



<p>FAMILY INVESTMENT ADMINISTRATION</p> 	<p>FIA ACTION TRANSMITTAL</p>
<p>Issuance Date: August 22, 1997</p>	<p>Effective Date: Immediately</p> <p>Control Number: FIA/DMO #98-09</p>

TO: DIRECTORS, LOCAL DEPARTMENTS OF SOCIAL SERVICES
DEPUTY/ASSISTANT DIRECTORS FOR FAMILY INVESTMENT
FAMILY INVESTMENT SUPERVISORS

FROM:  KEVIN MAHON, EXECUTIVE DIRECTOR, FIA

RE: STATE VERIFICATION EXCHANGE SYSTEM (SVES)

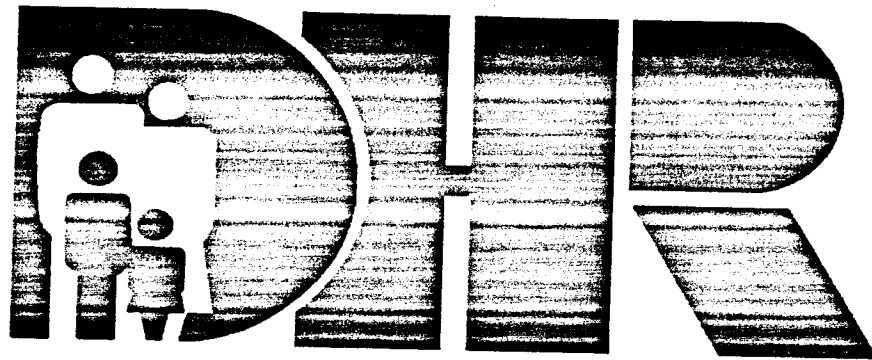
PROGRAMS AFFECTED: ALL PROGRAMS

ORIGINATING OFFICE: DISABILITY MANAGEMENT OPERATIONS

Background:

The Department of Human Resources will implement the State Verification Exchange System (SVES) statewide effective August 22, 1997. SVES is an automated IBM data exchange system with the Social Security Administration (SSA) for verifying social security numbers (SSNs), Title II Social Security (OASDI) benefits and Title XVI Supplement Security Income (SSI) benefits. Requests for verification are data entered on-line during the day and batch processed to SSA that night (Monday through Friday). Responses are returned from SSA that same night and available the next day for on-line viewing.

SVES replaces the manual Third Party Query (TPQY) mark sense card process and provides significant advantages for both the agency and the customer not previously available under the TPQY process. First, SVES provides "one stop shopping" for verifying both SSNs and SSA administered benefits. Secondly, by providing next day turnaround on verification requests, SVES significantly shortens application processing time.



STATE OF MARYLAND

**STATE
VERIFICATION
EXCHANGE
SYSTEM
(SVES)
USERS MANUAL**

FAMILY INVESTMENT ADMINISTRATION
DIVISION OF PROGRAM & SYSTEMS SUPP.
OFFICE OF INFORMATION MANAGEMENT
DISABILITY MANAGEMENT OPERATIONS
AUGUST 1997

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I. INTRODUCTION

The State Verification and Exchange System (SVES) is an automated IBM data exchange system with the Social Security Administration (SSA) for verifying social security numbers (SSNs), Title II Social Security (OASDI) and Title XVI Supplement Security Income (SSI) benefits. Requests for verification are data entered on-line during the day and batch processed to SSA that night (Monday through Friday). Responses are returned from SSA that same night and available the next day for on-line viewing.

SVES replaces the manual Third Party Query (TPQY) mark sense card process and provides significant advantages for both the agency and the customer not previously available under the TPQY process. First, SVES provides "one stop shopping" for verifying both SSNs and SSA administered benefits. Secondly, by providing next day turnaround on verification requests, SVES significantly shortens application processing time.

II. SYSTEM AVAILABILITY

SVES will be available for sending requests and reviewing responses six days a week from 7 AM to 7 PM. At 7 PM, SVES will go off-line in order to send requests to and receive responses from SSA and will remain off-line until 7 AM the next morning. SVES will "idle out" if it is not used for fifteen minutes. When "idled out", you must re-access SVES. (See Section V: How to Access SVES.)

III. SYSTEM SECURITY

A record of all SVES requests and inquiries will be captured in order to provide an audit trail to safeguard against system abuse. This record will include the LOGONID of the person and the SSN or CAN (*Claim Account Number*) requested or response viewed.

IV: SYSTEM PROBLEMS (LDSS USERS)

ACCESS: Problems regarding logon IDs, passwords, and access to SVES should be directed to the DHR Help Desk. When requesting access to SVES, advise the System Specialist that you need access to *SVS0*.

TECHNICAL PROBLEMS: Problems regarding equipment or data corruption or responses not received within two days, should be directed to DHR Help Desk. The System Specialist, if unable to resolve the problem, shall report to the appropriate party.

APPLICATION PROBLEMS: Problems regarding how to use SVES, how to send a request for information, how to view responses, and how to interpret response information should be directed to your immediate supervisor. Your supervisor, if unable to resolve the problem, will then contact the Manager of the Division of Program and Systems Support at DHR for assistance at (410) 767-7926.

Neither The Help Desk Nor The Division Of Program And Systems Support Shall Be Called By The Local Agency As The Initial Contact For Application Problem Resolution.

IV: SYSTEM PROBLEMS (NON -LDSS USERS)

The Department of Human Resources provides support to non-DHR user organizations such as the Department of Health and Mental Hygiene, Maryland Department of Assessment and Taxation for technical and application problems which cannot be resolved within the organization. Non-DHR user organizations shall designate a person or persons within the organization to whom system problems which cannot be resolved at the end-user level are to be directed for resolution. A single person should be designated to handle technical problems and another person designated to handle application problems. Provide the names of the persons to DHR's Division of Program and Systems Support.

ALL COMMUNICATIONS RELATED TO SYSTEM PROBLEMS BETWEEN THE ORGANIZATION AND DHR SHALL BE STRICTLY LIMITED TO THE PERSON(S) DESIGNATED.

TECHNICAL PROBLEMS: If unable to resolve a technical problem regarding equipment or data corruption or responses not received, the person so designated shall report the problem to the DHR Help Desk and ask that the problem be referred to the Office of Information Management SVES technical support staff for resolution.

APPLICATION PROBLEMS: If unable to resolve an application problem regarding how to use SVES, how to send a request for information, how to view responses and how to interpret response information, the person so designated shall report the problem to the DHR Help Desk and ask that the problem be referred to the Manager of the Division of Program and Systems Support and the SVES application support staff for resolution.

V. HOW TO ACCESS SVES

To access SVES, signon to DHRPRD. This is a new region created to accomodate SVES.

1. On the ACF/VTAM Network Screen, in the space provided at the bottom of the screen, type **DHRPRD** and press enter.
2. The CICS / ESA Screen will appear with the following sentence at the top of the screen, "*Press clear and enter CESN to signon to CICS (hour,minute,seconds)*". Follow the instructions of the above sentence and then press enter.
3. The following LOGONID/PASSWORD Screen will display:

CICS SIGN-ON

USERID:

PASSWORD:

LANGUAGE:

NEW PASSWORD:

4. After NAME, type your Log-On ID.
5. Tab to the PASSWORD data field. After PASSWORD, type your personal password and press enter. (See Section VI: Select, Enter, Update A Password.)
6. The following SIGNON OK message will display if you signed on successfully.

(Hour, minute, second) **SIGN-ON IS COMPLETE**

7. The following message will display if your password has expired. In this case, update your password. (See Section VI: Select, Enter, Update A Password.) In this message, your Log-On ID will display directly following LOGONID.

ACF 01017 PASSWORD FOR LOGON ID _____ HAS EXPIRED.

8. The following message will display if you have not been authorized access to SVES. In this case, contact your local department's security officer to request access.

ACFAE134 ACF2/CICS: YOU ARE NOT AUTHORIZED TO USE THIS CICS REGION.

See page 4 for screen prints of the above display screens

DEPARTMENT OF HUMAN RESOURCES

ACF/VTAM NETWORK
TERMINAL ID: 929CT021

TO VIEW THE APPLICATION MENU
PRESS ENTER

DHR HELP DESK
1-800-347-1350

===> WARNING <===

UNAUTHORIZED ACCESS TO THIS COMPUTER IS A VIOLATION OF ARTICLE 27
SECTIONS 45A AND 146 OF THE ANNOTATED CODE OF MARYLAND

DHRPRD

PRESS CLEAR AND ENTER DESN TO SIGNON TO CICS 10:39:42

```
*****\ *****\ *****\ *****\      *| *****\ *****\ *|
*****\ *****\ *****\ *****\      **| *****\ *****\ **|
**//**// **// **// **// **// **// **// **// **//
**/  //  **/  **/  //  **/  //  **/  **/  **/  //
**/      **/  **/      *****\      **| *****\ *****\ ***|
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//**// //**// //**// //**// //  //**// //**// //
```

CICS SIGN-ON

TYPE YOUR USERID AND PASSWORD:

USERID ==>

PASSWORD ==>

LANGUAGE ==>

NEW PASSWORD ==>

PF 3=END

DFHCE3520 PLEASE TYPE YOUR USERID.

**** HOW TO SIGN OFF FROM DHRPRD ****

1. Clear the screen.
2. Type **CESF LOGOFF** and press enter.
3. Continue with the next application desired.

VI. HOW TO SELECT, ENTER, UPDATE A PASSWORD

If you have a current valid DHRCICS password, SVES will accept it. If you do not have a valid password, use the following instructions:

Your personal password must be at least 5 characters but no more than 8 characters long. The password must be alphanumeric characters and may not include special characters, such as &, #, etc.

The VERY FIRST TIME you link to any DHRCICS application including SVES, your password will automatically be set to your Log-On ID. You must update your password at this point. If you transmit without updating your password, the following message will display. In this case, update your password.

ACF01012 PASSWORD NOT MATCHED.

Your password will expire every 30 days. If your password has expired, the following message will display. In this case, update your password.

ACF01017 PASSWORD FOR LOGONID _____ HAS EXPIRED.

** UPDATE A PASSWORD **

1. Tab to the space directly following NEW PASSWORD. Type your new password. PRESS ENTER.
2. A message will appear telling the user to re-type the new password again. Type your new password EXACTLY THE SAME a second time and press enter.
3. The following message will display if you do not type your new password exactly the same twice. Users should start over and go back to step #1 above.

**PASSWORD CHANGE REQUEST ERROR...NO SIGNON ACTION TAKEN.
NEW PASSWORD MUST BE ENTERED EXACTLY THE SAME ON BOTH
LINES. THE TWO WERE COMPARED AND FOUND NOT TO BE THE SAME.**

4. The following message will display if your password has been successfully updated.

**ACF01129 PASSWORD SUCCESSFULLY ALTERED
LOGON COMPLETE**

VII. HOW TO INITIATE A SVES REQUEST

** SVS0 - THE SYSTEM NOTICE SCREEN **

1. Use the Clear Key to clear the screen on which the SIGN ON OK message is displayed.
2. Type SVS0 and press <ENTER>.
3. The following SVES System Notice Screen will display. A message will display telling the user if any action has taken place on the last SVES request. Near the bottom of the screen the user can see the date and time of the last request.

SVS0	STATE OF MARYLAND	MM/DD/YYYY
	DEPARTMENT OF HUMAN RESOURCES	
	SVES SYSTEM	
	****NOTICE****	
THE FIRST TAPE HAS BEEN RECEIVED.!!!!		
BROADCAST LAST UPDATED BY: Logon ID mm/dd/yyyy hour/min/sec.		
OPTION=>	"1" = REQUESTS	"2" = RESPONSES "3" = EXIT

It is from this screen that users can go to:

- ◆ SVS5 (SVEM9051 - Option #1) the SVES Request screen
- ◆ SVS6 (SVEM9061 - Option #2) the Response Screen or
- ◆ Exit the system (Option #3).

4. The cursor will be positioned at OPTION data field. The user is then given three options:
1 - REQUESTS 2 - RESPONSES 3 - EXIT
Type in your desired task and press <ENTER>.

OPTION #1 - DISPLAY THE REQUEST SCREEN ***

After choosing option 1 from the SVS0 screen the following SVES Request Screen will display. TODAY's DATE will be prefilled with the current date. The WORKER LOG ON ID data field will be prefilled with the LOG ON ID of the person who signed on to SVES, the DATE OF REQUEST will be pre-filled with the current date, and the cursor will be positioned at the DISTRICT data field.

SVEM9051	STATE OF MARYLAND		MM / DD / YYYY
SVES REQUEST SCREEN			
WORKER LOGONID:	DISTRICT OFFICE:		
SOCIAL SECURITY NO:	CLAIM ACCOUNT NO:	BIC:	
LAST NAME:	FIRST NAME:	MI:	
DATE OF BIRTH:	SEX:	CATEGORY OF ASSISTANCE:	
CLIENT ID / CASE NO:			
	DATE OF REQUEST:	MM/DD/YYYY	
ENTER DESIRED OPTION=>	1 = ADD REQUEST	2 = VIEW RESPONSE SUMMARY	

**** ENTER REQUIRED INFORMATION ****

In order to get back information on the correct person, it is CRITICAL that the following information be accurately and correctly entered.

1. **DISTRICT OFFICE CODES:** Enter the appropriate three digit code.

DHR Central Office will use 000.

District Offices will use the following:

000 DHR	152 MC-Germantown	338	BCity-Johnson Squa
010 Allegany	160 PG-Hyattsville	340	BCity-Liberty Garriss
020 AA-Annapolis	161 PG-Palmer Park	341	BCity-Orangeville
021 AA-Glen Burnie	162 PG-Campsprings	342	BCity-Park Circle
030 BC-Towson	163 PG-R.I.S.E.	343	BCity-Mount Clare
031 BC-Catonsville	164 PG-Justice Center	344	BCity-Hilton Height
032 BC-Dundalk	165 PG-Center Point	345	BCity-Stewart Hill
033 BC-Essex	170 Queens Anne's	346	BCity-Upton
034 BC-Reisterstown	180 St. Mary's	347	BCity-Westwood
040 Calvert	190 Somerset	348	BCity-Child Protecti
050 Caroline	200 Talbot		Services
060 Carroll	210 Washington	349	BCity-Foster Care /
070 Cecil	220 Wicomico		Adoption
080 Charles	230 Worcester	350	BCity-Day Care
090 Dorchester	300 BCity-Central Unit	351	BCity-Adult Services
100 Frederick	331 BCity-EESU / HESU	352	BCity-InHome Aid
110 Garrett	332 BCity-Cherry Hill	353	BCity-PA to Adults
120 HC-Belair	333 BCity-Clifton	354	BCity-Long Term Ca
121 HC-Aberdeen	334 BCity-Family Services	355	BCity-Patapsco
130 Howard	335 BCity-Dunbar	356	BCity-Central MA
140 Kent	336 BCity-Special Projects	357	BCity-Employees Off
150 MC-Rockville	337 BCity-Harford Heights		
151 MC-Silverspring			

The Child Support Enforcement Agency will use **D** followed by the District Code as it appears below:

D00 DHR Central	D10 Frederick	D20 Talbot
D01 Allegany	D11 Garrett	D21 Washington
D02 Anne Arundel	D12 Harford	D22 Wicomico
D03 Baltimore County	D13 Howard	D23 Worcester
D04 Calvert	D14 Kent	D30 Baltimore City
D05 Caroline	D15 Montgomery	
D06 Carroll	D16 Prince George's	
D07 Cecil	D17 Queen Anne's	
D08 Charles	D18 St. Mary's	
D09 Dorchester	D19 Somerset	

Department of Health and Mental Hygiene will use **DHM**.

Department of Assessment and Taxation will use **DAT**.

2. **SOCIAL SECURITY NO (SSN) CLAIM ACCOUNT NO. BIC:**
Enter either the applicant/recipient's SSN or the CAN and BIC BUT NOT BOTH.

CLAIM ACCOUNT NO (CAN): The CAN is a two-part number consisting of 9 digits plus up to 3 alpha-numeric. The first 9 digits of the CAN is the SSN on whose account benefits are being paid. The second part of the CAN is the BIC. Once the 9 digits have been entered, cursor will automatically move to the BIC field.

BIC (BENEFICIARY IDENTIFICATION CODE): The BIC is a one, two, or sometimes three character alpha-numeric which designates the person to whom benefits are being paid. The CAN identifies the person on whose account benefits are being paid. The BIC not only identifies the person to whom these benefits are being paid but also identifies the relationship of the person being paid to the person on whose account the benefits are being paid

NOTE: The CAN and BIC may be obtained from the Medicare Card, the award letter, the benefits check, or the local social security office.

IMPORTANT: IF BOTH THE SSN AND THE CAN/BIC ARE KNOWN, ALWAYS SUBMIT THE SSN. IF THE SSN IS NOT KNOWN, OR IF THE SSN RESULTS IN A NO-MATCH, OR IF THE SSN RESULTS IN QUESTIONABLE RESPONSE INFORMATION, THEN, AND ONLY THEN, SUBMIT THE CAN/BIC. IF BENEFITS ARE BEING PAID UNDER MORE THAN ONE CAN/BIC, SUBMIT A SEPARATE REQUEST FOR EACH CAN/BIC.

IMPORTANT: WHEN A CAN/BIC IS ENTERED, SSA MAY RETURN INFORMATION ON THE PERSON ON WHOSE ACCOUNT BENEFITS ARE BEING PAID OR ANOTHER BENEFICIARY INSTEAD OF THE PERSON IDENTIFIED BY THE BIC. TO ENSURE A RESPONSE ON THE PERSON BEING PAID, THAT PERSON'S SSN MUST BE ENTERED. IN ADDITION, WHEN A CAN/BIC IS ENTERED, SSA MAY NOT RETURN TITLE XVI INFORMATION FOR THE PERSON.

3. **LAST NAME:** Enter applicant/recipient's last name.
4. **FIRST NAME:** Enter applicant/recipient's first name.
5. **DATE OF BIRTH:** Enter applicant/recipient's date of birth as MMDDYYYY.
6. **CLIENT ID/CASE NO:** For AIMS jurisdictions, enter the 9 digit case number or enter the Client ID for CARES jurisdictions.

**** ENTER OPTIONAL INFORMATION ****

1. **MI (MIDDLE INITIAL):** Enter applicant/recipient's middle initial.
2. **SEX:** Enter applicant/recipient's sex as **M** or **F**.

**** SELECT OPTION 1 TO INITIATE THE REQUEST ****

1. When all information has been entered, Tab down and enter 1 in the space provided directly following **ENTER DESIRED OPTION =>** and press **<ENTER>**.
2. The following message will display, indicating that the request has been successfully completed.

THE SVES REQUEST HAS BEEN SUCCESSFULLY COMPLETED

The Request Screen data fields will not be cleared. Simply type over the data fields and an additional request can be initiated by completing the Request Screen as described above.
NOTE: The message above will remain on the screen.

3. The following message will display if a SVES request on the SSN or CAN entered has been submitted by someone else within the last 10 days, but a response has not yet been received. **In this case, a request is unnecessary, and the response should be viewed at a later time.** The District within the request was initiated and the logon ID of the person who initiated the request are identified in the message.

A REQUEST EXISTS FOR THIS SSN (CAN) FROM DO: _____ WORKER: _____

4. The following message will display if a SVES request on the SSN or CAN entered has been submitted by someone else within the last 10 days and a SVES response received. In this case, a request is unnecessary, and the response may be viewed immediately.

A RESPONSE EXISTS FOR THIS SSN (CAN). USE TRANSACTION SVS6 TO VIEW THE RESPONSE.

**** REQUEST SCREEN ERROR MESSAGES ****

If the Request Screen contains more than one error, errors will be identified by an error message in the same order in which they appear on the screen. The error message INVALID OPTION, however, takes precedence over any other error message.

ENTRY IS MISSING: This message indicates that a required data field has not been completed. The cursor will be positioned in the required data field, and the data field will be filled with question marks. Enter the required information. **NOTE:** If more than one data field has not been completed, this message will again display after the first data field has been completed.

ENTRY IS KEYED IN ERROR: This message indicates that the entry has not been entered correctly. The cursor will be positioned in the data field to be corrected. Enter the information correctly.

THE SSN OR CLAIM ACCOUNT NUMBER (CAN) MUST BE KEYED: This message indicates that neither an SSN nor a CAN/BIC has been entered. The cursor will be positioned in the SSN data field in error. Enter either the SSN or CAN/BIC.

THE SSN AND CLAIM ACCOUNT NUMBER (CAN) CAN NOT BE KEYED TOGETHER: This message indicates that both the SSN and the CAN/BIC have been entered. The cursor will be positioned in the SSN data field. Delete either the SSN or tab to and delete the CAN/BIC.

THE BIC ENTRY MUST BE KEYED: This message indicates that a CAN has been entered, but a BIC has not. The cursor will be positioned in the BIC data field. Enter the BIC.

THE BIC ENTRY IS INVALID: This message indicates that the BIC entry has not been entered correctly. The cursor will be positioned in the BIC data field. Enter the BIC correctly.

INVALID OPTION, TRY AGAIN: This message indicates that the ENTER DESIRED OPTION => data field has not been completed. Enter 1 and press <ENTER>.

VIII. HOW TO DISPLAY A SVES RESPONSE FOR VIEWING

A SVES response can be accessed for viewing using either Option 1 (SVS5 Request Screen) or Option 2 (SVS6 Response Screen 1).

**** OPTION 1: DISPLAY THE SVS5 REQUEST SCREEN ****

1. Use the Clear Key to clear the screen on which the SIGN ON OK message is displayed. If already signed-on, use the Clear Key to clear whatever message is displayed.
2. Type SVS0 and press <ENTER>
3. The SVES System Notice Screen will display. A message will display telling the user if any action has taken place on the last SVES request. Near the bottom of the screen the user can see the date and time of the last request. With the cursor already positioned at the OPTION data field type 1 and press <ENTER>
4. SVES SVS5 Request Screen will display

ENTER REQUIRED INFORMATION (See pages 9-10) TO DISPLAY THE RESPONSE SUMMARY SCREEN

**** ENTER REQUIRED INFORMATION TO DISPLAY THE RESPONSE SUMMARY SCREEN ****

1. If responses to requests initiated by the worker identified in the WORKER LOGONID data field are desired, tab to the ENTER DESIRED OPTION => data field. Type 2 and press <ENTER>
OR: If responses to requests initiated by another worker are desired, type over the WORKER LOGONID with the WORKER LOGONID of the desired worker. Tab to the ENTER DESIRED OPTION => data field. Type 2 and press <ENTER>
OR: If responses to requests initiated within District Office are desired, delete the WORKER LOGONID. Enter the DO Number. Tab to the ENTER DESIRED OPTION => data field. Type 2 and press <ENTER>

NOTE: Unless you use more than one DO, entering both a LOGONID and a DO will provide the same result as entering only the LOGONID.

2. The SVES Response Summary Screen will display. This screen will provide a summary list of all SSN inquiry responses received from SSA during the previous 10 days for requests initiated by the worker or within the District Office identified on the Request Screen. CAN/BIC inquiry responses will not be listed on the Summary Screen and must be viewed using Option 2 on page 14.

SVEM9052	STATE OF MARYLAND	TODAY'S DATE MM/DD/YYYY
SVES RESPONSE SUMMARY SCREEN		
-	-	
-	-	
-	-	
ENTER DESIRED OPTION => "N" = NEXT PAGE		

- Responses available for viewing are listed on the Response Summary Screen by SSN and Recipient Last Name. Responses are listed left - to - right - to - left - etc, in a numerical order by SSN

If a response for a specific request is not listed, it may be that the response has not yet been received from SSA because of a systems problem. In this case, check for the response the next day. If the response is not available the next day, advise the DHR Help Desk that there may be a systems problem.

(Non-DSS users should advise the appropriate person to whom technical problems are to be reported.)

If no responses are available for the worker or District Office identified, the following message will display.

NO RESPONSES FOUND FOR WORKER LOGONID / DISTRICT OFFICE

- If all responses are listed on the screen, the following message will display:
ALL SSNs WITH RESPONSES HAVE BEEN DISPLAYED
Tab to ENTER DESIRED OPTION, type N and press <ENTER> to get the next screen. If this message does not display, it means that additional responses are listed on the next screen.
- To view a response, tab to directly in front of the response to be viewed. Enter X and press <ENTER>. **NOTE:** Verify that N does not display following ENTER DESIRED OPTION =>. If displayed, The N must be deleted prior to pressing <ENTER>.

Response Screen 1 will display. (See Section IX: How to Interpret a SVES Response. **NOTE:** Only a single response at a time can be requested for viewing.

If the response has an Error Condition (See p. 15), it will automatically be deleted from the Response Summary Screen after it has been viewed.

- To view a response for another SSN, repeat the above SVS5 procedure or use the SVS6 procedure described below in Option 2.

**** OPTION 2: DISPLAY THE SVS6 RESPONSE SCREEN 1 ****

1. Use the Clear Key to clear the screen on which the SIGN ON OK message is displayed. If already signed-on, use the Clear Key to clear whatever message is displayed.
2. Type SVS0 and press <ENTER>
3. The SVES System Notice Screen will display. A message will display telling the user if any action has taken place on the last SVES request. Near the bottom of the screen the user can see the date and time of the last request. With the cursor already positioned at the OPTION data field type 2 and press <ENTER>
4. SVES SVS6 Response Screen 1 will display

SVEM9601	STATE OF MARYLAND SVES RESPONSE - SCREEN 1	TODAY'S DATE MM / DD / YYYY RESPONSE DATE MM / DD / YYYY
SOCIAL SECURITY NO:	CAN: .. FIRST	MI
NAME:		
DATE OF BIRTH:		
SEX:		
STATE AGENCY CODE		
RECORD CODE		
ERROR CONDITION		
SSN VERIFICATION CODE		
VERIFIED SSNS:		
CASE NUMBER / CLIENT ID		
WORKER LOGON ID		
OPTION=> "I" = INQUIRE RESPONSE "N" = NEXT PAGE, "P" = PREVIOUS PAGE		

** ENTER REQUIRED INFORMATION TO IDENTIFY THE RESPONSE TO BE VIEWED **

1. Enter the SSN for the response to be viewed in the SSN field. If the request was done using CAN / BIC, enter the CAN in the SSN field. Tab to Option =>. Type I and press <ENTER>. Response Screen 1 will display.

It may be that the response has not yet been received from SSA because of a systems problem. In this case, check for the response the next day. If the response is not available the next day, advise the DHR Help Desk that there may be a systems problem.

(Non-DSS users should advise the appropriate person to whom technical problems are to be reported.)

2. To view a response for another SSN or CAN/BIC after display of the RECORD NOT FOUND message, replace the currently displayed SSN or CAN/BIC with the SSN or CAN/BIC for the next response to be viewed. Tab to OPTION =>. Type I, delete and press <ENTER>. Response Screen 1 will display.

OR: Use Alt + F1 to clear the screen, type SVS0, press <ENTER>, choose OPTION #2, and then repeat the above procedure.

OR: Use the SVS5 procedure.

3. To view a response for another SSN or CAN/BIC after reviewing the response for the SSN or CAN/BIC currently displayed, if you are on:

Screen 1: Replace the currently displayed SSN or CAN/BIC with the SSN or CAN/BIC for the next response to be viewed and press <ENTER>. No change is required to the other data fields which display information for the response currently displayed. Response Screen 1 will display.

Screens 2-6: Use Alt + F1 to clear the screen, type SVS0, press <ENTER>, choose OPTION #2 and then repeat the above procedure in paragraph 1.

Screen 7: Type N after OPTION and press <ENTER>. Repeat the procedure described above in paragraph 1.

OR: Use the SVS5 procedure.

IX. HOW TO INTERPRET A SVES RESPONSE

** HOW TO VIEW RESPONSES **

When a response is returned from SSA, the number of response screens that display information will depend on the information returned. (See RECORD CODE data field on p. 18.)

To view the next response screen, type **N** directly following **OPTION =>** and press **<ENTER>**. Continue this procedure until all desired information has been viewed. To view the previous response screen, type **P** directly following **OPTION =>** and press **<ENTER>**.

** RESPONSE SCREEN 1 **

Response Screen 1 contains information submitted in the SVES request and information received from SSA in response to the request.

SVEM9061	STATE OF MARYLAND	TODAYS DATE:
	SVES RESPONSE - SCREEN NUMBER 1	RESPONSE DATE:
SOCIAL SECURITY NO:	CAN:	
NAME:	FIRST	MI
DATE OF BIRTH:		
SEX:		
STATE AGENCY CODE:		
RECORD CODE:		
ERROR CONDITION:		
SSN VERIFICATION CODE:		
VERIFIED SSNS		
CASE NUMBER / CLIENT ID:		
WORKER LOGON ID:		
OPTION => I "I" = INQUIRE RESPONSE; = NEXT PAGE; "P" = PREVIOUS PAGE		

TODAYS DATE: Current date

RESPONSE DATE: Date the SVES response was received back from SSA.

NOTE: The response will remain available for viewing for 10 calendar days from this date, at which point the response will be purged from SVES. While available, a response may be viewed not only by the person who initiated the request but by anyone who has access to SVES.

SSN, CAN, NAME, DATE OF BIRTH, SEX will display exactly as entered on the SVES request.

STATE AGENCY CODE: State which submitted the SVES request. Maryland is 021

RECORD CODE: Type of information provided in the SVES response from SSA. Only the Response Screens identified will display information.

- 1: No Title II (SSA) or Title XVI (SSI) information (Screen 1)
- 2: Title II information only (Screens 1-4)
- 3: Title XVI information only (Screens 1, 5-7)
- 4: Both Title II and Title XVI information (Screens 1-7)

ERROR CONDITION: Discrepancy caused by invalid or missing data sent in the SVES request to SSA. For any Error Condition other than 600, resubmit the SVES request with correct data. Certain ERROR CONDITIONS and SSN VERIFICATION CODES are usually used together. In these cases, the Verification Codes are indicated.

- 101: CAN invalid or missing
- 102: SSN invalid or missing
- 110: CAN not verified.....VERIFICATION CODES 1,3, or 5
- 120: SSN not verified.....VERIFICATION CODES 1,3, or 5
- 201: Last Name invalid or missing.....VERIFICATION CODE 5
- 202: First Name invalid or missing.....VERIFICATION CODE 5
- 300: Date of Birth invalid or missing.....VERIFICATION CODE 3
- 600: Request is for a public figure whose record is not available for routine request

SSN VERIFICATION CODE: Code used to indicate whether the requested SSN was verified. If the SSN was verified, the source of the verification is given. If a CAN rather than an SSN was submitted, the verified SSN will be displayed on Response Screen 2 in PERSONS OWN SSN data field. If the SSN was not verified, the reason for nonverification should appear.

Three SSA data bases are used for verification. The NUMIDENT data base is the primary method of SSN verification. If the requested SSN can not be verified by NUMIDENT, then Title II and Title XVI data bases are used as secondary methods of SSN verification (See Codes M,P,R).

- V: VERIFIED by NUMIDENT
- M: VERIFIED by Title II or Title XVI. SSN not found NUMIDENT.
- P: VERIFIED by Title II or Title XVI. Date of Birth did not match NUMIDENT.
NOTE 1: SSA will return a date of birth from NUMIDENT in the VERIFIED SSNS data field. This date is not verified. NOTE 2: Verify that the response information returned by SSA is for the person requested. This is because if the verified SSN belongs to an individual other than the person identified by Last Name, First Name, and Date of Birth, SSA may return information on this individual rather than the person identified. NOTE 3: SSA may not return Title XVI information for a P VERIFICATION CODE.

- R:** VERIFIED by Title II or Title XVI. Last and First Name did not match NUMIDENT. **NOTE:** Verify that the response information returned by SSA is for the person requested. If not, resubmit the request using the correct SSN. This is because if the verified SSN belongs to an individual other than the person identified by Last Name, First Name, and Date of Birth, SSA may return information on this individual rather than the person identified.
- F:** VERIFIED by NUMIDENT. Last Name did not match NUMIDENT.
- 1:** NOT VERIFIED. SSN not found in SSA data bases.
- 3:** NOT VERIFIED. Last Name, First Name matched, but Date of Birth did not match SSA data bases. **NOTE:** SSA will return a date of birth from NUMIDENT in the VERIFIED SSNS data field. This date is not verified.
- 5:** NOT VERIFIED. Last and First Name did not match SSA data bases. Date of Birth not checked.
- Z:** NOT VERIFIED. This code appears when a CAN/BIC is submitted in lieu of an SSN, the CAN was not verified, and therefore the SSN was not verified. **NOTE:** Verify that the response information returned by SSA is for the person requested. If not, resubmit the request using the person's SSN.
- ***: NOT VERIFIED. SSA located and verified another SSN which is displayed in the VERIFIED SSNS data field.
- &:** MORE THAN ONE SSN VERIFIED. Additional verified SSNs are displayed in the VERIFIED SSNS data field.

VERIFIED SSNS: If the requested SSN was incorrect because of a slight error, e.g., a single digit incorrect or two digits transposed, SSA may provide the correct SSN in this data field, if the requested SSN does not actually belong to another individual. In this case, the SSN VERIFICATION CODE data field will display *. A request using this SSN should be submitted.

If the requested SSN was incorrect and actually belongs to another individual, the SSN VERIFICATION CODE data field may display 5, and the correct SSN will not be provided by SSA.

If more than one SSN is verified for the individual, the SSN VERIFICATION CODE data field will display &, and additional verified SSNs will display in this data field. Requests for these additional numbers should be submitted.

If the SSN VERIFICATION CODE displays P or 3, the VERIFIED SSNs data field will display the birthdate from NUMIDENT.

CASE NO/CLIENT ID: Case number sent to SSA as part of the SVES request.

WORKER LOGONID: The Log-On ID of the person who initiated the SVES request, unless a CAN/BIC was submitted.

**** RESPONSE SCREEN 2 ****

Response Screen 2 contains Title II information, if Title II information was provided by SSA in response to the SVES request. **TODAYS DATE** and **RESPONSE DATE** will be pre-filled; **NAME**, **SSN(CAN)**, **DATE OF BIRTH** will be pre-filled with the information submitted in the request.

SVEM9062		STATE OF MARYLAND		TODAYS DATE:	
SVES RESPONSE - SCREEN NUMBER 2				RESPONSE DATE:	
NAME:		SSN:		CAN:	
TITLE II CAN:		STATE/COUNTY CODE:		ZIP:	
ADDRESS:					
FIRST NAME:		MI:		DIRECT DEPOSIT:	
LAST NAME:		DEFERRED PAY DATE:			
DATE OF BIRTH:		SCHEDULE PAY INDICATOR:			
SEX:		PROOF OF AGE:		PAY DATE: CURRENT PAY:	
LAF CODE:		CHECK INDICATOR: PRIOR PAY:			
				RAILROAD RETIREMENT INDICATOR:	
INITIAL ENTITLEMENT DATE:				PERSONS OWN SSN:	
CURRENT ENTITLEMENT DATE:				DATE OF DEATH:	
SUSPENSE/TERMINATE DATE:				DISABILITY ONSET DATE:	
NET MONTHLY BENEFIT:					
OPTION => - "N" = NEXT PAGE, "P" = PREVIOUS PAGE					

TITLE II CAN: CAN under which a Title II claim exists.

STATE/COUNTY CODE: Five digit code used to identify the state and city/county in which, according to SSA records, the recipient resides. The first two digits identify the state, the next three digits identify the city/county. This field will be the same as the state and city/county residence of the Title II recipient. The 21 designates Maryland:

21000 Allegany	21110 Garrett	21220 Wicomico
21010 Anne Arundel	21120 Harford	21230 Worcester
21020 Baltimore Co	21130 Howard	
21030 Baltimore City	21140 Kent	
21040 Calvert	21150 Montgomery	
21050 Caroline	21160 Prince George's	
21060 Carroll	21170 Queen Anne's	
21070 Cecil	21180 St. Mary's	
21080 Charles	21190 Somerset	
21090 Dorchester	21200 Talbot	
21100 Frederick	21210 Washington	

ZIP: Recipient's zip code.

ADDRESS: Mailing address of the recipient.

FIRST NAME, MI, LAST NAME: Name of the recipient.

DATE OF BIRTH: Date of birth of the recipient according to SSA Title II records.

SEX: Sex of the recipient.

M: Male
F: Female
U: Unknown

PROOF OF AGE: Method by which age was verified.

A: Alleged
B: Verified by Birth/Baptismal Certificate
C: Verified by Convincing Evidence
E: Previously Verified by SSA
Q: Verified by method other than **B** or **C**

LAF CODE (LEDGER ACCOUNT FILE): Payment status code of the recipient.

F: Advanced filing for current payment through Railroad Retirement
J: Advanced filing for current payment not through Railroad Retirement
N: Disallowed claim
PT: Terminated from a pending or delayed claim. Not the same as a denial or disallowance.
A: Withdrawal for adjustment
AD: Adjusted for dual entitlement
AS: Adjusted for simultaneous entitlement
A9: All other adjustment actions
B: Abatement status
C: Current payment status (except Railroad Retirement)
D: Deferred Payment Status
DP: Deferred because of Public Assistance
DW: Deferred for Workers Compensation Offset
D1: Deferred for foreign work test
D2: Deferred for annual retirement test
D3: Deferred as an auxiliary of a beneficiary whose status is deferred for annual retirement test
(**LAF=D2**)
D4: Deferred for no child-in-care
D5: Deferred as an auxiliary of a beneficiary whose status is deferred for foreign work test
(**LAF=D1**)
D6: Deferred to cover overpayments not covered by any of the above reasons
D9: Miscellaneous deferment not provided with a specific code
E: Current payment through Railroad Retirement Board
K: Advanced filing for deferred payment. Low order position same as **LAF=D**.

- L:** Advanced filing for conditional payment. Low order position same as **LAF=S**.
- ND:** Denied claim
- P:** Pending claim. No beneficiary in this claim is in a LAF other other than **B, N, P, T, U or X**. Low order position same as **LAF=S**. Used with delayed claims to show that upon denial adjudication the beneficiary is to be placed in **LAF=S** with the same subscript. For example, **LAF=P2** would indicate that upon adjudication the LAF will become **S2**.
- PB:** Delayed claim. Another beneficiary in this claim has a LAF other than **B, N, P, T, U or X**
- S:** Conditional payment status
- SB:** Benefits due but not paid (usually less than \$1.00)
- SD:** Technical entitlement
- SF:** Prouty beneficiary fails to meet residency requirement
- SH:** Prouty beneficiary receiving government pension
- SJ:** Alien suspension
- SK:** Deportation
- SL:** Barred payment country
- SM:** Refused old age insurance benefits
- SP:** Prouty beneficiary receiving public assistance
- SS:** Nonpayment to post secondary students during school months
- SW:** WC Offset
- S0:** Pending determination of continuing disability
- S1:** Worked outside the U.S.
- S2:** Worked inside the U.S.
- S3:** Insured person worked in the U.S.
- S4:** Failure to have child-in-care
- S5:** Insured person worked outside the U.S.
- S6:** For better address
- S7:** Refused vocational rehabilitation services
- S8:** Payee not determined
- S9:** All other reasons
- T:** Terminated Status
- TA:** Advanced filing claim terminated before maturity
- TB:** Mother, Father terminated. Entitled to disabled widow(er) benefits
- TC:** Disabled widow or widower attained age 65
- TL:** Termination of student (post secondary) benefits due to legislative changes in student requirements
- TP:** Terminated for change of payment identification code (PIC) on post entitlement actions
- TR:** Claim withdrawn
- TX:** DIB attained age 65 (also used for auxiliary beneficiaries)
- T0:** Benefits payable by some other agency
- T1:** Death of beneficiary
- T2:** Dependent terminated due to death of primary beneficiary
- T3:** Divorce, marriage, remarriage
- T4:** Attainment of age 18 or 22 and not disabled. Mother/father terminated based on last child's attainment of age 18
- T5:** Entitled to other benefits equal or larger
- T6:** Termination of mother/father due to death, disability, or school attendance.
- T7:** Adoption of child. Mother terminated. Last entitled child adopted. Valid only if date of

suspension or termination (DOST) is earlier than 10/72

T8: DIB no longer disabled. Mother/father terminated, child no longer disabled

T9: All other reasons

U: Active title XVIII status only

W: Withdrawal before entitlement

X: Title XVIII adjustment or termination status

XD: Withdrawal for adjustment

X8: Payee not determined

KK: Deportation

XR: Withdrawn from supplement medical insurance benefits (SMIB)

X0: Claim transferred to Railroad Retirement

X1: Death of beneficiary

X5: Entitled to other benefits

X7: Health Insurance benefits (HIB)/SMIB terminated

X9: All other reasons

INITIAL ENTITLEMENT DATE: Date initial entitlement to Title II began.

CURRENT ENTITLEMENT DATE: Date current entitlement to Title II began.

SUSPENSE/TERMINATE DATE: Date suspension or termination of Title II occurred.

NET MONTHLY BENEFIT: Benefit amount payable after deduction of the beneficiary's obligation, e.g., Medicare Part B premium, or overpayment adjustment.

DIRECT DEPOSIT: Type of account to which payment is deposited. If blank, no direct deposit is made.

C: Checking account
S: Savings account

DEFERRED PAY DATE: Date first or next scheduled payment is to be made.

SCHEDULE PAY IND (INDICATOR): How scheduled payments are made.

P: Prior month accrual paid by daily update
R: Current month accrual paid by monthly merge
B: Prior month accrual only

PAY DATE: Date prior month accrual is made.

CURRENT PAY: Amount paid by current month accrual.

CHECK INDICATOR: Y or N indicates whether the scheduled payment or the scheduled prior payment was included in the regular monthly check.

PRIOR PAY: Regular monthly amount paid by scheduled check.

RAILROAD RETIREMENT INDICATOR: Status of Railroad Retirement claim.

A: Active claim

T: Terminated claim

PERSONS OWN SSN: Recipient's SSN.

DATE OF DEATH: Recipient's date of death.

DIS (DISABILITY) ONSET DATE: Onset date of disability.

**** RESPONSE SCREEN 3 ****

Response Screen 3 contains Medicare Part A, Medicare Part B, and Black Lung information, if this information was provided by SSA in response to the SVES request. **TODAYS DATE** and **RESPONSE DATE** will be pre-filled; **NAME**, **SSN(CAN)**, and **DATE OF BIRTH** will be pre-filled with the information submitted in the request.

NOTE: If Medicare Part A and Part B information is provided, the **TITLE II CAN** displayed on Response Screen 2 is the Medicare Number.

SVEM9063		STATE OF MARYLAND		TODAYS DATE:	
SVES RESPONSE - SCREEN NUMBER 3				RESPONSE DATE:	
NAME:		SSN:		CAN:	
DOB:		BUY-IN		INDICATOR:	
MEDICARE PART B		MEDICARE PART A		PAY CODE:	
INDICATOR:		INDICATOR		START:	
OPTION CODE:		OPTION CODE:		STOP:	
START DATE:		START DATE:			
STOP DATE:		STOP DATE:			
PREMIUM:		PREMIUM:			
BUY-IN		WELFARE AGENCY CODE:			
INDICATOR:		ASSISTANCE CODE:			
PAY CODE:		BLACK LUNG			
START DATE:		ENTITLEMENT CODE:			
STOP DATE:		ENTITLEMENT AMOUNT:			
DUAL ENTITLEMENT NO:			BIC:		
OPTION => - "N" = NEXT PAGE, "P" = PREVIOUS PAGE					

MEDICARE B INDICATOR: Y or N indicates whether beneficiary has Medicare Part B Supplemental Medical Insurance.

OPTION CODE: Status of Medicare Part B. If beneficiary does not have Medicare Part B, the reason is given.

- C:** No. Cessation
- D:** No. Denied
- F:** No. Invalid enrollment
- G:** Yes. Good Cause
- N:** No. No response
- P:** Yes. Railroad Retirement has jurisdiction
- R:** No. Refused
- S:** No. No longer under renal disease provision

T: No. Terminated for nonpayment of premiums
W: No. Withdrawal
Y: Yes

START DATE: Date current entitlement to Medicare Part B began.

STOP DATE: Date entitlement to Medicare Part B ended.

PREMIUM: Current Medicare Part B premium. This amount is deducted from the benefit amount, if the beneficiary is responsible for payment of the premium.

BUY-IN INDICATOR: Y or N indicates whether a third party is responsible for payment of the Medicare Part B premium.

PAY CODE: Third party responsible for payment of the Medicare Part B premium:

*** INDICATES STATE HAS NO CURRENT BUY-IN AGREEMENT**

700: Premiums deducted from Civil Service Annuity

A01: Group payer for Part B	130: Idaho	350: North Dakota
R99: (Private)	140: Illinois	360: Ohio
S01: Group payer for Part A	150: Indiana	370: Oklahoma
Z99: Zebley case	60: Iowa	380: Oregon
010: State buy-in	22A: Massachusetts (Blind)	390: Pennsylvania
010: Alabama	170: Kansas	400: *Puerto Rico
020: Alaska	180: Kentucky	410: Rhode Island
030: Arizona	190: *Louisiana	420: South Carolina
040: Arkansas	200: Maine	430: South Dakota
050: California	210: Maryland	440: Tennessee
060: Colorado	220: Massachusetts (DPW)	450: Texas
070: Connecticut	230: Michigan	460: Utah
08A: Delaware (Blind)	240: Minnesota	470: Vermont
080: Delaware (DPW)	250: Mississippi	480: Virgin Islands
090: District of Columbia	260: Missouri	490: Virginia
100: Florida	270: Montana	500: Washington
10A: Florida Cuban refugees	280: Nebraska	510: West Virginia
110: Georgia	290: Nevada	520: Wisconsin
120: Hawaii	300: New Hampshire	530: *Wyoming
	310: New Jersey	630: *Commonwealth of the Northern Marianna Isl.
	320: New Mexico	640: *American Samoa
	330: New York	650: Guam
	340: North Carolina	

START: Date third party first paid Medicare Part B premium.

STOP: Date third party last paid Medicare Part B premium.

DUAL ENTITLEMENT NO, BIC: Other CAN/BIC under which beneficiary is entitled to Title II benefits. If a dual entitlement CAN/BIC is returned, submit a follow-up SVES request using that CAN/BIC. **NOTE:** Another CAN/BIC under which the beneficiary is entitled to Title II benefits may show up as a CROSS REFERENCE ACCOUNT NUMBER on Response Screen 4.

MEDICARE A INDICATOR: Y or N indicates whether beneficiary has Medicare Part A Health Insurance.

OPTION CODE: Status of Medicare Part A. If beneficiary does not have Medicare Part A, the reason is given.

C: No. Cessation
D: No. Denied
E: Yes. Automatic
F: No. Invalid enrollment
G: Yes Good cause
H: No. Not eligible or did not enroll
P: Yes. Railroad Retirement has jurisdiction
R: No. Refused
S: No. No longer under renal disease provision
T: No. Terminated for nonpayment of premiums
W: No. Withdrawal
X: No. Title II termination
Y: Supplemental Insurance (Part B) premium is payable

START DATE: Date current entitlement to Medicare Part A began.

STOP DATE: MMYT entitlement to Medicare Part A ended.

PREMIUM: Current Medicare Part A premium.

BUY-IN INDICATOR: Y or N indicates whether a third party is responsible for payment of the Medicare Part A premium.

PAY CODE: Third party responsible for payment of the Medicare Part A premium. See PAY CODE on pp. 25-26.

START: Date third party first paid Medicare Part A premium.

STOP: Date third party last paid Medicare Part A premium.

WELFARE AGENCY CODE: State which submits BENDEX information.

010: Alabama	200: Maine	410: Rhode Island
020: Alaska	210: Maryland	640: American Samoa
030: Arizona	220: Massachusetts	420: South Carolina
040: Arkansas	230: Michigan	430: South Dakota
050: California	240: Minnesota	440: Tennessee
060: Colorado	250: Mississippi	450: Texas
070: Connecticut	260: Missouri	460: Utah
080: Delaware	270: Montana	470: Vermont
090: District of Columbia	280: Nebraska	480: Virgin Islands
100: Florida	290: Nevada	490: Virginia
110: Georgia	300: New Hampshire	500: Washington
650: Guam	310: New Jersey	510: West Virginia
120: Hawaii	320: New Mexico	520: Wisconsin
130: Idaho	330: New York	530: Wyoming
140: Illinois	340: North Carolina	
150: Indiana	350: North Dakota	
160: Iowa	360: Ohio	
170: Kansas	370: Oklahoma	
180: Kentucky	380: Oregon	
190: Louisiana	390: Pennsylvania	
	400: Puerto Rico	

ASSISTANCE CODE: Category of assistance from BENDEX information submitted to SSA. May not be current.

A:	Aged
B:	Blind
C:	AFDC
D:	Disabled
F:	Food Stamps
H:	Heath Maintenance
I:	Income maintenance
N:	The XIX Medicaid eligibility
S:	Statement of consent

BLACK LUNG ENTITLEMENT CODE: Status of entitlement to Black Lung benefits

E:	Entitled
N:	Nonpayment status
P:	Entitlement pending
T:	Terminated (other than death)
D:	Deceased

BLACK LUNG ENTITLEMENT AMOUNT: Current monthly payment amount. Amount paid to a miner or widow includes all benefits due the family in the same household.

Response Screen 4 contains Title II benefit information, including changes in benefit amount, if this information was provided by SSA in response to the SVES request. **TODAYS DATE** and **RESPONSE DATE** will be pre-filled; **NAME**, **SSN(CAN)**, and **DATE OF BIRTH** will be pre-filled with the information submitted in the request.

CROSS REFERENCE ACCOUNT NUMBERS: Indicates what type of income the cross-reference number is (e.g., Black Lung, Civil Service, Military, etc.)

A: Person may have more than one SSN
C: Civil Service Number
D: Dual Wage Record Number

MONTHLY BENEFIT CREDITED: Previous Title II benefit payment history. A maximum of 8 payments may be listed. **NOTE:** These payments were made under the CAN listed as the Title II CAN on Response Screen 2.

AMOUNT: New benefit amount.

C: Credited, meaning that a benefit was paid or that a benefit was due but may have been used to recover a prior overpayment.

N: Not Credited, meaning that the benefit was not paid or should not have been paid.

**** RESPONSE SCREEN 5 ****

Response Screen 5 contains Title XVI SSI benefit information, if this information was provided by SSA in response to the SVES request. **TODAYS DATE** and **RESPONSE DATE** will be pre-filled; **NAME**, **SSN(CAN)**, and **DATE OF BIRTH** will be pre-filled with the information submitted in the request.

SVEM9065		STATE OF MARYLAND		TODAYS DATE:	
SVES RESPONSE - SCREEN NUMBER 5				RESPONSE DATE:	
NAME:		SSN:		CAN:	
PERSONS OWN SSN:		LAST NAME:		DOB:	
SSN CORRECTION INDICATOR:		FIRST NAME:		MI	
SSI APPLICATION DATE:					
DENIAL CODE:		DENIAL DATE:		RACE:	
DATE OF BIRTH:		SEX:		CURRENT PAY STATUS:	
DATE OF DEATH:		DIRECT DEPOSIT IND:			
DISABILITY ONSET DATE:					
MAIL ADDR:					
ZIP CODE:					
RES ADDR:					
ZIP CODE:					
OPTION => - "N" = NEXT PAGE, "P" = PREVIOUS PAGE					

PERSONS OWN SSN: Recipient's SSN.

SSN CORRECTION INDICATOR: Status of a 900 series "pseudo" SSN or invalid SSN.

- A:** Pseudo or invalid SSN appears in the **PERSONS OWN SSN** data field. Valid SSN appears in the **MULTIPLE SSN** data field on Response Screen 7. Submit a follow-up SVES request using the valid SSN.
- B:** Valid SSN appears in the **PERSONS OWN SSN** data field. Pseudo or invalid SSN appears in the **MULTIPLE SSN** data field on Response Screen 7.

SSI APPLICATION DATE: Date applicant filed or is deemed to have filed an SSI application.

DENIAL CODE: Reason an applicant was initially denied SSI, if applicable. See CURRENT PAY STATUS on next page for denial reason codes.

DENIAL DATE: Date of SSI denial.

DATE OF BIRTH: Recipient's date of birth.

DATE OF DEATH: Recipient's date of death.

DISABILITY ONSET DATE: Date disability began (as established by SSA) or is alleged to have begun.

NOTE 1: SSI eligibility cannot begin before the SSI APPLICATION DATE.

NOTE 2: The date of SSI eligibility is not specified on the SVES Response Screens. If this date cannot be determined from other available information, contact SSA for this information.

MAIL ADDRESS: Recipient's mailing address.

RESIDENCE: Recipient's residence address, if different than the mailing address.

LAST NAME, FIRST NAME, MI: Recipient's name.

RACE: Recipient's race

W: White
B: Black
N: Negro
H: Hispanic
I: North American Indian
O: Other
U: Unknown

SEX: Recipient's sex.

M: Male
F: Female
U: Unknown

CURRENT PAY STATUS: Three character code which indicates the current pay status of the individual submitted and the reason for this status. The first character indicates the status of the SSI/State Supplement payment/eligibility, the second and third characters indicate the reason for this status.

C: Recipient is eligible for SSI/State Supplement payments
N: Recipient is not eligible for SSI/State Supplement payment

S: Recipient may still be eligible for SSI/State Supplement, but payment is being withheld for reason shown
T: SSI/State Supplement eligibility is terminated
M: Case is under manual control. Case is known as "forced payment," although a payment may not be involved
E: Recipient is in a nursing home
H: Recipient has not yet been paid. Case is in a holding status, pending final disposition
C01: Current Pay
E01: Eligibility exists but no payment due based on payment computation
H10: Living arrangement change in progress
H20: Martial status change in progress
H30: Resource change in progress
H40: Student status change in progress
H50: Head of household change in progress
H60: Pending receipt of date of death
H70: Pending position of one-time-only payment made outside the system
H80: Early input study case
M01: Force payment. Recipient may be in "payment" or "non-payment" status
N01: NONPAY. Recipient's countable income exceeds Title XVI payment amount and State's payment standard
N02: NONPAY. Recipient is inmate of public institution
N03: NONPAY. Recipient is outside U.S.
N04: NONPAY. Recipient's nonexcludable resources exceed Title XVI limitations
N05: NONPAY. Recipient gross income from self-employment exceeds Title XVI limitations
N06: NONPAY. Recipient failed to file for other benefits
N07: NONPAY. Cessation of recipient's disability
N08: NONPAY. Cessation of recipient's blindness
N09: NONPAY. Recipient refused vocational rehabilitation without good cause
N10: NONPAY. Recipient refused treatment for drug addiction
N11: NONPAY. Recipient refused treatment for alcoholism
N12: NONPAY. Recipient voluntarily withdrew from program
N13: NONPAY. Not U.S. citizen or eligible alien
N14: NONPAY. Aged claim denied for age
N17: NONPAY. Applicant failed to pursue claim
N19: NONPAY. Recipient voluntarily terminated participation in the SSI program
N20: NONPAY. Recipient failed to furnish a required report
N27: NONPAY. Disability terminated due to Substantial Gainful Activity (SGA)
N30: NONPAY. Slight Impairment. Medical consideration alone. No visual impairment
N31: NONPAY. Capacity for Substantial Gainful Activity (SGA). Customary past work. No visual impairment.
N32: NONPAY. Capacity for Substantial Gainful Activity (SGA). Other work. No visual impairment
N33: NONPAY. Engaging in Substantial Gainful Activity (SGA) despite impairment. No visual impairment

N34: NONPAY. Impairment is no longer severe at the time of decision and did not last 12 months. No visual impairment.
N35: NONPAY. Impairment is severe at the time of decision but not expected to last 12 months. No visual impairment
N36: NONPAY. Insufficient or no medical data furnished. No visual impairment
N37: NONPAY. Failure or refusal to submit to consultative examination. No visual impairment
N38: NONPAY. Applicant does not want to continue development of claim. No visual impairment
N39: NONPAY. Applicant willfully fails to follow prescribed treatment. No visual impairment
N40: NONPAY. Impairment(s) does not meet or equal listing (disabled child under age 18 only). No visual impairment
N41: NONPAY. Slight impairment. Medical condition alone. Visual impairment or blindness
N42: NONPAY. Capacity for Substantial Gainful Activity (SGA). Customary past work. Visual impairment
N43: NONPAY. Capacity for Substantial Gainful Activity (SGA). Other work. Visual impairment
N44: NONPAY. Engaging in Substantial Gainful Activity (SGA) despite impairment. Visual impairment
N45: NONPAY. Impairment no longer severe at the time of decision and did not last 12 months. Visual impairment
N46: NONPAY. Impairment is severe at the time of decision but not expected to last 12 months. Visual impairment
N51: NONPAY. Impairment(s) does not meet or equal listing (disabled child under age 18 only). Visual impairment
N52: NONPAY. Deleted from State rolls before 1/73 payment
N53: NONPAY. Deleted from State rolls after 1/73 payment
N54: NONPAY. Unable to locate applicant
P01: SUSPENDED. Substantial gainful activity (SGA). Probability of reinstatement
S06: SUSPENDED. Recipient's address unknown
S07: SUSPENDED. Returned check for other than address, payee change, or death of payee
S08: SUSPENDED. Representative payee development pending
S09: SUSPENDED. Miscellaneous. No specific code provided for event causing suspension
S10: Adjudicative Suspense (System Generated)
S20: SUSPENDED. Potential roll-back case or disability made prior to 7/73 (inactive)
S21: SUSPENDED. Recipient is presumptively disabled and has received three months payments
T01: TERMINATED. Death of recipient
T20: TERMINATED. Received payment under two different account numbers
T22: TERMINATED. Same definition as T20, except termination resulted from electronic screening
T30: TERMINATED. Change in record composition requires termination of existing record
T31: TERMINATED. System generated termination. Payment made

T50: TERMINATED. Manual termination. No payment made
T51: TERMINATED. System generated termination. No payment made
* : Data transmitted in error.

DIRECT DEPOSIT INDICATOR: Type of account to which the SSI payment is deposited. If blank, no direct deposit is made:

C: Checking
S: Saving

**** RESPONSE SCREEN 6 ****

Response Screen 6 contains Title XVI SSI benefit information, if this information was provided by SSA in response to the SVES report. **TODAYS DATE** and **RESPONSE DATE** will be pre-filled; **NAME**, **SSN(CAN)**, and **DATE OF BIRTH** will be pre-filled with the information submitted in the request.

SVEM9066		STATE OF MARYLAND		TODAYS DATE:	
		SVES RESPONSE - SCREEN NUMBER 6		RESPONSE DATE:	
NAME:		SSN:		CAN: DOB:	
- - - - - CURRENT PAYMENT - - - - -					
DATE		FEDERAL		STATE	
				TELEPHONE NUMBER:	
- - - - - PAYMENT HISTORY - - - - -					
DATE		FEDERAL		STATE	
				WAGE INCOME:	
				SELF-EMPLOYMENT INCOME:	
				BLIND WORK EXPENSES:	
				SELF-SUPPORT AMOUNT:	
				IAR REIMBURSEMENT CODE:	
				LOCALITY REIMBURSED:	
				REPRESENTATIVE PAYEE INDICATOR:	
				SELECTOR DATE:	
				TYPE OF PAYEE:	
NET COUNTABLE EARNED INCOME:					
NET COUNTABLE UNEARNED INCOME:					
OPTION => - "N" = NEXT PAGE, "P" = PREVIOUS PAGE					

CURRENT PAY: SSI, State Supplement current payment (net amount).

DATE: Date of current SSI payment.

FEDERAL: SSI payment amount for current month.

STATE: State Supplement payment amount for current month, if made by SSA. **NOTE:** If an amount shows in the STATE data field, the recipient is receiving a State supplement from a State other than Maryland

PAYMENT HISTORY: SSI, State Supplement payment history. **NOTE:** If the most recent payment date which shows in PAYMENT HISTORY also shows in CURRENT PAY, and the payment amount for this date in CURRENT PAY is less than the amount in PAYMENT HISTORY, the difference probably represents a recoupment on a prior overpayment.

TELEPHONE NUMBER: Recipient's telephone number.

WAGE INCOME: Gross amount of estimated wages for a specified month.

SELF EMPLOYMENT INCOME: Net amount of estimated self employment income for a specified month.

BLIND WORK EXPENSES: Amount of work expenses of a blind recipient for a specified month which may be excluded from earned income.

SELF-SUPPORT AMOUNT: Monthly amount of earned income for blind and disabled recipients which may be excluded from earned income under an approved plan of self-support.

IAR REIMBURSEMENT CODE: SSA reimbursement of interim assistance payments, or the reason reimbursement is not being made.

- 0: Essential person record. Applicant did not authorize reimbursement.
- 1: Total payment amount which is being sent or was sent to locality. It is not possible to determine from the data provided which payment was sent to the locality.
- 2: Part of the payment amount which is being or was sent to the locality. It is not possible to determine from the data provided which payment was sent to the locality.
- 3: Reimbursement is not being made. Applicant is ineligible, or a retroactive payment is not due.
- 4: Reimbursable assistance case is pending or denied.
- 5: Reimbursement check was returned.

LOCALITY REIMBURSED: The locality which receives reimbursement for interim assistance payments. If the locality code begins with 21, the locality is within Maryland. See STATE/COUNTY CODES on pp. 17-20. If the locality code begins with some number other than 21, the locality is not within Maryland.

REPRESENTATIVE PAYEE INDICATOR: Y or N indicates whether there is a representative payee.

PAYEE SELECTION DATE: Date the current payee was selected.

PAYEE TYPE: Type of payee selected.

SEL or blank: Beneficiary is own payee

SPO: Spouse

FTH: Natural or adoptive father

MTH: Natural or adoptive mother

SFT: Stepfather

SMT: Stepmother

GPR: Grandparent

CHD: Natural, adoptive or stepchild (as payee for parent)

REL: Other relative (includes in-laws)

FDO: Federal nonmental institution

FDM: Federal mental Institution

SLO: State/local nonmental institution

SLM: State/local mental institution

PRO: Proprietary nonmental institution

PRM: Proprietary mental institution

NPO: Nonprofit non-mental institution

NPM: Nonprofit mental institution **FIN:** Financial organization

AGY: Social agency

OFF: Public official

OTH: Other

PYE: Recipient previously had payee, but is now receiving direct payments

ESP: Essential person is payee

NET COUNTABLE EARNED INCOME: Net countable earned income for the current month after all exclusions are applied.

NET COUNTABLE UNEARNED INCOME: Net countable unearned income for the current month after all exclusions are applied.

OPTION => _ "P" = PREVIOUS PAGE, "N" = RESPONSE SCREEN

MARITAL STATUS: Marital status of the recipient at the time the record was established.

- 1: Married and living with (ceremonial marriage, common law marriage, or de facto marriage)
- 3: Single, widowed, or divorced
- 4: Married, but separated

STUDENT INDICATOR: Y or N indicates whether a recipient under age 22 is a student.

CONDITIONAL PAYMENT: Whether a payment is or was subject to disposition of excess resources. When a payment is no longer conditional, Code C continues to display. If blank, payment is not conditional.

- C: Conditional
- N: Not conditional

DISABILITY STATUS: Status of SSI disability and blind cases

- P: Presumptive finding
- F: Final determination allowance
- S: State determination allowance (State conversion case)
- R: Referred to state agency. Final determination denied or determination pending.
- T: Presumptive finding (State conversion case)
- X: No disability determination made. Claim denied on basis of nondisability issues.

MULTIPLE SSN: Additional verified SSNs associated with the recipient. Up to five SSNs may be displayed vertically. Submit a follow-up SVES request on any additional SSN provided.

UNEARNED INCOME INFORMATION

TYPE: Type of unearned income the recipient is or was receiving.

- A: Social Security
- B: Black Lung
- C: Veterans Administration Compensation
- D: Railroad Retirement
- E: Veterans Administration Pension
- F: Assistance based on need and not excluded from unearned income (AFDC)
- G: Title XVI offset
- H: Income-in-kind (Support and Maintenance)
- I: Ineligible child allocation
- J: Value of 1/3 reduction
- K: Blind countable income
- L: Military Pension, including survivor payments
- M: Federal Civil Service Pension
- N: Child Support payments received from absent parent
- O: Income based on need from private sources

- P:** Employment related pension, such as State or local government retirement or private
- Q:** Workman's Compensation
- R:** Rent, interest, dividends, royalties
- S:** Other type of income, including case contributions
- T:** Alaska longevity bonus
- V:** Net deemed income. Income from a financially responsible spouse/parent
- W:** Title II Offset
- X:** Minimum income level amount
- Y:** Special need reduction. Applies to a Federal countable minimum income level (MIL)
- Z:** State countable income (Vermont only)

START: Date unearned income began if the payment is ongoing, or MMY Y payment was made if the payment was one-time-only.

STOP: Date unearned income terminated. In a situation where the unearned income amount changes, this is the last date the previous payment amount or one-time payment was received.

AMOUNT: Monthly payment amount for the period indicated by the START/STOP dates.

FREQUENCY: Whether unearned income is being received or was received.

- C:** Continuous monthly payment, uninsured (Title II claim account number suffix **T** and **M**), or Title II benefits in non-pay status
- N:** One-time payment
- R:** Used in conjunction with **Type A** income to indicate recent Title II filing or with **Type D** income to indicate potential eligibility to Railroad Retirement benefit
- T:** Termination of continuous monthly payment
- U:** Used in conjunction with a **Type D** income to indicate Railroad Retirement has jurisdiction of the Title II **Type A** payment and that entitlement to Railroad Retirement annuity has not been determined.

CLAIM/ID NO: Recipient's claim number followed by a one-digit code indicating the claim or identification number under which each type of unearned income is being received. **NOTE 1:** This number may extend into the SC data field. **NOTE 2:** The data in this field may include other information that has meaning only to the person making the entry.

SOCIAL SECURITY (TYPE A): The claim number is a nine-digit SSN of the insured individual, a two-position left-justified Beneficiary Identification Code (BIC), and a space in position 12 of the field.

VA COMPENSATION AND PENSION NOT BASED ON NEED (TYPE C): The claim number is a nine-digit VA number, two alpha characters, and a space in position 12 of the field.

RAILROAD RETIREMENT (TYPE D): The claim number is a nine-digit Railroad Retirement Board (RRB) number, two alpha characters (the RRB beneficiary identification), and a space in position 12 of the field.

VA COMPENSATION AND PENSION BASED ON NEED (TYPE E): The claim number is a nine-digit VA number, two alpha characters, and a space in position 12 of the field.

MILITARY RETIRED PAY (TYPE L): The claim number is a nine-digit military ID number, a one-digit character, either alpha or numeric, and a space in position 12 of the field.

FEDERAL CIVIL SERVICE PENSION (TYPE M): The claim number is nine-digit civil service number, a one-position alpha character, a one-digit character or a space in the eleventh position, and a space in position 12 of the field.

INCOME-IN-KIND (TYPE H): The claim number data field may contain an identifying legend, e.g., RENT-FREE, FREE-RENT, etc. This legend may appear after one of the following living arrangement codes:

- A: Living in own household
- B: Living in non-institutional care situation
- C: Living in a private nonprofit residential care institution (covered by Church Amendment)
- D: Living in other private non-medical institution (domiciliary care personal care, retirement homes, etc.)
- E: Living in private medical institution but Medicaid pays less than 50 percent of the cost
- F: Living in public institution for education or vocational training

SC (SERVICE CENTER): Service center from which payment is made

- 1: New York
- 2: Philadelphia
- 3: Birmingham
- 4: Chicago
- 5: San Francisco
- 6: Kansas
- 7: Office of Disability Operations, Baltimore
- 8: Division of Internal Operations, Baltimore
- B: Type B (Black Lung) income under Department of Labor jurisdiction
- D: Individual is a VA dependent. Type C or E amount represents dependent's portion of a combined VA check payment
- F: Type C or E VA fixed payment or Type D Railroad Retirement benefits not subject to general legislative increases
- G: Type E VA parent's dependency and indemnity compensation
- V: Individual is a veteran or surviving spouse of a veteran. Type C or E amount represents veteran/surviving spouse portion of a combined VA check payment
- X: Same as V except not subject to general legislative increases

VFN (VERIFICATION): Whether unearned income, as stated by the recipient, has been verified.

- 0:** Number and income amount not verified
- 1:** Number verified, amount not verified
- 2:** Number and income amount verified
- 3:** Number and income amount not verified
- 4:** Number verified, amount not verified
- 7:** Federal countable income