



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Transitional Assistance
600 Washington Street • Boston MA 02111

William F. Weld
Governor
Argeo Paul Cellucci
Lieutenant Governor

Field Operations Memo 96-14
May 1, 1996

Gerald Whitburn
Secretary
Joseph Gallant
Commissioner

TO: Local Office Staff
FROM: Joyce Sampson, Assistant Commissioner for Field Operations
RE: State Verification and Exchange System (SVES) - Phase II

Background

In early November, the Department initiated a program which enhances the process of direct verification of social security numbers with the Social Security Administration in Baltimore, MD. Field Operations Memo 96-5 implemented Phase I of the State Verification and Exchange System (SVES). This memo describes Phase II of this system.

Phase II of SVES includes the generation of reports identifying cases with SVES Code A, B, C, D or E, and expands on the procedures to be followed in resolving SVES matches.

Purpose of Memo

Phase I of SVES defined codes A, B, C, D and E and instructed workers to begin reviewing the case records of cases having dependents with these codes. This memo

- explains SVES discrepancy codes A, B, C, D and E in greater detail;
- describes the reports which will be generated and forwarded to the local offices for handling; and
- outlines the specific procedures to be followed by local office staff in the resolution of these match discrepancies.

Local Office Worker Responsibilities

The first step for workers to take in resolving any of the five discrepancy codes is to examine the case record to determine if all data have been entered properly. It is anticipated that most matches will be resolved simply by correcting clerical errors, such as transposing digits in a date of birth or SSN. If, after checking the case record, it appears that DTA's information is correct or can be corrected, the procedures outlined below should be followed. Appropriate action should be taken within 10 days of receiving the computer match printouts in the local office.

SVES Codes Overview

Y - SSN and all demographic data match that of SSA

A - SSN not on file with SSA

B - Date of birth does not match DOB on file with SSA

C - Name does not match name on file with SSA

D - SSN does not match SSN on file with SSA for that individual

E - Individual has multiple valid SSNs on file with SSA

Blank (no code listed) - Information has not been forwarded to SSA or
verification from SSA is pending

SVES CODE A - SSN not on file with SSA (Attachment A)

When SSA processes an SSN validation request, it first searches for the number provided by DTA. If that number is not found, SSA then searches through a series of variations of that number. Code A means that SSA found neither the submitted number nor any similar number for that individual. (Code D means a similar number was located.)

Therefore, Code A indicates that

- the individual may be totally unknown to SSA; or
- the individual may be known to SSA, but with an SSN which is very different from the one DTA has on file.

Procedure: Review the case record to determine if the SSN on file in PACES is incorrect.

1. If the number on file is incorrect, submit a PACES TD/PID to correct the SSN. Annotate the report log (Attachment H) using Code I to indicate that a change in SSN was made.
2. If the number on file appears correct, send the recipient the SSN Match NFL (Attachment F) with an ENUM-2 form (Attachment G) requesting validation of the number within 10 days.
(Note: The ENUM-2 has been revised to include a request for

validation of an existing SSN in addition to a request to obtain an SSN.) Though the ENUM-2 is the preferred form for verification of SSN, other verifications are acceptable. Refer to your policy manual for a description of acceptable verifications. (TAFDC- 203.910, AFDC- 303.600, EAEDC- 320.700, FS- 362.500)

- A. If the recipient returns the ENUM-2 signed and stamped by SSA, annotate the report log using Code N to indicate that the SSN on file is correct. No further action is necessary. If SSA indicates on the ENUM-2 that a change is required, make the necessary change and annotate the report log using the appropriate code.

- B. If the ENUM-2 is not returned within 10 days, take appropriate action to reduce or close the case. If the individual is the only member of the household, e.g., dependent 91 on TAFDC/AFDC or an individual on EAEDC, close the case using AR 64. Recipients with unverified SSNs are also ineligible for food stamps. Use a T-4 transaction to close the PA food stamps, if any. If there are other household members, close only the individual with the unverified SSN, using AR 64. Assistance for the rest of the household should continue. If the individual with the unverified SSN is the only dependent child in a TAFDC, AFDC, or EAEDC family case, close the case with AR 64; T-6 the food stamps if the grantee appears eligible for food stamps.
Annotate the report log, using Code C or D to indicate case closed or decreased due to match information.

SVES CODE B - DOB does not match DOB on file with SSA (Attachment B)

In this situation SSA has verified the SSN and name, but the date of birth for the individual does not match the date of birth on file in PACES.

Procedure: Review the case record to determine if the DOB on file is incorrect.

1. If the DOB on file is incorrect, submit a PACES TD/PID to change the DOB. Annotate the report log using Code Z to indicate that the date of birth was changed and enter the new DOB on the log.

2. If the DOB on file appears correct, secondary verification is not necessary if the verification in the case record appears to be in order. Remember, age must be verified for all EAEDC recipients and TAFDC/AFDC dependent children. If the date of birth is sufficiently verified and it appears that SSA has the incorrect DOB, no further action is necessary, although you should encourage the recipient to resolve the situation with SSA. If additional verification of age is found to be necessary, send the recipient the SSN Match NFL

requesting verification of date of birth within 10 days. Refer to your policy manual for acceptable verifications of age (TAFDC- 203.570, AFDC- 303.120, EAEDC- 320.500). Take the appropriate action at the end of 10 days; e.g., make corrections or reduce/close the case with AR 40. Annotate the report log with the appropriate code.

SVES CODE C - Name does not match name on file with SSA
(Attachment C)

In this situation the SSN is a valid number but SSA has a different name on file for that number. That different name will not be included in this report due to SSA's confidentiality policy. It is important to note, however, that the name discrepancy is not a minor one. SSA uses a series of detailed criteria to verify SSNs. Name matches should not occur for minor differences in name such as misspelling or shortened names (as in Joseph or Joe).

To avoid matches involving name differences, be sure to follow the **exact** procedures for correctly entering names on PACES. Refer to *Systems User's Guide*, Volume I, *PACES User's Guide*, Chapter III, pages 14-15 and 60-61 for detailed instructions.

Procedure: Review the case record to determine if the name on file is incorrect.

1. If the name on file is incorrect, submit a PACES TD/PID to correct the name. Annotate the report log using Code X to indicate a change in name and enter the new name on the log.
2. If the name on file appears correct, send the recipient the SSN Match NFL with an ENUM-2 requesting validation of that number for that name within 10 days.
 - A. If the recipient returns the ENUM-2 signed and stamped by SSA, annotate the report log Code N to indicate that no change is necessary as DTA's information is verified. If SSA indicates on the ENUM-2 that a change is required, make the necessary change and annotate the report using the appropriate code.
 - B. If the ENUM-2 is not returned within 10 days, take appropriate action to reduce or close the case. If the individual is the only member of the household, close the case using AR 64. Use a T-4 transaction to close the PA food stamps, if any. If there are other household members, close only the individual with the unverified SSN using AR 64. Assistance for the rest of the household should continue. If the individual with the unverified number is the only dependent child in a TAFDC, AFDC, or EAEDC family case, close the case using AR 64; T-6 the food stamps if the grantee appears

eligible for food stamps.
Annotate the report log, using Code C or D to indicate case closed or decreased due to match information.

SVES CODE D - SSN does not match SSN on file with SSA (Attachment D)

In this situation, SSA has a different valid SSN for the individual. Most of these matches involve a minor difference in the SSN, e.g., one digit is different or two digits are transposed. The report will display the SSN that SSA has on file.

Procedure: Review the case record to determine if the SSN on file in PACES is incorrect.

1. If the number on file is incorrect, submit a PACES TD/PID to correct the SSN. Annotate the report log using Code I to indicate that a change in SSN was made.
2. If the number on file appears correct, send the recipient the SSN Match NFL with an ENUM-2 requesting validation of the number within 10 days.
 - A. If the recipient returns the ENUM-2 signed and stamped by SSA, annotate the report log Code N to indicate that the SSN on file is correct. No further action is necessary. If SSA indicates on the ENUM-2 that a change is required, make the necessary change and annotate the report log using the appropriate code.
 - B. If the ENUM-2 is not returned within 10 days, take the appropriate action to reduce or close the case. If the individual is the only member of the household, close the case using AR 64. Use a T-4 transaction to close the PA food stamps, if any. If there are other household members, close only the individual with the unverified SSN using AR 64. Assistance for the rest of the household should continue. If the individual with the unverified SSN is the only dependent child in a TAFDC, AFDC, or EAEDC family case, close the case using AR 64; T-6 the food stamps if the grantee appears eligible for food stamps.
Annotate the report log, using Code C or D to indicate case closed or decreased due to match information.

SVES CODE E - Individual has multiple valid SSNs on file with SSA (Attachment E)

This situation is unique in that the individual has more than one valid SSN on file with SSA. This can happen if an individual applies for a new SSN without realizing that he/she already has one.

Procedure: Review the case record thoroughly to see if there is any reference to an additional SSN for that person. Check both PACES and MMIS to ensure that the individual is not currently receiving duplicate benefits under both numbers. Be sure to document the other valid SSNs in the case record so that the case can be monitored. If duplicate benefits are discovered, take immediate steps to contact the recipient for a case review. Remember, as these are valid numbers, there is no need to have an ENUM-2 completed.

Annotate the report log Code N to indicate that no change has been made, the case has been reviewed and the multiple valid SSNs are documented in the case record.

In all of the above situations, if there is reason to suspect possible fraud, a referral should be made to the Bureau of Special Investigations. Additionally, if there is another change that affects continuing eligibility, take the appropriate action to reduce or terminate assistance. Annotate the report log Code B if a BSI referral is made or Code T if the case is closed for a reason unrelated to the SVES match.

Local Office Director/Designee Responsibilities

Each month, Eligibility Systems in Central Office will produce the SVES match reports and send them to the local offices. The local office director/designee is responsible for distributing the monthly SVES match reports to each worker and compiling the annotated report logs. The completed office report log sheet must be signed by the director/designee and returned no later than the end of the month following the month of distribution. Completed office report log sheets should be faxed to

Eligibility Systems - 4th Floor
600 Washington St.
Boston, MA. 02111
Fax Number: (617) 348-5479

Questions

Refer to the *Systems User's Guide*, Volume VI (Special Field Reports), Chapter IX (State Verification and Exchange System Match Report) for detailed documentation of the SVES match reports. If you have any policy- or procedure-related questions, have your Hotline designee call the Policy Hotline at (617) 348-8478. Systems-related questions should be referred to Customer Support Services at (617) 348-5290.

DEPARTMENT OF TRANSITIONAL ASSISTANCE RUN-DATE 04/01/96
SSN NOT VERIFIED PAGE 15
SSN NOT ON FILE

SVES CODE A

WSO # 343

SSA DATA

DTA DATA

CAT	CAN	CASE	SSN	PERSON	NAME	PERSON	SSN	DEPNO	SSN
9								07	

CAN # TOTAL CASES 1

SSN NOT ON FILE

SSN VERIFIED

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SVES CODE B

DATE OF BIRTH NOT MATCHED

WSO # 297

DTA DATA

SSA DATA

DTA DATA					SSA DATA		
CAT	CAN	CASE	SSN	PERSON NAME	DATE OF BIRTH	DEPNO	DATE OF BIRTH
9	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	05/04/67	00	03/23/62
9	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	05/31/91	00	03/08/67
9	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	08/01/62	99	06/27/61
9	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	05/30/94	01	05/31/91
9	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	08/13/40	00	08/13/48
CAN # [REDACTED] TOTAL CASES				5			

SSN NOT VERIFIED

SSN DOES NOT MATCH NAME

WSO # 152

SVES CODE C

SSA DATA

DATA DATA

CAT	CAN	CASE	SSN	PERSON	NAME	PERSON	SSN	DEPNO	SSA	NAME
2	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	04		NAME NOT ON FILE
2	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	99		NAME NOT ON FILE

CAN # TOTAL CASES 2

SSN NOT VERIFIED

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SVES CODE D

SSA VERIFIED OTHER SSN

WSO # 044

DTA DATA

SSA DATA

CAT	CAN	CASE	SSN	PERSON NAME	PERSON SSN	DEPNO
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VERIFIED SSN

2	█	██████████	██████████	██████████	█ ██████████	03
2	█	██████████	██████████	██████████	██████████	01

██████████
██████████

CAN # █ TOTAL CASES 2

SSN VERIFIED

SVES CODE E

MULTIPLE SSN VERIFIED

WSO # 004

DTA DATA

SSA DATA

CAT	CAN	CASE	SSN	PERSON NAME	PERSON SSN	DEPNO
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ADDITIONAL SSN

2						00
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CAN #	TOTAL CASES	1
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Local Office Address

____/____/____
Date

Name

Address

City/Town State ZIP

Dear _____;

The Department of Transitional Assistance has received information from a computer match with the Social Security Administration that:

- the SSN _____ for _____ is unknown to Social Security.
- the SSN _____ for _____ does not match the SSN listed by SSA.
- the SSN _____ for _____ is listed under another name.

Take the enclosed ENUM-2 to the Social Security District/Branch office for SSN validation and return the completed form to your worker within ten days of the date of this notice.

Failure to return the completed ENUM-2 to your worker within ten days from the date of this notice will result in your case being decreased or closed.

- the date of birth for _____ is different.

Age must be verified. Failure to verify age within ten days from the date of this notice will result in your case being decreased or closed.

If your case is to be decreased or closed, you will receive another notice.

Signature of Worker

(____)_____
Area Code - Telephone Number



Applicant

Address

Case Number

Phone Number

Date

To: Social Security District/Branch Office

Address

City/Town

The individuals shown below are applicants for benefits from this Department. Please

provide social security number service to them.

validate the following social security number(s).

Name		State Code	CAT					Dep. #
First	Last	2 2 0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First	Last	2 2 0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First	Last	2 2 0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First	Last	2 2 0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: All number blocks must be completed for each name.

Case Worker's Signature

SSA Complete Below

Attention: SSA Employees - Do not accept if blocks have not been completed.
Call the Transitional Assistance office for correct number. See Enumeration Manual
R279 for instructions on proper handling of this form and SS - 5s.

The individuals shown below have completed action to secure SSNs.

Remarks

Name

Name

Name

Name

SSA Employee's Signature

Date



Massachusetts Department of Transitional Assistance

SVES Match - SSN Validation

Local Office _____

Fax # (617) 348-5479

Date ___/___/___

Case SSN	Person Name			Person SSN	Cat	CAN	Case Action
	Last	First	M.I.				

Case Action Taken Codes

- I = SSN changed/Enter new SSN
- X = Name changed/Enter new name
- C = Case closed due to match information
- D = Case decreased due to match information
- Z = DOB changed/Enter new DOB

- T = Case closed/Other
- N = No change/DTA information verified
- B = BSI Referral

96-14
Attachment H

Signature of Director/Designee