



FAMILY INDEPENDENCE ADMINISTRATION


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POLICY BULLETIN # 15-94-OPE

STATE WAGE MATCH

Date: October 9, 2015	Subtopic(s): Computer Matches
<p> This procedure can now be accessed on the FIAweb.</p>	<p>The purpose of this Policy Bulletin is to explain the new workflow and process for the State Wage Match.</p> <p>Each month the Office of Temporary and Disability Assistance (OTDA) provides the Human Resources Administration (HRA) with a file containing information on HRA Cash Assistance participants who have been found to have had earnings in a previous quarter. Once the information is reported to HRA, the agency has 45 days to review the case and take any necessary actions.</p> <p>To facilitate meeting this 45-day timeframe, Management Information Systems (MIS) compares the file against New York City Work Accountability and You (NYCWAY) to identify records that have a completed FIA3A or are work study cases. MIS sends the file to the Investigation, Revenue and Enforcement Administration (IREA), identifying the FIA3A and work study cases.</p> <p>IREA reformats the file to run against the Employment and Income Verification System (TALX) and sends it to MIS. MIS forwards the file to OTDA to run the TALX match.</p> <p>IREA gets the match results and ranks the cases by eligibility risk based on income amount and household composition. The IREA Division of Financial Review and Processing (DFRP) handles high-risk cases and the Family Independence Administration (FIA) handles low-risk cases. The FIA Special Project Center (SPC) processes low-risk cases with a household composition of one (1), and the Income Clearance Program (ICP) processes low-risk cases with a household composition greater than one.</p>

HAVE QUESTIONS ABOUT THIS PROCEDURE?
Call 718-557-1313 then press 3 at the prompt followed by 1 or
send an e-mail to *FIA Call Center Fax* or fax to: (917) 639-0298

IREA retains the high-risk cases that were verified by TALX for DRFP to work on immediately.

IREA attaches a return address to all high-risk cases not verified by TALX. The address corresponds to the Division unit that processes the cases. IREA sends this file to the MIS Print to Mail group. Additionally, IREA sends to SPC and ICP the results of the TALX match for the cases they process.

MIS mails a **W-592W** to the employer identified in the match asking for a response within twenty (20) days. The response goes to the Division or unit based on the return address.

Special Project Center (SPC)

Staff at the SPC reviews the cases and the TALX results. For cases that had a TALX match, SPC staff must first verify that the employer information matches the information on the wage match. Once this is verified, SPC staff will calculate a new budget, ensuring that a timely notice is sent to the participant alerting them of any changes to their case.

If there was no TALX match, SPC staff will review the HRA OneViewer for any recent employment verification. If the case is due for recertification in the current or following month, SPC staff must enter a case note in the Paperless Office System (POS) that a wage match was found and that the staff member conducting the recertification interview must verify employment information.

MIS will mail out the **W-592W** to the employer identified in the match asking for a response within twenty (20) days. If the employer responds, SPC staff must use the verification to calculate and authorize a new budget, recoup any overpayments, and ensure timely notice is provided to the participant informing them of any actions being taken on their case.

If a response is not received from the employer by the due date, SPC staff will mail out the new Wage Match Verification Request notice (**FIA-1149**) to the participant. The participant has ten (10) days to submit verification of the wage information or verification that the information on the match is no longer valid (i.e. individual no longer employed, reduced wages or hours, etc.) The participant has the option of returning the verification by mail, fax or in person to the SPC. If mailed, the envelope must be postmarked by the 10th day.

TALX information is considered Verified Upon Receipt.

Participant request for more time	If the participant contacts SPC prior to the due date for the documentation asking for additional time, the JOS/Worker must grant the participant an extension of no more than 10 days. Once a mutually agreed upon date is identified, the JOS/Worker <u>must</u> enter a case note in POS identifying the new due date for documents. No negative actions should be taken for failing to respond or provide verification related to this match prior to the new agreed upon due date.
Unable to obtain verification	If the participant contacts SPC and indicates that he/she is unable to obtain the verification requested (i.e. uncooperative former employer, employer no longer in business, etc...) SPC staff must attempt to assist participant in obtaining the verification. This can include, but is not limited to, making collateral calls on the participant's behalf. All attempts to assist must be documented in the case record with a case note in POS.
Documentation submitted	If the participant provides the information, SPC staff will, when necessary, rebudget the case, recoup any overpayments, and ensure timely notice is provided to the participant informing them of any negative actions being taken on their case. See page 5 for recoupment instructions for overpayments.
Failure to provide verification	If the participant fails to provide the verification, SPC staff must take action to close the case with reason code M25 (Failure to Respond to a Computer Match Call-In) ensuring timely notice is provided.
Refer to PD #10-11-ELI for processing removal of Essential Person	If the match was for a non-legally responsible adult (Essential Person), SPC staff must only remove the non-legally responsible adult by closing his/her line only. This results in an incremental reduction in benefits for the household.
Late submission	If the participant submits documentation after the M25 closing (or line removal) is initiated, but has not yet completed clocking down in the Welfare Management System (WMS), the JOS/Worker <u>must</u> complete the Settle in Conference (SIC) activity in POS and proceed with proper case actions, as needed.
TALX information is considered Verified Upon Receipt.	<p>The Income Clearance Program (ICP)</p> <p>For cases that are low risk with a household size greater than one (1), staff at the ICP reviews the cases and the TALX results. If a TALX match was found, ICP staff must first verify that the employer information matches the information on the wage match. Once verified, ICP staff will calculate and authorize a new budget based on the results of the match.</p>

If a TALX match was not found, ICP staff reviews the HRA OneViewer for any recent employment verification (i.e. recent paystubs, job letter, etc.) If the case is due for recertification in the current or following month, ICP staff must enter a case note in NYCWAY indicating that a wage match was found.

MIS will mail out the **W-592W** to the employer identified in the match asking for a response within twenty (20) days. If the employer responds, ICP staff must use the verification to calculate and authorize a new budget, recoup any overpayments, and ensure timely notice is provided to the participant informing them of any actions being taken on their case.

If a response is not received from the employer by the due date on the **W-592W**, ICP staff will mail the **FIA-1149** to the participant requesting that verification of either the wage information or that the wage information is no longer valid be submitted within ten (10) days. Participants are given the option to return the verification by mail or by fax to the ICP. If mailed, the envelope must be postmarked by the 10th day.

Participant request for more time

If the participant contacts ICP prior to the due date for the documentation asking for additional time, ICP staff must grant the participant an extension of no more than 10 days. Once a mutually agreed upon date is identified, ICP Staff must enter a **100A** case note in NYCWAY indicating the new due date for documents. No negative actions should be taken for failing to respond or provide verification related to this match prior to the new agreed upon date.

Unable to obtain verification

If the participant contacts ICP and indicates that he/she is unable to obtain the verification requested (i.e. uncooperative former employer, employer no longer in business, etc...) ICP staff must attempt to assist the participant in obtaining the verification. This can include, but is not limited to, making collateral calls on the participant's behalf. All attempts to assist must be documented in the case record with a **100A** case note in NYCWAY.

Documentation submitted

If the participant provides the verification, ICP staff must, when necessary, rebudget the case, recoup any overpayments, and ensure timely notice is provided to the participant informing them of any negative actions being taken on their case. See below for recoupment instructions for overpayments.

If the participant fails to provide the verification, ICP staff must take action to close the case with reason code **M25**, ensuring that timely notice is provided.

Refer to [PD #10-11-ELI](#) for processing removal of Essential Person

If the match was for a non-legally responsible adult (Essential Person), ICP staff must only remove the non-legally responsible adult by closing his/her line only. This results in an incremental reduction in benefits for the household.

Late submission

If the participant submits documentation after the **M25** closing (or line removal) is initiated, but has not yet completed clocking down in the Welfare Management System (WMS), ICP staff must complete an SIC by submitting a Fair Hearing/Case Update Data Entry Form (**LDSS-3722**) through the Paperless Alternate Module (PAM) to stop the pending closing, and proceed with proper case actions, as needed.

Budgeting Late/Unreported Income and Determining Overpayments (Both SPC and ICP)

Refer to [PD #11-14-ELI](#) for detailed instructions on budgeting earned income

If a participant fails to report new or increased earned income timely, his/her household is ineligible for the work disregard (\$90 monthly) and the earned income disregard for all months in which the income was not reported. This includes when income is not reported timely and also when the income is uncovered through a computer match.

A budget must be calculated, without the work disregard and the earned income disregard, to determine whether an overpayment occurred in each month of the match in which the income was unreported. The resulting budget must be compared to the budget(s) in effect during the match period. The difference, if any, is the overpayment. If an overpayment occurred, a recoupment must be initiated.

To assist staff in determining if there was an overpayment and if so, what amount to be recouped, staff should use the Recoupment Overpayment Worksheet (**FIA-1004**) and the Recoupment Action History Sheet (**FIA-1004a**). After completing these forms, they must be scanned and indexed into the electronic case record.

Example:

The Smiths are a household of three; two adults and one child. They receive a semimonthly cash grant of \$390. Mr. Smith started working on January 10, 2015, earning \$200 weekly. A match for Mr. Smith's earning was found on April 20, 2015. His income is considered untimely for cycles 1/B/15–4/B/15, a total of seven cycles.

The JOS/Worker calculates a scratch-pad budget to determine the new grant amount, suppressing the earned income disregard and semimonthly work disregard by entering code **13** in the **EMP** field of the **NSBL06** screen on the WMS budget.

Note: The scratchpad budget must not be authorized for ongoing budgeting. If the individual is still employed, staff must calculate a new budget with the appropriate disregards for prospective budgets.

The JOS/Worker should make the following entries on Form **FIA-1004**:

Column A 1/B/15–4/B/15

Column B \$394.50

Column C 7

Column D \$2800 (\$400 semimonthly income x 7 cycles)

Column E 0 (new grant amount with income applied)

Column F 0 (grant amount with income applied for entire offense period)

Column G \$2761.50 (semimonthly grant amount x number of cycles)

Column H \$2761.50 (amount to be recouped)

Once it has been determined that there is an overpayment, and the amount to be recouped has been established, staff must initiate the recoupment by preparing and submitting a PA Recoupment Data Entry Form –WMS (**LDSS-3573**) through PAM.

Effective Immediately

Related Items:

[PD #10-11-ELI](#)

[PD #11-14-ELI](#)


Attachments:

FIA-1004 (E) Recoupment Overpayment Worksheet (06/24/11)

FIA-1004a (E) Recoupment Action History Sheet (06/24/11)

FIA-1149 (E) Wage Match Verification Request

FIA-1149 (S) Wage Match Verification Request (Spanish)

 Please use Print on Demand to obtain copies of forms.

Recoupment Overpayment Worksheet

Worker's Name: _____ Date: ___/___/___ Originating Center/Work Location: _____

Case Name: _____ Case Number: _____ Suffix Number: _____ Date of Discovery: ___/___/___

Individual Matched: _____ Line Number: _____ Total Offense Period: _____

A		B	C	D	E	F	G	H
Cycles		Amount of CA Grant Received Semimonthly During Offense Period*	Number of Cycles	Amount of Earned or Unearned Income Available in Offense Period <small>(Less applicable disregards) (Enter amount from page 2)</small>	New Grant Amount With Income Applied	Total New Grant Amount With Income Applied During Entire Offense Period <small>(E x C)</small>	Total Grant Amount Received in Offense Period <small>(B x C)</small>	Overpayment Amount to be Recouped <small>(G-F)</small>
From	To							
*Include recoupments and supplemental payments.								

SAMPLE

Note: The recoupable amount must be less than or equal to the amount of the semimonthly Cash Assistance grant.

Determining Available Income

Eligible for income disregards **YES or NO**

- 1. Gross Income _____
 - a. Frequency of Pay _____
- 2. Convert Income to Semimonthly Amount _____
- 3. If eligible for disregards subtract \$45 from amount in line 2 _____
- 4. Subtract Earned Income Disregard from amount in line 3 _____

Note: If Household is not eligible for disregards enter amount from line 2 in Column D
If Household is eligible for disregards enter amount from line 4 in Column D

SAMPLE

Date: _____
 Case Number: _____
 Case Name: _____
 Center: _____

Recoupment Action History Sheet

Worker's Name: _____ Suffix Number: _____

Recoupment Reason Code: _____	Recoupment Offense Subtype Code: _____
Period of Overpayment From: ___/___/___	To: ___/___/___
What generated the need to rebudget/recalculate the grant amount?	
<input type="checkbox"/> Earned Income <input type="checkbox"/> SSI benefits <input type="checkbox"/> Utility arrears <input type="checkbox"/> Resources <input type="checkbox"/> Fair Hearing	<input type="checkbox"/> Other unearned Income <input type="checkbox"/> SSA benefits <input type="checkbox"/> Rent Duplication / Excess Rent <input type="checkbox"/> Change in household composition <input type="checkbox"/> Agency Error
Income	
Is there income from an adult individual on the case who is not the case head or a legally responsible relative? <input type="checkbox"/> Yes Line Number ___ Name: _____ <input type="checkbox"/> No	
Gross income _____ Frequency of Pay _____ Income Converted to Semi-Monthly Amount _____	
Is Individual eligible for income disregards? <input type="checkbox"/> Yes <input type="checkbox"/> No Was income concealed? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what is the period of concealment? _____ From: ___/___/___ To: ___/___/___ <small>(Enter the date of discovery)</small>	
Note: When there is concealment do not include income disregards for the period of the concealment.	
Resources	
Name of person with resources _____ Type of resource _____ Was resource concealed? Yes <input type="checkbox"/> No <input type="checkbox"/> Does resource make household ineligible for Cash Assistance? Yes <input type="checkbox"/> No <input type="checkbox"/> Period of ineligibility ___/___/___	

Arrears Payment

Utility arrears payment period

From: ___/___/___ To: ___/___/___

Amount of payment \$ _____

Issuance Code _____

Note: a recoupment form is not required if the issuance code is **41**, the Worker must enter the recoupment indicator on the **LDSS-3575**.

Shelter arrears payment period

From: ___/___/___ To: ___/___/___

Excess shelter amount paid for this period \$ _____

Note: Only the excess portion of the rent is recoupable.

Duplicate rent

If duplicate rent is issued with a code **40**, a recoupment form is not necessary.

Amount of duplication \$ _____

Period of duplication From: ___/___/___ To: ___/___/___

Household Composition

Was person added to household? Yes No

Date person joined the household ___/___/___

Does person have income? Yes No

Source of income _____ Amount of income \$ _____

Did a person leave the household? Yes No

Date person left household ___/___/___

SAMPLE

Agency Error

Describe error: _____

Fear Hearing Decision

Complete this section only when Aid to Continue (ATC) is granted:

Agency affirmed Appellant default

Fair Hearing number _____

Amount of recoupment \$ _____

Recoupment number _____

Date: _____
 Case Number: _____
 Case Name: _____
 Telephone Number: _____
 Center: _____

Wage Match Verification Request

Important Notice: Please Read and Respond by _____.

Dear Participant:

We have been informed through our Wage Reporting System (a computerized matching system) that you and/or another household member have received earned income from the employer(s) listed below:

Participant/Household Member Name:			
Name of Employer:			
Amount of Earnings:		Match Period:	

Participant/Household Member Name:			
Name of Employer:			
Amount of Earnings:		Match Period:	

Participant/Household Member Name:			
Name of Employer:			
Amount of Earnings:		Match Period:	

Your Cash Assistance (CA) case record does not reflect this income or does not reflect the full amount of this income. HRA needs to verify this information for all the individuals identified above to determine whether you continue to be eligible for CA and/or if your household budget is correct.

If you (and/or another household member) disagree with the findings of our match, documentation from the periods in question must be provided. Documentation includes paystubs for the period in question, or a letter from the employer identified indicating when you began employment, your salary and the frequency in which you were paid during the match period.

If you (and/or another household member) are still employed, please submit the most recent four (4) paystubs, or a letter from the employer indicating wages and the number of hours worked per week.
If you (and/or another household member) are no longer employed, please submit a letter from the employer stating that employment has ended, and/or submit verification that you and/or another household member have applied for or are receiving Unemployment Insurance Benefits.

Requested documents may be submitted by either returning them in the enclosed Self Addressed Stamped Envelope or by Fax to _____ . Documents may also be submitted in person at _____ .

Requested documentation must be submitted/postmarked by _____ .

If you have questions about this notice, are having difficulty obtaining all of the documents, or are unable to submit your documents by the date above, please call us *before* the date at _____ to request additional time for submission. **Do not ignore this notice; call for assistance.**

Failing to provide the requested verification may reduce the amount of your household's CA grant if the income is for someone else in your household or result in your entire CA case being closed if the income in question is your own.

SAMPLE

Fecha: _____
 Número del Caso: _____
 Nombre del Caso: _____
 Número de Teléfono: _____
 Centro: _____

Petición de Verificación de Cotejo de Sueldo

Aviso Importante: Por favor Lea y Responda para el _____.

Estimado(a) Participante:

Nos hemos informado por medio de nuestro Sistema de Reportar Ingresos (un sistema de cotejo computerizado) que usted y/u otro miembro del hogar ha(h) percibido ingreso salarial del/los empleador(es) listado(s) a continuación:

Nombre del Miembro del Participante/Hogar:			
Nombre del Empleador:			
Cantidad de Ingresos:		Período del Cotejo:	

Nombre del Miembro del Participante/Hogar:			
Nombre del Empleador:			
Cantidad de Ingresos:		Período del Cotejo:	

Nombre del Miembro del Participante/Hogar:			
Nombre del Empleador:			
Cantidad de Ingresos:		Período del Cotejo:	

Su expediente de caso de Asistencia en Efectivo (CA) no refleja este ingreso o no refleja la cantidad total de dicho ingreso. La HRA necesita verificar esta información para todas las personas identificadas más arriba para determinar si usted sigue elegible para CA y/o si es correcto el presupuesto de su hogar.

Si usted (y/u otro miembro del hogar) no acepta(n) las conclusiones de nuestro cotejo, se debe proporcionar la documentación de los períodos en cuestión. Dicha documentación incluye talones de paga del período en cuestión, o una carta del empleador identificado que indique cuándo usted comenzó a trabajar, su sueldo y con qué frecuencia se le pagaba durante el período del cotejo.

Si usted (y/u otro miembro del hogar) sigue empleado(a), por favor presente los cuatro (4) más recientes talones de paga, o una carta del empleador que indique el salario y el número de horas trabajadas semanales.

Si usted (y/u otro miembro del hogar) ya no está empleado(a), por favor presente una carta del empleador que declare que se ha terminado el empleo, y/o presente comprobante que usted y/u otro miembro del hogar ha(n) presentado solicitud o ya recibe Beneficios de Seguro de Desempleo (UIB).

Se pueden presentar los documentos solicitados al enviarlos por correo mediante el adjunto sobre con franqueo pagado o al faxearlos al _____. Además, se pueden presentar los documentos en persona a _____.

Se debe presentar/matasellar la documentación solicitada para el _____.

Si usted tiene preguntas sobre este aviso, si se le dificulta obtener todos los documentos, o no puede presentarlos para la fecha indicada más arriba, por favor llámenos al _____ *antes de* dicha fecha, para solicitar tiempo adicional para la presentación de documentos. **No haga caso omiso de este aviso; llame para asistencia.**

No proporcionar como debido el comprobante solicitado puede resultar en la reducción de la concesión de CA de su hogar, si el ingreso se destina para otra persona de su hogar. También, puede resultar en el cierre total de su caso de CA, en caso de que sea suyo el ingreso en cuestión.

SAMPLE