



## SOCIAL SECURITY

Office of the General Counsel  
Office of General Law

### MEMORANDUM

Date: June 11, 2007 Refer To: S9BB

To: Leah Ann McCormick  
Data Exchange Coordinator  
Kansas City Regional Office

From: *for Stuart M. Besar*  
Michael G. Gallagher  
Associate General Counsel  
for General Law

Subject: Request for Final Approval on a Computer Matching Agreement Between the Social Security Administration and the Nebraska City of Lincoln, Lincoln-Lancaster County Health Department (SVES IV)(603740)--REPLY

Pursuant to the Commissioner's revised directive of July 20, 2006, we have reviewed the subject agreement. The agreement is legally and procedurally sufficient. Accordingly, by this memorandum, we clear the same.

If you have any questions, please contact either Dawn Wiggins or Mary Zimmerman of my staff. Ms. Wiggins may be reached at (410) 966-6580. Ms. Zimmerman may be reached at (410) 966-4193.

Attachment

ATTORNEY WORK-PRODUCT PREPARED IN ANTICIPATION OF LITIGATION AND/OR CONTAINS CONFIDENTIAL INFORMATION SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE. DO NOT RELEASE WITHOUT DISCUSSING WITH THE AUTHOR. THIS DOCUMENT MAY ALSO BE SUBJECT TO CLAIMS OF PRIVILEGE IF COVERED BY A DISCOVERY OR FREEDOM OF INFORMATION ACT, 5 U.S.C. § 552. REQUEST. IN SUCH INSTANCES, DO NOT RELEASE WITHOUT DISCUSSING WITH LITIGATION COUNSEL OR THE AUTHOR OF THIS DOCUMENT.



**SOCIAL SECURITY**  
Office of the General Counsel

MEMORANDUM

Date: June 7, 2007

Refer To: S9H

To: Leah Ann McCormick  
State Data Exchange Coordinator  
Kansas City Regional Office

From:

Willie J. Polk  
Privacy Act Officer  
Deputy Executive Director  
for Public Disclosure

Subject: Approval Computer Matching/Data Exchange Agreement – State of Nebraska, City of Lincoln,  
Lincoln-Lancaster County Health Department

You have asked us to review and approve the subject agreement between the Social Security Administration and the State of Nebraska, City of Lincoln, Lincoln-Lancaster County Health Department.

In my role as Privacy Act Officer, I certify that the above-referenced computer matching agreement/data exchange agreement relating to the disclosure of information and the program(s) for which the disclosed information will be used complies with the provisions of the Privacy Act, section 1106 of the Social Security Act, and the implementing regulations at 20 C.F.R. Part 401.

If there are any questions, please contact Joan Peddicord at 410-966-6491.

**AGREEMENT BETWEEN  
THE SOCIAL SECURITY ADMINISTRATION  
AND THE STATE OF NEBRASKA,  
CITY OF LINCOLN: LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT**

**TABLE OF CONTENTS**

|        |   |    |
|--------|---|----|
| I.     | Purpose, Parties and Relationships, and Definitions .....                                       | 2  |
| II.    | Legal Authority .....   | 5  |
| III.   | Transfer of Data .....  | 6  |
| IV.    | Justification and Anticipated Results.....  | 7  |
| V.     | Systems Operations.....   | 7  |
| VI.    | Description of the Records to be Matched .....  | 8  |
| VII.   | Duration and Modification of the Agreement.....   | 9  |
| VIII.  | Procedures for Notice.....  | 10 |
| IX.    | Verification and Opportunity to Contest Match Data.....   | 11 |
| X.     | Procedures for Retention and Timely Destruction of Identifiable Records.....                    | 12 |
| XI.    | Procedures for Security .....   | 12 |
| XII.   | Safeguarding and Reporting Responsibilities for Personally Identifiable Information (PII) ..... | 14 |
| XIII.  | Procedures for Records Usage, Duplication, and Redisclosure Restrictions ....                   | 15 |
| XIV.   | Accuracy Assessments.....   | 17 |
| XV.    | Access by the Comptroller General.....  | 17 |
| XVI.   | Additional Functions to be Performed under this Agreement .....                                 | 18 |
| XVII.  | Reimbursement .....   | 19 |
| XVIII. | Persons to Contact.....   | 20 |
| XIX.   | Authorized Officials .....  | 23 |
| XX.    | Agency Approval.....  | 24 |
| XXI.   | Signatures .....  | 25 |

## I. Purpose, Parties and Relationships, and Definitions

### A. Purpose (5 U.S.C. § 552a(o)(1)(A))

1. The purpose of this agreement is to:
  - a. Establish terms, conditions and safeguards under which the Social Security Administration (SSA) agrees to disclose information relating to the eligibility for, and payment of, Social Security benefits and/or Supplemental Security Income (SSI) and Special Veterans Benefits (SVB) to the **City of Lincoln: Lincoln-Lancaster County Health Department**, hereinafter referred to as the City/County Agency. The SSA data files will be used to verifying the income and eligibility factors for State-administered programs authorized by the routine use exception(s) to the Privacy Act, 5 U.S.C. § 552a(b)(3) (see Article II.C.) and verifying Social Security numbers (SSNs) of applicants for, and recipients of, benefits under such programs; and
  - b. Define the safeguards against unauthorized use and redisclosure of such information by the City/County Agency.

These program(s) (see Article II.D.) are federal or federally funded program(s) **not** authorized by sections 453 and 1137 of the Social Security Act (Act), or are not federal or federally-funded benefit program(s) but have been deemed compatible with SSA programs under SSA's regulations.

SSA may disclose information to other governmental agencies for purposes of administering programs that are compatible with the purposes for which SSA collected the information (e.g. for administering income-maintenance programs similar to TANF or health-maintenance programs like Medicaid). Such disclosures are made under the "routine use" exception to the Privacy Act.

This disclosure of information will ensure that the City/County Agency program(s) listed in Article II.D. has accurate information upon which to base its entitlement decisions.

This computer matching agreement is executed under the Privacy Act of 1974, 5 U.S.C. § 552a, as amended by the Computer Matching and Privacy Protection Act of 1988 (CMPPA), as amended, and the regulations and guidance promulgated thereunder. While certain programs in Article II.D. may not constitute a matching program as defined by the Privacy Act, 5 U.S.C. § 552a(a)(8), the agencies agree to follow the applicable requirements of the CMPPA and other relevant provisions of the Privacy Act, 5 U.S.C § 552a.

2. Under the provisions of this agreement, a City/County Agency program is limited to the Data System(s) shown for that agency in Article II.D.

## B. Agreement Parties and Relationships

The SSA component responsible for this matching agreement is the Office of Income Security Programs. The City/County Agency component responsible for this matching agreement is **the City of Lincoln: Lincoln-Lancaster County Health Department**. This agreement constitutes the entire agreement of the parties with respect to its subject matter. There have been no representations, warranties or promises made outside of this agreement. This agreement will take precedence over any other documents that may be in conflict with it.

## C. Definitions

1. "Contractor/Agent" means a third-party entity in a contractual or similar relationship with the City/County Agency to act on the Agency's behalf to administer, or assist in administering, an income-maintenance or health-maintenance program described in this agreement.
2. "Cost-benefit information" means the factors used to measure the effectiveness of the match. The Computer Matching and Privacy Protection Act (CMPPA) of 1988, Pub. L. 100-503, requires a cost-benefit analysis as part of an agency decision to conduct or participate in a matching program.
3. "DIB" means the Data Integrity Board.
4. "EVS" means the Enumeration Verification System.
5. "FISMA" means the Federal Information Security Management Act (<http://csrc.nist.gov/sec-cert/>).
6. "FTMS" means the SSA File Transfer Management System.
7. "Health-Maintenance Program" (if appropriate) means a noncommercial program designed to provide an individual with health care (both preventive and treatment) or to subsidize the cost of such care (e.g., Medicare, Medicaid). Note: A commercial insurance company, acting as a contractor/agent of the City/County Agency, may administer such a program for a City/County or local agency.
8. "Income-Maintenance Program" (if appropriate) means a noncommercial program designed to provide an individual with basic necessities of life (e.g., food, clothing, shelter, utilities) or to supplement the individual's income to permit the purchase of such necessities (e.g., subsidized housing, Food Stamp, Temporary Assistance for Needy Families (TANF), general assistance, Title XX services, energy assistance, State supplementation).

9. "MEF" means the Master Earnings File, also known as the Earnings Recording and Self-Employment Income System.
10. "MBR" means the Master Beneficiary Record.
11. "MULTX" means the relationship between multiple SSNs associated with an individual.
12. "NUMIDENT" means a subsystem of the Master Files of SSN Holders and SSN Applications.
13. "OMB" means the Office of Management and Budget.
14. "PII" means Personally Identifiable Information. PII is the information obtained from SSA that can be used, alone or in conjunction with any other information, to identify a specific individual. PII includes any information that can be used to search for or identify individuals, or can be used to access their files. Examples of PII may include: name, SSN, Social Security benefit data, date of birth, official State or government issued driver's license or identification number.
15. "PUPS" means the Prisoner Update Processing System.
16. "Quarters of Coverage" means quarters of coverage as assigned and described under Title II of the Act. The term "quarters of coverage" is also referred to as "credits" in various SSA public information documents. The term "Social Security credits" may be used interchangeably as well. Quarters of coverage as used in this agreement may also refer to "qualifying quarters" which would entitle individuals to receive Food Stamps.
17. "SSA" means the Social Security Administration.
18. "SSI" means the Supplemental Security Income program established under Title XVI of the Social Security Act.
19. "SSN" means Social Security number.
20. "SSR/SVB" means the Supplemental Security Income Record and Special Veterans Benefits.
21. "City/County Administered Program" means any means-tested public benefits program of a City/County or political subdivision of a City/County under which the City/County or political subdivision specifies the standards for eligibility.

22. "City/County Agency" means the agency defined in Article I.A. above, **City of Lincoln: Lincoln-Lancaster County Health Department**, including any applicable county, local, or other office thereof, regardless of whether the employees of the agency are State, county, or local government employees.
23. "State Transmission/Transfer Component" or "STC" (Also known as "Computer Data Center"), if applicable based on Article III, means an entity that, under a separate agreement with SSA, has agreed to transfer data files between SSA and the State Agency identified in Article I.A.
24. "SVB" means the Special Veterans Benefits established under Title VIII of the Act. Under this program, certain World War II veterans who were eligible for benefits under Title XVI when Title VIII was enacted on December 14, 1999, may be entitled to receive a special benefit for each month they subsequently reside outside the United States after April 2000.
25. "SVES" means the State Verification and Exchange System.

## II. Legal Authority (5 U.S.C. § 552a(o)(1)(A))

This agreement sets forth the responsibilities of SSA and the State Agency with respect to information obtained pursuant to the agreement which is permitted by the Privacy Act of 1974, as amended and SSA's Privacy Act Regulations (20 C.F.R. § 401.150). The agreement takes into account SSA's responsibilities under section 1106 of the Act (42 U.S.C. § 1306) (see Attachment A).

### A. Compatible Programs and Data Disclosure

This matching program is also authorized for the programs listed in Article II.D. by the routine use exception to the Privacy Act, 5 U.S.C. § 552a(b)(3). The Privacy Act permits SSA to authorize the disclosure of records for a "routine use" if the use of such records is compatible with the purpose for which the record was collected (5 U.S.C. § 552a(a)(7)). SSA has deemed certain other Federal and City/County programs compatible to SSA programs, similar to the nature of the programs set forth in section 1137 of the Act. SSA has also determined that the disclosure of records to certain agents acting on behalf of a Federal or City/County Agency that are assisting or administering a program compatible with SSA programs is permissible. SSA has determined that these other City/County programs currently meet the requirements for compatibility (20 C.F.R. § 401.150) in that the purposes for which the information will be disclosed are consistent with the purposes for which SSA originally collected the information (i.e., the information will be used in other programs that have the same purposes as SSA programs; the information concerns eligibility, benefit amounts, or other matters of benefit status in a Social Security program; and the information is relevant to determining the same matters in the other program).

B. Prisoner and Death Data

SSA may, under this agreement and to the extent permitted by law, disclose prisoner and death data to the City/County Agency for the administration of certain benefit programs. The authority for the disclosure of prisoner data is contained in section 202(x)(3)(B)(iv) of the Act (42 U.S.C. § 402 (x)(3)(B)(iv)).

Section 205(r)(3) of the Act (42 U.S.C. § 405(r)(3)) is the authority for the disclosure of death data. Under the Intelligence Reform and Terrorism Prevention Act of 2004, Pub. L. 108-458, § 7213(a)(2), SSA provides death indicators for restricted State death data.

C. Quarters of Coverage Data

The quarters of coverage aspect is authorized by sections 402, 412, 421 and 435 of Pub. L. 104-193 (8 U.S.C. §§ 1612, 1622, 1631, 1645). For purposes of implementation, which involves the significance of Social Security quarters of coverage to the eligibility of certain aliens for certain defined Federal and State public benefits, SSA may under this agreement disclose to the City/County Agency, to the extent permitted by law, quarters of coverage and equivalent information.

D. **City of Lincoln: Lincoln-Lancaster County Health Department Program(s) Covered under this Agreement\***

Programs authorized by the routine use exception to the Privacy Act, 5 U.S.C. § 552a(b)(3) to receive certain data:

| <b>Program</b>       | <b>Data System(s)</b> | <b>Description</b>   |
|----------------------|-----------------------|--|
| Indigent Health Care | SVES IV               | Needs-based health care program for Lancaster County residents in need of medical care who do not qualify for other governmental health care benefits. |

\*Any changes must be reported to SSA as they occur.

III. Transfer of Data *(prior to printing, place an "X" in the appropriate box)*

Data will be transmitted directly between SSA and (Name of State Agency) by *(indicate FTMS or identify the method of data transmission)*, a secure mechanism approved by SSA.

The (Name of State Agency) will not transfer or disclose this data to any other agency or entity (e.g. City/Countycontractor) by any means without amending this agreement or entering into a new agreement which would allow for the data transfer.

- Data will be transmitted ~~directly~~ between SSA and the State of Nebraska, Department of Health and Human Services (DHHS) by the DHHS mainframe, a secure mechanism approved by SSA. The DHHS, as a State Transmission/Transfer

Component (STC), will serve as the conduit between SSA and the City of Lincoln: Lincoln-Lancaster County Health Department. The STC has a separate agreement with SSA defining what data SSA will disclose and the terms under which SSA will provide such data.

The City of Lincoln: Lincoln-Lancaster County Health Department will not transfer or disclose this data to any other agency or entity (e.g. City/Countycontractor) by any means without amending this agreement or entering into a new or amended agreement which would allow for the data transfer.

#### IV. Justification and Anticipated Results (5 U.S.C. § 552a(o)(1)(B))

##### A. Justification

1. The City/County Agency program(s) listed in Article II.D. may use information relating to eligibility for and amount of Social Security benefits and/or SSI and SVB benefits, quarters of coverage or prisoner information under the Act, for administration of the specific City/County programs covered by this agreement.
2. The use of computer technology to transfer data from SSA to the City/County Agency is more efficient and quicker than the use of manual processes.

##### B. Anticipated Results (*prior to printing, place an "X" in the appropriate box*)

- Cost-Benefit Analysis/Quid Pro Quo** - The City/County Agency expects program savings of \$150,000 over the period of this agreement at a cost of \$15,000 by performing this matching program. SSA does not expect any direct program savings to result from this matching program, but based on cost-benefit analysis, estimates SSA net administrative savings of approximately \$21.8 million for all the SDX/BENDEX/SVES data exchanges through increased efficiencies in coordinating the administration of mutually dependent Federal and City/County programs. In such fashion, the matching program is expected generally to benefit federally-funded programs that are City/County administered. (See Article XVII.)

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**Reimbursement** – SSA does not expect any direct program savings to result from this matching program and will be reimbursed for the costs related to this match program. (See Article XVII.)

#### V. Systems Operations

These matches are initiated in the following ways:

- A. The SVES aspect of this matching program is operated by the City/County Agency periodically sending to SSA a file of applicants for, or recipients of, benefits under

certain City/County-administered programs (see Article II.D.) for whom Social Security, SSI and SVB benefit information and/or SSN verification is required.

- B. The quarters of coverage aspect of this matching program is operated by the City/County Agency periodically sending to SSA a file of applicants for, or recipients of, benefits under certain City/County-administered programs (see Article II.D.) and, where permitted by applicable law, the parents or spouses of such applicants when requesting quarters of coverage or equivalent information necessary for the implementation of the above-referenced sections of Pub. L. 104-193.
- C. The prisoner aspect of this matching program is operated by the City/County Agency periodically sending to SSA a file of applicants for, or recipients of, benefits under certain City/County-administered programs (see Article II.D.) for the City/County Agency to verify and otherwise ensure that benefits are not issued to individuals who are not entitled to receive such benefits.

VI. Description of the Records to be Matched (5 U.S.C. § 552a(o)(1)(C))

A. Systems of Records

- 1. SSA's systems of records used for purposes of this agreement may be the SSR/SVB, MBR, Master Files of SSN Holders and SSN Applications (subsystems referred to as the EVS, the ALPHIDENT, or the NUMIDENT), and PUPS. MULTX, a function of EVS that associates multiple SSNs that are related to the applicant's earnings file, may also be used.
- 2. For each aspect of this matching program, the following are the SSA systems of records that may be accessed:
  - a. SVES – SSR/SVB, SSA/ODSSIS (60-0103); MBR, SSA/ORSIS (60-0090); Master Files of SSN Holders and SSN Applications, SSA/OEEAS (60-0058);
  - b. Quarters of Coverage Query – Earnings Recording and Self-Employment Income System, SSA/OEEAS (60-0059) and the Master Files of SSN Holders and SSN Applications, SSA/OEEAS (60-0058);
  - c. Prisoner Query – PUPS, SSA/OEEAS (60-0269).
- 3. SSA and the City/County Agency will exchange information through FTMS or a mutually acceptable security mechanism.

B. Specified Data Elements for Data Systems (see data elements at Attachment B)

- 1. SVES – The City/County Agency will provide SSA with name, SSN, and date of birth for those individuals about whom information is requested.

2. Quarters of Coverage Query – The City/County Agency will provide SSA with name, SSN, and date of birth for those individuals about whom information is requested.
3. Prisoner Query – The City/County Agency will provide SSA with name, SSN, and date of birth for those individuals about whom information is requested.

C. Number of Records Involved

1. SVES – The City/County Agency will furnish to SSA **daily** files containing identifying information of applicants for, or recipients of, benefits under City/County-administered programs. The City/County Agency will be requesting approximately **600** records each month from SSA.
2. Quarters of Coverage Query – The City/County Agency will furnish to SSA **N/A** files containing identifying information of applicants for, or recipients of, benefits under City/County-administered programs. The City/County Agency will be requesting approximately **N/A** records each month from SSA.
3. Prisoner Query – The City/County Agency will furnish to SSA **N/A** files containing identifying information of applicants for, or recipients of, benefits under City/County-administered programs. The City/County Agency will be requesting approximately **N/A** records each month from SSA.

If the City/County Agency anticipates an unprecedented increase to the number of records shown above, the City/County Agency agrees to contact the SSA Systems contact (see Article XVIII.A.) prior to initiating that month's match(es).

VII. Duration and Modification of the Agreement

A. Duration

1. This agreement can only be effectuated and will only be available for use the later of:
  - a. July 1, 2007, OR
  - b. 40 days after submission of matching notices on this program to Congress and OMB, or 30 days after publication of the computer matching notice for this matching program in the Federal Register, or upon signature of the agreement by both parties to the agreement.
2. This agreement requires signoff by both agencies and will be effective upon the date of the SSA Regional Commissioner's signature. This agreement will be in effect for 18 months, but not beyond December 31, 2009. If at the end of 18 months, December 31, 2009, is in the future, this agreement may be extended.

The extension may be for up to 12 months, but not beyond December 31, 2009. In the extension, SSA's Data Integrity Board (DIB), and the City/County Agency will certify, within 3 months prior to the expiration of the agreement, pursuant to 5 U.S.C. § 552a(o)(2)(D) that:

- a. The matching program will be conducted without change; and
  - b. The matching program has been conducted in compliance with the original agreement.
3. The provisions of this agreement may **not** extend beyond December 31, 2009.
  4. If either agency does not wish to renew this agreement, it will notify the other of its intention not to renew at least 90 days before the end of the then current period.
  5. Either party may unilaterally terminate the agreement upon written notice to the other party, in which case the termination will be effective 90 days after the date of the notice, or at a later date specified in the notice. The agreement may be terminated at any time by the mutual written consent of both parties. However, SSA may make an immediate, unilateral suspension of the data flow and/or termination of this agreement if SSA:
    - a. Has determined that there has been an unauthorized use or disclosure of information by the City/County Agency and/or their contractors/agents; or
    - b. Has determined that there has been a violation of or failure to follow the terms of this agreement; or
    - c. Has reason to believe that the City/County Agency and/or their contractors/agents breached the terms for security of data until such time as SSA makes a definite determination of a breach; or
    - d. In reimbursement situations (see Article XVII.), has not received payment in accordance with the parties' reimbursable agreement.
  6. This agreement does not authorize SSA to incur obligations through the performance of the services described herein. Since SSA's performance under this agreement spans multiple fiscal years, SSA's ability to perform work for each fiscal year is subject to the availability of funds.

B. Modification

This agreement may be modified at any time by an amendment or new agreement which satisfies both parties.

VIII. Procedures for Notice (5 U.S.C. § 552a(o)(1)(D))

A. Applicants

Both the City/County Agency and SSA agree to notify all individuals who apply for benefits for their respective programs that any information provided by them is subject to verification through matching programs. The City/County Agency's notice consists of **the client's signature on a Request for Release for Information**. SSA's notice consists of appropriate language printed on its application forms or a separate handout with appropriate language when necessary.

B. Beneficiaries/Annuitants

Both the City/County Agency and SSA will provide subsequent notices to their respective retirees, annuitants, beneficiaries, and/or recipients. The City/County Agency's notice consists of **the client's signature on a Request for Release for Information**. SSA's notice consists of a notice of this matching program in the Federal Register and periodic mailings to all beneficiaries and recipients describing SSA's matching activities.

IX. Verification and Opportunity to Contest Match Data  
(5 U.S.C. § 552a(o)(1)(E) and 5 U.S.C. § 552a(p))

A. Verification

Based on the determination of SSA's DIB pursuant to its approval of this agreement, unless contradictory OMB final guidelines are issued, the City/County Agency may consider all SSA information disclosed under this agreement as verified, as provided in 5 U.S.C. § 552a(p)(1)(A)(ii). Thus, the DIB has determined that the information is limited to identification and amount of benefits paid by SSA under a Federal benefit program and there is a high degree of confidence in the accuracy of the data (see Article XIV. below). The City/County Agency may use the above-specified data without independent verification in their administration of the program(s) listed in Article II.D.

Prisoner and death data, however, do not have this high degree of accuracy; and before any adverse action can be taken against any individual, this data must be independently verified.

B. Opportunity to Contest

The City/County Agency agrees that there can be no termination, suspension, reduction, final denial, or other adverse action taken against an individual based on this computer match with SSA until there is an opportunity to contest the match information such that:

- I. Notice is provided, by the City/County Agency to the affected individual, which informs that individual of the match findings and the opportunity to contest these findings.

2. The affected individual is given until the expiration of any time period established for the relevant benefit program by a statute or regulation for the individual to respond to the notice. If no such time period is established by a statute or regulation for the program, a 30-day period will be provided. The time period begins on the date on which notice is mailed or otherwise provided to the individual to respond.
3. The notice clearly City/Countys that, unless the individual responds to the notice in the required time period, the City/County Agency will conclude that the match data provided by SSA is correct and will make the necessary adjustment to the individual's payment.

X. Procedures for Retention and Timely Destruction of Identifiable Records  
(5 U.S.C. § 552a(o)(1)(F))

A. City/County Agency

The City/County Agency and programs listed in Article II.D. will retain all identifiable records received from SSA only for the period of time required for any processing related to the matching program and will then destroy the records.

As part of the matching program, the City/County Agency can be used the information provided by SSA to update its master files, which will be permanently retained under cognizable authority governing the City/County Agency's retention of records. Any other identifiable records must be destroyed unless the information has to be retained in individual file in order to meet evidentiary requirements. In the latter instance, the City/County Agency will retire identifiable records in accordance with the **Nebraska State Retention Schedules**.

B. SSA

SSA will delete electronic data input files received from the City/County Agency when the match has been completed. SSA will retire identifiable records in accordance with the Federal Records Retention Schedule (44 U.S.C. § 3303a).

- C. Neither SSA nor the City/County Agency will create a separate file or system concerning only individuals whose records are used in this matching program.

XI. Procedures for Security (5 U.S.C. § 552a(o)(1)(G))

- A. At a minimum, SSA will safeguard the City/County Agency's information and the City/County Agency will safeguard SSA's information as follows:

1. Access to the records matched and to any records created by the match will be restricted to only those authorized employees and officials who need it to

perform their official duties in connection with the uses of the information authorized in this agreement.

2. The records matched and any records created by the match will be stored in an area that is physically safe from access by unauthorized persons during duty hours, as well as non-duty hours, or when not in use.
  3. The records matched and any records created by the match will be processed under the immediate supervision and control of authorized personnel in a manner which will protect the confidentiality of the records, and in such a way that unauthorized persons cannot retrieve any such records by means of computer, remote terminal, or other means.
  4. All personnel who will have access to the records matched and to any records created by the match will be advised of the confidential nature of the information, the safeguards required to protect the information, and the civil and criminal sanctions for noncompliance contained in applicable Federal laws.
  5. The equipment, files and/or documents will be transported under appropriate safeguards.
- B. SSA's Office of Systems Security Operations Management has prepared written guidelines entitled, "Information System Security Guidelines for Federal, State and Local Agencies Receiving Electronic Information from the Social Security Administration." These guidelines (see Attachment C) provide instructions and an explanation of SSA's security requirements. Additional copies are available upon request. By signing this agreement, the City/County Agency agrees to comply with SSA's security guidelines.
- C. Both SSA and City/County Agency agree to comply with the requirements of the Federal Information Security Management Act (FISMA) (Pub. L. 107-347, Title III, section 301) and OMB M-06-16 as it applies to the electronic storage, transport of Personally Identifiable Information (PII) records between agencies, and the internal processing of records received by either Agency under terms of this agreement. SSA reserves the right to conduct onsite inspections to monitor compliance with FISMA and OMB M-06-16 regulations during the lifetime of this agreement.
- D. Both SSA and City/County Agency agree to inform personnel including contractors/agents of the information security risks associated with their activities and their responsibilities in complying with organizational policies and procedures designed to reduce these risks.
- E. SSA recognizes States already are subject to IRS safeguard reviews which require States to meet a high degree of compliance; and as a result, SSA's future review

activity will complement, rather than duplicate, IRS security requirements and review activity.

## XII. Safeguarding and Reporting Responsibilities for Personally Identifiable Information (PII)

### A. City/County Agency

1. The City/County Agency will ensure that its employees and contractors/agents properly safeguard PII furnished by SSA under this agreement from loss, theft or inadvertent disclosure.
2. The City/County Agency will ensure that its employees and contractors/agents understand that they are responsible for safeguarding this information at all times, regardless of whether or not the City/County employee or the contractor/agent is at his or her regular duty station.
3. The City/County Agency will ensure that laptops and other electronic devices/media containing PII and used by its employee and its contractors/agents are encrypted and/or password protected.
4. The City/County Agency will ensure that when it and/or its contractors/agents are sending email containing PII, its employees and/or contractors/agents do so only from and to addresses that are secure or that they have encrypted the email.
5. The City/County Agency will ensure that its employees and its contractors/agents working under this agreement adhere to the procedures listed in this agreement.
6. The City/County Agency will ensure that its employees or contractors/agents limit disclosure of the information and details relating to a PII loss only to those with a need to know.
7. The City/County Agency will establish procedures to ensure that when a City/County Agency employee or contractor/agent becomes aware of the possible or suspected loss of PII, the City/County Agency Systems Security Issues contact or equivalent is immediately notified of the incident. The City/County Agency will then notify the SSA Regional Office contact (see Article XVIII.A.). If within 1 hour the City/County Agency has been unable to speak with the SSA Regional Office contact or if for some other reason, e.g., it is outside of the Regional Office's normal business hours, the City/County Agency will call SSA's Network Customer Service Center (NCSC) at 410-965-7777 or toll free at 1-888-772-6111.

When reporting the loss or suspected loss of PII, the report should include the following specific information:

- a. Contact and component information.
- b. A description of the loss or suspected loss (e.g., nature of loss, scope, number of files or records and type of equipment or media) including the approximate time and location of the loss.

- c. How was the data physically stored, packaged and/or contained (e.g., password protected, encrypted, locked briefcase, redacted personal information, etc.)?
  - d. Which SSA and/or City/County components and/or City/County contractor/agents have been involved?
  - e. Have any individuals or external organizations (e.g., other agencies, law enforcement or the press) been contacted or contacted you?
  - f. Have any other reports (e.g., local police, SSA reports and/or City/County reports) been filed?
  - g. Any other pertinent information.
8. The City/County Agency will provide updates as they become available to the SSA Systems Security Issues contact, as applicable. The City/County Agency will provide complete and accurate information about the details of the possible PII loss to assist the SSA Systems Security Issues contact. The City/County Agency and/or contractor/agent will use the worksheet (see Attachment D) to quickly gather and organize information about the incident.

B. SSA

1. SSA will assume responsibility for making the contact within SSA so that a formal report is filed in accordance with SSA procedures.
2. SSA will notify the Department of Homeland Security's United States Computer Emergency Readiness Team if loss or potential loss of personally identifiable information related to a data exchange covered under this agreement occurs.

XIII. Procedures for Records Usage, Duplication, and Rediscovery Restrictions  
(5 U.S.C. § 552a(o)(1)(H) and 5 U.S.C. § 552a(o)(1)(I))

A. The City/County Agency agrees to the following limitations on the use, duplication, and rediscovery of information provided by SSA:

1. The City/County Agency will restrict access to the information obtained from SSA to only those authorized City/County employees and contractors/agents under contract with the City/County Agency who need it to perform their official duties in connection with the intended uses of the information authorized in this agreement. At SSA's request, the City/County Agency will obtain from its contractor/agent a current list of the contractor's/agent's employees who have access to SSA information under the terms of this agreement.
2. Except as necessary for the operation of this matching program, as provided in this agreement, files provided by SSA will not be duplicated or disseminated within or outside the City/County Agency without the prior written approval of SSA. SSA will not grant such authority unless the rediscovery is required by

law or is essential to the matching program. In such instances, the City/County Agency must specify in writing what records are being disclosed, to whom, and the reasons that justify such redisclosure.

3. Except as necessary for the operation of this match, as provided for in this agreement, City/County Agency contractors/agents and their employees who are authorized access to the information provided under this agreement will not duplicate, disseminate or disclose the SSA files provided to them by the City/County Agency unless the City/County Agency has obtained SSA's prior written approval for redisclosure.
4. The City/County Agency will undertake in its contractual relationship with each contractor/agent to obtain the contractor's written agreement that the contractor/agent will abide by all relevant Federal laws and access, disclosure and use restrictions, and security requirements in this agreement. The City/County Agency will provide the contractor/agent with a copy of this agreement and the related attachments before the initial disclosure of data to the contractor/agent.
5. Prior to signing this agreement the City/County Agency agrees to provide to SSA's Regional Office contact(s) (see Article XVIII.A.) written communication on City/County Agency letterhead:
  - a. that the City/County Agency is not using contractors/agents; or
  - b. a current list of contractors/agents who, as of the effective date of this agreement, will have access to the information the City/County Agency obtains through this agreement. The list will contain: name and address of contracting firm, description of the work that is performed with the information and the location of where work is performed with the information. The City/County Agency further agrees to certify, in this same manner, to SSA that these contractors/agents are currently under contract with the City/County Agency and are acting on behalf of the City/County Agency to administer or assist in administering the programs listed in Article II.D.
6. For the duration of this agreement and within 60 days of an occurrence, the City/County Agency agrees to provide to SSA Regional Office contact (see Article XVIII.A.) written communication on City/County Agency letterhead whenever a new contractor/agent will have access to information under this agreement, or an existing contractor/agent will no longer have access to the information under this agreement.
7. Prior to the renewal of this agreement, the City/County Agency agrees to provide to SSA Regional Office contact(s) (see Article XVIII.A.) written communication on City/County Agency letterhead certification that all contractors/agents administering or assisting in administering the programs listed in Article II.D are in compliance with this agreement.

8. City/County Agency employees and contractors/agents under contract with the City/County Agency who access, disclose or use the information obtained pursuant to this agreement in a manner or for a purpose not authorized by the agreement may be subject to civil and criminal sanctions contained in applicable federal statutes.
  9. SSA files provided to the City/County Agency remain the property of SSA and will be handled as provided in Article X.A., once matching activity under this agreement is complete.
- B. SSA agrees to the following limitations on the use, duplication, and redisclosure of the identifying files and information provided by the City/County Agency (see Article VI.B):
1. The files provided by the City/County Agency will be used and accessed only for the purposes specified in this agreement.
  2. The files provided by the City/County Agency will not be used to extract information concerning the individuals therein for any purpose not specified in this agreement.
  3. The files provided by the City/County Agency will not be duplicated or disseminated within or outside SSA without the written permission of the City/County Agency.
  4. The files provided by the City/County Agency remain the property of the City/County Agency and will be handled as provided in Article X.B., once matching activity under this agreement is completed.
- C. Both SSA and the City/County Agency will adopt policies and procedures to ensure that information contained in their respective records and obtained from each other will be used solely as provided in this agreement, including adherence to the terms of section 1106 of the Social Security Act (42 U.S.C. § 1306), and the regulations promulgated thereunder.

#### XIV. Accuracy Assessments

Previous matches with the same files indicate that the City/County Agency's records are 99% accurate based on **based on the information contained in the system at the time the records were created** and that SSA's benefit records are more than 99% accurate when they are created. The prisoner and death records, some of which are not verified by SSA, do not have this high degree of accuracy.

#### XV. Access by the Comptroller General (5 U.S.C. § 552a(o)(I)(K))

The Government Accountability Office (Comptroller General) may have access to City/County Agency and SSA records that the Comptroller General deems necessary in order to monitor or verify compliance with this agreement.

XVI. Additional Functions to be Performed under this Agreement

A. The City/County Agency agrees:

To use the SVES system to obtain Social Security, SSI, and SVB payment information on the applicants/recipients of the programs identified in Article II.D. The City/County Agency also agrees that it will use SVES to obtain quarters of coverage and prisoner information pertaining to only those persons for which use is authorized by applicable law pursuant to 5 U.S.C. § 552a(b)(3) and 20 C.F.R. § 401.150, as specified in this agreement. Use and disclosure of this information for other purposes are subject to the restrictions described in this agreement.

1. To provide information obtained in the quarters of coverage query, as necessary, to State and local government agencies within the State which will make quarters of coverage determinations under Pub. L. 104-193.
2. To provide SSA with the necessary identifying information concerning those individuals about whom information is requested from SVES. (Specific requirements for the request are discussed in the SVES manual.)
3. To submit SSNs for verification through SVES in the format specified by SSA. If SSA notifies the City/County Agency that the SSN and identifying information do not match, the client should be asked about other names used and then the City/County Agency should resubmit the verification request a second time through SVES. The City/County Agency may refer the client to the SSA field office for a replacement Social Security card, if necessary.
4. To provide Cost-Benefit Information (*prior to printing, place an "X" in the appropriate box*)

**Cost-Benefit Analysis** - To provide cost-benefit information (e.g., processing costs and program savings) for each program listed in Article II.D. SSA will use this information to justify the efficiencies in the administration of mutually dependent Federal and State programs.

**Reimbursement** - To provide cost-benefit information (e.g., processing costs and program savings) for the program(s) listed in Article II.C. The CMPPA requires that a cost-benefit analysis be part of an agency decision to conduct a matching program, except in rare circumstances. As such, the State Agency has prepared and will provide SSA with a copy of the cost-benefit analysis for the program(s) listed in Article II.C consistent with the CMPPA requirements. See *GAO/PEMD 87-2*,

*November 1986.* SSA will sign the agreement only after the State Agency produces a complete and acceptable cost-benefit analysis for this program(s).

B. SSA agrees:

1. To initially verify the SSNs submitted and to process only verified SSNs in the conduct of the matching program.
2. To the extent permitted by applicable law, to furnish to the City/County Agency files containing the necessary information for identified individuals via SVES. The files provided by SSA will adhere to the characteristics and data format requirements shown in Attachment B.
3. To the extent permitted by applicable law, to disclose to the City/County Agency, via SVES, based on its request, Social Security benefit payment information contained in SSA's records regarding those individuals whom the City/County Agency identifies.
4. To the extent permitted by applicable law, to disclose to the City/County Agency, via SVES, payment information contained in SSA's records concerning applicants/recipients of Social Security, SSI and SVB payments. The files provided by SSA will adhere to the characteristics and information format requirements shown in Attachment B.
5. To the extent permitted by applicable law, to disclose to the City/County Agency, via SVES, whether or not the identifying information and SSN furnished agree with SSA records and, if not, what element of information (name, date of birth, or sex code) does not agree. Any multiple SSNs also will be furnished to the City/County Agency.

XVII. Reimbursement (*prior to printing, place an "X" in the appropriate box*)

SSA must be compensated for the work it does for others so that the Social Security Trust Funds do not bear the costs of such activities. Section 1106 of the Social Security Act authorizes SSA to charge full costs for providing information for any purpose not directly related to the administration of the Social Security program to which the information relates, notwithstanding the FOIA, the Privacy Act, or any other provision of the law.

- Quid Pro Quo** - The information exchange defined in this agreement is considered to be program related and any expenses involved are dispersed proportionately and considered to be a quid pro quo arrangement.

SSA estimates it will incur approximately \$2.3 million in administrative costs to perform matching operations under this national program. This includes expenses for systems' programming and ongoing transaction costs. However, SSA will accrue savings estimated at \$24.1 million because manual processes in field offices will be

supplanted by automated interfaces. This equates to a 10.5:1 benefit-to-cost ratio for SSA. The State Agencies will also accrue sizable program savings estimated to be about \$3.8 billion. Consequently, the parties recognize the mutual benefits of the matching program and agree to a quid pro quo arrangement in which no cost reimbursement is required. Adjustments may be required in the future if it is determined that costs are disproportionate. Such adjustments, if necessary, will be negotiated and documented in a separate reimbursable agreement.

**Reimbursement** - This agreement does not authorize SSA to incur obligations through the performance of the services described herein. Performance of such services is authorized only by execution of form SSA-1235. Accordingly, attached to, and made a part of this agreement, is an executed form SSA-1235 that provides authorization for SSA to perform services under this agreement on a fiscal year basis.

Before SSA provides services described herein, SSA must be in receipt of a signed SSA-1235 covering the cost estimate for a fiscal year and in receipt of an advance payment from the State Agency.

At the end of each quarter, SSA will provide the State Agency a "Statement of Account" which will show the amount of the advance, expenses incurred, and current balance. If at any time it is determined that actual costs will exceed the cost estimate by 10% or \$1,000, whichever is greater, the SSA Regional Office contact (see Article XVIII.A.) must initiate, with the SSA Systems Issues contact (see Article XVIII.A.), an amended SSA-1235 which increases the estimated amount of the original reimbursable agreement form or terminate the project to prevent SSA from having to absorb the cost overruns. If a balance is due to SSA, the State Agency will immediately remit the balance due or service will be terminated.

In the event of inconsistencies between the terms and conditions in this agreement and on the SSA-1235, the terms and conditions of the agreement take precedence.

#### XVIII. Persons to Contact

A. The SSA contacts are:

1. Data Exchange Agreement Issues:

For Regions 1 through 5:

Suzanne Koneyak  
Office of Income Security Programs  
Information Exchange and Matching Staff  
78 RRCC  
6401 Security Boulevard  
Baltimore, Maryland 21235  
Phone: (410) 965-1858

Fax: (410) 597-0841  
Email: [Suzanne.Koneyak@ssa.gov](mailto:Suzanne.Koneyak@ssa.gov)

For Regions 6 through 10:

Norma Followell  
Office of Income Security Programs  
Information Exchange and Matching Staff  
74 RRCC  
6401 Security Boulevard  
Baltimore, Maryland 21235  
Phone: (410) 965-0806  
Fax: (410) 597-0841  
Email: [Norma.Followell@ssa.gov](mailto:Norma.Followell@ssa.gov)

2. Disclosure Policy Issues

Willie Polk  
Office of the General Counsel, Office of Public Disclosure  
6401 Security Boulevard  
Baltimore, Maryland 21235  
Phone: (410) 965-1753  
Fax: (410) 966-0869  
Email: [willie.j.polk@ssa.gov](mailto:willie.j.polk@ssa.gov)

3. Regional Office:

Leah Ann McCormick  
Programs Specialist, Center for Programs Support  
601 E. 12<sup>th</sup> Street Room 460  
Kansas City, MO 64106  
Phone Number: 816-936-5655  
Fax Number: 816-936-5951  
Email Address: [leah.ann.mccormick@ssa.gov](mailto:leah.ann.mccormick@ssa.gov)

4. Systems Issues:

Mark Dailey  
Office of Earnings, Enumeration  
and Administrative Systems/DIVES/Data Exchange Branch  
6401 Security Boulevard  
Baltimore, Maryland 21235  
Phone: (410) 966-7849  
Fax: (410) 966-3147  
Email: [mark.dailey@ssa.gov](mailto:mark.dailey@ssa.gov)

## 5. Systems Security Issues:

Teresa Rojas, Acting Director  
 Office of Systems Security Operations Management  
 Office of Financial Policy and Operations  
 6401 Security Boulevard  
 Baltimore, Maryland 21235  
 Phone: (410) 966-7284  
 Fax: (410) 966-0527  
 Email: [Teresa.C.Rojas@ssa.gov](mailto:Teresa.C.Rojas@ssa.gov)

## B. The City/County Agency contacts are:

## 1. Data Exchange Agreement Issues:

Bernice Afuh  
 Supervisor, Community Health Services  
 Lincoln-Lancaster County Health Department  
 3140 N Street  
 Lincoln, NE 68510  
 Phone Number: 402-441-6216  
 Fax Number: 402-441-3891  
 Email Address: [bafuh@ci.lincoln.ne.us](mailto:bafuh@ci.lincoln.ne.us)

2. Bruce Dart  
 Health Director  
 Lincoln-Lancaster County Health Department  
 3140 N Street  
 Lincoln, NE 68510  
 Phone Number: 402-441-8001  
 Fax Number: 402-441-8323  
 Email Address: [bdart@ci.lincoln.ne.us](mailto:bdart@ci.lincoln.ne.us)

## 3. Systems Security Issues:

**Kathy Cook**  
**Information and Fiscal Manager, Information and Fiscal Management**  
**Division**  
 Lincoln-Lancaster County Health Department  
 3140 N Street  
 Lincoln, NE 68510  
**Phone Number: 402-441-8092**  
**Fax Number: 402-441-6229**  
**Email Address: [kcook@lincoln.ne.gov](mailto:kcook@lincoln.ne.gov)**

XIX. Authorized Officials

The City/County officials with authority to request information under this agreement are:

**Case Managers and General Assistance Workers.**

XX. Agency Approval

Each party executing this Agreement is authorized to enter into agreements of this nature on behalf of their agency.

Social Security Administration:

BY: Nancy Veillon  
Nancy Veillon  
Associate Commissioner  
Office of Income Security Programs

4/17/07  
(Date)

I certify that the SSA Data Integrity Board approved this Agreement.

BY: Manuel J. Vaz  
Manuel J. Vaz  
Acting Chairman  
Data Integrity Board

5-8-2007  
(Date)

## XXI. Signatures

The signatories below warrant and represent that they have the competent authority on behalf of their respective agencies to enter into the obligations set forth in this Agreement. The authorized officials whose signatures appear below have committed their respective agencies to the terms of this Agreement effective this \_\_\_ day of \_\_\_\_\_, 200\_\_.

**SOCIAL SECURITY ADMINISTRATION:**


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Michael W. Grochowski  
Kansas City Regional Commissioner

**CITY OF LINCOLN: LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT:**


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**Chris Beutler**  
Mayor of Lincoln

I, **Tonya Skinner**, certify that I am the legal counsel for the Agency of the State of **Nebraska**; that **Chris Beutler**, who signed this agreement on behalf of the State Agency, was then **Mayor** of said State Agency, and that he is authorized to enter into agreements of this nature on behalf of the State Agency and that there is authority under the laws of the State of **Nebraska** to carry out all the functions to be performed by the State Agency as provided herein and comply with the terms of this agreement.

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**Tonya Skinner**  
Assistant City Attorney

- Attachment A - Disclosure of Information in Possession of Agency [section 1106 of the Social Security Act (42 U.S.C. § 1306)]
- Attachment B - Data elements (in record layout format)
- Attachment C - Information System Security Guidelines for Federal, State and Local Agencies Receiving Electronic Information from the Social Security Administration
- Attachment D - Worksheet and Instructions for Reporting Loss or Potential Loss of PII

Attachment E - SSA-1235 (Attached only when "Reimbursable required". See Article XVII.)

## Attachment A

### DISCLOSURE OF INFORMATION IN POSSESSION OF AGENCY<sup>111</sup>

SEC. 1106. [42 U.S.C. 1306] (a)(1) No disclosure of any return or portion of a return (including information returns and other written statements) filed with the Commissioner of Internal Revenue under title VIII of the Social Security Act or under subchapter E of chapter 1 or subchapter A of chapter 9 of the Internal Revenue Code<sup>112</sup>, or under regulations made under authority thereof, which has been transmitted to the head of the applicable agency by the Commissioner of Internal Revenue, or of any file, record, report, or other paper, or any information, obtained at any time by the head of the applicable agency or by any officer or employee of the applicable agency in the course of discharging the duties of the head of the applicable agency under this Act, and no disclosure of any such file, record, report, or other paper, or information, obtained at any time by any person from the head of the applicable agency or from any officer or employee of the applicable agency, shall be made except as the head of the applicable agency may by regulations prescribe and except as otherwise provided by Federal law. Any person who shall violate any provision of this section shall be deemed guilty of a felony and, upon conviction thereof, shall be punished by a fine not exceeding \$10,000 for each occurrence of a violation, or by imprisonment not exceeding 5 years, or both.

(2) For purposes of this subsection and subsection (b), the term "applicable agency" means--

(A) the Social Security Administration, with respect to matter transmitted to or obtained by such Administration or matter disclosed by such Administration, or

(B) the applicable agency, with respect to matter transmitted to or obtained by such Department or matter disclosed by such Department.

(b) Requests for information, disclosure of which is authorized by regulations prescribed pursuant to subsection (a) of this section, and requests for services, may, subject to such limitations as may be prescribed by the head of the applicable agency to avoid undue interference with his functions under this Act, be complied with if the agency, person, or organization making the request agrees to pay for the information or services requested in such amount, if any (not exceeding the cost of furnishing the information or services), as may be determined by the head of the applicable agency. Payments for information or services furnished pursuant to this section shall be made in advance or by way of reimbursement, as may be requested by the head of the applicable agency, and shall be deposited in the Treasury as a special deposit to be used to reimburse the appropriations (including authorizations to make expenditures from the Federal Old-Age and Survivors Insurance Trust Fund, the Federal Disability Insurance Trust Fund, the Federal Hospital Insurance Trust Fund, and the Federal Supplementary Medical Insurance Trust Fund) for the unit or units of the applicable agency which furnished the information or services. Notwithstanding the preceding provisions of this subsection, requests for information made pursuant to the provisions of part D of title IV of this Act for the purpose of using Federal records for locating parents shall be complied with and the cost incurred in providing such information shall be paid for as provided in such part D of title IV.

(c) Notwithstanding sections 552 and 552a of title 5, United States Code<sup>113</sup>, or any other provision of law, whenever the Commissioner of Social Security or the Secretary determines that a request for information is made in order to assist a party in interest (as defined in section 3 of the Employee Retirement Income Security Act of 1974<sup>114</sup> (29 U.S.C. 1002)) with respect to the administration of an employee benefit plan (as so defined), or is made for any other purpose not directly related to the administration of the program or programs under this Act to which such information relates, such Commissioner or Secretary may require the requester to pay the full cost, as determined by the such Commissioner or Secretary, of providing such information.

(d) Notwithstanding any other provision of this section, in any case in which--

(1) information regarding whether an individual is shown on the records of the Commissioner of Social Security as being alive or deceased is requested from the Commissioner for purposes of epidemiological or similar research which the Commissioner in consultation with the Secretary of Health and Human Services finds may reasonably be expected to contribute to a national health interest, and

(2) the requester agrees to reimburse the Commissioner for providing such information and to comply with limitations on safeguarding and rerelease or redisclosure of such information as may be specified by the Commissioner,

the Commissioner shall comply with such request, except to the extent that compliance with such request would constitute a violation of the terms of any contract entered into under section 205(r).

(e) Notwithstanding any other provision of this section the Secretary shall make available to each State agency operating a program under title XIX and shall, subject to the limitations contained in subsection (e)<sup>1151</sup>, make available for public inspection in readily accessible form and fashion, the following official reports (not including, however, references to any internal tolerance rules and practices that may be contained therein, internal working papers or other informal memoranda) dealing with the operation of the health programs established by titles XVIII and XIX--

(1) individual contractor performance reviews and other formal evaluations of the performance of carriers, intermediaries, and State agencies, including the reports of follow-up reviews;

(2) comparative evaluations of the performance of such contractors, including comparisons of either overall performance or of any particular aspect of contractor operation; and

(3) program validation survey reports and other formal evaluations of the performance of providers of services, including the reports of follow-up reviews, except that such reports shall not identify individual patients, individual health care practitioners, or other individuals.

(f) No report described in subsection (e) shall be made public by the Secretary or the State title XIX agency until the contractor or provider of services whose performance is being evaluated has had a reasonable opportunity (not exceeding 60 days) to review such report and to offer comments pertinent parts of which may be incorporated in the public report; nor shall the Secretary be required to include in any such report information with respect to any deficiency (or improper practice or procedures) which is known by the Secretary to have been fully corrected, within 60 days of the date such deficiency was first brought to the attention of such contractor or provider of services, as the case may be.

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<sup>1141</sup> See Vol. II, 5 U.S.C. 552(b)(3), with respect to information available to the public from agencies; and 5 U.S.C. 8347(m)(3), with respect to disclosure of information to the Office of Personnel Management.

See Vol. II, 38 U.S.C. 5317 and 5318 with respect to Veterans' Benefits information.

See Vol. II, P.L. 83-591, §6103(l)(1), with respect to disclosure of returns and return information by the Secretary of the Treasury to the Social Security Administration; and §7213(a)(1), with respect to the penalty for unauthorized disclosure of that tax return information.

See Vol. II, P.L. 88-525, §11(e)(19), with respect to requesting and exchanging information for purposes of verifying income and eligibility for food stamps.

See Vol. II, P.L. 97-253, §307(f), with respect to supplying information about civil service annuitants.

<sup>1151</sup> P.L. 76-1. Should refer, instead, to P.L. 83-591, Subtitles A and C.

<sup>1151</sup> See Vol. II, Title 5.

<sup>1151</sup> See Vol. II, P.L. 93-406.

<sup>1151</sup> As in original. Probably should be "subsection f".

## Attachment B

### SVES IV

#### INPUT RECORD LAYOUT

The following table illustrates the SVES IV input record layout. Mandatory fields are identified with an asterisk. However, only one number, SSN or CAN should be input (generally, SSN is preferable). If the CAN is input, the BIC is mandatory.

Key:

A=Alpha

N=Numeric

AN=Alphanumeric

| <b>FIELD</b>                          | <b>TYPE</b> | <b>POSITION</b> |
|---------------------------------------|-------------|-----------------|
| *SSN                                  | N           | 1-9             |
| *Claim Account Number (CAN)           | N           | 10-18           |
| Beneficiary Identification Code (BIC) | AN          | 19-21           |
| *Surname                              | AN          | 22-40           |
| Middle Initial                        | AN          | 41              |
| First Name                            | AN          | 42-53           |
| *Date of Birth                        | N           | 54-61           |
| Sex                                   | A           | 62              |
| Title II Request                      | AN          | 63              |
| Title XVI Request                     | AN          | 64              |
| *State Agency Code                    | N           | 65-67           |
| *Category of Assistance               | AN          | 68              |
| State Communication Code              | AN          | 69-71           |
| Exchange Request Data                 | AN          | 72-111          |
| (For Future Expansion)                | AN          | 112-137         |

**OUTPUT: RESPONSES TO THE STATES – RECORD LAYOUTS**

The basic output record layout for the SVES IV is:

|                      |                   |                     |
|----------------------|-------------------|---------------------|
| Verification (1-156) | Title 2 (157-839) | Title 16 (840-2151) |
|----------------------|-------------------|---------------------|

**SSN VERIFICATION/STANDARD RESPONSE  
RECORD LAYOUT - ABRIDGED**

| <b>DATA ELEMENT</b>                                     | <b>POSITION</b> |
|---|-----------------|
| Input SSN   | 1-9             |
| Input Claim Account Number<br>(CAN) (10-18)/BIC (19-21) | 10-21           |
| Input Surname   | 22-40           |
| Input Middle Initial                                    | 41              |
| Input First Name  | 42-53           |
| Input Date of Birth                                     | 54-61           |
| Input Sex   | 62              |
| Input State Agency Code                                 | 63-65           |
| Input Category of Assistance Code                       | 66              |
| Input State Communication Code                          | 67-69           |
| Input Welfare ID No.                                    | 70-91           |
| Date of WTPY Response                                   | 92-99           |
| Error Condition Code                                    | 100-102         |
| Identity Discrepancy Code                               | 103-104         |
| Blank   | 105-107         |
| Verification Code                                       | 108             |
| Verification SSN Data                                   | 109-153         |
| Record Type   | 154             |
| Title II Status   | 155             |
| Title XVI Status  | 156             |

**TITLE II RESPONSE RECORD**  
**LAYOUT - ABRIDGED**

(This is appended to SSN Verification/Standard Response)

| <b>DATA ELEMENT</b>                         | <b>POSITION</b> |
|---|-----------------|
| Title II Claim Account Number (CAN) and BIC | 157-168         |
| State and County Code                       | 169-173         |
| ZIP Code                                    | 174-178         |
| ZIP + 4                                     | 179-182         |
| Number of Lines of Address                  | 183             |
| Address                                     | 184-315         |
| Direct Deposit Indicator                    | 316             |
| Deferred Payment Date                       | 317-322         |
| Schedule Payment Indicator                  | 323             |
| Schedule Payment Date                       | 324-329         |
| Schedule Prior Payment Amount               | 330-336         |
| Schedule Current Payment Amount             | 337-342         |
| Schedule Payment Combined Check Indicator   | 343             |
| LAF (Ledger Account File) Code              | 344-345         |
| Date of Birth                               | 346-353         |
| Proof of Age Indicator                      | 354             |
| Given Name                                  | 355-364         |
| Middle Initial                              | 365             |
| Surname                                     | 366-377         |
| Date of Initial Entitlement                 | 378-383         |
| Date of Current Entitlement                 | 384-389         |
| Date of Suspension or Termination           | 390-395         |
| Sex Code                                    | 396             |
| Net Monthly Benefit if Payable (MBP)        | 397-402         |
| Medicare Indicator                          | 403             |
| Health Insurance (HI) Indicator             | 404             |

|   |                      |
|---|----------------------|
| HI Option Code  | 405                  |
| HI Start Date   | 406-411              |
| HI Stop Date  | 412-417              |
| HI Premium  | 418-422              |
| HI Buy-In Indicator   | 423                  |
| HI Buy-In Code  | 424-426              |
| HI Buy-In Start Date  | 427-432              |
| HI Buy-In Stop Date   | 433-438              |
| Supplemental Medical Insurance (SMI) Indicator              | 439                  |
| SMI Option Code   | 440                  |
| SMI Start Date  | 441-446              |
| SMI Stop Date   | 447-452              |
| SMI Premium   | 453-457              |
| SMI Buy-In Indicator  | 458                  |
| SMI Buy-In Code   | 459-461              |
| SMI Buy-In Start Date                                       | 462-467              |
| SMI Buy-In Stop Date  | 468-473              |
| Welfare Agency Code   | 474-476              |
| Category of Assistance Code                                 | 477                  |
| Black Lung Entitlement Code                                 | 478                  |
| Black Lung Payment Amount                                   | 479-484              |
| Railroad Indicator  | 485                  |
| Person's Own Social Security Number (SSN)                   | 486-494              |
| Date of Death   | 495-502              |
| Disability Onset Date                                       | 503-510              |
| Number of Cross-reference Account Number (XRAN) Occurrences | 511                  |
| Cross-Reference (XREF) Entitlement Number *                 | 512-571<br>(Field 1) |
| Cross-Reference (XREF) BIC *                                | 512-571<br>(Field 2) |
| Cross-Reference (XREF) Code *                               | 512-571<br>(Field 3) |
| Dual Entitlement Number                                     | 572-580              |
| Dual Entitlement BIC  | 581-582              |

|   |                      |
|---|----------------------|
| <b>Number of History Occurrences</b>                      | 583-584              |
| <b>Monthly Benefit Credited (MBC) Date **</b>             | 585-688<br>(Field 1) |
| <b>MBC Amount **</b>                                      | 585-688<br>(Field 2) |
| <b>MBC Type **</b>  | 585-688<br>(Field 3) |
| <b>Other Date of Entitlement</b>                          | 689-694              |
| <b>Other Primary Insurance Amount</b>                     | 695-700              |
| <b>Other Retirement Insurance Amount</b>                  | 701-706              |
| <b>Larger Full Monthly Benefit Amount</b>                 | 707-712              |
| <b>Larger Excess Monthly Benefit Amount</b>               | 713-718              |
| <b>Smaller Full Monthly Benefit Amount</b>                | 719-724              |
| <b>Smaller Actuarially Reduced Monthly Benefit Amount</b> | 725-730              |
| <b>Dual Entitlement Status Code</b>                       | 731                  |
| <b>Other Office Code</b>                                  | 732                  |
| <b>Type of Dual Entitlement</b>                           | 733                  |
| <b>Other Primary Insurance Amount Factor Code</b>         | 734                  |
| <b>Other Primary Insurance Amount Factor Code Two</b>     | 735                  |
| <b>Other Eligibility Year</b>                             | 736-739              |
| <b>Reserved for future use</b>                            | 740-839              |

\*There could be five occurrences of this information.

\*\*There could be eight occurrences of this information.

**TITLE XVI RESPONSE RECORD**  
**LAYOUT - ABRIDGED**

(This is appended to the SSN Verification/Standard Response)

| <b>DATA ELEMENT</b>                       | <b>POSITION</b> |
|---|-----------------|
| Essential Person Indicator                | 157             |
| Appeal Code                               | 158             |
| Date of Appeal                            | 159-166         |
| Last Redetermination Date                 | 167-174         |
| Person's Own Social Security Number (SSN) | 175-183         |
| Type of Recipient                         | 184-185         |
| Record Establishment Date                 | 186-193         |
| Date of Birth                             | 194-201         |
| Date of Death                             | 202-209         |
| Date of Death Source Code                 | 210             |
| Payment Status Code                       | 211-213         |
| Current Pay Status Effective Date         | 214-219         |
| SSN Correction Indicator                  | 220             |
| Sex Code                                  | 221             |
| Race Code                                 | 222             |
| Resource Code - House                     | 223             |
| Resource Code - Vehicle                   | 224             |
| Resource Code - Insurance                 | 225             |
| Resource Code - Property                  | 226             |
| Resource Code - Other                     | 227             |
| Other Name                                | 228-233         |
| Given Name                                | 234-243         |
| Middle Initial                            | 244             |
| Surname                                   | 245-263         |
| Appeals Decision Code                     | 264-265         |
| Date of Eligibility                       | 266-271         |
| Medicaid Effective Date                   | 272-279         |
| Application Date                          | 280-287         |

|   |         |
|---|---------|
| Telephone Number                              | 288-297 |
| Record Source Code                            | 298     |
| Alien Indicator Code                          | 299     |
| Alien Date of Residency                       | 300-305 |
| Country of Origin                             | 306-307 |
| Third Party Insurance Indicator               | 308     |
| Medicaid - Unpaid Medical Expense Indicator   | 309     |
| Denial Code                                   | 310-312 |
| Denial Date                                   | 313-320 |
| Food Stamp Interview Date                     | 321-326 |
| Food Stamp Application                        | 327     |
| Food Stamp Recipient Status                   | 328     |
| Blank   | 329     |
| Onset Date of Disability/Blindness            | 330-337 |
| Disability Payment Code                       | 338     |
| Drug Addiction or Alcohol Identification Code | 339     |
| Rollback Code                                 | 340     |
| Blank   | 341     |
| Welfare ID Number                             | 342-363 |
| State Code of Conversion                      | 364-365 |
| Special Needs Code                            | 366     |
| Appeals Decision Date                         | 367-374 |
| Blank   | 375-379 |
| Direct Deposit Indicator                      | 380     |
| Blank   | 381     |
| Payee Name and Address Number of Lines        | 382     |
| Payee Name and Mailing Address                | 383-514 |
| Payee ZIP Code                                | 515-519 |
| Payee ZIP Code + 4                            | 520-523 |
| State & County Code of Jurisdiction           | 524-528 |
| District Office (DO) Code                     | 529-531 |
| Blank   | 532     |

|  |                      |
|--|----------------------|
| Blank  | 533                  |
| Earned Income - Wage Amount                          | 534-539              |
| Earned Income - Net Self-Employment Estimate         | 540-545              |
| Blind Work Expense (BWE) Exclusion                   | 546-551              |
| Earned Income Exclusion (Plan for Self-support)      | 552-557              |
| Blank  | 558                  |
| Unearned Income - Number of Occurrences              | 559                  |
| Unearned Income Type Code *                          | 560-856<br>(Field 1) |
| Unearned Income Verification Code *                  | 560-856<br>(Field 2) |
| Unearned Income Start Date *                         | 560-856<br>(Field 3) |
| Unearned Income Stop Date *                          | 560-856<br>(Field 4) |
| Unearned Income Amount *                             | 560-856<br>(Field 5) |
| Unearned Income Frequency *                          | 560-856<br>(Field 6) |
| Claim or Identification Number For Unearned Income * | 560-856<br>(Field 7) |
| Blank  | 857                  |
| Representative (Rep) Payee Indicator                 | 858                  |
| Rep Payee Selection Date                             | 859-866              |
| Custody Code   | 867-869              |
| Competency Code                                      | 870                  |
| Type of Payee Code                                   | 871-873              |
| Blank  | 874                  |
| SSN-Multiple SSN Indicator                           | 875                  |
| SSN-List of Multiple SSNs **                         | 876-920              |
| Blank  | 921                  |
| Residence Address-Number of Lines                    | 922                  |
| Residence Address                                    | 923-1032             |
| Residence ZIP Code                                   | 1033-1037            |
| Residence ZIP Code + 4                               | 1038-1041            |
| Blank  | 1042                 |
| Last Transaction Type                                | 1043-1044            |

|   |                        |
|---|------------------------|
| Last Transaction Date                               | 1045-1052              |
| Blank   | 1053                   |
| Blank   | 1054                   |
| Advance Payment Indicator                           | 1055                   |
| Advance Payment Date                                | 1056-1063              |
| Advance Payment Amount                              | 1064-1068              |
| Blank   | 1069                   |
| Interim Assistance Reimbursement Status Code        | 1070                   |
| State and County Code of Reimbursement              | 1071-1075              |
| Blank   | 1076                   |
| Payment Date  | 1077-1084              |
| SSI Gross Payable Amount (Current)                  | 1085-1091              |
| State Gross Payable Amount (Current)                | 1092-1098              |
| Payment History (PHIST) Number of Occurrences       | 1099-1100              |
| PHIST Payment Date ***                              | 1101-1292<br>(Field 1) |
| SSI Monthly Assistance Amount ***                   | 1101-1292<br>(Field 2) |
| State Supplement Amount ***                         | 1101-1292<br>(Field 3) |
| PHIST Payment Payflag 1 ***                         | 1101-1292<br>(Field 4) |
| PHIST Payment Payflag 2 ***                         | 1101-1292<br>(Field 5) |
| Blank   | 1293                   |
| Overpayment/Underpayment Indicator                  | 1294                   |
| Month of Change                                     | 1295-1300              |
| Budget Month Flag                                   | 1301                   |
| Payment Status Code (Current)                       | 1302-1304              |
| Federal Living Arrangement Code (Current)           | 1305                   |
| Living Arrangement Code - Optional State Supplement | 1306                   |
| State and County Code of Jurisdiction (Current)     | 1307-1311              |
| Concurrent State Payment Code                       | 1312                   |
| Medicaid Eligibility Code                           | 1313                   |
| Head of Household Indicator                         | 1314                   |
| Marital Status                                      | 1315                   |

|   |           |
|---|-----------|
| <b>Student Indicator</b>                                  | 1316      |
| <b>Earned Income - Net Countable Amount</b>               | 1317-1322 |
| <b>Unearned Income - Net Countable Amount</b>             | 1323-1328 |
| <b>SSI Gross Payable Amount</b>                           | 1329-1333 |
| <b>State Gross Payable Amount (Current)</b>               | 1334-1338 |
| <b>Conditional Payment</b>                                | 1339      |
| <b>Medicaid Test Indicator</b>                            | 1340      |
| <b>Federal Eligibility Code</b>                           | 1341      |
| <b>Optional State Eligibility Code</b>                    | 1342      |
| <b>Mandatory Eligibility Code</b>                         | 1343      |
| <b>Deemed Income Amount</b>                               | 1344-1349 |
| <b>Federal Living Arrangement Code - Budget Month</b>     | 1350      |
| <b>Earned Income - Retrospective Net Countable Amount</b> | 1351-1356 |
| <b>Unearned Income Retrospective Net Countable Amount</b> | 1357-1362 |
| <b>Deemed Income Amount Retrospective</b>                 | 1363-1368 |
| <b>40 QQ History</b>                                      | 1369-1468 |

\*There can be nine occurrences of this information

\*\* There can be five occurrences of this information

\*\*\* There can be eight occurrences of this information

NOTE: Title XVI response provides data on the queried SSN. It does not provide data on Essential Person (EP)/Spouse.

**TITLE II AND TITLE XVI RESPONSE RECORD**  
**LAYOUT - ABRIDGED**

(This is appended to the SSN Verification/Standard Response)

Note: In this table, Title XVI fields (starting at position 840) are shaded to distinguish them from Title II fields.

| <b>DATA ELEMENT</b>                         | <b>POSITION</b> |
|---|-----------------|
| Title II Claim Account Number (CAN) and BIC | 157-168         |
| State and County Code                       | 169-173         |
| ZIP Code                                    | 174-178         |
| ZIP + 4                                     | 179-182         |
| Number of Lines of Address                  | 183             |
| Address                                     | 184-315         |
| Direct Deposit Indicator                    | 316             |
| Deferred Payment Date                       | 317-322         |
| Schedule Payment Indicator                  | 323             |
| Schedule Payment Date                       | 324-329         |
| Schedule Prior Payment Amount               | 330-336         |
| Schedule Current Payment Amount             | 337-342         |
| Schedule Payment Combined Check Indicator   | 343             |
| LAF Code                                    | 344-345         |
| Date of Birth                               | 346-353         |
| Proof of Age Indicator                      | 354             |
| Given Name                                  | 355-364         |
| Middle Initial                              | 365             |
| Surname                                     | 366-377         |
| Date of Initial Entitlement                 | 378-383         |
| Date of Current Entitlement                 | 384-389         |
| Date of Suspension or Termination           | 390-395         |
| Sex Code                                    | 396             |
| Net Monthly Benefit if Payable (MBP)        | 397-402         |
| Medicare Indicator                          | 403             |
| Health Insurance (HI) Indicator             | 404             |

|   |                      |
|---|----------------------|
| HI Option Code  | 405                  |
| HI Start Date   | 406-411              |
| HI Stop Date  | 412-417              |
| HI Premium  | 418-422              |
| HI Buy-In Indicator   | 423                  |
| HI Buy-In Code  | 424-426              |
| HI Buy-In Start Date  | 427-432              |
| HI Buy-In Stop Date   | 433-438              |
| Supplemental Medical Insurance (SMI) Indicator              | 439                  |
| SMI Option Code   | 440                  |
| SMI Start Date  | 441-446              |
| SMI Stop Date   | 447-452              |
| SMI Premium   | 453-457              |
| SMI Buy-In Indicator  | 458                  |
| SMI Buy-In Code   | 459-461              |
| SMI Buy-In Start Date                                       | 462-467              |
| SMI Buy-In Stop Date  | 468-473              |
| Welfare Agency Code   | 474-476              |
| Category of Assistance Code                                 | 477                  |
| Black Lung Entitlement Code                                 | 478                  |
| Black Lung Payment Amount                                   | 479-484              |
| Railroad Indicator  | 485                  |
| Person's Own Social Security Number (SSN)                   | 486-494              |
| Date of Death   | 495-502              |
| Disability Onset Date                                       | 503-510              |
| Number of Cross-reference Account Number (XRAN) Occurrences | 511                  |
| Cross-Reference (XREF) Entitlement Number *                 | 512-571<br>(Field 1) |
| Cross-Reference (XREF) BIC *                                | 512-571<br>(Field 2) |
| Cross-Reference (XREF) Code *                               | 512-571<br>(Field 3) |
| Dual Entitlement Number                                     | 572-580              |
| Dual Entitlement BIC  | 581-582              |

|  |                      |
|--|----------------------|
| Number of History Occurrences                      | 583-584              |
| Monthly Benefit Credited (MBC) Date **             | 585-688<br>(Field 1) |
| MBC Amount **                                      | 585-688<br>(Field 2) |
| MBC Type **  | 585-688<br>(Field 3) |
| Other Date of Entitlement                          | 689-694              |
| Other Primary Insurance Amount                     | 695-700              |
| Other Retirement Insurance Amount                  | 701-706              |
| Larger Full Monthly Benefit Amount                 | 707-712              |
| Larger Excess Monthly Benefit Amount               | 713-718              |
| Smaller Full Monthly Benefit Amount                | 719-724              |
| Smaller Actuarially Reduced Monthly Benefit Amount | 725-730              |
| Dual Entitlement Status Code                       | 731                  |
| Other Office Code                                  | 732                  |
| Type of Dual Entitlement                           | 733                  |
| Other Primary Insurance Amount Factor Code         | 734                  |
| Other Primary Insurance Amount Factor Code Two     | 735                  |
| Other Eligibility Year                             | 736-739              |
| Blank (reserved for future use)                    | 740-839              |
| Essential Person Indicator                         | 840                  |
| Appeal Code  | 841                  |
| Date of Appeal                                     | 842-849              |
| Last Redetermination Date                          | 850-857              |
| Person's Own Social Security Number (SSN)          | 858-866              |
| Type of Recipient                                  | 867-868              |
| Record Establishment Date                          | 869-876              |
| Date of Birth                                      | 877-884              |
| Date of Death                                      | 885-892              |
| Date of Death Source Code                          | 893                  |
| Payment Status Code                                | 894-896              |
| Current Pay Status Effective Date                  | 897-902              |
| SSN Correction Indicator                           | 903                  |

|   |           |
|---|-----------|
| Sex Code                                      | 904       |
| Race Code                                     | 905       |
| Resource Code - House                         | 906       |
| Resource Code - Vehicle                       | 907       |
| Resource Code - Insurance                     | 908       |
| Resource Code - Property                      | 909       |
| Resource Code - Other                         | 910       |
| Other Name                                    | 911-916   |
| Given Name                                    | 917-926   |
| Middle Initial                                | 927       |
| Surname                                       | 928-946   |
| Appeals Decision Code                         | 947-948   |
| Date of Eligibility                           | 949-954   |
| Medicaid Effective Date                       | 955-962   |
| Application Date                              | 963-970   |
| Telephone Number                              | 971-980   |
| Record Source Code                            | 981       |
| Alien Indicator Code                          | 982       |
| Alien Date of Residency                       | 983-988   |
| Country of Origin                             | 989-990   |
| Third Party Insurance Indicator               | 991       |
| Medicaid - Unpaid Medical Expense Indicator   | 992       |
| Denial Code                                   | 993-995   |
| Denial Date                                   | 996-1003  |
| Food Stamp Interview Date                     | 1004-1009 |
| Food Stamp Application                        | 1010      |
| Food Stamp Recipient Status                   | 1011      |
| Blank   | 1012      |
| Onset Date of Disability/Blindness            | 1013-1020 |
| Disability Payment Code                       | 1021      |
| Drug Addiction or Alcohol Identification Code | 1022      |
| Rollback Code                                 | 1023      |

|   |                        |
|---|------------------------|
| <b>Blank</b>  | 1024                   |
| <b>Welfare ID Number</b>                                      | 1025-1046              |
| <b>State Code and Conversion</b>                              | 1047-1048              |
| <b>Special Needs Code</b>                                     | 1049                   |
| <b>Appeals Decision Date</b>                                  | 1050-1057              |
| <b>Blank</b>  | 1058-1062              |
| <b>Direct Deposit Indicator</b>                               | 1063                   |
| <b>Blank</b>  | 1064                   |
| <b>Payee Name and Address Number of Lines</b>                 | 1065                   |
| <b>Payee Name and Mailing Address</b>                         | 1066-1197              |
| <b>Payee ZIP Code</b>   | 1198-1202              |
| <b>Payee ZIP Code + 4</b>                                     | 1203-1206              |
| <b>State &amp; County Code of Jurisdiction</b>                | 1207-1211              |
| <b>District Office (DO) Code</b>                              | 1212-1214              |
| <b>Blank</b>  | 1215                   |
| <b>Blank</b>  | 1216                   |
| <b>Earned Income - Wage Amount</b>                            | 1217-1222              |
| <b>Earned Income - Net Self-Employment Estimate</b>           | 1223-1228              |
| <b>Blind Work Expense (BWE) Exclusion</b>                     | 1229-1234              |
| <b>Earned Income Exclusion (Plan for Self-support)</b>        | 1235-1240              |
| <b>Blank</b>  | 1241                   |
| <b>Unearned Income - Number of Occurrences</b>                | 1242                   |
| <b>Unearned Income Type Code ***</b>                          | 1243-1539<br>(Field 1) |
| <b>Unearned Income Verification Code ***</b>                  | 1243-1539<br>(Field 2) |
| <b>Unearned Income Start Date ***</b>                         | 1243-1539<br>(Field 3) |
| <b>Unearned Income Stop Date ***</b>                          | 1243-1539<br>(Field 4) |
| <b>Unearned Income Amount ***</b>                             | 1243-1539<br>(Field 5) |
| <b>Unearned Income Frequency ***</b>                          | 1243-1539<br>(Field 6) |
| <b>Claim or Identification Number For Unearned Income ***</b> | 1243-1539<br>(Field 7) |
| <b>Blank</b>  | 1540                   |

|   |                        |
|---|------------------------|
| <b>Representative (Rep) Payee Indicator</b>         | 1541                   |
| <b>Rep Payee Selection Date</b>                     | 1542-1549              |
| <b>Custody Code</b>                                 | 1550-1552              |
| <b>Competency Code</b>                              | 1553                   |
| <b>Type of Payee Code</b>                           | 1554-1556              |
| <b>Blank</b>  | 1557                   |
| <b>SSN-Multiple SSN Indicator</b>                   | 1558                   |
| <b>SSN-List of Multiple SSNs *</b>                  | 1559-1603              |
| <b>Blank</b>  | 1604                   |
| <b>Residence Address-Number of Lines</b>            | 1605                   |
| <b>Residence Address</b>                            | 1606-1715              |
| <b>Residence ZIP Code</b>                           | 1716-1720              |
| <b>Residence ZIP Code + 4</b>                       | 1721-1724              |
| <b>Blank</b>  | 1725                   |
| <b>Last Transaction Type</b>                        | 1726-1727              |
| <b>Last Transaction Date</b>                        | 1728-1735              |
| <b>Blank</b>  | 1736                   |
| <b>Blank</b>  | 1737                   |
| <b>Advance Payment Indicator</b>                    | 1738                   |
| <b>Advance Payment Date</b>                         | 1739-1746              |
| <b>Advance Payment Amount</b>                       | 1747-1751              |
| <b>Blank</b>  | 1752                   |
| <b>Interim Assistance Reimbursement Status Code</b> | 1753                   |
| <b>State and County Code of Reimbursement</b>       | 1754-1758              |
| <b>Blank</b>  | 1759                   |
| <b>Payment Date</b>                                 | 1760-1767              |
| <b>SSI Gross Payable Amount (Current)</b>           | 1768-1774              |
| <b>State Gross Payable Amount (Current)</b>         | 1775-1781              |
| <b>Payment History PHIST Number of Occurrences</b>  | 1782-1783              |
| <b>PHIST Payment Date ****</b>                      | 1784-1975<br>(Field 1) |
| <b>SSI Monthly Assistance Amount ****</b>           | 1784-1975<br>(Field 2) |

|   |                        |
|---|------------------------|
| State Supplement Amount ****                        | 1784-1975<br>(Field 3) |
| PHIST Payment Payflag 1 ****                        | 1784-1975<br>(Field 4) |
| PHIST Payment Payflag 2 ****                        | 1784-1975<br>(Field 5) |
| Blank   | 1976                   |
| Overpayment/Underpayment Indicator                  | 1977                   |
| Month of Change                                     | 1978-1983              |
| Budget Month Flag                                   | 1984                   |
| Payment Status Code (Current)                       | 1985-1987              |
| Federal Living Arrangement Code                     | 1988                   |
| Living Arrangement Code - Optional State Supplement | 1989                   |
| State and County Code of Jurisdiction (Current)     | 1990-1994              |
| Concurrent State Payment Code                       | 1995                   |
| Medicaid Eligibility Code                           | 1996                   |
| Head of Household Indicator                         | 1997                   |
| Marital Status                                      | 1998                   |
| Student Indicator                                   | 1999                   |
| Earned Income - Net Countable Amount                | 2000-2005              |
| Unearned Income - Net Countable Amount              | 2006-2011              |
| SSI Gross Payable Amount                            | 2012-2016              |
| State Gross Payable Amount (Current)                | 2017-2021              |
| Conditional Payment                                 | 2022                   |
| Medicaid Test Indicator                             | 2023                   |
| Federal Eligibility Code                            | 2024                   |
| Optional State Eligibility Code                     | 2025                   |
| Mandatory Eligibility Code                          | 2026                   |
| Deemed Income Amount                                | 2027-2032              |
| Federal Living Arrangement Code - Budget Month      | 2033                   |
| Earned Income - Retrospective Net Countable Amount  | 2034-2039              |
| Unearned Income Retrospective Net Countable Amount  | 2040-2045              |
| Deemed Income Amount Retrospective                  | 2046-2051              |
| 40 QQ History                                       | 2052-2151              |

- \* There could be five occurrences of this information.
- \*\* There could be eight occurrences of this information
- \*\*\* There could be nine occurrences of this information.
- \*\*\*\* There could be eight occurrences of this information.

**40 QUALIFYING QUARTERS RESPONSE (40 QO RESPONSE) RECORD  
LAYOUT - ABRIDGED**

| <b>DATA ELEMENT</b>                           | <b>POSITION</b> |
|---|-----------------|
| Verified SSN                                  | 1-9             |
| Input SSN                                     | 10-18           |
| Last Name                                     | 19-31           |
| First Name                                    | 32-41           |
| Middle Initial                                | 42              |
| Date of Birth                                 | 43-50           |
| State Code                                    | 51-53           |
| State Data                                    | 54-75           |
| Minimum Number QOs (1937-1950)                | 76-77           |
| Maximum Number QOs (1937-1950)                | 78-79           |
| Railroad Service Months (1937-1946)           | 80-82           |
| Condition Code                                | 83-84           |
| Qualifying Quarters Pattern (Occurs 89 Times) | 85-440          |

**PRISONER RESPONSE RECORD**  
**LAYOUT - ABRIDGED**

| <b>DATA ELEMENT</b>     | <b>POSITION</b> |
|-------------------------|-----------------|
| SVES Prisoner SSN       | 1-9             |
| SVES Prisoner Name      | 10-39           |
| SVES State Code         | 40-42           |
| SVES Welfare ID#        | 43-64           |
| Status Code             | 65-66           |
| PUPS SSN                | 67-75           |
| Last Name               | 76-95           |
| First Name              | 96-110          |
| Middle Name             | 111-125         |
| Suffix                  | 126-129         |
| Prisoner ID Number      | 130-139         |
| Prisoner Date of Birth  | 140-147         |
| Sex                     | 148             |
| Date of Confinement     | 149-156         |
| Release Date            | 157-164         |
| Report Date             | 165-172         |
| Prisoner Reporter Name  | 173-232         |
| Prison/Facility Name    | 233-292         |
| Prison/Facility Address | 293-380         |
| Facility City           | 381-399         |
| Facility State          | 400-401         |
| Facility ZIP Code       | 402-410         |
| Facility Contact Name   | 411-445         |
| Facility Phone          | 446-455         |
| Facility FAX #          | 456-465         |
| Facility Type           | 466-467         |
| Reserved for Future Use | 468-494         |

**Source of SVES Information:**

The State Verification and Exchange System (SVES) and State Online Query (SOLQ) Manual (*Last revised 02/2007*)