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|  Department of Human Resources 311 West Saratoga Street Baltimore MD 21201 | FIA ACTION TRANSMITTAL |
| Control Number: FIA/OPRS#99-13 | Effective Date: Upon Receipt Issuance Date: November 11, 1998 |

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

**FROM: *Charles E. Henry for*
ROBERT J. EVERHARD, EXECUTIVE DIRECTOR, FIA**

RE: SDX ON-LINE ADDITION TO THE SVES MANUAL

PROGRAM AFFECTED: ALL PROGRAMS

ORIGINATING OFFICE: OFFICE OF POLICY, RESEARCH AND SYSTEMS

SUMMARY

The Department of Human Resources implemented 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, Title XVI Supplement Security Income (SSI) benefits, and Quarters of Coverage History System (QCHS). This Action Transmittal is an addition to #98-34.

The attached State Verification Exchange System (SVES) Manual replaces the SVES Manual sent with Action Transmittal 98-34. This revised manual describes phase one of the State Data Exchange (SDX) On-Line system, which allows a user to select and view customer information regarding SSI application and payment history. It also provides information on coverage groups in MMIS-II

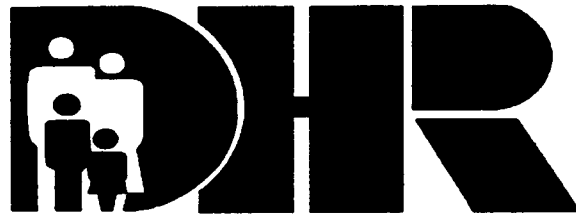
REQUIRED ACTION

Replace the State Verification Exchange System Manual sent with Action Transmittal 98-34 with the attached revised State Verification Exchange System Manual.

INQUIRIES

Please direct policy questions to Kay Finegan at (410) 767-7939, and Cynthia Davis at (410) 767-7495. Technical questions should be directed to Joyce Westbrook at (410) 767-8735.

cc: FIA Management Staff
OIM Help Desk
CTF



**STATE OF MARYLAND
FAMILY INVESTMENT ADMINISTRATION**

**STATE
VERIFICATION
EXCHANGE
SYSTEM
(SVES)**

USERS MANUAL

Revised October, 1998

SVES MANUAL

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I. INTRODUCTION

The State Verification and Exchange System (SVES) is an automated IBM data exchange system with Social Security Administration (SSA) for verifying social security numbers (SSNs), Title II Social Security (OASDI), Title XVI Supplement Security Income (SSI) benefits and Quarters of Coverage History System (QCHS).

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, SVES significantly shortens application processing time by providing next day turnaround on verification requests.

In a revision dated January 23, 1998, QCHS details were added to this manual as Section X - Quarters of Coverage History System (QCHS) and Section XI, Appendix A. These details begin on Page 45.

In a revision dated May 28, 1998, SDX on-line details were added to this manual. The resultant changes are:

- Section XI, SDX On-Line, beginning on Page 66;
- Section XII, How to Review and Interpret a SDX Response, beginning on Page 73;
- Appendix A, SVES and 40-Quarters Forms and Instructions;
- Appendix B, Immigrants' Countries of Origin;
- Appendix C, Coverage Groups in MMIS-II.

II. SYSTEM AVAILABILITY

SVES is available for users to send verification requests and review responses six days a week from 7:00 A.M. to 7:00 P.M. Users enter requests for verifications during the day. The requests are batch processed to SSA that night (Monday through Friday). SVES goes off line at 7:00 P.M. to send request to SSA and receive responses from SSA. The responses are available the next day for on-line viewing. SVES will "idle out" if it is not used for fifteen minutes. When "idled out," users must re-access SVES (See Section V: How to Access SVES.)

III. SYSTEM SECURITY

SVES captures and retains all verification requests and inquiries to provide an audit trail for safeguards against system abuse. These records include the LOGONID of the person and the Social Security Number (SSN) or Claim Account Number (CAN) requested or response viewed.

IV: SYSTEM PROBLEMS

LOCAL DEPARTMENT 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 SVES.

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, will report to the appropriate party.

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

Users are not to call the Help Desk or the Divisions of Program and Systems Support as the initial contact for SVES application problem resolution.

Non-LOCAL DEPARTMENT 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 that they cannot resolve within the organization. Non-DHR user organizations will designate a person or persons within the organization to whom system problems that 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. Organization management should provide the names of designated persons to DHR's Division of Program and Systems Support. **ALL COMMUNICATIONS RELATED TO SYSTEM PROBLEMS BETWEEN THE ORGANIZATION AND DHR MUST BE LIMITED TO DESIGNATED PERSON(S).**

TECHNICAL PROBLEMS: If unable to resolve a technical problem regarding equipment or responses not received, the **designated person** will 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 will 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

LINK TO THE COMPUTER "MAINFRAME and SIGN-ON

1. On the ACF/VTAM Network Screen, in the space provided at the bottom of the screen, type **DHRPRD** (this is a new region created to accommodate SVES), 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 sign onto 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 **USERID:**, 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 SIGN ON 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:

ACF 01017 PASSWORD FOR LOGON ID _____ 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:**

8. The following message will display if you have not been authorized access to SVES:

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

In this case, contact your local department's security officer to request access.

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:

1. Your personal password must be at least five and no more than eight alphanumeric characters long. The password must include at least one number, and must not contain special characters, such as &, #, +, -, *, etc.
2. 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:

ACF01012 PASSWORD NOT MATCHED.

In this case, update your password.

3. Your password will expire every thirty days. When it expires, the following message displays:

ACF01017 PASSWORD FOR LOGONID _____ HAS EXPIRED.

In this case, update your password.

UPDATING A PASSWORD

1. Tab to the space following NEW PASSWORD. Type the new password and press < ENTER>.
2. A message appears telling the user to retype the new password again. Type the new password EXACTLY THE SAME WAY a second time and press <ENTER>.
3. The following message displays if the new password is not typed exactly the same way twice:

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

Users should start over and go back to step #1 above.

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

ACF01129 PASSWORD SUCCESSFULLY ALTERED. LOGON COMPLETE.

VII. HOW TO INITIATE A SVES or 40 QUARTERS 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, telling the user if any action has taken place on the last SVES or 40 Quarters requests. Near the bottom of the screen the user can see date and time of the last broadcast message.

```

SVS0                                STATE OF MARYLAND                                MM/DD/YYYY
                                DEPARTMENT OF HUMAN RESOURCES
                                SVES SYSTEM
                                *****N O T I C E*****

RESPONSE FILE RECEIVED FROM SSA
REPLY FILE RECEIVED FROM SSA

BROADCAST LAST UPDATED BY: LogonID mm/dd/yyyy hour/min/sec.
OPTION=> _ SVES: 1-REQUEST; 2-RESPONSE; 40 QTRS: 3-REQUEST 4-REPLY;
SDX: 5-MENU;                                6-EXIT

```

From this screen, users can go to:

- SVS5 (SVEM9051 - **Option #1**) the SVES Request Screen;
- SVS6 (SVEM9061 - **Option #2**) the SVES Response Screen;
- SVS7 (SVEM9071 - **Option #3**) the 40 Quarters Request Screen;
- SVS8 (SVEM9081 - **Option #4**) the 40 Quarters Reply Screen, or
- SDX (Option#5) the SDX Menu
- Exit the system - **Option #6**.

4. The cursor will be positioned at the OPTION data field. The user is then given five options: (
- SVES: 1 - Requests 2 - Responses 40 QTRS: 3 - Requests 4 - Response 5 - EXIT

Type in your desired task and press <ENTER>.

NOTE: 40 Quarters user Option #3 and Option #4 are explained in full detail in Section pages 51 - 59.

DISPLAYING THE REQUEST SCREEN

After choosing Option 1 from the SVS0 screen the following SVES Request Screen will display:

| | | |
|------------------------|---------------------|---------------------------|
| 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 |
| | CLEAR TO EXIT | |

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 onto SVES. The DATE OF REQUEST will be prefilled with the current date, and the cursor will be positioned at the DISTRICT data field.

The user can now ask for all responses for a particular Logon ID and District Office without entering the other demographic information.

ENTERING REQUIRED INFORMATION

To get back information on the correct person, it is CRITICAL that the following information is 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 | 190 Somerset | 351 Balt.City-Adult Services |
| 010 Allegany | 200 Talbot | 352 Balt.City-InHome Aid |
| 020 AA-Annapolis | 210 Washington | 353 Balt.City-Foster Care |
| 021 AA-Glen Burnie | 220 Wicomico | MA |
| 030 BC-Towson | 230 Worcester | 354 Balt.City-Long Term |
| 031 BC-Catonsville | 300 Balt. City-Central Unit | Care |
| 032 BC-Dundalk | 331 Balt.City-EESU/HESU | 355 Balt.City-Patapsco |
| 033 BC-Essex | 332 Balt.City-Cherry Hill | 356 Balt.City-Central MA |
| 034 BC-Reisterstown | 333 Balt.City-Clifton | 357 Balt.City-Employees |
| 040 Calvert | 334 Balt.City-FIP | Office |
| 050 Caroline | Services | |
| 060 Carroll | 335 Balt.City-Dunbar | |
| 070 Cecil | 336 Balt.City-Special | |
| 080 Charles | Projects | |
| 090 Dorchester | 337 Balt.City-Harford | |
| 100 Frederick | Heights | |
| 110 Garrett | 338 Balt.City-Johnston | |
| 120 HC-Belair | Square | |
| 121 HC-Aberdeen | 340 Balt.City- | |
| 130 Howard | Liberty/Garrison | |
| 140 Kent | 341 Balt.City-Orangeville | |
| 150 MC-Rockville | 342 Balt.City-Park Circle | |
| 151 MC-Silver Spring | 343 Balt.City-Mount Clare | |
| 152 MC-Germantown | 344 Balt.City-Hilton Heights | |
| 160 PG-Hyattsville | 345 Balt.City-Steuart Hill | |
| 161 PG-Palmer Park | 346 Balt.City-Upton | |
| 162 PG-Camp Springs | 347 Balt.City-Westwood | |
| 163 PG-R.I.S.E. | 348 Balt.City-Child | |
| 164 PG-Justice Center | Protective Services | |
| 165 PG- Center Point | 349 Balt.City-Family | |
| 170 Queen Anne's | Services | |
| 180 St. Mary's | 350 Balt.City-Day Care | |

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

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

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

The 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 alphanumeric characters. 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 user enters the 9 digits, the cursor automatically moves to the BIC field.

BIC (BENEFICIARY IDENTIFICATION CODE): The BIC is a one, two, or sometimes three character alphanumeric 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 the user knows both the Social Security Number (SSN) and the CAN/BIC, then the user should always submit the SSN. If the SSN is not known or if the SSN results in a "No-Match" or questionable response information, then, and only then, should the user request the CAN/BIC. If benefits are being paid under more than one CAN/BIC, then submit a separate request for each CAN/BIC.

IMPORTANT: When the user enters a CAN/BIC, 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, the user must enter that person's Social Security Number.** Additionally, when the user enters CAN/BIC, SSA may not return the 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.

ENTERING OPTIONAL INFORMATION

1. **MI (MIDDLE INITIAL):** Enter applicant/recipient's middle initial.
2. **SEX:** Enter applicant/recipient's sex as M or F.
3. When all information has been entered, Tab down and enter 1 in the space provided directly following ENTER DESIRED OPTION => and press <ENTER>.
4. 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. **NOT** The SVES Request message above will remain on the screen.

5. The following message will display if an SVES request on the SSN or CAN entered has been submitted by someone else within the last ten days, but a response has not yet been received. 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: _____

In this case, a request is unnecessary, and the response should be viewed at a later time.

6. The following message will display if an SVES request on the SSN or CAN entered has been submitted by someone else within the last ten days and an SVES response received:

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

In this case, a request is unnecessary, and the response may be viewed immediately.

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.

INVALID OPTION, TRY AGAIN:

This message indicates that the ENTER DESIRED OPTION => data field has not been completed. Enter 1 and press <ENTER>. **This message 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 is completed.

ENTRY IS KEYED IN ERROR:

This message indicates that the entry has been entered incorrectly. The cursor will be positioned in the data field to be corrected.

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) CANNOT 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 data field.

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.

SVES REC CANNOT BE REQUESTED UNTIL 40 QTR REQUEST IS DELETED:

This message will appear on the screen SVS5 - Option #1, and indicates that a request for 40 Quarters has been entered using this specific Social Security Number, thus an SVES request cannot be entered using that same specific SSN. The 40 Quarters request must be deleted before an SVES request can be made. The 40-QQ record can be deleted by using the 40 Quarters Reply Screen.

VIII. HOW TO DISPLAY An SVES RESPONSE FOR VIEWING

An 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 TO DISPLAY A RESPONSE SUMMARY SCREEN

5. 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.
6. The SVES - 40 QUARTERS Response Summary Screen will display. If either or both the Logon ID and/or District Office is entered with no SSN, the user will see all SSNs associated with that Logon ID and/or DO. If SSN is entered, the user will see data just for that particular SSN. CAN/BIC inquiry responses will not be listed on the Summary Screen and must be viewed using Option 2 on page 17.

| | | |
|--|-------------------|-------------------------|
| SVEM9052 | STATE OF MARYLAND | TODAY'S DATE MM/DD/YYYY |
| SVES RESPONSE SUMMARY SCREEN | | |
| - | - | |
| - | - | |
| - | - | |
| ENTER "N" for NEXT PAGE => __ ENTER "X" BY SSN TO SEE RESPONSE CLEAR TO EXIT | | |

7. 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 notify their **designated person** of the problem

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

8. 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, look for additional responses listed on the next screen.

9. 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, delete the N before pressing <ENTER>.

Response Screen 1 will display. (See Section IX: How to Interpret an SVES Response. **NOT** 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 the user has viewed it.

10. 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 | TODAY'S DATE |
| | | MM / DD / YYYY |
| | SVES RESPONSE - SCREEN 1 | RESPONSE DATE MM / DD / YYYY |
| SOCIAL SECURITY NO: | CAN: | MI |
| | FIRST | |
| 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 D" = DELETE REQUEST CLEAR TO EXIT | | |

HELPFUL HINTS:

Option "D" deletes the REQUEST Record. By deleting a request, the user need not wait ten days for the record to drop off the file before entering a 40-QQ request. The REQUEST record will be deleted even if the RESPONSE has not been received from SSA. After selecting option "D" on the SVS6 screen and pressing enter, the system asks the user to confirm the deletion by placing a Y in the option field and <Press Enter>. The following message appears:

RECORD HAS BEEN DELETED FROM REQUEST FILE

If the REQUEST record is deleted, no summary information is displayed (SVS5, option #2).

ENTERING 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 CA / 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 designated person for technical problems.

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 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 that 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 An 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 | | TODAY'S 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" = INQUIRE RESPONSE; N = NEXT PAGE; "P" = PREVIOUS PAGE "D" = DELETE REQUEST CLEAR TO EXIT | | | | | |

TODAY'S DATE: Current date

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

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 NUMIDENT can not verify the requested SSN, 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. **Reason:** 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 instead of an SSN, 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 *. Submit a request using this SSN.

If the requested SSN was incorrect and actually belongs to another individual, the SSN Verification Code data field may display 5, and SSA will not provide the correct SSN.

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 birth date 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 SSA provided Title II information in response to the SVES request. **TODAY'S 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 | | TODAY'S 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=

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 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 requirements
- 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 a 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
- XK:** 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 SSA provided this information in response to the SVES request. **TODAY'S 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 | | TODAY'S DATE: | |
| SVES RESPONSE - SCREEN NUMBER 3 | | | | RESPONSE DATE: | |
| NAME: | | SSN: | | CAN: | |
| DOB: | | | | | |
| MEDICARE PART B | | MEDICARE PART A | | BUY-IN | |
| INDICATOR: | | INDICATOR | | INDICATOR: | |
| OPTION CODE: | | OPTION CODE: | | PAY CODE: | |
| START DATE: | | START DATE: | | START: | |
| STOP DATE: | | STOP DATE: | | STOP: | |
| 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 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 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:

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 | |

* Indicates State has no current buy-in agreement.

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 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 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: The category of assistance from BENDEX information submitted to SSA. M not be current.

- A: Aged
- B: Blind
- C: TCA
- D: Disabled
- F: Food Stamps
- H: Health 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

Response Screen 4 contains Title II benefit information, including changes in benefit amounts, if SSA provided this information in response to the SVES request. **TODAY'S 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.

| | | | | | |
|--|-----------------|-------------------|------|---------------------------|------|
| SVEM9064 | | STATE OF MARYLAND | | TODAY'S DATE: | |
| SVES RESPONSE - SCREEN NUMBER 4 | | | | RESPONSE DATE: | |
| NAME: | | SSN: | | CAN: DOB: | |
| CROSS-REFERENCE ACCOUNT NUMBERS: | | | | MONTHLY BENEFIT CREDITED: | |
| CODE | ENTITLEMENT NO. | BIC | DATE | AMOUNT | TYPE |
| OPTION => - "N" = NEXT PAGE, "P" = PREVIOUS PAGE | | | | | |

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

CODE:

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

ENTITLEMENT NO: SSN or CAN/BIC under which actual or potential Title II entitlement exists. If the Entitlement Number is not the same as the Dual Entitlement Number, submit a follow-up SVES request using this Entitlement Number.

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

DATE: Date of benefit change.

AMOUNT: New benefit amount.

TYPE: Whether Title II benefits are/were being received.

- 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. **TODAY'S DATE** and **RESPONSE DATE** will be pre-filled; **NAM**, **SSN(CAN)**, and **DATE OF BIRTH** will be pre-filled with the information submitted in the request.

| | | | | | |
|---|--|----------------------------|--|----------------------------|--|
| SVEM9065 | | STATE OF MARYLAND | | TODAY'S 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 an 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 from 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 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 "nonpayment" status
- N01:** NONPAY. Recipient's countable income exceeds Title XVI payment amount and State payment standard
- N02:** NONPAY. Recipient is an 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 limitation
- 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 a program
- N13:** NONPAY. Not a 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 rollback 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

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 SS, in response to the SVES report. **TODAY'S 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 | | TODAY'S 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 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 a 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 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 exclusions are applied.

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

RESPONSE SCREEN 7

Response Screen 7 contains Title XVI SSI benefit information, if this information was provided by SS, in response to the SVES request. **TODAY'S DATE** and **RESPONSE DATE** will be pre-filled; **NAM** **SSN(CAN)**, and **DATE OF BIRTH** will be pre-filled with the information submitted in the request.

SVEM9067 **STATE OF MARYLAND** **TODAY'S DATE:**
 SVES RESPONSE - SCREEN NUMBER 7 **RESPONSE DATE:**
NAME: **SSN:** **CAN:** **DOB:**
OVER/UNDER PAY INDICATOR: **DISABILITY STATUS:** **MULTIPLE SSN:**
CURRENT PAY STATUS:
HEAD OF HOUSEHOLD:
MARITAL STATUS:
STUDENT INDICATOR:
CONDITIONAL PAYMENT:

----- **UNEARNED INCOME INFORMATION** -----
TYPE **START** **STOP** **AMOUNT** **FREQ** **CLAIM/ID NO.** **SC** **VFN**
OPTION => _ "P" = PREVIOUS PAGE, "N" = RESPONSE SCREEN

OVER/UNDER PAY INDICATOR: Whether an overpayment or an underpayment exists. It is not possible to determine from the data provided which payment was an over/under payment.

O: Overpayment

U: Underpayment

B: Both overpayment and underpayment exist

CURRENT PAY STATUS: See pp. 31-33.

HEAD OF HOUSEHOLD: Whether the recipient was the head of the household for Title XVI purpose at the time the record was established. In addition, this field is also used to indicate that one member of a couple was determined eligible for SSI while a disability determination was pending for the other member.

Y: Head of household

N: Not head of household

S: The member of the couple that is (was) paid as an individual while disability determination was pending for the other member.

R: The member of the couple for which the disability determination is (was) pending.

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 resource. 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 pension
- Q:** Workers' 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 MMYT 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, 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 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

X. QUARTERS OF COVERAGE HISTORY SYSTEM (QCHS)

INTRODUCTION

On August 22, 1996, Public Law 104-193, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (also known as Welfare Reform as amended by P. L. 104-208) was enacted. Under this new law only certain excepted classes of qualified immigrants are eligible for supplemental security income (SSI) and food stamps.

States may also choose to restrict eligibility for MEDICAID, TANF/TCA, and programs funded by a social service block grant to those same excepted categories of immigrant. One of the exceptions to the restrictions can be met through the use of information the Social Security Administration maintains in its records. This exception involves immigrants who are lawfully admitted to the United States for permanent residence under the Immigration and Nationality Act and who have worked or can be credited with 40 qualifying quarters (QQ).

Under certain conditions, the QQs of parents or spouses can be added to the immigrant's record to achieve the needed 40-QQs. However, these QQs do not count for Social Security benefit purposes. QQs earned after December 31, 1996, cannot be counted if the noncitizen, spouse, or parent received certain Federal means-tested public benefit during the period for which the QQ was credited.

The Social Security Administration is the primary source for information on qualifying quarters and has developed an automated system to provide this information for state's use when making 40 qualifying quarter determination. The system is called the Quarters of Coverage History System (QCHS). The system provides an array by year (beginning with 1937) of all qualifying quarters derived from work covered by the Social Security Act and, all Federal, State, or local MEDICARE only wages beginning with 1983.

Additionally, you receive information on the months in which a customer received a title XVI (SSI) payment. This is important because, as noted above, a qualifying quarter cannot be credited for a quarter after December 31, 1996 if a customer received a Federal means-tested public benefit in that quarter. The Social Security Administration has determined that SSI is a Federal means-tested public benefit.

The following sections outline a process that can be used to determine whether a customer meets the requirements for the 40-QQ exception. The guidelines are broken out into eight sections: This introduction, a glossary, the interview process, consent for release of information, accessing the system, how to interpret output data and make a 40-Quarters determination, a case example, and a reconciliation process in the event of a discrepancy. There is also an Appendix with a number of forms and examples for completing the forms correctly.

GLOSSARY

The following terms used throughout the manual are defined for your information:

- Customer:** the individual applying for benefits
- Covered Earnings:** wage or self-employment income (1) of which SSA has knowledge or (2) which requires payment of FICA/SECA (Social Security) taxes.
- LAG Quarters:** current year Quarters and the year preceding it which may not appear in the QQ history pattern because the employer report or self-employment tax return has not been processed. This could be up to seven Quarters depending when a request for QQ history is processed.
- Noncovered Earnings:**
wages or self employment income (1) of which SSA has no knowledge, or (2) which do not require payment of FICA/SECA taxes.
- Number Holder:** an individual who has a Social Security number assigned to him or her.
- QCHS:** Quarters of Coverage History System, the system that will provide a Qualifying Quarter array for all covered earnings and available Non-covered earnings.
- Qualifying Quarter (QQ):**
Credit for a requisite amount of covered earnings or Non-covered earnings assigned to a calendar quarter for years beginning 1937.
- Quarter:** a period of 3 calendar months ending March 31, June 30, September 30 and December 31.
- Quarter of Coverage (QC):**
credit for covered earnings assigned to a calendar quarter.
- QQ History:** a display of Qualifying Quarters by Quarter and Year
- SVES:** State Verification Exchange System, the system which will be used to request C Histories.

THE INTERVIEW PROCESS

Use this section to determine the potential effect of applying the 40-QQ provision to an individual customer. As explained in the Introduction on page 45, the customer's work and spouse's or parents' work (with certain exceptions) can be combined to attain the 40-QQs required to meet this exception.

Question the customer to elicit information sufficient to determine that the proper relationships exist, the date of birth of the customer and the identifying information of the customer and relevant parents or spouses that will allow you to access the QCHS.

A. Determine which number holders can be included in the QQ count. The following are individuals and the conditions, under which their qualifying quarters can be considered.

- ☐ The customer, always.
- ☐ The customer's natural or adoptive parents, but consider only quarters earned before the date on which the child turns age 18.
- ☐ The customer's stepparent, provided the step relationship still exists (**death of the stepparent does not terminate the relationship**), but consider quarters earned only while the relationship was in existence and from the calendar quarter of the customer's birth through the calendar quarter the customer attains age 18.

Remember. The stepparent's relationship to the child is based on the marital relationship to the child's natural parent. Therefore, if the marital relationship ends, other than by death, the relationship also ends.

- ☐ The customer's current spouse, but consider only for the quarters earned during the marital relationship.
- ☐ The customer's former spouse (s), only if the marriage ended by death, but consider only for quarters earned during the marriage.

B. Determine whether it is possible for the applicant to meet the requirement.

Ask: How many years the customer, and each of the relevant individuals above has lived in the country.

Add the number of years for each together.

If: the total equals at least 10 years, then proceed to C.

If: The total is less than 10 years, then

Ask: Whether the customer, his or her parents or spouse ever commuted to work the U.S. from another country before coming here to live or, while a legal resident of the U.S., worked overseas for a U.S. company or in self-employment.

If: YES, then determine the number of years and add them to the total.

If: The total is at least 10, then proceed to C.

If: The total is less than 10, **STOP**. The customer cannot meet the 40-QQ requirement.

C. Determine how many years in the total from section B., above, includes earnings.

- Four quarters in each year can be credited to the customer from each individual. (See the chart on page 59 for the yearly incremental amounts required to credit a quarter beginning 1978.) Remember that quarters in years beginning 1978 do **not** indicate work in the actual quarter. They are based solely on total yearly earnings. Four quarters can be earned for the year although the individual did not have earnings in all four quarters.
- Always credit the customer's own quarters first to simplify verification. Where customers have sufficient quarters of their own, there is no need to request a QQ History for the customer's parent (s) or spouse.

If: The interview process clearly shows that the customer meets the 40-QQ History exception, then request verification using the 40-QQ History query system (QCHS).

If: The interview process shows the customer may meet the 40-QQ exception, then request verification using the 40-QQ History query system.

If: The interview process shows that the customer will not meet the 40-QQ exception but the customer still believes he or she meets the requirement, then request verification using the 40-QQ History query system.

D. You should always:

- **establish** the necessary relationships to the customer using your local department's rules before requesting a QQ History, unless the applicant clearly meets the 40-QQ requirement because of his or her own work.
- **obtain** a Consent for Release of Information from number holders **other than** the customer (described in **CONSENT FOR RELEASE OF INFORMATION** on page 50).

- **request a QQ History** unless it is clear from the interview that the customer or customer combination with others cannot meet the 40-QQ exception.
- **determine, using your local department's rules**, whether any of the individuals whose quarters will be used in your determination have received a Federal means-tested public benefit. SSI is an example of a means-tested public benefit. SSA will tell you about SSI as part of this Query. You will need this information when reviewing the output to determine whether to include quarters in years after 1996.

CONSENT FOR RELEASE OF INFORMATION

1. After determining which Social Security numbers on which you need to request Qualifying Quarters histories, then obtain a Consent for Release of Information forms.
2. **You will need a Consent for Release of Information (Form SSA-3288) completed and signed by the parent or spouse number holder when requesting a QQ history for Social Security numbers that are not assigned to the customer (i.e., a parent or spouse of the customer).**
3. This form is necessary because the Privacy Act protects these records. Local department workers must obtain the consent form even if it is difficult to contact the parent(s) or a spouse. A Consent for Release of Information form is not required when requesting information on a deceased individual's Social Security Number.
 - ☐ The local department worker must indicate that the information may be released to both the local department office and the customer.
 - ☐ The parent or spouse must be made to understand that the request authorizes release of their **Social Security Number, identifying information, information about benefit payments and Quarters of Coverage history.**
 - ☐ The parent or spouse must **state their relationship** to the customer and **sign and date** the form.
4. See Appendix A, pages A-3 through A-7 for a copy of the Consent for Release of Information form and an example of how it should be completed. **THERE IS NO CHARGE FOR THIS INFORMATION.**
5. **IMPORTANT:** If someone refuses to cooperate and will not complete the consent form, local department workers **cannot** use the Quarters of Coverage History System to obtain QQ history. In such cases, use **Form SSA-513, Request for Quarters of Coverage History Based on Relationship.** See Appendix A, pages A-8 - A-10 for instructions and a copy of the form.

LOCAL DEPARTMENTS MUST RETAIN THE CONSENT FORMS IN THEIR CUSTOMERS' FILES. SSA AUDITORS MAY REQUEST TO SEE THESE FORMS AS PART OF QUALITY CONTROL OR IF A QUESTION IS RAISED.

ACCESSING THE SYSTEM

THE 40-QUARTERS REQUEST SCREEN

1. After choosing option 3 from the SVS0 screen the following SVES - 40-Quarters Request Screen will display:

| | | |
|---|-------------------|----------------|
| SVEM9071 | STATE OF MARYLAND | MM / DD / YYYY |
| SVES - 40-Quarters REQUEST SCREEN | | |
| WORKER LOGONID: | DISTRICT OFFICE: | |
| SOCIAL SECURITY NO: | CLAIM ACCOUNT NO: | BIC: |
| LAST NAME: | FIRST NAME: | MI: |
| DATE OF BIRTH: / / SEX: | | |
| MM DD YYYY | | |
| CLIENT ID / CASE NO: | | |
| ENTER OPTION=> _ 1 = ADD REQUEST 2 = VIEW RESPONSE CLEAR TO EXIT | | |

TODAY's DATE will be prefilled with the current date. The WORKER LOGON ID data field will be prefilled with the LOGON ID of the person who signed onto SVES, and the cursor will be positioned at the DISTRICT data field.

2. It is critical that all required information is entered on the above request screen to get back 40-Quarters information on the correct person. The same information required for an SVES request is required for 40-QQ requests (Logon ID, SSN, or DO - See page 9-10).
3. When all information has been entered, tab down and enter 1 in the space provided directly following DESIRED OPTION => and press <ENTER>. The following message will display, indicating that the request has been successfully completed:

**40-Quarters REQUEST SUCCESSFUL - PRESS CLEAR TO EXIT OR KEY NE
REQUEST**

4. 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. The message above will remain on the screen.

5. The following message will display if a 40-Quarters request on the SSN or CAN was submitted someone within the last 10 days and a 40-Quarters response received:

REPLY EXISTS FOR THIS SSN (CAN) USE "SVS0" TO REVIEW REPLY

In this case, a request is unnecessary, and the response may be viewed immediately.

REQUEST SCREEN ERROR MESSAGES

1. If Request Screens SVS5 or SVS7 contain more than one error, errors will be identified by an e message in the same order in which they appear on the screen. See page 13 for a list of error messages. The following is an example of a 40-Quarters error message.

40 QTR REC CAN NOT BE REQUESTED NOW, WAIT FOR SVES REC TO BE DELETED:

This message will appear on the screen SVS7 - Option #3. This indicates that if a request for SVES has been entered using a specific Social Security Number, a 40-Quarters request can not entered using that same SSN. The SVES request must be deleted before making a 40-Quarters request. The SVES request can be deleted by using the SVS6-SVES Response Screen.

VIEWING THE 40-QUARTERS QUERY OUTPUT

40-Quarters responses can be accessed for viewing using either Option 3 (SVS7 40 QTRS. Request Screen) or Option 4 (SVS8 40 QTRS. Reply Screen).

OPTION 3: DISPLAY THE SVS7 40-QUARTERS 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 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 3 and press <ENTER>. The Request Screen displays:

ENTER REQUIRED INFORMATION TO DISPLAY THE 40-Quarters REPLY SUMMARY SCREEN (See pages 10-11).

4. If replies to requests initiated by the worker identified in the WORKER LOGONID data field are desired, tab to the ENTER OPTION => data field. Type 2 and press <ENTER>
or: If replies 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 OPTION => data field. Type 2 and press <ENTER>.
or: If replies to requests initiated within District Office are desired, delete the WORKER LOGONID. Enter the DO Number. Tab to the ENTER 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.

5. The SVES - 40-Quarters Reply Summary Screen will display. If either or both the Logon ID and/or District Office is entered with no SSN, the user will see all SSNs associated with that Logon ID and/or DO. If SSN is entered, the user will see data just for that particular SSN.

| | | |
|--|-------------------|----------------------|
| SVEM9072 | STATE OF MARYLAND | TODAY'S DATE |
| | | MM/DD/YYYY |
| SVES - 40-Quarters REPLY SUMMARY SCREEN | | |
| - 654461656 | MCTEWT | - 313164664 ALLEYENE |
| - 034647244 | ABBAS | - 020735333 AHMAD |
| - 105795540 | AHMAY | - 386744178 ARBER |
| - | | - |
| - | | - |
| - | | - |
| - | | - |
| - | | - |
| - | | - |
| - | | - |
| ENTER "N" FOR NEXT PAGE => ENTER "X" BY SSN TO SEE REPLY CLEAR TO EXIT ALL | | |
| SSNS WITH REPLIES HAVE BEEN DISPLAYED | | |

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

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

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

NO REPLIES FOUND FOR WORKER LOGONID

7. If all replies are listed on the screen, the following message will display:

ALL SSNs WITH REPLIES HAVE BEEN DISPLAYED

Tab to ENTER OPTION, type N and press <ENTER> to get the next screen.

If this message does not display, it means that additional replies are listed on the next screen.

8. A user may place an "X" beside a SSN to see the Reply Screen (SVS8) for that particular SSN ; then <Press Enter>

OPTION 4: DISPLAY THE SVS8 SVES - 40-QUARTERS REPLY 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 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 4 and press <ENTER>.
4. SVS8 SVES - 40-Quarters Reply Screen will display. See Page 56 for QQ pattern values.

| | | | | | |
|--|-------------|-----------------------------|-----------|---------------------------|-----------|
| SVEM9801 | | STATE OF MARYLAND | | MM/DD/YYYY | |
| SVES - 40-Quarters REPLY SCREEN | | | | | |
| WORKER ID: ABCDE1 | | CLIENT ID / CASE: 000000012 | | CONDITION CODE: 02 | |
| INPUT | | VERIFIED | | NAME: FIRST I LAST | |
| SSN: 112 11 2111 | | SSN: 112 11 2111 | | MARY A MCTEST | |
| __ ENTER "D" TO DELETE REQUEST REC | | | | | |
| DATE OF BIRTH: | | 1937-1950 QC | | RAIL SERVICE MO 1937-1946 | |
| 01/01/1987 | | MIN- 13 MAX- 07 | | 00 | |
| 2016-DDDD | 2015-CCCC | 2014-AAAA | 2003-#### | 2002-#### | 2001-#### |
| 2000-#### | 1999-**** | 1998-* * * * | 1997-**** | 1996-ADJS | 1993-**** |
| 1992-SSSS | 1991-SSSS | 1990-SSSS | 1989-RRRR | 1988-JJJJ | 1987-RRRR |
| 1986-GGGG | 1985-AAAA | 1983-**** | 1981-**** | 1979-**** | 1978-**** |
| 1977-**** | 1976-**** | 1975-**** | 1974-**** | 1973-**** | 1972-**** |
| 1971-N*** | 1967-*NNN | 1966-**** | 1965-**** | 1964-**** | 1963- N |
| 1959-AAAA | 1953-# # #N | 1949-GGGG | 1948-FFFF | 1947-DDDD | 1946-CCCC |
| 1945-AAAA | 1944-GJMR | 1943-ACDF | 1942-GJMR | 1941-ACDF | 1939-SX*N |
| 1938-GJMR | 1937-ACDF | | | | |
| YEARS WITHOUT EARNINGS ARE NOT DISPLAYED | | | | | |
| KEY ENTER TO EXIT | | | | | |

If all the information cannot fit on one page, it will be displayed on a second page which can be accessed by pressing PF8. A message will appear on the bottom of the first page to alert the user if there is a second page.

5. If the user wants to delete a request record, the user must go to the SVS6 screen and enter a "Y" in the appropriate field and <Press Enter>. **40-Quarters request records cannot be deleted through the SVS8 screen.** The system will then ask the user to verify the deletion by entering "Y" in the appropriate field and <Press Enter>. The message: **REQUEST RECORD DELETED** will appear at the left-hand bottom of the screen.

QUALIFYING QUARTERS PATTERN VALUES

1. The following codes will appear in the Qualifying Quarters pattern. Each code element indicates a Potential Qualifying Quarter.

| | | |
|---|---|---|
| A | - | Agricultural QC |
| C | - | Wage QC (This is the most common quarter code you will see) |
| D | - | Military QC |
| F | - | Federal, State, or Local government wage QQ |
| G | - | Gift QC |
| J | - | Japanese Internment QC |
| M | - | Military QC |
| R | - | Railroad QC |
| S | - | Self Employment QC |
| X | - | Wage QC which can occur for 1951 or 1952 |
| * | - | A covered QC |

Note: All codes represent a Qualifying Quarter of Coverage (QC) from covered earnings except code "F" which is shown as a Qualifying Quarter (QQ). This will be important when you determine how to handle discrepancies (See page 61, **Reconciliation**)

2. The following code will appear in the QQ display but **cannot** be counted as a qualifying quarter:

| | | |
|---|---|---|
| N | - | Quarter with no earnings, a non QQ (Years with all "N" will not be displayed) |
|---|---|---|
3. Sometimes there is not enough information on the SSA record to determine whether there is a potential qualifying quarter. When this happens, you will see the following codes:

| | | |
|---|---|---|
| # | - | Questionable QC that can occur 1952 through 1977 |
| Z | - | Questionable QC that can occur 1952 through the present |

If you see these codes ("#" or "Z") in a quarter and the applicant does not meet the 40-QQ requirement without them, then contact SSA. SSA will investigate the earnings and either correct or deny the quarter.

4. The Minimum Number QCs 1937-1950 field and Maximum Number QCs 1937-1950 field provide information on QQs for individuals whose earnings records do not contain specific breakouts for quarters of coverage from 1937-1950. For these individuals, SSA will do calculations and provide a range of possible quarters of coverage. The Minimum Number QC field will contain the result of dividing total earnings 1937-1950 by \$400, and the Maximum Number QCs field will contain the result of dividing total earnings 1937-1950 by \$50. There should not be entries in the Qualifying Quarters Pattern for 1937-1950 if there are entries in the Minimum and Maximum Number QCs fields. The Qualifying Quarters Pattern will display earnings from 1937-2025. However, the record format does not display the years.
5. If the Qualifying Quarters Pattern is blank, there will be a Condition Code which will either explain the reason or indicate a problem with the system. The Condition Code values are:
 - Blank - QQ data follows
 - 01 - Earnings Record not found (*If the individual still believes that earnings exists on record, he or she should contact SSA for an earnings investigation.*)
 - 02 - SSA system error - Please resubmit request
 - 99 - Record not processable - (*This can be caused by SSA system edits. Local departments should contact the DHR Help Desk.*)
***NOTE:** Please give your name, district office, phone number, and indicate that there is a condition 99 and ask that the SSA regional office be contacted.*
6. **REMEMBER:** The record you receive will not show current year earnings or possibly last year's earnings, depending on when you make your request. SSA processes earnings reports on a flow basis; but because of the volume, generally does not complete the processing until mid to summer of the year following the year of earnings. Earnings for this period, coded as NNNN, called LAG earnings. SSA will NOT develop these earnings for local departments because they will appear on SSA records when they are processed. Guidelines for developing the existence of LAG earnings if such earnings are needed to establish the 40 QC exception will be outlined Page 61, **Reconciliation**. Because these quarters represent recent work activity, the applicant should have acceptable evidence of earnings readily available.

MAKING THE 40-QQ DETERMINATION

REMEMBER: Qualifying Quarters after 12/31/96 cannot be counted if the immigrant, parent, or spouse received a Federal Means-tested Public Benefit during the quarter.

STEP 1: Review the customer's record. Do codes representing QQs add up to 40 or more?

If: **YES**, then the customer meets the exception requirement.

If: **NO**, then: Are there current or prior year earnings which are not shown in the QQ pattern? (See the chart following step 3 on page 59 for earnings amounts needed for a QQ.)

If: **YES**, then proceed as described on page 61, **Reconciliation**.

If: The total now equals 40 or more, then the customer meets the exception requirement.

If: **NO**, then go to Step 2

STEP 2: Review other records for the periods which can be used (*during marriage for a spouse under age 18 for a parent*). When you add the codes which represent a QQ on these records to the customer's record, do they equal 40 or more?

If: **YES**, then the customer meets the exception requirement.

If: **NO**, then consider current and prior taxable year earnings as in Step 1.

If: the total when these are added equals 40 or more, then the customer meets the exception requirement.

If: **NO**, then go to Step 3.

STEP 3: On all records:

Review the field **MINIMUM NUMBER QCs 1937-1950**

If: these can be used, then add them to the total. Does the total equal 40 or more?

If: **YES**, then the customer meets the exception requirement.

If: **NO**, then continue.

Review the field **MAXIMUM NUMBER QCs 1937-1950** and look at the QC pattern for codes **y** and **z**.

If: the maximum number and/or the codes “#” and “Z” will equal 40 or more when added to the total. Refer the case to SSA as described on page 61, **Reconciliation**.

If: the total still does not equal at least 40, then continue.

Review the QQ pattern with the customer

If: the customer believes that quarters are missing, then develop the issue as described on page 61, **Reconciliation**.

If: the customer believes the records are correct, then he or she cannot meet the exception requirements.

Please refer to the **Covered Employment Chart** in Appendix A, page A-2 to determine whether individuals have the level of earnings to produce a Qualifying Quarter. The Covered Employment Chart also shows how to credit earnings prior to 1978.

For 1978 and later, credits are based solely on the total yearly amount of earnings. The number of creditable QQs are obtained by dividing the individual's total earned income by the increment amount for the year (a maximum of 4 quarters per year). All types of earnings follow this rule. The amount of earnings needed to earn credit increases and is different for each year. For 1978 through 1997, the dollar amount of earnings needed to credit each qualifying quarter is:

| | | |
|----------------|----------------|----------------|
| 1978.....\$250 | 1985.....\$410 | 1992.....\$570 |
| 1979.....\$260 | 1986.....\$440 | 1993.....\$590 |
| 1980.....\$290 | 1987.....\$460 | 1994.....\$620 |
| 1981.....\$310 | 1988.....\$470 | 1995.....\$630 |
| 1982.....\$340 | 1989.....\$500 | 1996.....\$640 |
| 1983.....\$370 | 1990.....\$520 | 1997.....\$670 |
| 1984.....\$390 | 1991.....\$540 | 1998.....\$700 |

A current year Quarter may be included in the 40 Quarter computation. Use the current year amount as the divisor to determine the number of quarters available.

FOLLOW YOUR LOCAL DEPARTMENT GUIDELINES REGARDING COUNTING A QUARTER THAT HAS NOT ENDED.

CASE EXAMPLE

Your customer entered the United States in 1986. The customer's spouse entered prior to that time. married in June 1991. You have determined that a QQ history for both SSNs will be needed for the customer to meet the 40-QQ exception. You have obtained a consent for release of information from spouse and accessed SVES. The QQ pattern you receive is shown below with the YEARS and QUARTERS displayed. The Qualifying Quarters Pattern display begins on the left with the first quar and ends on the right with the fourth quarter.

| | Customer | Customer's Spouse |
|------|----------|-------------------|
| 1986 | NNNN | CCCC |
| 1987 | NAAC | CCCC |
| 1988 | NNNN | CCCC |
| 1989 | NNAA | ZZCC |
| 1990 | AAAA | CCCC |
| 1991 | AAAA | CCCC |
| 1992 | AANN | CCCC |
| 1993 | CCCC | CCCC |
| 1994 | CCCC | CCNN |
| 1995 | CCCC | CCCC |
| 1996 | NNNN | NNNN |
| 1997 | NNNN | NNNN |

In this example, the customer has a combination of wage and agricultural quarters totaling 27 (shown letters "A" and "C" in the Customer column). It appears that the customer's spouse has enough quarters which when added to the customer's quarters will equal 40. However, only the spouse's quarters earned during the marriage (bolded quarters) can be qualifying quarters. The spouse has 17 qualifying quarters during the marriage (bolded letter Cs). When added to the customer's quarters the total exceeds the 40 quarter requirement.

In this case, you do **not** need to reconcile the "Z" quarters shown in 1989 with SSA because they are outside the marriage period. You also do not need to develop the LAG quarters because they are not needed to reach the 40-Quarters requirement.

RECONCILIATION

A. COVERED EARNINGS

1. LAG QUARTERS

When the customer or other individual does not agree with the QC pattern provided by the SV query and the problem is missing Quarters in the current year:

- accept a current employer prepared wage statement as proof of earnings and credit a Quarter for each increment as shown in the chart on page 59. Assume the earnings are covered employment if the wage statement shows FICA withholding.

If: the problem is Quarters in the last taxable year and the query was requested before September after the close of the taxable year,

Then: accept forms such as W-2 and/or W-2c, employer-prepared wage statements or an IRS copy of the individuals' tax return and credit Qualified Quarters to the customer using the chart on page 59. Assume the earnings were covered if the proof submitted indicates FICA taxes were withheld.

If: the query was requested after August,

Then: the earnings are not LAG and should be developed following 2. below.

2. NON LAG QUARTERS

Whenever the customer or other individual whose QQs are being credited to the customer does not agree with the QQ pattern provided by the SVES query, it will be necessary to reconcile the discrepancy. When the individual believes that the work he or she performed was covered employment, or **MEDICARE-only Federal, State, or local wages**, and the earnings do not fall within the LAG period, SSA is responsible for investigating the discrepancy and correcting the record.

Refer all covered employment or MEDICARE-only Federal, State, or local wage cases to SSA as follows:

If: the individual indicates that he or she used more than one SSN or allowed others to use his or her SSN,

Then: the individual will need to contact his or her local Social Security office to resolve the issue or call 1-800-772-1213 to set up an appointment. Be sure to tell the individual to take with them a copy of the QC pattern, identifying information, and any proof or earnings they may have to the SSA office.

If: you need to reconcile a Code "Z" indicator for year(s) 1977 or earlier or a position ("#") indicator (see page 56) from the QC pattern,

Then: Refer the case to SSA Office of Central Operations (OCRO) for investigation Form SSA-512 (see Appendix A, pages A-11 - A-13). Complete the Form SSA-512 including the following information:

- ☐ Name
- ☐ Social Security Number
- ☐ Date of Birth
- ☐ Year or Years in Question
- ☐ Return Address
- ☐ Copy of the Output from the Query

A separate development request is needed for each SSN being investigated.

Mail the request along with the copy of the output from the query to:

SSA, OCRO
P.O. Box 17750
Baltimore, MD. 21235-0001

If: you need to follow up on the status of your request,

Then: Forty-five days after your original request, you should request another QC history query. If the entry has been updated, the "#" or "Z" codes will be overlaid with "N" or "C." If the QC pattern has not been updated after 60 days, call 1-800-775-7802 (SSA-OCRO, Earn Discrepancy.)

If: the individual indicates there are missing quarters or code "Z" is 1978 or after,

Then: have the applicant, if he or she is the number holder of the SSN, complete a Form SSA-7008, **Request for Correction of Earnings**. Proof of earnings such as W-2s, pay slip/stub, tax return or statement from the employer should be attached on the top of the SSA-7008 write "Welfare Reform".

If the applicant is not the number holder, then tell the customer that the number holder must complete the SSA-7008 and provide proof of earnings as shown above.

All SSA-7008s along with the documentation should be mailed to:

SSA, OCRO
P.O. Box 17752
Baltimore, Md. 21235-0001

If the customer has no documentation, he or she should contact his or her local Social Security Office or call 1-800-772-1213 to arrange an appointment.

NOTE: Occasionally SSA cannot verify and credit covered wages and self-employment. is because SSA's development requirements are designed to support strict insurance status rules and Title II entitlement determinations. You should follow your local department's rules if you believe sufficient evidence exists to credit the wages or self-employment as Non-covered qualifying quarters.

B. CANNOT OBTAIN CONSENT TO RELEASE INFORMATION

When someone refuses or cannot be located (after reasonable efforts are made to contact) to authorize release of their information or QC history, local departments are instructed to complete form SSA-513 (OMB No. :0960-0575) as outlined in Appendix A on pages A-8 - A-11.

C. NON-COVERED EARNINGS

When a customer cannot meet the 40 qualifying quarter exception using covered earnings or MEDICARE-only Federal, State, or local wages but alleges that he or she had additional work is not documented by the SVES query of the QCHS, follow the outline below to **establish** the existence of the earnings and **convert** them to qualifying quarters.

STEP 1: Review the QCHS response with the customer to determine whether qualifying quarters are missing from the record.

If: QQs are not missing from the response, then make your determination (based on the information already obtained.

If: QQs are missing from the response, then obtain sufficient information from the individual so that you can use the Covered Employment Chart in Appendix A on page A-2 to determine whether the alleged earnings are covered or Non-covered. Some examples of questions you might ask are

- ☐ Name and address of employer
- ☐ Dates of employment
- ☐ Amount of earnings
- ☐ Type of business or self-employment
- ☐ Rate of pay
- ☐ Work Performed

The Covered Employment Chart should be used only as a guide. The Social Security provisions are very complex and the chart may not include all exceptions in the Social Security Act.

It is important to note that 97% of all employment is now covered under the Social Security Act.

- If: You determine that the earnings are from covered employment or Federal, State, or local MEDICARE-only wages, then go to **Reconciliation**, page 10 for development guidelines.
- If: You determine that the earnings are from other Non-covered employment then you must obtain satisfactory evidence that the earnings exist before you can use the earnings to credit QQs. You should follow your local department's guidelines on developing eligibility requirements and evidentiary proof when making your decision. However, the following suggest means by which evidence necessary to credit QQs might be obtained.

The following **examples of evidence** which can be used to establish earnings are all inclusive. You may become aware of additional evidence during your contact with the customer. Remember **YOU** must be satisfied that the evidence presented supports the existence of earnings and the amount of the earnings.

- ☐ Form W-2 (Wage and tax Statement) and W-2c (Statement of Corrected Income and Tax Amount),
- ☐ Employer prepared earnings statement,
- ☐ Statements of earnings signed by custodian of the employer's records,
- ☐ IRS copy of the employee's tax return
- ☐ Timely-filed tax return for a self-employed individual. Be sure that the proof of filing (canceled check, money order or Schedule C) bears an IRS time stamp, and shows that the return was filed within 3 years 3 months 15 days after the year of gaining the self-employment income.
- ☐ Other evidence of self-employment that allows you to determine that a business did exist and that a profit was earned. Comparison of bills, vouchers and receipts are examples of evidence you might use to make a determination.
- ☐ Pay envelopes, vouchers, and similar unsigned employer earnings statements to the employee, a State or Federal agency,
- ☐ Union records
- ☐ Individual's copy of a Federal or State tax return,
- ☐ Records of State unemployment insurance agencies,
- ☐ Individual's personal records and statements, and
- ☐ Any other evidence of probative value.

STEP 2: After you are satisfied that the Non-covered earnings exist, use the chart on page 1 to determine the number of QQs that can be credited. The dollar amount on the chart indicates the amount needed to credit one qualifying quarter beginning with 1978. You can combine covered and Non-covered earnings for a year.

STEP 3: If you need to assign quarters from 1937 through 1977:

- ◆ A credit was earned for each calendar quarter in which an individual was paid \$50 or more in wages, **including agricultural wages for 1951-1954**
- ◆ Four credits were earned for each taxable year in which an individual's earnings from self-employment were \$400 or more; and/or
- ◆ A credit was earned for each \$100 (limit to a total of four) for agricultural wages paid during the year for the years 1955-1977.

XI. SDX ON-LINE

The State Data Exchange (SDX) On-Line system allows users to select and view customer information regarding SSI application and payment history to improve the accretion of SSI recipients on to and Federal Medical Assistance. The user accesses the SDX main menu through the SVES sign-on process as described on pages 5 through 8 of this manual. **The data in the SDX is up to one week old. Please use the SVES for more current data.**

After sign-on, the user requests the **SDX Option** (option 5), and displays the following screen:

| | | |
|-------------------------|---|----------|
| DATE: MM/DD/YYYY | THE STATE OF MARYLAND DEPARTMENT OF HUMAN RESOURCES SDX ONLINE SYSTEM | TIME: HH |
| SDX MAIN MENU | | |
| CHOOSE NUMBER OPTION: _ | | |
| 1) SSN INQUIRY | | |
| 2) NAME BROWSE | | |
| TO EXIT - PRESS CLEAR | | |
| TO SVES - PRESS PF1 | | |

Note: Other options will be added to this screen as they are developed.

The user presses the number for the desired option then presses the <ENTER> key. Choosing Option "1)" (SSN Inquiry) displays the following screen, which allows the user to obtain SSI information on individuals by entering the person's Social Security number:

| | | |
|---------------------|---|----------|
| DATE: MM/DD/YYYY | THE STATE OF MARYLAND DEPARTMENT OF HUMAN RESOURCES SDX ONLINE SYSTEM | TIME: HH |
| SSN INQUIRY | | |
| ENTER SSN: _____ | | |
| FOR SVES MENU - PF1 | | |
| FOR SDX MENU - PF3 | | |
| FOR EXIT - CLEAR | | |

The user keys in the Social Security number **without dashes**, then presses the <ENTER> key.

This displays the SDX Data Screens 1 and 2 described on pages 70 through 85.

Choosing Option "2)" followed by the <ENTER> key displays the following **Name Browse** screen.

| | | |
|------------------------|-------------------------------|----------|
| DATE: MM/DD/YYYY | THE STATE OF MARYLAND | TIME: HI |
| | DEPARTMENT OF HUMAN RESOURCES | |
| | SDX ONLINE SYSTEM | |
| NAME BROWSE | | |
| ENTER NAME FOR BROWSE: | | |
| LAST NAME: | _____ | |
| FIRST NAME: | _____ | |
| MIDDLE INITIAL | _____ | |
| LIMIT BROWSE TO: | | |
| DONUM: | _____ | |
| MEDICAID ELIG CODE: | _____ | |
| PAY STATUS: | _____ | |
| FOR SVES MENU - PF1 | | |
| FOR SDX MENU - PF3 | | |
| FOR EXIT - CLEAR | | |

Note the following variations and restrictions on using the Name Browse options:

NAME:

- A NAME browse produces a list of names in alphabetic order by last name, first name and middle initial, as shown on page 68. The user enters the line number shown alongside the desired name at the "ENTER LINE NUMBER FOR INQUIRY:" prompt, then presses the <ENTER> key to display the individual SSI record.
- The user can enter 1) a last name only, 2) a last name and a first name or 3) a last name, first name and middle initial.
- It is not necessary to enter a complete name unless the user so desires. One, two or three characters of the last name is sufficient, followed by the <ENTER> key. If the user does not enter a name, before pressing the <ENTER> key, the listing will start at the beginning of the SDX file.
- For common names (Brown, Smith, Williams, etc.), no more than 10 screen-pages of 15 lines each will be displayed for each request. This is to prevent overloading the system and degrading response time. When maximum display is reached, the message "END OF DISPLAY" will appear in the lower right-hand corner of the screen. To get additional names, the user must press the <PF3> key to return to the SDX Main Menu, the <2> key for Name Browse, then enter the

| DATE: MM/DD/YYYY | | DHR SDX ONLINE SYSTEM | | TIME: HH:MM PAGE: | | |
|------------------|-----------------------|-----------------------|-----------------------|-------------------|------------------|------|
| START SEARCH AT: | | NAME LA _____ | | | | |
| LIMIT BY: | | DONUM _____ | MED ELIG CODE G _____ | | PAY STATUS _____ | |
| | NAME | DONUM | SSN | MED CD | DOB | PAYS |
| 01. | LASTNAME FIRSTNAMEA | 16 | ###-##-#### | C | MM/DD/YYYY | N07 |
| 02. | LASTNAME FIRSTNAMEB W | 345 | ###-##-#### | Y | MM/DD/YYYY | C01 |
| 03. | LASTNAME FIRSTNAMEC C | 30 | ###-##-#### | D | MM/DD/YYYY | C01 |
| 04. | LASTNAME FIRSTNAMED | 030 | ###-##-#### | W | MM/DD/YYYY | C01 |
| 05. | LASTNAME FIRSTNAMEE | 021 | ###-##-#### | R | MM/DD/YYYY | N07 |
| 06. | LASTNAME FIRSTNAMEF B | 020 | ###-##-#### | R | MM/DD/YYYY | E01 |
| 07. | LASTNAME FIRSTNAMEG L | 15 | ###-##-#### | Y | MM/DD/YYYY | E01 |
| 08. | LASTNAME FIRSTNAMEH A | 152 | ###-##-#### | G | MM/DD/YYYY | S06 |
| 09. | LASTNAME FIRSTNAMEI I | 160 | ###-##-#### | C | MM/DD/YYYY | C01 |
| 10. | LASTNAME FIRSTNAMEJ | 02 | ###-##-#### | C | MM/DD/YYYY | N07 |
| 11. | LASTNAME FIRSTNAMEK M | 162 | ###-##-#### | W | MM/DD/YYYY | N07 |
| 12. | LASTNAME FIRSTNAMEL V | 340 | ###-##-#### | Y | MM/DD/YYYY | N07 |
| 13. | LASTNAME FIRSTNAMEM | 110 | ###-##-#### | D | MM/DD/YYYY | N07 |
| 14. | LASTNAME FIRSTNAMEN N | 151 | ###-##-#### | G | MM/DD/YYYY | N07 |
| 15. | LASTNAME FIRSTNAMEO | 356 | ###-##-#### | G | MM/DD/YYYY | N07 |

ENTER LINE NUMBER FOR INQUIRY: _____ SDX MENU-PF3, EXIT-CLEAR, SVES-PF1
PRESS PF8 TO CONTINUE

DONUM (District Office Number):

- A DONUM browse produces a list of SSI customers in a specific District, as shown on page 65
- To query for customers by District Office, enter the appropriate information in the NAME field then enter the District Office code shown on page 10 of this manual in the DONUM field. Press <ENTER>.
- To query for customers by Local Department (e.g., Montgomery County), enter the appropriate information in the NAME fields, then enter the Local Department code shown on page 73 of the manual, followed by an asterisk (e.g., "15*"). Press <ENTER>.
- To prevent degradation in response time, a DONUM browse should be used only in conjunction with a name browse. Using the DONUM browse by itself causes the SDX system to attempt a search for all SSI customers in a Local Department or District Office. The system can display no more than 30 screen-pages of 15 line items for each request. When maximum display is reached the message "END OF DISPLAY" will appear in the lower right-hand corner of the screen. To get additional names, the user must press the <PF3> key to return to the SDX Main Menu, the < key for Name Browse, then enter the last full name displayed on the Name Browse screen.

| DATE: MM/DD/YYYY | | DHR SDX ONLINE SYSTEM | | TIME: HH:MM PAGE: | | |
|---|----------------------|-----------------------|-----------------|-------------------|------------|------|
| START SEARCH AT: | | NAME LA _____ | | | | |
| LIMIT BY: | | DONUM 110 | MED ELIG CODE G | PAY STATUS _____ | | |
| | NAME | DONUM | SSN | MED CD | DOB | PAYS |
| 01. | LASTNAME FIRSTNAME A | 110 | ###-##-#### | C | MM/DD/YYYY | NO |
| 02. | LASTNAME FIRSTNAME B | 110 | ###-##-#### | Y | MM/DD/YYYY | CO |
| 03. | LASTNAME FIRSTNAME C | 110 | ###-##-#### | G | MM/DD/YYYY | SO |
| 04. | LASTNAME FIRSTNAME D | 110 | ###-##-#### | W | MM/DD/YYYY | CO |
| 05. | LASTNAME FIRSTNAME E | 110 | ###-##-#### | R | MM/DD/YYYY | CO |
| 06. | LASTNAME FIRSTNAME F | 110 | ###-##-#### | R | MM/DD/YYYY | NO |
| 07. | LASTNAME FIRSTNAME G | 110 | ###-##-#### | Y | MM/DD/YYYY | H8 |
| 08. | LASTNAME FIRSTNAME H | 110 | ###-##-#### | C | MM/DD/YYYY | EO |
| 09. | LASTNAME FIRSTNAME I | 110 | ###-##-#### | C | MM/DD/YYYY | CO |
| 10. | LASTNAME FIRSTNAME J | 110 | ###-##-#### | C | MM/DD/YYYY | CO |
| 11. | LASTNAME FIRSTNAME K | 110 | ###-##-#### | W | MM/DD/YYYY | NO |
| 12. | LASTNAME FIRSTNAME L | 110 | ###-##-#### | Y | MM/DD/YYYY | NO |
| 13. | LASTNAME FIRSTNAME M | 110 | ###-##-#### | G | MM/DD/YYYY | EO |
| 14. | LASTNAME FIRSTNAME N | 110 | ###-##-#### | G | MM/DD/YYYY | CO |
| 15. | LASTNAME FIRSTNAME P | 110 | ###-##-#### | C | MM/DD/YYYY | NO |
| ENTER LINE NUMBER FOR INQUIRY: ____ SDX MENU-PF3, EXIT-CLEAR, SVES-PF1 PRESS PF8 TO CONTINUE | | | | | | |

- The user enters the number for the desired record at the "ENTER LINE NUMBER FOR INQUIRY:" prompt, and presses the <ENTER> key.

MED ELIG (MEDICAID ELIGIBILITY) CODE :

- A MED ELIG CODE browse produces a list of SSI customers with the same MED CD code, shown on the next page.
- To prevent a degradation in response time, MED ELIG browses are limited to the following C, D, G, R, W, Y. See page 76 for code definitions. Additionally, this browse should be done only in conjunction with a Name or DONUM browse. The system can display no more than 30 screen-pages of 15 line items for each request. When maximum display is reached, the message "END OF DISPLAY" will appear in the lower right-hand corner of the screen. To view additional names, the user must press the <PF3> key to return to the SDX Main Menu, the <2> key for Name Browse, then enter the last full name displayed on the Name Browse screen.

DATE: MM/DD/YYYY DHR SDX ONLINE SYSTEM TIME: HH:MM PAGE: 1

START SEARCH AT: NAME LA _____

LIMIT BY: DONUM 110 MED ELIG CODE C PAY STATUS _____

| | NAME | DONUM | SSN | MED CD | DOB | PAY |
|-----|----------------------|-------|-------------|--------|------------|-----|
| 01. | LASTNAME FIRSTNAME A | 110 | ###-##-#### | C | MM/DD/YYYY | N |
| 02. | LASTNAME FIRSTNAME B | 110 | ###-##-#### | C | MM/DD/YYYY | C |
| 03. | LASTNAME FIRSTNAME C | 110 | ###-##-#### | C | MM/DD/YYYY | S |
| 04. | LASTNAME FIRSTNAME D | 110 | ###-##-#### | C | MM/DD/YYYY | C |
| 05. | LASTNAME FIRSTNAME E | 110 | ###-##-#### | C | MM/DD/YYYY | C |
| 06. | LASTNAME FIRSTNAME F | 110 | ###-##-#### | C | MM/DD/YYYY | N |
| 07. | LASTNAME FIRSTNAME G | 110 | ###-##-#### | C | MM/DD/YYYY | H |
| 08. | LASTNAME FIRSTNAME H | 110 | ###-##-#### | C | MM/DD/YYYY | E |
| 09. | LASTNAME FIRSTNAME I | 110 | ###-##-#### | C | MM/DD/YYYY | C |
| 10. | LASTNAME FIRSTNAME J | 110 | ###-##-#### | C | MM/DD/YYYY | C |
| 11. | LASTNAME FIRSTNAME K | 110 | ###-##-#### | C | MM/DD/YYYY | N |
| 12. | LASTNAME FIRSTNAME L | 110 | ###-##-#### | C | MM/DD/YYYY | N |
| 13. | LASTNAME FIRSTNAME M | 110 | ###-##-#### | C | MM/DD/YYYY | E |
| 14. | LASTNAME FIRSTNAME N | 110 | ###-##-#### | C | MM/DD/YYYY | C |
| 15. | LASTNAME FIRSTNAME P | 110 | ###-##-#### | C | MM/DD/YYYY | N |

ENTER LINE NUMBER FOR INQUIRY: _____ SDX MENU-PF3, EXIT-CLEAR, SVES-PF1
PRESS PF8 TO CONTINUE

- The user enters the number for the desired record at the "ENTER LINE NUMBER FOR INQUIRY:" prompt, and presses the <ENTER> key.

PAY STATUS:

- A PAY STATUS browse produces a list of SSI customers with a specific PAY STATUS code shown on the next page.
- To prevent a degradation in response time, searches are limited to the following codes: C01, E01, H80, N01, N02, N04, N07, N12, N17, N19, N20, N30, N31, N33, N35, N36, N37, N40, N41, N42, N43, N44, S06, S07, S08, T01, T3, T50, T51. See Page 34 for a list of codes and definitions.
- A PAY STATUS browse should be used in conjunction with a District Office or Local Department browse. No more than 30 screen-pages of 15 line items can be displayed for each request. When maximum display is reached, the message "END OF DISPLAY" appears in lower right-hand corner of the screen.

| DATE: MM/DD/YYYY | | DHR SDX ONLINE SYSTEM | | TIME: HH:MM PAGE: | | |
|--|-----------------------|-----------------------|------------------------|-----------------------|------------|-------|
| START SEARCH AT: | | NAME LA _____ | | | | |
| LIMIT BY: | | DONUM <u>15*</u> | MED ELIG CODE <u>G</u> | PAY STATUS <u>N07</u> | | |
| | NAME | DONUM | SSN | MED CD | DOB | PAYST |
| 01. | LASTNAME FIRSTNAMEA | 15 | ###-##-#### | G | MM/DD/YYYY | N07 |
| 02. | LASTNAME FIRSTNAMEB B | 152 | ###-##-#### | G | MM/DD/YYYY | N07 |
| 03. | LASTNAME FIRSTNAMEC R | 151 | ###-##-#### | G | MM/DD/YYYY | N07 |
| 04. | LASTNAME FIRSTNAMED | 151 | ###-##-#### | G | MM/DD/YYYY | N07 |
| 05. | LASTNAME FIRSTNAMEE | 151 | ###-##-#### | G | MM/DD/YYYY | N07 |
| 06. | LASTNAME FIRSTNAMEF E | 150 | ###-##-#### | G | MM/DD/YYYY | N07 |
| 07. | LASTNAME FIRSTNAMEG K | 152 | ###-##-#### | G | MM/DD/YYYY | N07 |
| 08. | LASTNAME FIRSTNAMEH C | 152 | ###-##-#### | G | MM/DD/YYYY | N07 |
| 09. | LASTNAME FIRSTNAMEI I | 15 | ###-##-#### | G | MM/DD/YYYY | N07 |
| 10. | LASTNAME FIRSTNAMEJ | 15 | ###-##-#### | G | MM/DD/YYYY | N07 |
| 11. | LASTNAME FIRSTNAMEK | 151 | ###-##-#### | G | MM/DD/YYYY | N07 |
| 12. | LASTNAME FIRSTNAMEL W | 15 | ###-##-#### | G | MM/DD/YYYY | N07 |
| 13. | LASTNAME FIRSTNAMEM | 152 | ###-##-#### | G | MM/DD/YYYY | N07 |
| 14. | LASTNAME FIRSTNAMEN M | 151 | ###-##-#### | G | MM/DD/YYYY | N07 |
| 15. | LASTNAME FIRSTNAMEO F | 15 | ###-##-#### | G | MM/DD/YYYY | N07 |
| ENTER LINE NUMBER FOR INQUIRY: ____ SDX MENU-PF3, EXIT-CLEAR, SVES-PF1 | | | | | | |
| PRESS PF8 TO CONTINUE | | | | | | |

- The user enters the number for the desired record at the "ENTER LINE NUMBER FOR INQUIRY:" prompt, and presses the <ENTER> key.

XII. HOW TO VIEW AND INTERPRET A SDX RESPONSE

Screens 1 and 2 contain all data needed to process SSI Medical Assistance accretions, closures and changes. Where necessary, this information can be used to update CARES. The following is a description of the data elements. Immediately following each data element name, in parentheses, is a reference number for that element as found in the SDX Program Operations Manual (POMS). Please refer to the POMS for further information on each of the elements in the SDX data screens. POMS manuals are available from the FIA Bureau of Administrative Services by calling 410-767-7207.

SCREEN 1

SSA RUN DATE: (No POMS Code) The date SSA created the source tape.

DHR RUN DATE: (No POMS Code) The date that DHR updated the SDX file.

LDSS SOURCE: (No POMS Code) The Local department or District Code. If the record has been updated via a SDX/MMIS information merge, a three-digit code will be displayed as shown in the District Office Code list on page 10 of this manual. If the record has not been updated through MMIS, the following two-digit Local Department code will be displayed:

| <u>Code</u> | <u>Value</u> | <u>Code</u> | <u>Value</u> | <u>Code</u> | <u>Value</u> |
|-------------|------------------|-------------|-----------------|-------------|--------------|
| 00 | Unlisted* | 09 | Dorchester | 18 | St. Mary's |
| 01 | Allegany | 10 | Frederick | 19 | Somerset |
| 02 | Anne Arundel | 11 | Garrett | 20 | Talbot |
| 03 | Baltimore County | 12 | Harford | 21 | Washington |
| 04 | Calvert | 13 | Howard | 22 | Wicomico |
| 05 | Caroline | 14 | Kent | 23 | Worcester |
| 06 | Carroll | 15 | Montgomery | 30 | Baltimore Ci |
| 07 | Cecil | 16 | Prince George's | | |
| 08 | Charles | 17 | Queen Anne's | | |

*00-Unlisted will be displayed when there has been no MMIS update and the system detects that the SSA jurisdiction code is invalid.

TRANSACTION CODE: (305F.47) A 2-position alpha/numeric element indicating the action or source of the SDX record

| <u>Code</u> | <u>Value</u> |
|-------------|--|
| 00 | No action has been taken since the last SDX record (appears on treasury files only), refers to no payment actions only |
| 0P | Identifies a pending record |
| 0W | Identifies a T30 termination action |
| 0X | Identifies a T30 reaccretion, potentially ineligible (appears only on SDX update files) (see SI 02601.510) |
| 0Y | Identifies a T30 reaccretion, potentially eligible (appears only in SDX update files) (see SI 02601.510) |
| 0Z | Identifies a T30 new/replacement record (see SI 02601.510) |
| 01 | New claim - currently eligible (appears only on SDX update files) |

- 02 New claim – currently ineligible
- 03 New to State – eligible for SSI and/or supplementation in new State (see SI 02601.515)
- 04 New to State – Ineligible in new State (see SI 02601.515)
- 05 Individual moved to another State (see SI 02601.515)
- 06 Change, other than a change of address, has occurred in the record
- 07 Nonpayment (pay status equals “Nxx”) or termination (pay status equals “Txx, other than “T30”) transferred to a record in pay status “C01”, “E01”, “M01”, “P01, or “Sxx”, or a change to an ineligible record does not effect eligibility status
- 08 Intrastate change of address and/or payee name change (Payee Name and Mailing Address, Payee ZI Residence Address, Residence ZIP Codes) (see SI 02601.515)
- 09 Intrastate change of address (and/or payee name change) and change in amount paid (see SI 02601.515)
- 10 State identification number accreted
- 16 Combination of codes “06” and “10”
- 17 Combination of codes “07” and “10”
- 20 State identification number not accreted due to mismatch
- 30 State identification number changed
- 36 Combination of codes “06” and “30”
- 37 Combination of codes “07” and “30”
- 40 State identification number not change due to mismatched
- 50 State identification number deleted
- 56 Combination of codes “06” and “50”
- 60 State identification number not deleted due to mismatch
- 70 Requested SDX record provided in response to State query
- 80 No requested SDX data provided due to mismatch (see SI 02601.702)
- 90 No requested SDX data provided due to mismatch, the State requested a pending record and no record in file
- A0 State cross-reference WTN updated
- A6 Combination of codes “A0” and “06”
- A7 Combination of codes “A0” and “07”
- BJ Identifies a “503 Leads” file record
- B0 IAR transaction processed

- CO IAR transaction rejected (reject listing to follow)
- RF Identifies a reconciliation file record

LDSS SOURCE: (No POMS Code) If the record has been updated via a SDX/MMIS information then the letters **MMIS** will be displayed. If the record has not been updated then the phrase **SSA JURISDICTION** will be displayed.

SSN: (305F.28) The user-requested Social Security Number.

CLAIM #: (305B.13) The Title II record under which the customer is insured.

NAME: (305D.1) The SSI customer's name, Last name first.

ADDR: (305F.13) The SSI customer's street address, city and state.

ZIP: (305F.15) The SSI customer's 9-digit ZIP Code.

MARITAL STATUS: (305E.2) The SSI customer's marital status. See codes on page 41 of this manual.

RECIPIENT TYPE CODE: (305F.4) A two-position field which indicates the type of SSI customer. A customer initially is disabled, this code will not change at age 65:

| <u>Code</u> | <u>Value</u> |
|-------------|---------------------|
| AI | Aged individual |
| AS | Aged spouse |
| BI | Blind individual |
| BC | Blind child |
| DC | Disabled child |
| DI | Disabled individual |
| DS | Disabled spouse |
| EP | Essential person |
| XS | Ineligible spouse. |

SEX: (305F.23) The sex of the SSI customer. See codes on page 33 of this manual.

DOB: (305B.22) The SSI customer's date of birth.

RACE: (305F.2) The SSI customer's race. See codes on page 33 of this manual.

PAYEE - 4 lines: (305E.21) The first name, last name, street address, city, state and ZIP code of the person or facility receiving the SSI payment. This may or may not be the actual SSI customer.

PAY ST: (305E.25) SSI Customer's Payment Status code. See codes on pages 33 and 34 of this manual.

DATE: (305E.24) The date of payment of the SSI Monthly Assistance and State Supplement Amount.

JURISDICTION: (305F.34) The 5-digit code for the SSI customer's city or county of residence. See codes on page 22 of this manual.

MA ST: (305E.5) The SSI customer's MEDICAID Status code (codes with asterisk are categorical codes eligible for SSI):

| <u>Code</u> | <u>Value</u> |
|-------------|---|
| A | Refused to assign rights to third party medical payments or refuse to provide third party liability information. Referred to State, Federal determination not possible. |
| B | Deeming waived: child under a State home care plan. |
| C* | Federally administered MEDICAID coverage should be continued regardless of payment status code 109(b) participants). |
| D*+ | Disabled adult child (1634 States). |
| G* | Goldberg/Kelly payment continuations. |
| Q* | MEDICAID Qualifying Trusts may exist. |
| R+ | Referred to State for determination (1634 States), Federal determination not possible. |
| S | State determination - not SSA responsibility. |
| W*+ | Widow(er) (1634 States) |
| Y*+ | Eligible for MEDICAID (1634 States only). |

+NOTE: States with a 1634 agreement with SSA generally do not make a separate eligibility determination in the case of categorical applicants because MEDICAID eligibility is determined by SSA. Maryland is a "1634" State.

DATE: (305E.4) MEDICAID Effective Date. This reflects the most current period of eligibility or referral for MEDICAID.

DENIAL: (305B.28) A three-position alpha/numeric display showing the reason a SSI claimant was initially denied SSI payments. See codes with an "N" prefix on page 34 of this manual.

DATE: (305B.29) The date the SSI customer was denied SSI benefits or State Supplementation.

APPEAL: (305B.4) A 1-position code showing the level of appeal and the latest appeal action:

| <u>Code</u> | <u>Value</u> |
|-------------|---|
| A | Reconsideration – appeal request filed |
| B | Reconsideration – appeal request dismissed or withdrawn |
| C | Reconsideration – Affirmation of prior decision |

| | |
|----------|---|
| D | Reconsideration – Reversal or modification of prior decision |
| K | Court activity pending |
| L | Court order or decision unfavorable to claimant and not appealed by SSA |
| M | Court order or decision favorable to claimant and not appealed by SSA |
| N | Court order or decision favorable to claimant and appealed by SSA |
| O | Class action suit |
| P | Hearing – Appeal request filed |
| Q | Hearing – Appeal request dismissed or withdrawn |
| R | Hearing – Affirmation of prior decision |
| S | Hearing – Reversal or modification of prior decision |
| W | Appeals Council – Appeal request filed |
| X | Appeals Council – Appeals request dismissed or withdrawn |
| Y | Appeals Council – Affirmation of prior decision |
| Z | Appeals Council – Reversal or modification of prior decision |

DATE: (305B.5) The date of the most recent appeal action.

SSI APPL DATE: (305B.7) The SSI effective filing date. This represents the date the SSI customer filed an application for SSI benefits or the date the customer is deemed to have filed an application.

APPL FILE DATE: (305B.8) This is the **actual** date of the application if it differs from the **SSI AP DATE**. This date is generally later than the application date if the customer filed an application after making written or oral inquiry to the SSA office indicating an intent to file an SSI application.

ALIEN: (305B.3) A one-position code indicating the immigrant or citizenship status of SSI customer.

Code Value

| | |
|----------|--|
| A | Proven born in U.S., U.S. citizen |
| B | Alleged born in U.S., this includes naturalized citizens |
| C | U.S. citizen born outside the U.S., this includes naturalized citizens |
| D | Alleged U.S. citizen – pre-January 01, 1972 |
| E | No citizenship or alien status development undertaken; case denied for reason(s) other than citizenship/a status |
| F | Refugee status – Section 207 or 203(A)(7) of the I.N.A. |
| G | Parole status – Section 2129d0 of the I.N.A. |

1

| | |
|----------|---|
| I | Indochinese refugee (this is a an obsolete code) |
| J | Deferred action status alien |
| K | Alien lawfully admitted to the U.S. for permanent residence |
| L | Asylum status – Section 208 of the I.N.A. |
| M | Resident of the Northern Mariana Islands |
| N | Identify and citizenship of the individual verified by the znumbidet interface (code was previously / |
| P | Pre-January 01, 1972 alien presumed lawfully admitted for permanent residence) |
| Q | Alleged born in the U.S. – allegation corroborated by a U.S. place if birth shown on the on-line Numi |
| R | Lawful temporary resident – status granted as a result of the Immigration reform and Control Act of 1 |
| S | Lawful permanent resident status – status granted as a result of the Immigration Reform and control A 1986 |
| T | Alien granted voluntary departure |
| V | Systems override applied following interface edit (obsolete code) |
| W | Alien granted stay of deportation |
| X | Cuban/Haitian entrant |
| Y | Legalized agricultural worker pursuant to the immigration Reform and Control Act of 1986 |
| Z | Alien on whose behalf an immediate relative petition has been approved. |

DATE: (305B.2) The immigrant SSI customer's date of residence in the U.S. An entry of 01/1974 means residency began in January 1974 or earlier. For all other dates: if the input is prior to October 1980, it is the actual year that residency began with a deemed month of January; if the input is after September 1980, it is the actual year and month that residency began.

COUNTRY: (305B.18) This is a two-position alphabetic display showing the immigrant SSI custom country of origin. See the Alien's Country of Origin table in the Appendix, pages B-2 and B-3.

DA-A: (305B.33) A one-position alphabetic display showing drug or alcohol addiction:

| <u>Code</u> | <u>Value</u> |
|--------------|---|
| A | Disabled individual is an alcoholic. |
| B | Disabled individual is drug addict and alcoholic. |
| D | Disabled individual is drug addict. |
| N | Individual is neither drug addict nor alcoholic. |
| Q | Individual may or may not be a drug addict or an alcoholic. |
| Blank | No code transmitted. |

L TRANS: (305D.6) A two-position alpha/numeric display showing the **last transaction type**. The reflects only one event although more than one reportable event may have occurred simultaneously

| <u>Code</u> | <u>Value</u> |
|-------------|----------------------------------|
| A1 | Eligible individual name change. |
| AD | Address change or correction. |
| BC | Direct deposit. |
| CC | Folder involvement. |

SSI MONTHLY: (305F.26) A six-position (\$\$\$\$cc) numeric display of the **actual** monthly SSI assistance amount paid to a customer under Title XVI after adjustments for overpayments.

SSI GROSS: (305F.25) A six-position (\$\$\$\$cc) numeric display showing the Federal monthly SSI amount due to a customer before adjustments for overpayments.

DEATH: (305B.25) A one-position numeric code showing the source of a notification of death:

| <u>Code</u> | <u>Value</u> |
|-------------|---|
| 1 | The SSA District Office (DO) notification or manual adjustment. |
| 2 | Hospital Insurance notification. |
| 3 | Master Beneficiary Record (MBR) notification. |
| 4 | Treasure returned check notification. |
| 5 | Treasury returned check notification. |
| 6 | State notification. |
| 0 | Initialized value. |

DATE: (305B.24) The date of death.

DHMH MEDICAID ELIGIBILITY DATA (No POMS Codes)

DONUM: The three-digit local department district/office number. See page 10 of this manual.

MMIS RUNDATE: The date that DHMH created and sent the latest MMIS data file to OIM.

MA: The SSI Customer's Maryland Medical Assistance (MA) Number.

COVERAGE: A three-position alpha/numeric code showing the MMIS II Coverage Groups. Described in Appendix C, pages C1 through C14.

TYPE: A one-position alphabetic code showing the type individual receiving MMIS II coverage. Described in Appendix C, page C14.

BEGIN: The date that Medical Assistance coverage began. If there is no coverage, then the date is as "0/0/00."

END: The date that Medical Assistance coverage ended. If there has been no coverage, then the date show as "0/0/00."

CARES IRN: The SSI customer's 9-position CARES Individual Record Number.

INSR: The SSI customer's verified or potential DHMH Insurance Code:

| <u>Code</u> | <u>Value</u> | <u>Code</u> | <u>Value</u> | <u>Code</u> | <u>Value</u> |
|-------------|----------------------------------|-------------|---|-------------|--|
| AT | Aetna | SD | Supplemental B/C of DE | T8 | Potential Coverage |
| BC | Blue Cross/ Shield of MD | SE | Supplemental Equitable Life | UI | United Insurance |
| BD | Blue Cross/ Shield of DE | SG | Supplemental Group Hospitalization | V9 | Previously had insurance doesn't now |
| BL | Bankers Life | SL | Supplemental Lincoln National | X1 | Single carrier, no assign code |
| BO | Blue Cross/Out of State | SM | Supplemental Metropolitan Life | YF | Freight Drivers & Health, Local 557 |
| CF | Care First | SO | Supplemental Out of State BC | YG | Government Employment Health Association |
| CG | Connecticut General | SP | Supplemental Prudential | YH | Hospital & Health Care Employees, Local 11 |
| CH | Champus | ST | Supplemental Travelers | YL | National Association Letter Carriers |
| CI | Combined Insurance Co. | SZ | Supplemental Multiple Coverage | YM | Mailhandlers' Benefit Fund |
| CO | Columbia Life | S1 | Supplemental Medicare Coverage | YT | Teamster H & W, Local 355 |
| EQ | Equitable Life | S2 | American Association of Retired Persons | YW | Willse & Associates |
| FS | Freestate Health Plan | S3 | Supplemental Physician's Mutual | Y1 | Union or Association coverage, no assign code. |
| GA | Group Health Association | TR | Travelers | Z1 | More than one health carrier |
| GH | Group Hospitalization | T6 | Case that never had insurance | | |
| HI | Hartford Insurance | T7 | Unverified coverage | | |
| KP | Kaiser Permanente | | | | |
| LN | Lincoln National | | | | |
| MD | MDIPA | | | | |
| MO | Mutual of Omaha | | | | |
| MT | Metropolitan Life | | | | |
| OC | Optimum Choice | | | | |
| PH | Prudential | | | | |
| SA | Supplemental Aetna | | | | |
| SB | Supplemental B/C of MD | | | | |
| SC | Supplemental Connecticut General | | | | |

CANCEL: The date that the SSI customer's insurance was canceled (MM/DD/YYYY). If there is no insurance coverage or if the coverage has not been canceled, then the date will show as "0/0/00"

ACTIVITY: The date of last posting of Medicaid Eligibility Data (MM/DD/YYYY). If there is no activity, then the date will show as "0/0/00,"

SCREEN 2

The following information is repeated from Screen 1:

| | |
|--------------------------|---------------------|
| SSA RUN DATE: | LDSS SOURCE: |
| DHR RUN DATE: | SSN: |
| LDSS SOURCE: | NAME: |
| TRANSACTION CODE: | |

The following information is unique to Screen 2:

SPOUSE/PARENT ELIG: (305E.10) The name of the ineligible spouse or parent, last name first.

SS#: (305F.35) The Social Security number of the ineligible spouse or parent.

ESS. PERSON CODE: (305C.8) A one-position alpha/numeric display which shows whether an essential person exists in a SSI customer case, and the relationship to the SSI customer:

| <u>Code</u> | <u>Value</u> |
|-------------|---|
| 0 | None. |
| 1 | Essential person is an ineligible spouse. |
| 2 | Essential person is a living-with father. |
| 3 | Essential person is a living-with mother. |
| 4 | A non-relative is in the SSN of Eligible Spouse or Parent. |
| 5 | A non-relative is in the SSN of Other Parent. |
| A | An ineligible spouse and at least one other person are both essential persons. |
| B | A living-with father and at least one other person are both essential persons. |
| C | A living-with mother and at least one other person are both essential persons. |
| D | There are at least two essential persons, one of whom is in SSN of Eligible Spouse or Parent. |
| E | There are at least two essential persons, one of whom is in the SSN of Other Parent. |
| F | A living-with parent is the essential person (applicable in pipeline cases only). |

NAME: (No POMS Code) The name of the essential person.

SS: (305F.34) The Social Security number of the essential person.

DISABILITY PAY CODE: (305B.31) A one-position alphabetic display which indicates the status of SSI disability and blind cases:

| <u>Code</u> | <u>Value</u> |
|-------------|--|
| F | Final determination - allowance. |
| P | Presumptive finding. |
| R | Referred to State agency Code indicates pending determination or final determination - denied. |
| S | State determination (conversion cases only) - allowance. |
| T | Presumptive finding - state conversion record. |
| X | No disability determination made (claim denied on basis of non-disability issues). |
| " " | Not applicable. |

IAR: (SDX 305D.3) A one-position numeric display determined by the SDX program logic. This indicates the timing of SSA reimbursement of State interim assistance payments or the reason for no effecting reimbursement. This status code may change (e.g., where reimbursement has been effected or attempted).

| <u>Code</u> | <u>Value</u> |
|-------------|--|
| 0 | Essential person record. Applicant did not authorize reimbursement. There is no Federal/State agreement to reimburse [no Maryland Form 340 on file], or the SDX record is for the month following the month of recipient's move from the state of reimbursement. |
| 1 | Total amount shown is the SSI Monthly Assistance amount. The State Supplement Amount is being, or was, sent to the State or county as reimbursement. |
| 2 | All or part of the amount shown in the SSI Monthly Assistance Amount and the State Supplementary Amount is being, or was, sent to the State or county as reimbursement. |
| 3 | Reimbursement is not being effected. Applicant is ineligible or retroactive payment is not due. |
| 4 | Reimbursement assistance case pending or denied. |
| 5 | Reimbursement check returned. |

Competency Code: (305D.14) A one-position alphabetic display which identifies the representative payee's status as to legal guardianship and/or competency of the recipient:

| <u>Code</u> | <u>Value</u> |
|-------------|--|
| A | Recipient is competent and the representative payee is the legal guardian. |
| B | Recipient is competent and there is no legal guardian. |
| C | Recipient is competent and the legal guardian is someone other than the representative payee. |
| D | Recipient is incompetent and the representative payee is the legal guardian. |
| E | Recipient is incompetent and there is no legal guardian. |
| F | Recipient is incompetent and the legal guardian is someone other than the representative payee. |
| L | Representative Payee is a financial institution with whom the recipient has entered into a living trust agreement. |
| N | There is no legal guardian. |
| O | Someone other than the representative payee is the legal guardian. |
| Y | The representative payee is the legal guardian. |

DO: (305B.32) A three-position alpha/numeric display of the Social Security Administration (SSA) District Office Code:

| <u>Code</u> | <u>Value</u> | <u>Code</u> | <u>Value</u> | <u>Code</u> | <u>Value</u> |
|-------------|-------------------|-------------|--------------|-------------|-----------------|
| A33 | Rockville | 096 | Elkton | 277 | Annapolis |
| A96 | Westminster | 195 | Columbia | 278 | Towson |
| C07 | Greenbelt | 196 | Middle River | 282 | Wheaton |
| C09 | North | 197 | Randallstown | 283 | Glen Burnie |
| 019 | Northeast | 199 | Mondawmin | 527 | Camp Springs |
| 020 | West | 273 | Downtown | 529 | Frederick |
| E63 | Fort Lincoln (DC) | 274 | Salisbury | 530 | Capitol Heights |
| 094 | Bel Air | 275 | Cumberland | | |
| 095 | Cambridge | 276 | Hagerstown | | |

UNEARNED INCOME

TYPE: (305G.11) A one-position alphabetic display which indicates the kind of unearned income the SSI customer is or was receiving. The last three occurrences of type "A" income will appear in reverse chronological order. All other types of unearned income show the most recent occurrence:

| <u>Code</u> | <u>Value</u> | | |
|-------------|---|-----|---|
| A | Social Security | O | Income based on need from private s |
| B | Black Lung | P | Employment-related pension (State c local government retirement, private pension) |
| C | VA (not based on need) | Q | Worker's Compensation |
| D | Railroad Benefits (RRB) | R | Rents, interest, dividends, royalties |
| E | VA (based on need) | S | Other |
| F | Assistance based on need and not excluded from unearned income | T | Alaska longevity bonus |
| G | Title II income used to offset SSI | V | Net deemed income (see Deemed Inc Amount and Deemed Income Amour (Respective)) |
| H | Income in-kind (support & maintenance) | W | Title II income used in windfall offse computations |
| I | Ineligible child allocation | X | Minimum income level amount |
| J | Value of one-third reduction | Y | Special needs reduction (applies to a Federal countable minimum income l |
| K | Blind countable income | Z | State countable income (State of Ver only) |
| L | Military pension | " " | Initialized value |
| M | Federal Civil Service pension | | |
| N | Support payments received from absent parent | | |

BEGIN DATE: (305G.9) A numeric display (MM/DD/YYYY) which indicates the date when unear income started if the payment is monthly, or when received if a one-time payment.

END DATE: (305G.10) A numeric display (MM/DD/YYYY) which reflects the effective date of termination of unearned income. Where the amount changes, this will be the last date that the previou rate or one-time payment was received.

AMOUNT: (305G.1) A six-position numeric display (\$\$\$\$cc) which reflects the monthly amount o unearned income. For type "A" (Social Security) the money amount will be zero when the claim/identification number has a "T" or "M" suffix (uninsured beneficiary with health benefits).

FRQ: (305G.3) A one-position alphabetic display which indicates whether an SSI customer is now receiving unearned income:

| <u>Code</u> | <u>Value</u> |
|-------------|--|
| C | Continuous monthly payment or uninsured (Title II claim number suffix "T" or "M"), or Title II beneficiary non-pay status. |
| N | One-time payment. |
| R | Used in conjunction with type "A" income to indicate recent Retirement, Survivors, and Disability Insurance filing, or with type "D" income to indicate potential eligibility for a Railroad Retirement Board (RRB) benefit. |
| T | Termination of continuous monthly payment. |
| U | Used only in conjunction with a type "D" entry to indicate that the RRB has jurisdiction of the Title II (A) payment, and that the RRB has not determined the recipient's entitlement to an annuity. |

CLAIM NO: (305B.12) A 12-position alpha/numeric display showing the Claim Number or Claim Identification Number under which the SSI customer receives each type of income. The formats are:

| <u>Type</u> | <u>Format</u> | | | | | | | | | | | | | | |
|-------------|--|-------------|--------------|---|--------------------------|---|---|---|--|---|--|---|---|---|--|
| A | The nine-digit SSN of the insured individual, a two-position Beneficiary Identification Code (BIC - see 11 of this manual), and a space in position 12 of the data element. | | | | | | | | | | | | | | |
| B | A nine-digit Black Lung claim number, two alpha characters, and a space in position 12. | | | | | | | | | | | | | | |
| C | A nine-digit VA number, two alpha characters and a space in position 12. | | | | | | | | | | | | | | |
| D | A nine-digit RRB number, two alpha characters (the RRB beneficiary) and a space in position 12. | | | | | | | | | | | | | | |
| E | A nine-digit VA number, two alpha characters and a space in position 12. | | | | | | | | | | | | | | |
| H | May contain an identifying legend entered by the SSA District Office; e.g., RENTFREE, FREERENT. This legend may appear after one of the following living arrangement codes: | | | | | | | | | | | | | | |
| | <table> <tr> <th><u>Code</u></th><th><u>Value</u></th></tr> <tr> <td>A</td><td>Living in own household.</td></tr> <tr> <td>B</td><td>Living in non-institutional care situation.</td></tr> <tr> <td>C</td><td>Living in private non-profit residential care institution (covered by Church Amendments)</td></tr> <tr> <td>D</td><td>Living in other private non-medical institution (domiciliary care, personal care, retirement homes, etc.</td></tr> <tr> <td>E</td><td>Living in private medical institution. MEDICAID pays less than 50% of the cost.</td></tr> <tr> <td>F</td><td>Living in public institution for education or vocational training.</td></tr> </table> | <u>Code</u> | <u>Value</u> | A | Living in own household. | B | Living in non-institutional care situation. | C | Living in private non-profit residential care institution (covered by Church Amendments) | D | Living in other private non-medical institution (domiciliary care, personal care, retirement homes, etc. | E | Living in private medical institution. MEDICAID pays less than 50% of the cost. | F | Living in public institution for education or vocational training. |
| <u>Code</u> | <u>Value</u> | | | | | | | | | | | | | | |
| A | Living in own household. | | | | | | | | | | | | | | |
| B | Living in non-institutional care situation. | | | | | | | | | | | | | | |
| C | Living in private non-profit residential care institution (covered by Church Amendments) | | | | | | | | | | | | | | |
| D | Living in other private non-medical institution (domiciliary care, personal care, retirement homes, etc. | | | | | | | | | | | | | | |
| E | Living in private medical institution. MEDICAID pays less than 50% of the cost. | | | | | | | | | | | | | | |
| F | Living in public institution for education or vocational training. | | | | | | | | | | | | | | |
| L | A nine-digit military identification number, a one-position alpha character, a one-digit character or space in position 11 and a space in position 12. | | | | | | | | | | | | | | |
| M | A nine-digit civil service number, a one position alpha character, a one-digit character or space in position 11 and a space in position 12. | | | | | | | | | | | | | | |

EARNED INCOME

PERIOD: (305C.4) A two-position (Year-Month) alpha/numeric display of the current **Earned Income Period**. The code indicates the month to which earnings should be charged:

| <u>Code</u> | <u>Value</u> | <u>Code</u> | <u>Value</u> |
|-------------|---------------------|-------------|--------------|
| 0 - 9 | Codes for the years | G | July |
| A | January | H | August |
| B | February | I | September |
| C | March | J | October |
| D | April | K | November |
| E | May | L | December |
| F | June | | |

WAGES: (305C.6) A six-position (\$\$\$\$cc) numeric display of the **Earned Income Amount** for the month shown in **PERIOD**, above.

SELF-EMP: (305C.3) A six-position (\$\$\$\$cc) numeric display showing the estimated net amount of **Self-Employment** income shown in the **Earned Income Period**, above.

CHARGEABLE INCOME

EARNED: (305C.2) A six-position (\$\$\$\$cc) numeric display showing the current month's amount of **Net Earned Income** after all exclusions are applied.

DEEMED INCOME AMOUNT: (305B.26) A seven-position (\$\$\$\$\$cc) numeric display showing the current month's amount of income deemed to the SSI customer, and is used in determining eligibility for SSI payment. Where the Budget Month Flag is set to zero, this amount is used to compute the SSI payment.

DEEMED (QTR): (305B.27) A seven-position (\$\$\$\$\$cc) numeric display showing the monthly amount of income deemed to the SSI customer and is used in computing payment where the Budget Month Flag is set to other than zero or is not blank. This amount will always be zero where the Budget Month Flag is equal to zero or is blank.

REC. ID CODE: (305F.6) A one-position alphabetic display determined by SDX program logic:

| <u>Code</u> | <u>Value</u> |
|-------------|--|
| C | Couple (Eligible individual with eligible spouse). |
| F | Child claim with father. |
| I | Individual (with or without ineligible spouse). |
| M | Child claim with mother. |
| P | Child claim with parents. |
| X | State-to-SSA record exception. |

REC. EST. DATE: (305F.5) An eight-position (MM/DD/YYYY) display showing the date that the master record was established for the SSI customer. For a reaccreted T30 record the date is the re-establishment date.

UNEARNED: (305G.5) a six-position (\$\$\$\$cc) numeric display showing the current month's Unearned Income less all exclusions. This amount is used to determine eligibility and, where the Budget Month Flag is set to zero, compute the SSI benefit.

- o O o -

SECTION XI.

APPENDIX A

**FORM SSA-3288
AND
COVER INSTRUCTIONS**

**COMPLETE ONLY AS DIRECTED BY THE EXAMPLE
(SHADED ITEMS ONLY)**

**TO REQUEST OTHER INFORMATION WILL
INVALIDATE THE FORM**

**EXAMPLE
HOW TO COMPLETE
THE
SSA-3288**

FORM SSA-512

REQUEST TO RESOLVE

QUESTIONABLE QUARTERS OF COVERAGE

APPENDIX B
IMMIGRANTS' COUNTRIES OF ORIGIN

IMMIGRANTS' COUNTRIES OF ORIGIN

| | | | | | |
|----|--------------------------------|----|-------------------------------------|----|-----------------------------------|
| AF | Afghanistan | TW | Republic of China (Taiwan) | GK | Guernsey |
| AL | Albania | KT | Christmas Islands | GV | Guinea |
| AG | Algeria | IP | Clippertown Island | PU | Guinea-Bissau |
| AN | Andorra | CK | Cocos (Keeling) Island | GY | Guyana |
| AO | Angola | CO | Colombia | HA | Haiti |
| AV | Anguilla | CN | Comoros | HM | Heard Island and McDonald Islands |
| AY | Antarctica | CF | Congo | NL | Holland (Netherlands) |
| AC | Antigua and Barbuda | CW | Cook Islands | HO | Honduras |
| AR | Argentina | CR | Coral Sea Islands | HK | Hong Kong |
| AM | Armenia | CS | Costa Rica | HQ | Howland Island |
| AA | Aruba | HR | Croatia | HU | Hungary |
| AT | Ashmore and Cartier Islands | CU | Cuba | IC | Iceland |
| AS | Australia | CY | Cyprus | IN | India |
| AU | Austria | EZ | Czech Republic | ID | Indonesia |
| AJ | Azerbaijan | DA | Denmark | IR | Iran |
| BF | Bahamas | DJ | Djibouti | IZ | Iraq |
| BA | Bahrain | DO | Dominica | IY | Iraq-Saudi Arabia No Zone |
| FQ | Baker Island | DR | Dominican Republic | HI | Ireland |
| BG | Bangladesh | EC | Ecuador | UK | Northern Ireland |
| BB | Barbados | EG | Egypt | IS | Israel |
| BS | Bassas da India | ES | El Salvador | IT | Italy |
| BO | Belarus | UK | England | IV | Ivory Coast |
| BE | Belgium | EK | Equatorial Guinea | JM | Jamaica |
| BH | Belize | ER | Eritrea | JN | Jan Mayen |
| BN | Benin | EN | Estonia | JA | Japan |
| BD | Bermuda | ET | Ethiopia | DQ | Jarvis Island |
| BT | Bhutan | EU | Europa Island | JE | Jersey |
| BL | Bolivia | FK | Falkland Islands | JQ | Johnston Atoll |
| BK | Bosnia/ Herzegovina | FO | Faroe Islands | JO | Jordan |
| BC | Botswana | FM | Federated States of Micronesia | JU | Juan de Nova Island |
| BV | Bouvet Island | FJ | Fiji | KZ | Kazakhstan |
| BR | Brazil | FI | Finland | KE | Kenya |
| BH | British Honduras | FR | France | KQ | Kingman Reef |
| IO | British Indian Ocean Territory | FG | French Guiana | KR | Kiribati |
| VI | British Virgin Islands | FP | French Polynesia | KN | North Korea |
| BX | Brunei | FS | French Southern and Antarctic Lands | KS | South Korea |
| BU | Bulgaria | CA | Cabon | KG | Krygyzstan |
| UV | Burkina Faso | GA | Gambia | KU | Kuwait |
| BM | Burma | GZ | Gaza Strip | LA | Laos |
| BY | Burundi | GG | Georgia | LG | Larvia |
| CB | Cambodia | GM | Germany | LB | Lebanon |
| CM | Cameroon | GH | Ghana | LT | Lesotho |
| CA | Canada/Newfoundland | GI | Gibraltar | LI | Liberia |
| SP | Canary Islands | GO | Glorioco Islands | LY | Libya |
| CV | Cape Verde | UK | Great Britain | LS | Liechtenstein |
| CI | Cayman Islands | GR | Greece | LH | Lithuania |
| CT | Central African Republic | GL | Greenland | LU | Luxembourg |
| CD | Chad | GJ | Grenada | MC | Macau |
| CI | Chile | GP | Guadeloupe | MK | Macedonia |
| CH | People's Republic of China | GT | Guatemala | MA | Madagascar |

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| | | | | | |
|----|-----------------------------------|----|---|----|---------------------------------|
| MI | Malawi | PP | Papua New Guinea | SV | Svalbard |
| MY | Malaysia | PF | Paracel Islands | WZ | Swaziland |
| MV | Maldives | PA | Paraguay | SW | Sweden |
| ML | Mali | PE | Peru | SZ | Switzerland |
| MT | Malta | RP | Phillippines | SY | Syria |
| IM | Isle of Man | PC | Pitcairn Islands | TW | Taiwan |
| RM | Marshall Islands | PL | Poland | TI | Tajikistan |
| MB | Martinique | PO | Portugal | TZ | Tanzania |
| MR | Mauritius | PU | Portuguese Guinea | AS | Tanzania |
| MF | Mayotte | QA | Qatar | TH | Thailand |
| MX | Mexico | RE | Reunion | CH | Tibet |
| FM | Federated States of Micronesia | RH | Rhodesia | TO | Togo |
| MQ | Midway Island | RO | Romania | TL | Tokelau |
| MD | Maldives | RS | Russia | TN | Tonga |
| MN | Monaco | RW | Rwanda | TD | Trinidad and Tobago |
| MG | Mongolia | SM | San Marino | TE | Tromelin Island |
| MW | Montenegro | TP | Sao Tome and Principe | PS | Trust Terr of the Pa Islands |
| MH | Montserrat | SA | Saudi Arabia | TS | Tunisia |
| MO | Morocco | UK | Scotland | TU | Turkey |
| MZ | Mozambique | SG | Senegal | TX | Turkmenistan |
| WA | Namibia | SR | Serbia | TK | Turks and Caicos Is |
| NR | Nauru | SE | Seychelles | TV | Tuvalu |
| BQ | Navassa island | SI | Slovenia | UG | Uganda |
| NP | Nepal | SL | Sierra Leone | UP | Ukraine |
| NL | Netherlands | SN | Singapore | TC | United Arab Emirat |
| NT | Netherlands Antilles | LO | Slovakia | UK | United Kingdom |
| NC | New Caledonia | BP | Solomon Islands | UY | Uruguay |
| NZ | New Zealand | SO | Somalia | UZ | Uzbekistan |
| NU | Nicaragua | SF | South Africa | NH | Vanuatu |
| NG | Niger | SX | South Georgia and the South Sandwich Islands | VT | Vatican City |
| NI | Nigeria | SP | Spain | VE | Venezuela |
| NE | Niue | PG | Spratley Islands | VM | Vietnam |
| NF | Norfolk Island | CE | Sri Lanka | WQ | Wake Islands |
| NO | Norway | SH | St. Helens | UK | Wales |
| MU | Oman | SC | St. Kitts and Nevis | WF | Wallis and Futuna |
| PK | Pakistan | ST | St. Lucia | WE | West Bank |
| PS | Palua | SB | St. Pierre and Miquelon | WS | Western Samoa |
| LQ | Palmyra Atoll | VC | St. Vincent and Grenadines | WI | Western Sahara |
| PM | Panama | SU | Sudan | YM | Yemen |
| | | NS | Suriname | CG | Zaire |
| | | | | ZA | Zabia |
| | | | | ZI | Zimbabwe |

APPENDIX C

COVERAGE GROUPS IN MMIS-II

GUIDE TO MARYLAND MEDICAL CARE PROGRAM COVERAGE GROUPS

EFFECTIVE 7/1/98

A coverage group is simply a group of people who met specific sets of criteria that allow them to receive Medical Assistance or benefits through any of Maryland's Medical Care Programs. There are many different ways for people to qualify to receive medical care benefits (for example, being a TCA or SSI recipient, or meeting technical and financial tests for Medical Assistance, QMB, Pharmacy Assistance, etc.) Sometimes the only difference between one coverage group and another is a single criterion, for example children under 1 year old are one group, while those under 6 years old are another. Families whose income is under the Medically Needy Income Level is one group, those who are above (spenddowns) are another. Consequently, there are many different coverage group codes to describe how a person qualified for benefits.

There are 60 Coverage Group codes in MMIS-II. These coverage groups are unique three character designations, one alpha and two numerics (e.g., "F01"). Some of the coverage group codes are taken directly from CARES. Other codes originate with DHMH to identify recipients enrolled in programs that are not included in CARES. Generally, one does not need to know all 60 coverage groups, but should be familiar with the tracks.

A Track is what we call a group of related coverage groups. The same basic eligibility rules are used for all coverage groups in the same track (as in the family and children "F" track), or groups within the track share a common characteristic (as in the "E" track, which includes all children covered based on foster care or adoptive placements). Knowing a few alpha codes enable one to quickly identify the "track" a recipient is in. Altogether, there are only 9 tracks.

The tracks that are used most often are the Family Track (F groups), PW/MCHP Track (P groups) and the ABD Track (S groups). Long Term Care cases have their own tracks, one for ABD persons (L) and one for children and TCA adults (T).

Some coverage groups have existed for many years, but never had a special name before. For example, FAC Categorically Needy (F05) are families who want only MA, even though their income and assets would qualify them for TCA. These cases have always been certified as FAC, but now have a code all their own. This enables the Program to differentiate a categorically needy recipient from a medically needy recipient.

A few groups may have very few, or perhaps no, actual recipients in the group. An example is the Family Long Term Care Spenddown (T99). This is a child in LTC, who has monthly income so high that it exceeds the cost of care, and places the child in spenddown. While this may never actually occur, we need such a group "just in case," because neither CARES nor MMIS can improvise if the situation ever does come up.

Some groups are included in this guide even though no one may be currently placed in the group due to regulatory changes, such as P01 (GPA to Pregnant Women) or P09 (Maryland Kids Count). CARES will not allow recipients in these groups nor will MMIS accept current certifications. However, the codes are maintained in MMIS since payments and reporting may still be required for prior certifications.

Coverage Group Definitions

The following is a brief description of each of the medical care program coverage groups. Unless noted, the codes for each group are the same in both CARES and MMIS. These descriptions do not include all of the criteria for inclusion in each group, but are intended to familiarize the user with the coverage groups. Following the coverage group code is the name of each group. At the end of the definitions section is a "Quick Reference Guide to Coverage Groups and HealthChoice Eligibility" which may be a more convenient desk reference.

Family and Children (FAC) Track

F01 Temporary Cash Assistance Recipients (TCA)

Federally matched Medical Assistance is provided to all persons who are considered TCA recipients. This includes those who do not receive a grant due to recoupment, or because the grant is less than \$10.00. This also includes individuals who have been removed from the TCA grant because of failure to cooperate with work or other TCA requirements.

F02 Post-TCA: Earnings, Hours, Loss of Disregard (Transitional MA)

Federally matched Medical Assistance is provided to TCA recipients who lose eligibility due to increased earnings or hours of employment, or due to the loss of earned income disregards. Eligibility in this group is limited to 12 months.

F03 Post-TCA: Support

Federally matched Medical Assistance is provided for four months after TCA eligibility is terminated due to increased child support collections.

F04 Family MA: Non-MA Requirement

Federally matched Medical Assistance is provided to TCA families that lose or are denied eligibility for a cash payment because they fail a non-financial requirement that is not a requirement of the Medical Assistance Program.

F05 Family and Children - Categorically Needy

Federally matched Medical Assistance is provided to persons whose income and assets are at or below the TCA standards, but do not wish to receive TCA.

F98 Family and Children - Medically Needy

Federally matched Medical Assistance is provided to families and children whose income and/or assets are greater than the TCA standards, but less than the medically needy (Non-Cash Medical Assistance) standards.

F99 Families and Children - Medically Needy Spenddown

For families and children whose assets are at or below the medically needy standards, but whose income exceeds the medically needy income standards, federally matched Medical Assistance is granted when medical expenses equal the figure by which the income exceeded the income standard.

Pregnant Women and Maryland Children's Health Program
(PW/MCHP) Track

P01 General Public Assistance to Pregnant Women

Pregnant women who were ineligible for TCA because that were not in their last trimester, and who were eligible for GPA-PW, were granted federally matched Medical Assistance. This coverage group was discontinued in July, 1997 due to the changes in TCA regulations.

P02 Pregnant Women up to 185% FPL

Federally matched medical coverage is provided to pregnant women whose income is at or below 185% of the Federal Poverty Level. This coverage continues for 60 days following the birth of the child.

P03 Newborns

Federally matched medical coverage is provided to children under 1 year old if the child's mother was receiving Medical Care Program coverage at the time of the child's birth, and if the child still resides with the mother. This group also includes children who are certified by DHMH based on documentation received directly from the hospital or MCO (1184 process). This group does not include newborns of P11 mothers (see P11 and P12).

P04 Medically Needy Newborns

Federally matched medical coverage is provided to children under one year old if the child's mother was receiving Medical Assistance as a medically needy person at the time of the child's birth. Effective 7/1/98 CARES and MMIS no longer accept current certifications in this group as these newborns will be included in the P03 coverage group.

P05 Newborns of Women Who Would be Eligible if Pregnant

Federally matched Medical Assistance is provided to children under 12 months old who reside with their mothers if their mothers were receiving Medical Assistance at the time of birth, and would still be receiving Medical Assistance if they were pregnant. Effective 7/1/98 CARES and MMIS no longer accept current certifications in this group as these newborns will be included in the P03 coverage group.

P06 Children Under One Year Old

Federally matched medical coverage is provided to children who are under 1 year old and whose income is at or below 185% of the Federal Poverty Level.

P07 Children Between One and Six Years Old

Federally matched medical coverage is provided to children who are one year old or older, but less than six, if their income is at or below 133% of the Federal Poverty Level.

P08 Children Born After 9/30/83, Up to 100% FPL

Federally matched medical coverage is provided to children born after 9/30/83, up to their 19th birthday, if their income is at or below 100% of the Federal Poverty Level.

P09 Maryland Kids Count

Children born after 9/30/83, and whose family income exceeded the standards for full Medical Assistance coverage under PWC, received limited coverage for outpatient services. This program was federally matched through a waiver. No one may be certified as P09 after 6/30/98 as this waiver program is discontinued effective 7/1/98 (see P13).

P10 Family Planning Program (FPP)

Women previously eligible through the PWC program automatically receive family planning services for 5 years. This program is federally matched through a waiver. This coverage is initiated at DHMH, therefore is not found in CARES.

P11 Pregnant Women 185% - 200% of Federal Poverty Level

Federally matched medical coverage is provided to pregnant women whose income is greater than 185% of poverty level, but does not exceed 200% of the poverty level. Except for the higher income level, eligibility and coverage for this group is identical to P02; this group is distinguished from other pregnant women only because the Program receives an enhanced federal match for the children born to these higher income mothers.

P12 Newborns of P11 Mothers

An enhanced federal match provides medical coverage to children born to P11 mothers.

P13 Children Born After 9/30/83, up to 185% Federal Poverty Level

Children born after 9/30/83 who fail to qualify as P07 or P08 because their income exceeds the limit for those coverage groups may qualify for federally matched medical coverage if their income does not exceed 185% of poverty. Prior to 7/1/98, these children were eligible only for partial coverage under Maryland Kids Count Program (P09).

P14 Title XXI MCHP

Title XXI of the Social Security Act provides an enhanced federal match to cover uninsured children under the age of 19 whose income does not exceed 200% of poverty. Children are certified in this coverage group only if they fail to qualify for coverage in other MCHP groups (P06, P07, P08, P13) due to birth date before 10/1/83 or income that exceeds 185% of poverty. This group has an additional eligibility requirement that the recipient may not be covered by private health insurance, and may not have dropped private insurance within 6 months prior to application.

Refugee Track

G01 Refugee Cash Assistance (RCA)

Federally matched Medical Assistance is provided to all persons who are considered recipients of Refugee Cash Assistance. This includes those who do not receive a check due to recoupment or suspension, or because the grant is less than \$10.00. This also includes individuals who have been removed from the grant due to failure to participate in the Refugee Work Program.

G02 Post RCA: Earnings, Hours

Federally matched Medical Assistance is provided for four months to persons who lose RCA due to an increase in earnings or hours of employment.

G98 Refugee Medical Assistance - Medically Needy

Federally matched Medical Assistance is provided to those who are technically ineligible for Medical Assistance as FAC or ABD recipients, but whose income and assets are less than or equal the Medical Assistance Standards.

G99 Refugee Medical Assistance - Medically Needy Spenddown

This category is limited to refugees who are technically ineligible as FAC or ABD recipients. For refugees whose assets are at or below the medically needy asset standards, but whose income exceeds the medically needy income standard, federally matched Medical Assistance is granted when medical expenses equal the figure by which the income exceeded the income standard.

Aged, Blind, Disabled Track and State Funded Programs**S01 Public Assistance to Adults (PAA)**

Federally matched Medical Assistance is provided to persons who are considered recipients of Public Assistance for Adults. This includes persons who do not receive a benefit because of recoupment, or because the grant is less than \$10 or the case is suspended.

S02 SSI Recipients

Federally matched Medical Assistance is provided to all SSI recipients, including persons who do not receive an SSI check but whom SSI deems still eligible, such as Disabled Adult Children (DACs).

S03 Qualified Medicare Beneficiary(QMB)

Persons who are eligible for Medicare may receive coverage of part B (Medical Insurance) Medicare Insurance premiums as well as coverage of the co-pays and deductibles for services covered under Medicare. To be eligible, income must be at or below the QMB standard (100% FPL) and assets may not exceed the QMB asset standard (twice the SSI standard).

S04 Pickle Amendment

Federally matched Medical Assistance is provided to persons who meet the criteria specified in the Federal law known as the "Pickle Amendment." These are persons who would be eligible for SSI except for the fact that their SSA income increased as a result of an annual cost of living adjustment and caused them to exceed the SSI income standard.

S05 Section 5103

These are persons who have lost SSI eligibility because a change in the disability definition has enabled them to qualify for SSA benefits. Federally matched Medical Assistance is provided to these people if they would be eligible for SSI except for the fact that the SSA benefit causes them to exceed the SSI income standard.

S06 Qualified Disabled Working Individuals(ODWI)

Persons who are entitled to Medicare Part A (Hospital Insurance) by reason of their disability, but who are not eligible to receive a Social Security benefit because they are employed, may be eligible for coverage of the Part A premiums if their income and assets do not exceed the QDWI standards.

S07 Specified Low Income Medicare Beneficiary (SLMB)

Some individuals who receive Medicare exceed the income limit for the QMB program, but have income less than the SLMB standard (120% FPL). These individuals are eligible for coverage of Medicare premiums only. A card is not issued for SLMB recipients since the Program does not cover any medical services.

S08 SLMB and Maryland Pharmacy Assistance Programs (SLMB/MPAP)

Persons who are eligible for both SLMB (see S07) as well as Maryland Pharmacy Assistance (see S09) are assigned a single coverage group code in MMIS-II. These individuals receive only an orange and white MPAP card, since SLMB recipients are not issued cards. S08 is generated by MMIS, and these recipients appear as S07 on CARES.

S09 Maryland Pharmacy Assistance Program (MPAP)

Persons who are ineligible for Medical Assistance, or who qualify in a coverage group that does not include pharmacy benefits, may be eligible for coverage of prescription medications. A person must meet income and asset tests to qualify for MPAP. MPAP is fully State-funded and covers fewer drugs than Medical Assistance. MPAP certifications are made at DHMH, therefore these recipients are not found in CARES.

S10 QMB and MPAP

Persons who are eligible for both QMB (see S03) and MPAP (see S09) are assigned a single coverage group code in MMIS-II. These individuals receive both a grey and white QMB card and an orange and white MPAP card. Both cards will carry the same recipient ID number. S10 is generated by MMIS, and these recipients appear as S03 on CARES.

S11 Temporary Emergency Medical and Housing Assistance (TEMHA) and MPAP

Persons who receive TEMHA benefits through the Department of Human Resources are automatically eligible for MPAP (see S09) and receive a specially marked orange and white MPAP card. Though the primary purpose of the card is to receive pharmacy services, it may be used for identification for those recipients who wish to receive free medical care from certain designated Maryland Primary Care (MPC) providers (formerly PCMI, Primary Care for the Medically Indigent). The Program makes no reimbursement for MPC services. S11 is generated by MMIS, and these recipients appear as TEMHA on CARES.

S12 Family Planning Program (FPP) and MPAP

Women who are eligible for both FPP and MPAP (see P10 and S09) are assigned a single coverage group code in MMIS-II. These individuals receive both a purple and white FPP card and an orange and white MPAP card. Both cards will carry the same recipient ID number. S12 is generated by MMIS and these recipients are not found on CARES.

S13 Administrative

This code is reserved for limited use by MCFCFA staff. This code is not included in CARES.

S14 Special Low Income Medicare Beneficiaries, Group II (SLMB II)

Individuals whose income falls between 120% and 135% FPL qualify for coverage of Medicare premiums only. A card is not issued for these recipients since the Program does not cover any medical service. This group is distinguished from SLMB I only due to an enhanced federal match for State expenditures.

S15 Special Low Income Medicare Beneficiaries, Group III (SLMB III)

Individuals who do not qualify for SLMB II, but whose income falls between 135% and 175% FPL are eligible for payment of a portion of the Part B premiums. No card is issued as no medical services are covered.

S98 ABD Medically Needy

Federally matched Medical Assistance is provided to aged, blind, or disabled persons whose income and assets do not exceed the medically needy income and asset standards.

S99 ABD Spenddown

For aged, blind or disabled persons whose assets are at or below the medically needy asset standard, but whose income exceeds the medically needy income standard. Federally matched Medical Assistance is granted when medical expenses equal the figure by which the income exceeded the income standard.

Family Long Term Care Track

T01 TCA Adult or Child in Long Term Care

When a TCA recipient is placed in a long term care facility Federally matched Medical Assistance will pay the cost of care in the facility.

T02 Family Long Term Care - Medically Needy

Federally matched Medical Assistance is provided for persons under 21 years old who reside in a Long Term Care Facility, if the assets do not exceed the medically needy asset standard, and if income is insufficient to pay the cost of care. Medical Assistance will pay the portion of the cost of care that exceeds the available income.

T03 Children Under 12 Months Old

A child less than 1 year old in Long Term Care whose income does not exceed 185% of the Federal Poverty Level is eligible for Medical Assistance payment of the portion of cost of care that exceeds the available income.

T04 Children Under 6 Years Old

Children over 12 months old but under 6 years old, in Long Term Care, whose income does not exceed 133% of the Federal Poverty Level, are eligible for Medical Assistance payment of the portion of cost of care that exceeds the available income.

T05 Children Under 19 Years Old

Children born after 9/30/83, who are under 19 years old, who are in Long Term Care and whose income does not exceed the Federal Poverty Level, are eligible for Medical Assistance payment of the portion of the cost of care than exceeds the available income.

T99 Family Long Term Care Medically Needy Spenddown

Persons under 21 years old who reside in a Long Term Care facility whose assets do not exceed the Medical Assistance asset standard, but whose available income exceeds the cost of care in the facility, are eligible for Federally matched Medical Assistance if medical expenses are greater than the amount by which income exceeds the cost of care. Medical Assistance will not make payments towards the cost of care.

ABD LTC Track

L01 SSI Recipient in Long Term Care

Federally matched Medical Assistance is provided to cover the cost of care for persons considered SSI recipients.

L98 ABD Long Term Care

Federally matched Medical Assistance is provided to cover the portion of cost of care for aged, blind or disabled persons whose available income is insufficient to meet the entire cost.

L99 ABD Long Term Care Spenddown

Federally matched Medical Assistance is provided to aged, blind or disabled persons if their available income exceeds the cost of care in a Long Term Care facility, but they have other medical expenses which exceed the excess available income. Medical Assistance does not cover the cost of care for these persons.

Home & Community Based Waiver Track

H01 Home and Community Based (HCB) Waivers

For persons meeting specific medical criteria, certain financial eligibility rules are waived. The purpose of this waiver is to enable people to be maintained in their homes or community settings rather than an institution, therefore income and assets are evaluated as if the individual was institutionalized and separated from the family unit. The income standard for this group is substantially higher than the medically needy level, however the asset standard is lower. In addition to the waiver of financial criteria, certain service limitations are also waived. This enables the Program to provide appropriate medical services without institutionalizing the individual. This is a Federally matched category.

H98 Home and Community Based Waiver - Medically Needy

For persons who meet the medical criteria for the HCB waiver, but who fail the asset test, eligibility may be established by meeting the medically needy asset and income tests. Financial eligibility is determined as if the person were living separately from the family unit. The waiver of service limitations apply to this Federally matched program.

H99 Home and Community Based Waiver - Spenddown

For persons who meet the medical criteria for the HCB waiver, and whose assets fail the HCB standard but meet the medically needy standard, and whose income exceeds the medically needy standard, eligibility may be established through spenddown. The waiver of service limitations applies to this Federally matched program.

Foster Care/Adoption Track

E01 IV-E Adoption and Foster Care and Special Needs Adoption

Federally matched Medical Assistance is provided to any child receiving IV-E Adoption or Foster Care benefits. Children who have special medical needs and are receiving subsidized adoption services through DHR are also included in this group.

E02 FAC Foster Care

Federally matched Medical Assistance is provided to Foster Care children whose income and assets do not exceed the medically needy standards.

E03 State Funded Foster Care

For children in Foster Care whose income and/or assets exceed the medically needy standards, the State funds the Medical Assistance coverage.

E04 State Funded Subsidized Adoption

For children in State subsidized adoption the State funds Medical Assistance coverage.

Aliens

X01 State Funded Aliens

Certain aliens who arrived in the U.S. after 8/22/96 may not receive federally funded Medical Assistance. For such individuals who are pregnant or under the age of 18 state funded Medical Assistance is granted if the person would have been eligible but for their date of entry.

X02 Illegal and Ineligible Aliens - Both Non-Spenddown and Spenddown

Federally reimbursed Medical Assistance is provided to persons who are financially eligible and who meet all technical eligibility criteria except citizenship requirements. This coverage is generally limited to payment for emergency medical services that have already been rendered. The technical and financial criteria applied to applicants in this group may be FAC, ABD or MCHP, and may be community or LTC.

**Quick Reference Guide to Coverage Groups
and HealthChoice Eligibility
Effective 7/1/98**

Family & Children (FAC)

- *F01 TCA Recipients
- *F02 Post TCA Earnings Extension
- *F03 Post TCA Support Extension
- *F04 FAC Non-MA Requirement
- *F05 FAC - Categorically Needy
- *F98 FAC - Medically Needy
- F99 FAC - Spenddown

Pregnant Women & Maryland Children's Health Program (PW/MCHP)

- *P01 GPA to Pregnant Women (Discontinued 1997)
- *P02 Pregnant Women up to 185% FPL
- *P03 Newborns
- *P04 Medically Needy Newborns (Discont. 7/1/98)
- *P05 Newborns of PWC Moms (Discont. 7/1/98)
- *P06 Children Under 1 year old
- *P07 Children Between 1 and 6 years old
- *P08 Children born after 9/30/83, up to 100% FPL
- P09 Kids Count (Discontinued 7/1/98)
- P10 Family Planning
- *P11 Pregnant Women 185%-200% FPL
- *P12 Newborns of P11 Mothers
- *P13 Children born after 9/30/83, up to 185% FPL
- *P14 Title XXI MCHP

Foster Care & Adoptions

- *E01 IV-E Adoption & Foster Care
- *E02 FAC Foster Care
- E03 State Funded Foster Care
- E04 State Funded Subsidized Adoption

Refugees

- *G01 Refugee Cash Recipients
- *G02 Post RCA Earnings Extension
- *G98 Refugee Medically Needy Non-Spenddown
- G99 Refugee Medically Needy Spenddown

Aliens

- X01 State Only Aliens
- X02 Illegal & Ineligible Aliens

Home & Community Based Waivers (HCB)

- *H01 HCB Waiver
- *H98 HCB Waiver Medically Needy
- H99 HCB Waiver-Spenddown

Aged, Blind & Disabled (ABD) and State Programs

- *S01 Public Assistance to Adults (PAA)
- *S02 SSI Recipients
- S03 Qualified Medicare Beneficiaries (QMB)
- *S04 Pickle Amendment
- *S05 Section 5103
- S06 Qualified Disabled Working Individual
- S07 SLMB I
- S08 SLMB/MPAP
- S09 Maryland Pharmacy Assistance Program
- S10 QMB/MPAP
- S11 TEMHA/MPAP
- S12 Family Planning/MPAP
- S13 Administrative
- S14 SLMB II
- S15 SLMB III
- *S98 ABD - Medically Needy
- S99 ABD - Spenddown

Family Long Term Care

- T01 TCA Adult or Child in LTC
- T02 Family LTC Medically Needy
- T03 Children Under 1
- T04 Children Under 6
- T05 Children Under 19
- T99 Family LTC Spenddown

Aged, Blind & Disabled Long Term Care

- L01 SSI Recipient in LTC
- L98 ABD Long Term Care
- L99 ABD Long Term Care Spenddown

***HealthChoice eligible unless one or more of the following conditions exist:**

- On Medicare
- Waiver Code of MOD, MWD, NHG, NHM, NHQ, NDQ, NDG, NDM
- Living in an Institution
- Living out of State