



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY DIRECTIVE #05-12-SYS

FINANCIAL INSTITUTION RECIPIENT MATCH (FIRM)

Date: April 21, 2005	Subtopic(s): Computer Matches
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AUDIENCE The instructions in this directive are for all Workers in Job Centers using Resource File Integration (RFI) within the Welfare Management System (WMS) and is informational for all other staff.

POLICY Adverse actions resulting from a computer match can be taken if the computer match information is verified upon receipt. If the information contained in the computer match is from a secondary source, the information must be verified by a primary source prior to taking an action.

BACKGROUND The Office of Temporary and Disability Assistance (OTDA) has developed an alternative computer match to identify financial resources for Public Assistance (PA) and Medicaid (MA) participants. This new computer match, which is similar to the Child Support Financial Institution Data Match (FIDM), is called the Temporary Assistance (TA)/MA Financial Institution Recipient Match (FIRM).

The FIRM will perform a separate match of PA and MA cases against the same financial institutions used in the FIDM.

Results from the FIRM will appear in the Resource File Integration (RFI) subsystem of WMS. A new column labeled "FIDM" has been added to the RFI Case List screen to identify cases with positive FIRM matches ("FIDM" will be changed to "FIRM" at a later date).

FIRM is considered a secondary source of information, therefore staff must verify the information with the participant and/or the primary source (in this case the financial institution), prior to taking action.

HAVE QUESTIONS ABOUT THIS PROCEDURE?
Call 718-557-1313 then press 2 at the prompt followed by 765 or
send an e-mail to *FIA Call Center*

REQUIRED ACTION

Staff will know that an individual has an unresolved RFI match from one of the following methods:

- Case has unresolved RFI Data message preprinted on the Turnaround Document (TAD).
- Unresolved RFI Data exists on the case message that appears on the Case Composition – Suffix/Individual Summary (**NQCS01**) screen.

To view the FIRM information on RFI the Worker must:

WMS Inquiry Menu

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NQRY00 (P)                                WMS Inquiry Menu                                01/27/05
                                                Version 04303
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#1. Case Inquiry
#2. Individual Inquiry
#3. Benefits Issuance History Inquiry
#4. Recoupment Inquiry
#5. Address Inquiry
#6. Forms Preparation
#7. SDX Inquiry
#8. Facility Inquiry
#9. RFI (Resource File Integration)
-----
Enter # of Inquiry Desired
CMD
    
```

Option 9

- Select **Option 9** (RFI) on the **WMS Inquiry Menu**, and the **WMS RFI Inquiry Menu** screen will appear.

Bank/FIDM Account List screen

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NQRF09 (P)                BANK/FIDM ACCOUNT LIST                01/06/05
                                PAGE 01 OF 01

CASE/REG #   CASE NAME                CASE TYPE  CTR  U/W
000000000   CRAIG SMITH                MA        023  FHIDM
LN  FIRST NAME M LAST                SEX  SSN      VAL  BIRTHDATE CIN
01  SAMANTHA  SMITH                  F    999-99-9999  8    04/19/78  99999999
                                RESOLUTION
PAYER NAME                ACCOUNT                POSTED   CODE WORKER   DATE
DIME SAVINGS BANK OF 000000000000000000  1/05/05   / /           00/00/00
                                / /
                                / /
                                / /
                                / /
                                / /
    
```

Enter an X here.

- Enter an **X** to the left of the **Payer Name**, press **Enter** and the **Bank/FIDM – Match/Balance Individual Information** screen will appear.

If more than one Payer Name and Account appears, repeat this step for each account.

Bank/FIDM – Match/Balance Individual Information screen

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NQRF06 (P)                BANK/FIDM - MATCH/BALANCE INDIVIDUAL INFORMATION

CASE/REG #   CASE NAME                CASE TYPE  CTR  U/W
000000000   SMITH SAMANTHA                MA        023  FHIDM
LN  FIRST NAME M LAST                SEX  SSN      VAL  BIRTHDATE CIN
01  SAMANTHA  L SMITH                  F    999-99-9999  C  04
Payee Information                Payer Information (Bank)    Account Number
SAMANTHA                SMITH                DIME SAVINGS BANK OF NY FSB  0000000000000000
1390 13TH AVE APT XX                589 FIFTH AVENUE                TRUST FUND IND 6
NEW YORK                NY                NEW YORK NY 100 10017                ACCT TYPE 04
                                TOA: / /

Bank                MATCH                Resolution
Balance            DATE                Posted Code Date Wrker
2512.00            11/16/04            01/05/05            00/00/00
0.00 / / / / / /
0.00 / / / / / /
0.00 / / / / / /
0.00 / / / / / /
0.00 / / / / / /

RES CODE    RES WORKER    RES DATE    INFORMATION POSTED ON    RFI STATUS
                                00/00/00    01/05/05                U
                                / /
                                CMD
    
```

Trust Fund Ind field

Account Type field

- Verify the codes in the **Trust Fund Ind** and **Account Type** fields. The values for the codes are as follows:

Trust Fund Indicator

- 0 – Not a registered trust/escrow account or account is closed
- 1 – Uniform Transfers to Minors Act (UTMA)/Uniform Gift to Minors Act (UGMA) Account
- 2 – Interest On Lawyer Trust Authority (IOLTA) Account
- 3 – Mortgage Escrow Account
- 4 – Security Deposits (Including Real Estate)
- 5 – Other Trust/Escrow
- 6 – Information Not Available

Account Type

- 00 – Not Applicable
- 01 – Savings Account
- 04 – Checking Demand Deposit Account
- 05 – Term Deposit Certificate
- 11 – Money Market Account
- 12 – IRA/Keogh Account
- 14 – ERISA Plan Account
- 16 – Cash Balances
- 17 – Compound Account; includes investment accounts where a portion of the balance is in differing funds: stocks, money market, bonds, etc.

- Check the HRA Viewer list of documents scanned for this FIRM match. If there are documents saved in the folder related to this match which confirm the issue was resolved or is currently under investigation by the Bureau of Fraud Investigation (BFI) or the Office of Revenue Investigation (ORI), take no further action on the case. Otherwise proceed to the next step.
- Review the match to determine whether or not amounts exceed the PA and FS resource limits.

Refer to PD #04-12-ELI for PA resource policy and PD #02-40-ELI for FS policy for exempt and nonexempt resources.

- If amounts do not exceed the PA and FS limits, no action is required.
- If amounts exceed the PA and FS limits, send participant an **M-3g** asking for verification of bank and/or credit union accounts and balances found in the match. List on the form any accounts indicated by the code in the **Trust Fund Indicator** or **Account Type** fields on the **Bank/FIDM – Match/Balance Individual Information** screen.

- If the participant responds, and submits documentation which supports a dollar amount above the resource limit for PA and FS, close the PA case using PA closing code **U40** (Excess Resources) and close the FS case using FS closing code **U45** (Increased Resources).
- If the participant responds but is unable to provide documentation of the account(s), send the Financial Institution Inquiry (**W-532F**) form to the financial institution. If that documentation from the financial institution supports a dollar amount above the resource limit for PA and FS, close the PA case using PA closing code **U40** (Excess Resources) and close the FS case using FS closing code **U45** (Increased Resources).
- If the participant does not respond, close the PA case using PA closing code **V-20** (Failure to Provide Verification). A separate determination is required for FS.
- If the Notice of Requirement to Provide Documentation of Resources at Recertification Interview (**M-32f**) was sent as part of the recertification process and the participant does not respond, close the PA case using PA closing code **E91** (Refusal to Cooperate During Recertification Process).

For FS, if the participant fails to provide the required documentation at the PA/FS recertification interview, close the FS case using FS closing code **M20** (Refusal to Provide Information During the Certification Period).

- Workers **must** document in a participant's case record whether or not his/her eligibility was affected by the FIDM match. The record must include an explanation of what additional bank or credit union accounts were disclosed on the **RFI Bank/FIDM – Match/Balance Individual Information** screen that changed the eligibility of the participant.

Request for verification as part of the PA/FS recertification interview

**PROGRAM
IMPLICATIONS**

Paperless Office System (POS) Implications

The **Resources** window records various types of resources the household member(s) may possess. The Worker must use the scroll bar to view all of the questions. A “Yes” response to any question prompts a **Response to Question** window. Enter the required information, including all documents to be scanned that refer to the resource, along with a comment. Then click the **OK** button (to save the response before exiting the question) or the **Cancel** button (to exit the question without saving the response).

Food Stamp Implications

If as a result of the FIDM match and verification with a primary source, it is determined that the funds in the bank account exceed the FS resource limit, the household will be ineligible for food stamps.

Separate determinations of FS eligibility must be made for households having their PA case closed. This determination must be made according to FS reporting and documentation rules.

Requests for verification between recertifications

Failure of the participant to respond to a PA request for information between certification periods is **NOT** a basis for denying the FS household if the household is subject to Six-Month Reporting.

If the participant fails to provide the required documentation at the recertification interview, close the case using FS closing code **M20** (Refusal to Provide Information During the Certification Period).

Medicaid Implications

The effect of the FIRM on Medicaid cases is based on the PA determination. If the PA case is closed because of excess resources or failure to provide verification, MA will also be closed.

**LIMITED ENGLISH
SPEAKING
ABILITY (LESA)
IMPLICATIONS**

For Limited English Speaking Ability (LESA) participants, make sure to obtain appropriate interpreter services in accordance with Policy Directive #02-43-OPE.

FAIR HEARING IMPLICATIONS

Avoidance/ Resolution

Ensure that all case actions are processed in accordance with current procedures and that electronic case files are kept up to date. Remember that participants must receive either adequate or timely and adequate notification of all actions taken on their case.

Conferences

A participant can request and receive a conference with a Fair Hearing and Conference (FH&C) AJOS/Supervisor I at any time. If a participant comes to the Job Center requesting a conference, the Receptionist must alert the FH&C Unit that the individual is waiting to be seen.

The FH&C AJOS/Supervisor I will listen to and evaluate the participant's complaint. After reviewing the case file and discussing the issue(s) with the JOS/Worker responsible for the case and/or the JOS/Worker's Supervisor, s/he will determine if the action taken was correct. If the determination is that the action taken was correct, the FH&C AJOS/Supervisor I will explain the reason for the determination to the participant. If the explanation is accepted, no further action is necessary. The AJOS/Supervisor I must complete a Conference Report (**M-186a**).

If the determination is that the action taken was incorrect or correct but lacking the supporting documentation, the FH&C AJOS/Supervisor I will settle in conference (SIC), enter detailed case notes in NYCWAY and forward all verifying documentation submitted by the participant to the appropriate JOS/Worker for corrective action to be taken. In addition, if the adverse case action still shows on the Pending (**08**) screen in WMS, the AJOS/Supervisor I must prepare and submit a Fair Hearing/Case Update Data Entry Form (**LDSS-3722**) if the case has been granted aid continuing (ATC) to change the **02** to an **01** or a PA Recoupment Data Entry Form (**LDSS-3573**) to delete a recoupment. The **M-186a** must also be prepared.

Evidence Packets

Should the participant elect to continue his/her appeal by requesting or proceeding to a Fair Hearing already requested, the FH&C AJOS/Supervisor I is responsible for ensuring that further appeal is properly controlled and that appropriate follow-up action is taken in all phases of the Fair Hearing process.

All Evidence Packets must contain a detailed history, copies of relevant WMS screen printouts, other documentation relevant to the action taken and copies of NYCWAY **Case Notes** screens.


REFERENCES

18 NYCRR 352.23	Use of Resources – General Policy
18 NYCRR 387.9(b)	Investigation and Eligibility
04 INF 20	Temporary Assistance Policy Computer Match Clarification
05 ADM 06	Temporary Assistance (TA), Medicaid (MA), Financial Institution Recipient Match (FIRM): Implications for TA, MA and Food Stamps (FS)

RELATED ITEMS

PD #04-12-ELI	Public Assistance Resource Policy
PD #02-40-ELI	FS Resource Policy
CD #96-108	Resource File Integration

ATTACHMENT

 Please use Print on Demand to obtain copies of forms.

W-532F Financial Institution Inquiry (Rev. 4/21/05)



Attention: **Verification Department**

RE:

Name: _____ Social Security Number: _____

Name: _____ Social Security Number: _____

Name: _____ Social Security Number: _____

Financial Institution Inquiry
(Part I)

Please report all information you have concerning the closed and active bank accounts, deposit boxes, loans, investments and services of the individual(s) listed above. All information given will be considered confidential. **THE APPLICANT/PARTICIPANT GAVE FULL CONSENT WHEN APPLYING FOR BENEFITS, PER PRIVACY ACT.**

This request is made pursuant to Article I, Section 4 of the New York State Banking Law, and Section 144a of the Social Services Law. This section requires all banking organizations to furnish information to authorized representatives of the New York State Office of Temporary and Disability Assistance when the subject of the request is an applicant or participant of any type of assistance, care or services authorized by the Services Law. Please complete and return Part II of this form by _____. Use the enclosed business envelope to ensure that this information is kept confidential.

If you have any questions or need further information, please feel free to contact me at _____.
(Telephone Number)

Thank you for your assistance.

SAMPLE

JOS/Worker Signature

Date

