpayment/overissuance of benefits or liability errors and appropriate disposition of the referral. Indicate the referral source on the EPICS referral as the VA Match.

- (4) After the match is worked, if you are performing a routine review of a case, and the record indicates that the individual receives VA, but the individual is not on the list, do not assume that he/she does not receive VA benefits. Since the match is performed solely by SSN, there may have been a mismatch in SSNs. Send a request for verification to VA.**

3. Complete an Action Sheet (Attachment I) for each individual on the match report. Return the Action Sheet to the Control Person who is responsible for maintaining the master report.

B. The Control Person's Responsibilities

- 1. The control person must use the master list to ensure that the IMCs follow up on all entries.***
- 2. When the IMCs return the Action Sheets to the control person, the control person should calculate the county's totals and report the results into four Summary Sheets (Attachment II): one each for AAF, Medicaid, SA, and Food and Nutrition Services. Return the Summary Sheets within 30 days after the Action Sheets are completed to:***

Candes Smith

Division of Medical Assistance

2501 Mail Service Center

Raleigh, NC 27699-2501

Fax Number (919) 715-0801

We will use the Summary Sheets to complete the cost benefit analysis that ACF requires.

IV. CONFIDENTIALITY

As with all client data, please ensure that this information remains confidential and is only used for the purpose of verifying eligibility and benefit amounts, and detecting and preventing fraud, error, and abuse in the Medicaid, Work First Family Assistance, Food and Nutrition Services, and Special Assistance Programs.

Please contact your Work First Representative, your Food and Nutrition Services and Energy Programs (FNSEP) Representative, your Medicaid Program Representative, or your Adult Programs Representative if you have any policy questions relating to how to count VA income. If you have any questions about this letter or the match report, please call Candes Smith at (919) 855-4000.

Sincerely,

/S/

Mark Benton, Director

Division of Medical Assistance

/S/

Sherry Bradsher, Director

Division of Social Services

/S/

Dennis Streets, Director

Division of Aging and Adult Services

VA MATCH ACTION SHEET

CASE NAME: _____ AID PROG/CAT: _____

CASE ID: _____ DATE: _____

WORKER NAME: _____ DIST NUMBER: _____

Please complete all entries that apply:	YES	NO
VA income reported, amount matched record		
VA income reported, but amount is different		
VA income not previously reported		
Client provided evidence that the information on the report is incorrect.		
Case terminated		
Benefits for individual were reduced		
Benefits for individual were increased		
Please complete all entries that apply:	Amount Reduced	Amount Increased
Authorized to Deductible		
Deductible to Authorized		
Deductible increased		
Deductible decreased		
Increased PML		
Decreased PML		
AAF or SA check increased		
AAF or SA check reduced		
Food Stamp allotment increased		
Food Stamp allotment decreased		
TOTALS	\$	\$

To be completed by the worker for each case that appears on the VA match report.

ATTACHMENT I (REISSUED 09-07)

VA MATCH SUMMARY SHEET

COUNTY: _____ AID PROG/CAT: _____

CONTACT PERSON: _____

VA MATCH RPT DATE: _____ DATE RPT COMPLETED: _____

Please enter total numbers of cases affected by each situation and total dollar figures in the dollar fields.

	Total YES'S	Total NO'S
VA income reported, amount matched report		
VA income reported, but amount is different		
VA income not previously reported		
Client provided evidence that the information on the report is incorrect		
Case terminated		
Benefits for individual were reduced		
Benefits for individual were increased		
	Total Amt. Reduced	Total Amt. Increased
Authorized to Deductible		
Deductible to Authorized		
Deductible increased		
Deductible decreased		
Increased PML		
Decreased PML		
AAF or SA check increased		
AAF or SA check reduced		
Food Stamp allotment increased		
Food Stamp allotment decreased		
TOTALS	\$	\$

The Control Person should complete a summary sheet for each aid program/category with totals obtained from the Action Sheets completed by the workers.

ATTACHMENT II (REVISED 09-07)