

County of San Diego, Health and Human Services Agency (HHS) Policy and Procedure Guide

Integrated Fraud Detection (IFD) System Policy and Procedures

Page

1 of 3

Release Date:

04/04/2017

Purpose:

The purpose of this document is to establish the policy and procedures for IFD processing.

Background:

An IFD is a report generated from the State's Income and Eligibility Verification System (IEVS) that provides information regarding wage and claim information matched to applicants/recipients. The reports are matched on the applicant/recipient social security number and other criteria. This report is received quarterly in the months of January, April, July, and October. The report is received by Management Reporting (MR) who runs an electronic filter based on CalWORKs and CalFresh policies of non-discrepant criteria. Only cases identified as potentially discrepant are assigned to Quality & Eligibility Support Department (QESD) for processing.

Policy:

QESD staff is required to review all potentially discrepant IFD reports to determine the follow up action required. The initial review requirement is 45 days for active cases and 90 days for closed cases from the match date. For each quarter MR will identify non-discrepant cases by filtering based on the following criteria:

CalWORKs	CalFresh
<ul style="list-style-type: none">• Closed within Review Quarter – for 2 consecutive months• At or under IRT• Non-Needy*• SSI Individual*• High school student*	<ul style="list-style-type: none">• Closed within Review Quarter – for 2 consecutive months• At or under IRT if no SAR due• Income under 10% of IRT if SAR was due in the review quarter• Employer county Match or Over Reported• TCF household• SSI Individual*• High school student*

* IFD pertaining to specific individual

Procedures:

The review begins with the Supervising Human Services Specialists (SHSS) assignment of potentially discrepant IFDs to the Human Services Specialists (HSS). The HSS will compare the income from the IFD against the income in CalWIN and assess the reporting requirements outlined in CPG 44-260 (AR/CO), 44-270 (SAR) and CFIG 63-260 (Change Reporting), 63-270 (SAR) to determine if a case is potentially discrepant or non-discrepant.

**County of San Diego, Health and Human Services Agency (HHSA)
Policy and Procedure Guide**

Integrated Fraud Detection (IFD) System Policy and Procedures

Page

2 of 3

If the case is determined to be ...	Then the HSS must ...
Non-Discrepant	<ul style="list-style-type: none"> • Update all information in CalWIN Interface Activities, IEVS Data, and Search IEVS Recipient Reports • Enter Case Comment • Update all information in tracking system
Potentially Discrepant	Follow the Potential Discrepant Case Procedures below

When a potential discrepancy is identified the HSS will:

Step	Action
1	Send the 16-159 and 16-158 to the customer(s)
2	Image a copy of the 16-159 and 16-158 into CERMS
3	Enter Case Comment
4	Update tracking system
5	Set a reminder for 11 day follow up

On the 11th day from the date the Customer Letter was sent; if there was no response or partial verifications were received from the customer, the HSS will:

Step	Action
1	Send the 16-160 to the employer(s)
2	Image a copy of the 16-160 into CERMS
3	Enter Case Comments
4	Update tracking system
5	Set a reminder for 11 day follow up

On the 11th day from the date the 16-160 was sent; if there was no response or partial verifications received from the customer, the HSS will complete final efforts. The final efforts will consist of:

- Confirming that letters were mailed to correct address and
- Making a minimum of three phone attempts to reach the customer and/or employer.

If the case is determined to be non-cooperative the HSS will check the status of the case and:

If the case is ...	Then ...
Active	<ul style="list-style-type: none"> • Complete a referral the Counties Fraud Investigations Unit • Enter Case Comments • Update tracking system
Discontinued	<ul style="list-style-type: none"> • Process case as non-discrepant. See non-discrepant instructions above

**County of San Diego, Health and Human Services Agency (HHSA)
Policy and Procedure Guide**

Integrated Fraud Detection (IFD) System Policy and Procedures

Page

3 of 3

NOTE: Due to SAR requirements outlined in ACL 12-25 no claims should be created for overpayments/over-issuances (OP/OI) without complete income verification.

Any time during the process outlined above if complete income verifications are received the HSS must establish the OP/OI as outlined in CPG 44-350 and CFPG 63-287. In addition, the worker must determine if a Fraud Investigations Unit referral is necessary, based on the Fraud Investigations Unit referral criteria.

References:

CalWORKs CPG 20-000.F
CalFresh 63-118
Medi-Cal MPG 16.1
General Relief GRPG 90-170.6
CAPI PG99-113.4
ACL 12-25
Attachment A

Sunset Date:

This policy will be reviewed for continuance by 04/04/2020

Approval for Release:



Rick Wanne, Director
Eligibility Operations



IFD Quarterly Cycle

