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ABSTRACT

This income and eligibility verification system (IEVS) database was created to aid the implementation of data exchanges among federal and state agencies. These exchanges are important for income and eligibility verification of persons who receive benefits from welfare and unemployment programs. Attempts are being made to match the computer programs used by each state. State contact persons will be available to facilitate these exchanges. In order to obtain information on the progress of these exchange efforts, questionnaires were sent to states and U.S. territories. The responses of 53 participants are presented in three appendices. Analysis of the qualitative responses resulted in the following list of concerns: (1) additional state funding needed to complete the implementation; (2) the efficiency of the existing automated systems to process the data; (3) processing time frames; (4) possibility that the costs may exceed the benefits; (5) the age of the tax data; and (6) safeguarding the tax data as per IRS guidelines. For illustration, the complete responses from Alabama and North Dakota are provided. (VM)



GAO

United States General Accounting Office Washington, D.C. 20548

Human Resources Division

B-226802

May 26, 1987

The Honorable William S. Cohen Ranking Minority Member, Subcommittee on Oversight of Government Management Committee on Governmental Affairs United States Senate

Dear Senator Cohen:

In July 1985, you requested that we monitor the early efforts of federal and state agencies to implement the data exchange provisions of section 2651 of the Deficit Reduction Act (DEFRA) of 1984. Section 2651 of DEFRA required state agencies responsible for administering the Aid to Families with Dependent Children, Medicaid, Food Stamp, and Unemployment Compensation¹ programs to have an income and eligibility verification system (IEVS) in place by September 30, 1986. We completed our monitoring work in January 1987.

A major requirement of the law is that states verify the accuracy of income declared by welfare applicants and recipients with tax information obtained from the Internal Revenue Service (IRS) and the Social Security Administration (SSA). The tax information for such use is reported annually to either IRS or SSA by employers, banks, insurance companies, and others and is not--except for SSA-maintained earnings data on self-employed individuals--the information provided on individual income tax returns. You asked us to focus our work on

- (1) coordination, resource, and procedural problems related to providing and using the federal data;
- (2) the states' ability to effectively use, control, verify, and keep confidential large amounts of federal data; and
- (3) the need for federal and state oversight of the use of the federal data.

On September 16, 1986, we testified before your Subcommittee on the preliminary results of our work and your proposed "Computer Matching and Privacy Protection Act of 1986"--which addressed the need for oversight of computer matching programs and the safeguarding of confidential data. Essentially, we testified

¹Under DEFRA the Unemployment Compensation program is considered a "provider" rather than a "user" of information.



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that, although most respondents to a GAO questionnaire sent to 54 jurisdictions indicated they would have the required systems in place by the implementation deadline, many shared your concerns and expressed additional concerns about the new requirements.

In doing our work we identified contact persons in each state who were knowledgable of the state's progress in meeting DEFRA's requirements. We interviewed these and other state and federal program officials, including officials of the President's Council on Management Improvement (PCMI). PCMI is composed of the senior management official of each major executive branch agency and was responsible for overseeing development of the IEVS implementing regulations. We monitored PCMI's oversight work and reviewed the final IEVS regulations, published February 28, 1986, in light of comments on the proposed regulations made by your Subcommittee, the states, and others.

To obtain information on state implementation progress and concerns about the federal implementing regulations, we sent a questionnaire in June 1986 to all 50 states, the District of Columbia, Guam, Puerto Rico, and the Virgin Islands. We received questionnaire responses from 53 of the 54 jurisdictions during July and August 1986. Michigan did not respond. The fact sheet's appendixes contain aggregate and individual state responses to the questionnaire, a compilation of the states' narrative comments, and program and population data for the 54 jurisdictions.

As agreed with your office, this fact sheet summarizes our final results. Specifically, we found states' major concerns to be

- -- the additional funding needed to implement the systems,
- -- the efficiency of existing automated systems to process IRS and SSA furnished data,
- -- the processing time frames required by federal regulations,
- -- whether costs to process and use tax data might exceed benefits,
- -- whether the usefulness of tax data might be impaired by its age and other factors, and
- -- the changes needed to meet data safeguarding requirements.

ADDITIONAL FUNDING NEEDED

Thirty-eight states indicated that additional funding (mostly unspecified) would be needed to develop and operate DEFRA income verification systems, and 16 of those states said they had no assurance that the additional funds would be available.



AUTOMATED SYSTEMS NEEDED

State income verification systems, as a practical matter, will need to be computerized. IRS requires state welfare recipient records to be on magnetic tape to facilitate processing against its files. In turn, data retrieved from IRS files will be provided to the states on magnetic tape.

Most states indicated that they planned to have a system or combination of systems in place by the implementation date of September 30, 1986, to receive, use, and safeguard federal tax data. Twenty-four of these states indicated that resources would need to be diverted from their system development efforts to set up and operate what they characterized as inefficient interim systems. The interim systems characteristically would use eligibility workers to do case investigations and manually verify data through third parties.

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PROCESSING TIME FRAMES

The federal regulations required that beginning September 30, 1986, state agencies must request income data from IRS and SSA on <u>all current recipients</u> and, within 30 days, (1) review all data received through the IEVS system, (2) determine whether the data matches data in the state benefit files, (3) verify the data through third parties if necessary, and (4) initiate appropriate case action when warranted. However, up to 20 percent of the cases may be carried beyond 30 days because of delays in third party verification. As of January 6, 1987, 32 states had received tax data from IRS and 28 from SSA.

Because 18 states expressed concern about this issue, we sought clarification on the rule from PCMI. According to PCMI's rulemaking group, it was not mandatory for a state to process its entire caseload immediately; a state can incrementally process its caseload so long as it matches every recipient at least once during a 1-year period. We contacted 14 states and found that half had interpreted the rule to mean they could not spread their caseload over the year.

COSTS VERSUS BENEFITS

A majority of states expressed the opinion that start-up and operating costs of a system to obtain and use federal tax data would likely exceed the benefits in terms of program dollars saved. Thus, some argued that the systems should have been pilot tested by the federal government before the required implementation date. Also, four of six states responding to our question on the costs and benefits of establishing required systems to collect and record state wage data said the costs would equal or exceed the program benefits to be achieved. However, it should be noted that only 10 of the 53 responding jurisdictions said that they based their answers to our cost/benefit questions on a cost/benefit study or analysis related to the DEFRA/IEVS provisions.



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USEFULNESS OF FEDERAL TAX DATA

A number of states questioned the value of using tax information to match against welfare benefit files and following up on every case provided by IRS and SSA. They believed that federal tax data would often duplicate wage information provided by state unemployment insurance programs and that it would be older than both the state wage data and state benefit file data. Consequently, states expressed reservations about spending scarce resources to establish systems for matching data of unproven value and then investigating every case identified by that data.

Nearly all states indicated in their questionnaire responses that program case files, to some extent, contain historical income data that could be compared against older federal data. At the same time, however, at least two-thirds of the states indicated that the historical data contained in their files were not automated. In their written comments, 11 states expressed concern about the usefulness of the IRS/SSA data because the federal data used in the match process are much older than the state benefit file data.

SAFEGUARDING OF FEDERAL TAX DATA

Most states indicated that they would be able to meet the federal guidelines for safeguarding federal tax data. However, 44 states said that to achieve this they would have to change an existing system or create a new one to meet IRS safeguarding agreements; 37 states said they would need to take similar action to meet SSA's safeguarding requirements for federal wage data. As of January 6, 1987, 50 jurisdictions had signed data access agreements with IRS and 41 with SSA.

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Unless you publicly announce its contents earlier, we plan no further distribution of this fact sheet until 14 days from its issue date. At that time we will send copies to the Secretaries of Health and Human Services, Agriculture, and Labor and to cognizant officials of the 50 states, the District of Columbia, Guam, Puerto Rico, and the Virgin Islands. We will also make copies available to other interested parties on request.

For additional information please contact me at 275-6193.

Sincerely yours,

creph7. C Joseph F. Delfico

Senior Associate Director



LETTER

Appendixes

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ABBREVIATIONS

| AFDC | Aid to Families with Dependent Children |
|--------|---|
| BENDEX | Beneficiary and Earnings Data Exchange |
| DEFRA | Deficit Reduction Act of 1984 |
| GAO | General Accounting Office |
| HHS | Department of Health and Human Services |
| IEVS | income and eligibility verification system |
| IRS | Internal Revenue Service |
| PCMI | President's Council on Management Improvement |
| SDX | State Data Exchange |
| SSA | Social Security Administration |
| SSN | social security number |
| UC | Unemployment Compensation |



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GAO QUESTIONNAIRE ANNOTATED TO SHOW RESPONSES OF REPLYING STATES

Appendix I presents the questionnaire in its entirety, as it was sent to the 54 jurisdictions, annotated to show aggregate responses of 51 of the 53 jurisdictions that replied. The response totals for some questions do not equal the number of respondents because jurisdictions either omitted answers without explanation or skipped the questions according to our questionnaire instructions. The responses from Alabama and North Dakota are not included because they answered the questionnaire on an individual program basis rather than consolidating their answers for the state AFDC, Medicaid, and Food Stamp programs. Their responses can be found in appendix III.



GAO QUESTIONNAIRE ANNOTATED TO Show responses of replying states



U.S. GENERAL ACCOUNTING OFFICE SURVEY OF STATE IMPLEMENTATION OF THE INCOME AND ELIGIBILITY PROVISIONS OF THE 1984 DEFICIT REDUCTION ACT

INTRODUCTION

The U.S. General Accounting Office, an agency of the U.S. Congress, is conducting a survey of the 50 states, the District of Columbia, Guam, Puerto Rico, and the Virgin Islands, as part of an effort to monitor federal and state efforts to implement the income and eligibility provisions of section 2651 of the Deficit Reduction Act of 1984 (DEFRA).

In this questionnaire we are asking the states to share their views on various DEFRA provisions; provide information about the status of their income and eligibility verification system (IEVS) development; and indicate how they plan to implement the DEFRA requirements within the required timeframes.

Please complete and return this questionnaire within two weeks, if possible. The questions can be answered by checking a box or writing in a number or a few words. We realize that some of the response choices we ask you to select from may not exactly fit the situation in your state. In this avent, please select the response that most closely describes your situation.

A self-addressed, business reply envelope is enclosed for your convenience. If you have any questions, call Dick Halter or Dave Pasquarello at 215/597-4330. They will be happy to help you. Should the return envelope be misplaced, mail the completed questionnaire to:

> U.S. General Accounting Office Dave Pasquarello 434 Walnut St., 11th floor Philadelphia, PA 19106-3797

Thank you for your assistance.

| Official responsible for IEVS imple- mentation in your state: |
|--|
| Name : |
| Title: |
| Agency: |
| Official responsible for filling out this questionnaire: |

Name:_____

| r i | t | 1 | 1 | | | | | |
|-----|---|---|---|--|--|--|--|--|
| | | | | | | | | |
| | | | | | | | | |

Agency:_____

Phone number:____

Has the official responsible for filling out this questionnaire had experience working in any of the programs listed below? (CHECK ALL THAT APPLY.)

- 1.68]Aid to Families with Dependent Children (AFDC)
- 2.05]Food stamps
- 3.03]Medicaid
- 4.[9]Unemployment Compensation

5.2010ther (SPECIFY.)



I. OVERALL AUTOMATED SYSTEM DEVELOPMENT

The 1984 DEFRA requires each state to operate an income and eligibility verification system (IEVS) that would handle data exchanges within and between states, and receive and use tax data from both the Internal Revenue Service (IRS) and the Social Security Administration (SSA). Questions in this section refer to the system your state will be using to implement the DEFRA requirements.

- 1.Which of the statements below best describes how your state intends to meet DEFRA requirements. (CHECK ONE.)

 - 2.[12]A system currently planned or under 'development will meet or will be modified to meet the requirements within the required timeframes. This system will replace the existing system and become the state's operational system for the foreseeable future. -->SKIP TO QUESTION 8.)
 - 3.[32] A system currently planned or under development will meet or will be modified to meet the requirements and will <u>ultimately</u> become the state's operational system for the future. However, this system cannot be implemented within the required timeframes. Therefore, the state will meet the requirements by an interim modification of an existing system, or implementation or a temporary solution to meet requirements.

- 2.Currently, at what stage of development
 is this ultimate automated system?
 (CHECK ONE.)
 - 1.[2]Fully developed but nct yet fully operational
 - 2.19]Development in process
 - 3.01]Planning for development
- 3. How long after 10/1/86 do you estimate your state's ultimate system will be fully operational? (CHECK ONE.)
 - 1.[3]within less than 3 months
 - 2.[1]in 3 to less than 6 months
 - 3.[3]in 6 to less than 9 months
 - 4.[4] in 9 to less than 12 months
 - 5.21jin 12 months or more
- 4. In your estimation, how efficiently will your state be able to meet IEVS requirements from 10/1/86 until your ultimate system becomes fully operational? (CHECK ONE.)
 - 1.[0]very efficiently
 - 2.[13]efficiently
 - 3.[19]inefficiently
- 5.Will resources need to be diverted from development of your ultimate system to modify an existing system, or to implement a temporary solution, to meet DEFRA requirements? (CHECK ONE.)
 - 1.[24]Yes
 - 2.[8]No-->(SKIP TO QUESTION 8.)



- 6.To what extent, if any, will this diversion of resources from the development of your jurisdiction³'s ultimate system contribute to a delay in its eventual implementation? (CHECK ONE.)
 - 1.[l]To a very great extent
 - 2.[5]To a great extent
 - 3.[11]To a moderate extent
 - 4.[5]To some extent
 - 5.[²]To little or no extent -->(SKIP TO QUESTION 8.)
- 7. If your jurisdiction did not have to take the measure of modifying an existing system, or implementing a temporary solution, solaly to meet the 10/1/86 deadline, how much earlier do you estimate your jurisdiction would be able to implement its ultimate system? (CHECK ONE.)
 - 1.[6]less than 1 month earlier
 - 2.[2]from 1 to less than 3 months earlier
 - 3.[3]from 3 to less than 6 months earlier
 - 4.[5]from 6 to less than 9 months earlier
 - 5.[3]from 9 to less than 12 months earlier
 - 6.[1]12 months earlier or more
- 8.Beyond your current programming budget, will your jurisdiction need additional funds to implement the DEFRA requirements within the required timeframe?
 - 1.[36]Yes

2.[15]No-->(SKIP TO QUESTION 11.)

9.Indicate whether or not you plan to obtain any of the needed funds from each of the sources listed below. (CHECK ONE BOX FOR EACH SOURCE.)

| - | YES | NOI |
|--|--------------------|-----------------|
| | | 2 |
| 1.Federal funding | 30 | 6 |
| 2.State funding | 24 | 12 |
| 3.Reprogram funds from other programs | 10 | 26 |
| 4.Other (SPECIFY.) | 4 | 32 |
| | | |

- 10.Can these additional funds be optained by 10/1/86? (CHECK ONE.)
 - 1.[5]Definitely yes
 - 2.[15]Probably yes
 - 3.[1]Probably no
 - 4.[5]Definitely no

Note: See page 28 of this appendix for footnotes regarding recorded responses to questions 6 and 7.

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APPENDIX I

II. INCOME AND ELIGIBILITY VERIFICATION SYSTEM PROFILE

- 11. In <u>SECTION A</u> enter the number of the statement below that best describes how your state met each DEFRA requirement as of 5/29/86.
 - 1. The 5/29/86 deedline was waived by a federal agency until 10/1/86.
 - The requirement was not as of 5/29/86 using an interim or temporary system. Another system is planned or under development that will ultimately become the state's operational system for the foreseeable future.
 The requirement was not as of state.
 - 3. The requirement was met as of 5/29/86 using the state's existing system (with minimely if any, modifications). This same system will be the state's operational system for the foreseeable future.
 - 4. The requirement was met as of 5/29/86 using a newly devaloped system (whether or not it was based on an existing state system). This same system will be the state's operational system for the foreseeable future.

For each requirement for which your response in <u>SECTION A</u> is either statement "1" or "2", in <u>SECTION B</u> enter the number of the statement below that best describes how your state plans to fulfill each DEFRA requirement as of 10/1/86.

- 1. As of 10/1/85 the requirement will be met using an interim or temporary system. Another system is planned or under development that will ultimately become the state's operational system in the foreseeable future.
- 2. As of 10/1/86 the requirement will be met using a system that will be the state's ultimate operational system for the foreseeable future.

In <u>SECTION C</u> indicate whether, currently, each provision is fully, pertially, or not yet implemented in your state. (CHECK ONE BOX FOR EACH PROVISION.)

In <u>SECTION D</u> indicate whether your state believes the cost (in terms of start up and operation dollars, time and human effort) expended to implement each provision is worth the potential benefit (in terms of program dollars saved.) (CHECK ONE BOX FOR EACH PROVISION. DO NOT RESPOND IN SHADED BOXES.)

| | SECTION A HON STATE MET RE- QUIREMENT AS OF 5/29/86? | SECTION B HON STATE WILL MEET REQUIREMENT AS OF 10/1/86? | SECTION C CURRENT IMPLEMENTATION? | SECTION D COST VS. BENEFIT? |
|--|---|---|--|--|
| | | | FULL PAR- NONE TIAL | I COST I COST IBENEFITI IEXCEEDSI EQUALSIEXCEEDSI IBENEFITIBENEFITI COST I |
| 1.Use standard record. formats | 1-35 3-5 2-8 4-0 | 1-27 2-16 | $\begin{array}{c c c c c c c c c c c c c c c c c c c $ | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ |
| 2.0btain and verify program applicants' and family members' SSN | 1-30 2-8 3-13 4-0 | | | |
| lhird Party Query, Bendex, or Enumera- | 1-33 2-9 | I 1-24 I I 2-18 I I I I | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ | |
| tion/validation | | | <u> </u> | |
| - | 1-19 2-10 3-15 4-0 <u> </u> | 1-20 2-9 | | |



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In <u>SECTION A</u> enter the number of the statement below that best describes how your state met each CEFRA requirement as of 5/29/86.

- 1. The 5/29/86 deadline was waived by a federal spancy until 10/1/86.
- The requirement was met as of \$/29/86 using an interim or temporary system. Another system is planned or under development that will ultimately become the state's operational system for the foreseeble future.
- 3. The requirement was mat as of 5/29/86 using the state's existing system (with minimal, if any, modifications). This same system will be the state's operational system for the foreseeable future.
- 4. The requirement was met as of 5/29/86 using a newly developed system (whether or not it was based on an existing state system). This same system will be the state's operational system for the foreseeable future.

For each requirement for which your response in <u>SECTION A</u> is either statement "1" or "2", in <u>SECTION B</u> enter the number of the statement below that best describes how your state plans to fulfill each DEFRA requirement as of 10/1/86.

- 1. As of 10/1/86 the requirement will be met using an interim or temporary system. Another system is planned cr under development that will ultimately become the state's operational system in the foreseeable future.
- 2. As of 10/1/86 the requirement will be met using a system that will be the state's ultimate operational system for the foreseable future.

In <u>SECTION C</u> indicate whether, our ently, each provision is fully, partially, or not yet implemented in your state. (CHECK ONE BOX FOR EACH PROVISION.)

In <u>SECTION D</u> indicate whether your state believes the cost (in terms of start up and operation dollars, time and human affort) expended to implement each provision is worth the potential benefit (in terms of program dollars saved.) (CHECK ONE BOX FOR EACH PROVISION. DO NOT RESPOND IN SHADED BOXES.)

| | SECTION A HOM STATE HET RE- QUIREMENT AS OF 5/29/86? | SECTION B HOM STATE WILL HEET REQUIREMENT AS OF 10/1/86? | SECTION C CURRENT IMPLEMENTATION? | | | SECTION D COST VS. BENEFIT? | | |
|--|---|---|---|------|-----|--------------------------------------|-----------------------|--------------------------|
| | | | | PAR- | | | SI EQUALS | BENEFITI |
| | | | | 2 | | 1 4 | I S | <u>1 cost l</u> 1 6 1 |
| 5.Exchange data be- tween needs-based programs within your state | $\begin{vmatrix} 1 - 20 \\ 2 - 13 \end{vmatrix}$ $\begin{vmatrix} 3 - 17 \\ 4 - 0 \end{vmatrix}$ | 1 - 27 2 - 6 | | 24 | | 9 | 8 | 29 |
| 6.Exchange wage and /ds-based program plata with other | $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$ | $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$ | | 21 | | 22 | 12 | |
| 7.0btain and use IRS tax date for income eligibility verification- | l 1 - 50 l | 1 - 36 2 - 20 | | 8 | 431 | 29 | 9 | |
| 8.Obtsin and use SSA tax (Hage, private pension & self- employment) date fo income/eligibility verification | $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$ | $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$ | 1 2 | 22 | | 33 | 6 | |



In <u>SECTION A</u> entar the number of the statement below that best describes how your state met each DEFRA requirement as of 5/29/86.

- 1. The 5/29/86 deedline was waived by a federal spancy until 10/1/86.
- 2. The requirement was mat as of 5/29/86 using an interim or temporary system. Another system is planned or under development that will ultimately become the state's operational system for the foreseeable future.
- 3. The requirement was met as of 5/27/86 using the state's existing system (with minimal, if any, modifications). This same system will be the state's operational system for the toresample tuture.
- S. The requirement was met as of 5/29/86 using a newly developed system (whether or not it was based on an existing state system). This same system will be the state's operational system for the foreseable future.

For each requirement for which your response in <u>SECTION A</u> is either statement "1" or "2", in <u>SECTION B</u> enter the number of the statement below that best describes how your state plans to fulfill each DEFRA requirement as of 10/1/86.

- 1. As of 10/1/86 the requirement will be met using an interim or temporary system. Another system is planned or under development that will ultimately become the state's operational system in the foreseeable future.
- 2. As of 10/1/86 the requirement will be met using a system that will be the state's ultimate operational system for the foreseeable future.

In <u>SECTION C</u> indicate whether, ourrently, each provision is fully, partially, or not yet implemented in your state. (CHECK ONE BOX FOR EACH PROVISION.)

In <u>SECTION D</u> indicate whether your state believes the cost (in terms of start up and operation dollars, time and human effort) expanded to implement each provision is worth the potential benefit (in terms of program dollars saved.) (CHECK ONE BOX FOR EACH PROVISION. DO NOT RESPOND IN SHADED BOXES.)

| | SECTION A HON STATE MET RE~ QUIREMENT AS OF 5/29/86? | SECTION B HOW STATE WILL MEET REQUIREMENT AS OF 10/1/86? | SECTION C CURRENT IMPLEMENTATION? | SECTION D COST VS. BENEFIT? | | | |
|--|---|---|---|--|--|--|--|
| | | | FULL PAR- NONE TIAL | COST COST BENEFIT EXCEEDS EQUALS EXCEEDS BENEFIT BENEFIT COST | | | |
| | | | | | | | |
| 9.Safeguard IRS tax data | | | | | | | |
| 10.Safeguard SSA tax | | | | | | | |
| 11.Safeguard your state's wage and needs-based program data | | | | | | | |
| 12.Safeguerd other states' wage and needs-based | | | | | | | |
| program data | | | | | | | |



In <u>SECTION A</u> entar the number of the statement below that best describes how your state met each DEFRA requirement as of 5/29/86.

1. The 5/29/86 deadline was weived by a federal agency until 10/1/86.

- 2. The requirement was mat as of 5/29/86 using an intarim or temporery system. Another system is planned or under development that will ultimately become the state's operational system for the foreseeble future.
- 3. The requirement was, met as of 5/29/86 using the state's existing system (with minimal, if any, modifications). This same system will be the state's operational system for the foreseeable future.
- 4. The requirement was mat as of 5/29/86 using a newly developed system (whether or not it was based on an existing state system). This same system will be the state's operational system for the foreseeable future.

For each requirement for which your response in <u>SECTION A</u> is either statement "1" or "2", in <u>SECTION B</u> entar the number of the statement below that best describes how your state plans to fulfill each DEFRA requirement as of 10/1/86.

- As of 10/1/86 the requirement will be met using an interim or temporary system. Another system is planned or under development that will ultimately become the state's operational system in the foreseable future.
- 2. As of 10/1/86 the requirement will be met using a system that will be the state's ultimate operational system for the foreseeable future.

In <u>SECTION C</u> indicate whether, currently, each provision is fully, partially, or not yet implemented in your state. (CHECK ONE BOX FOR EACH PROVISION.)

In <u>SECTION D</u> indicate whether your state believes the cost (in terms of start up and operation dollars, time and human effort) expended to implement each provision is worth the potential benefit (in terms of program dollars saved.) (CHECK ONE BOX FOR EACH PROVISION. DO NOT RESPOND IN SHADED BOXES.;

| | SECTION A HOM STATE MET RE- QUIREMENT AS OF 5/29/867 | SECTION B HOM STATE H2LL MEET REQUIREMENT AS OF 1D/1/86? | <u>SECTION C</u> CURRENT "IMPLEMENTATION? | SECTION D COST VS. BENEFIT7 | | |
|--|---|---|---|---|--|--|
| | 2, 2, 7, 001 | | FULL PAR-INONE TIAL <u> </u> <u> 2 3 </u> | COST COST BENEFIT EXCEEDS EQUALS EXCEEDS BENEFIT BENEFIT COST 4 5 6 | | |
| 13.Take appropriate action on cases identified by IRS or SSA tax data | 1-49 2-1 3-0 4-0 | 1-28 2-22 | | | | |
| within 30 days 14.Track record volume and report annually | 1 1-48 3-11 | 1 1-29 1 1 2-20 1 | | | | |
| 15.Track case disposi- tion and report | $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$ | 1-31 2-18 | | | | |



- 12.A coordinating agency or agencies will be needed in each state to har die data exchanges with the IRS Information Returns Processing (IRP) system and the SSA Bendex system. Please indicate how your state will be structured to accomplish this. (CHECK ONE.)
 - 1.[47]a single agency will be responsible for coordinating your state's data exchanges with both SSA and IRS systems
 - 2.[4]separate agencies will be responsible for coordinating your state's data exchanges with SSA and IRS systems

Questions 13 through 19 refer to the functions of this coordinating agency (or agencies if IRS and SSA data are each handled by a separate agency). Answer them in regard to how it (or they) will be functioning as of 10/1/86.

- 13. Indicate whether or not your state coordinating agency will screen IRS output files to eliminate cases in which data shows accurate income was reported by applicant/recipient.
 - 1.[23Yes--►CONTINUE.)
 - 2. [27]No---★SKIP TO QUESTION 15.)

In questions 14 and 15 "case followup" refers to determination of differences between applicant/recipient-provided data and IEVS data through record comparisons; verification with applicant/recipient cr third party where differences (o exist; and case inve stigation and fraud referral where warranted.

- 14.Will your state coordinating agency perform IRS case followup independent of counties, user agencies, or caseworkers in your state?
 - 1.[4]Yes--►(SKIP TO QUESTION 16.)
 - 2.[19No-->CONTINUE.)

15. Indicate whether or not your state coordinating agency will be responsible for sorting and distributing IRS data files in each of the ways listed below. (CHECK ONE BOX FOR EACH ROW.)

| | IYES | I NO |
|--|----------------------------------|-------------------|
| | | 2 |
| 1.Sort IRS output file by c=seworker within each user agency and distribute subfiles to agencies for screening and case followup | ₂₈ | 18 |
| 2.Sort IRS output file by state user agency and dis- tribute subfiles to each for screening and case followup | | 25 |
| 3.Sort IRS output file by county and distribute sub- files to each for screening and case followup | ₂₉ | 17 |

- 16.Indicate whether or not your state coordinating agency will screen SSA output files to eliminate cases in which data shows accurate income was reported by applicant/recipient.
 - 1.[27]Yes-->(CONTINUE.)
 - 2.[23]No---★SKIP TO QUESTION 18.)
- 17.Will your state coordinating agency perform SSA case followup independent of counties, user agencies, or caseworkers in your state?
 - 1. [4]Yes-->(SKIP TO QUESTION 19.)
 - 2.[23] No--->(CONTINUE.)



16

18. Indicate whether or not your state coordinating agency will be responsible for sorting and distributing SSA data files in each of the ways listed below. (CHECK ONE BOX FOR EACH ROW.)

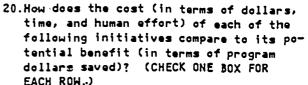
| | YES | NO | |
|--|-------------------|----|--|
| | · · · | 2 | |
| 1.Sort SSA output file by caseworker within each user agency and distribute subfiles to agencies for screening and case followup | | 15 | |
| 2.Sort SSA output file by state user agency and dis- tribute subfiles to each for screening and case followup | 25 | 21 | |
| 3.Sort SSA output file by county and distribute sub- files to each for screening and case followup | 29 | 17 | |

III. USE OF SOCIAL SECURITY NUMBERS

19. Indicate whether or not your state currently requires applicants and family members to provide their social security numbers (SSNs) to each of the programs listed below. (CHECK ONE BOX FOR EACH PROGRAM.)

> STATE REQUIRES 3SN FROM...

| - | APPLI- CANTS ONLY | BOTH APPLI- Cants AND Family | CANTS NOR |
|--|--------------------------------------|--|----------------|
| - | | 2 | |
| 1.Medicaid | 6 | 42 | |
| 2.Aid to Fami- lies with Dependent Children (AFDC) | | 47 | |
| 3.Food Stamps | | 46 | |



| LACA NUMAY | | | |
|---------------------|---------|--------|---------------|
| | I COST | COST | BENE- |
| | EXCEEDS | EQUALS | Í FIT |
| | BENE- | BENE- | EXCEEDS |
| | FIT | FIT | <u> cost</u> |
| | 1_1 | 2 | <u> </u> |
| 1.Modify existing | | | 1 |
| application | | | I |
| forms to faci- | 9 | 24 | 11 |
| litate SSN | I | | 1 |
| <u>verification</u> | L | _ | l |
| 2.Case worker | 1 | | 1 |
| training to | 1 8 | ۱., | Ι,, |
| implement SSN | ۰ I | 23 | 13 |
| verification | 1 | I | 1 |

- 21.Which SSA system does your state most often use to velidate a program recipient's SSN? (CHECK ONE.)
 - 1.[3]Third party query system
 - 2.[D]Bendex system
 - 3.[38]Enumeration/validation system
- 22.About how long, on average, does it take SSA to answer your state's requests for SSN validation with the system your state most often uses? (CHECK ONE.)
 - 1.[9]Less than 1 day
 - 2.[1]1 day to less than 1 week
 - 3.[0]1 week to less than 2 weeks
 - 4.[5]2 weeks to less than 3 weeks
 - 5.[7]3 weeks to less than 4 weeks
 - 6.[32]4 weeks or more
 - 7.[5]Can't determine--very little experience with SSA
- 23.In your opinion, how accurate are SSA's responses to your state's requests for SSN validation? (CHECK ONE.)
 - 1.[9]very accurate (99-100%)
 - 2.01]accurate (95-98%)
 - 3.[8] inaccurate (94% or less)



IV. STATE WAGE REPORTING

24.Is your state currently a wage reporting state?

1.[44]Yes-KSKIP TO QUESTION 31.)

2.[7]No

- 25.Which of the statements listed below best describes how your state will fulfill the DEFRA requirement to collect and record state wage data? (CHECK ONE.)
 - 1.[⁴]adopt or create an entirely new system
 - 2.[Zitotally or almost totally redesign an existing state system
 - 3.[1]make moderate changes to an existing state system
 - 4.[0]make minimal changes to an existing state system
 - 5.[0]use an existing state system essentially as it stands
- 26.Will this system also be used for unemployment compensation purposes?

1.[5]Yes

2.[2]No

27.Indicate whether your state believes the start up and operating costs to collect and record state wage data will exceed, equal, or fall short of the potential benefit (in terms of program dollars saved). (CHECK ONE.) 1.[2]cost exceeds benefit

2.[2]cost equals benefit

3.[2]cost falls short of benefit

28.Will this system require changes in your state's laws?

1.[6]Yes

2.[1]No

29.Will your state need special funding to start up and/or operate this sytem?

1.[7]Yes

- 2.[0]No
- 30.Will your state begin quarterly wage reporting by 9/30/88? (CHECK ONE.)

1.[⁵]Definintely yes

- 2.[2]Probably yes
- 3.[0]Probably not
- 4.[0]Definitely not



V. NEEDS-BASED AND WAGE DATA EXCHANGES WITHIN YOUR STATE

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31.Listed below are the programs that must access and use state wage data. In each program, is this process currently automated on manual? (CHECK ONE BOX FOR EACH PROGRAM.)

| | AUTOMATED MOSTLY OFF-LINE | AS | | | NOT APPLICA- BLE ! STATE WAGE DATA NOT ACCESSED |
|---------------|--|----------|---------|---|--|
| | 1 | 2 | 3 | 4 | <u>5</u> 1 |
| 1.Medicaid | 18 | l 1 6 | | 2 | |
| 2.AFDC | 26 | l 1 9 | 8 | 1 | |
| 3.Food Stamps | 24 | 8 | | 3 | |

32.Currently, how compatible, if at all, is your state's automated wags reporting system with the systems of each of the programs listed below? (CHECK ONE BOX FOR EACH PROGRAM.)

| | COMPATIBLE | SOMEWHAT COMPATIBLE | I INCOMPATIBLE |
|---------------|-----------------|--------------------------------|----------------|
| | <u> </u> 1 | 2 | 3 |
| 1.Medicaid | 24 | 1 12 | 6 |
| 2.AFDC | 27 | | 5 |
| 3.Food stamps | 27 | 12 | 5 |



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33.We would like to know how your state's privacy/confidentiality laws affect data exchanges, in general, in your state. Do your state's privacy/confidentiality laws facilitate, neither facilitate nor hinder, or hinder these exchanges, in general? (CHECK ONE.)

1.[1]greatly facilitate

2.[8]somewhat facilitate

3.[31]neither facilitate nor hinder

- 4.[9]somewhat hinder
- 5.[2]greatly hinder
- 34.Consider the Medicaid, AFDC, and Food Stamps programs in your state. Which of the statements below best describes how these programs are administered in your state? (CHECK ONE.)
 - 1.[42]All three programs are administered by the same department --►(SKIP TO QUESTION 36.)
 - 2.[.9]Two out of the three programs are administered by the same department
 - 3.[0]Each of the three programs is administered by a different department

- 35. Consider the fact that not all of these needs-based programs are administered by the same department in your state. Does this facilitate, neither facilitate nor hinder, or hinder data exchanges, in general, between these programs? (CHECK ONE.)
 - 1.[0]greatly facilitates
 - 2.[0]somewhat facilitates
 - 3.[3]neither facilitates nor hinders
 - 4.[5]somewhat hinders
 - 5.[1]greatly hinders



VI. DEFRA 30 DAY ACTION DEADLINE

36.Listed below are four procedures associated with handling the tax data provided to the states by IRS and SSA. We would 17ke to know how, and at what lovel, each will be performed under the system your state will implement by 10/1/86.

In <u>SECTION A</u> indicate whether each procedure will be done manually or automatically. (CHECK ONE BOX FOR EACH PROCEDURE.)

In <u>SECTION B</u> indicate at what level each procedure will be performed in your state. (CHECK ONE BOX FOR EACH PROCEDURE.)

| | <u>SECTION A</u> How procedure will be Performed | | | | LEVEL AT H | <u>TION B</u> Hich Proce E Performi | |
|---|--|--|------------------------------|------------|--|---|---|
| - | MOST OFTEN MANUALLY | AS OFTEN MANUALLY AS AUTO- MATICALLY | OFTEN | | MOST OFTEN AT THE ELIGI- BILITY WORKER LEVEL | AS OFTEN AT THE ELIGI- BILITY WORKER LEVEL AS ABOVE | OFTEN ABOVE THE Eligi- Bility |
| | 1 | 2 | | ۲ | 4 | 5 | 6 |
| 1.Screening to eliminate cases where client-provided and IRS data agree | 33 | 7 | 10 1 | | 33 | 2 | 15 |
| 2.Screening to eliminate cases where client-provided and SSA data agree | 27 | 1 | | | 33 | 4 | 13 |
| 3.Third party validation of cases where client-provided and IRS data are discrepant | | | | | 42 | 3 | |
| 4.Third party validation of cases where client-provided and SSA data are discrepant | 45 | 1 5 | | | 43 | 4 | 3 |



- 37.Do you anticipate, initially, greater numbers of cases that require followup than you expect as the program progresses? (CHECK ONE.)
 - 1.[23]Definitely yes
 - 2.[24]Probably yes

3.[4]Probably no-><SKIP TO QUESTION 41.)

4.[⁰]Definitely no-➤SKIP TO QUESTION 41 .)

38. In approximately what proportion of the initial cases identified with federal data will your state realistically be able to take action within 30 days after receipt of this data? (CHECK ONE.)

1.[3]80-100%--all or almost all cases

2.[9]60-79%--most cases

3.[1840-59%--about half the cases

4.[11]20-39%--some cases

5.[4]0-19%--few, if any, cases

39.Will your state have enough staff on hand to follow up on and complete most of these initial cases within the 30 day timeframe? (CHECK QNE.)

1.[0]Definitely yes-><SKIP TO QUESTION 41.)

2.[7]Probably yes-MCSKIP TO QUESTION 41.)

3.[20]Probably no

4.[19] Definitely no

40.Indicate whether or not your state is planning to deal with this staff shortage in each of the following ways. (CHECK ONE BOX IN EACH ROW.)

| | IYES | і І NO |
|--|--------------|-----------|
| | | 2 |
| 1.Seek funding for additional staff | 15 | 23 |
| 2.Divert staff from other functions | | 24 |
| 3.Make your best effort to meet 30 day deadline with staff on hand | 1 34 | 4 |
| 4.Prioritize cases | 32 | 6 |
| 5.Contract for services | | 38 |
| 6.Other (SPECIFY.) | | 37 |
| | | |

41.According to your state's due process laws, how many days is each type of program recipient listed below given to respond to an adverse action notice? (ENTER NUMBER FOR EACH TYPE OF RECIPIENT.)

| | | NUMBER OF DAYS To respond |
|----|-------------|-------------------------------|
| 1. | Hedicaid | 10 days -39 11-20 days - 6 |
| | | Over 20 days - 5 |
| 2. | AFDC | 10 days -40 |
| | | 11-20 days - 6 |
| | | <u> Over 20 days - 5</u> |
| 3. | Food stamps | 10 days -37 |
| | | 11-20 days - 6 |
| | | <u> Over 20 days - 7</u> |



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APPENDIX I

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42.Indicate whether or not your state plans to take each of the actions listed below, once your state IEVS is fully implemented, to attempt to reconcile the DEFRA 30 day action deadline with your state's right to due process laws. (CHECK ONE BOX FOR EACH ACTION.

| | FINI- | BABLY Yes | CER- | | |
|--|----------------|-------------------|------------------|------------------|----------------|
| | | 2 | 3 | 4 | 5 |
| 1.Streamline the case follow-up process to shorten case processing time | 12 | 18 | 10 | 9 | 2 |
| 2.Increase the number of eligibility workers | | 1 | 14 _ | 17 | 17 |
| 3.Make the best effort to comply with DEFRA as well as state laws given available resources | 33 | 14 | 3 | 0 | 1 |
| 4.Other (SPECIFY.) 4 states responded | | | | | |
| | , | | l I | { 1 | |

VII. EXCHANGING NEEDS-BASED PROGRAM DATA WITH OTHER STATES

- 43.With how many states does your state currently have an ongoing agreement for the exchange of needs-based program data? (ENTER NUMBER. IF NONE, ENTER "0".)
- there specific provisions safeguarding the confidentiality of the data exchanged? (ENTER NUMBER. IF NONE, ENTER "0".)

23

44.In how many of these agreements are

| 0 | states | - 34 | | |
|----|--------|------|------------|------|
| 4 | - " | - 4 | agreements | - 37 |
| 2 | " | - 8 | 1 " | - 4 |
| 4 | •1 | - 1 | 2 " | - 6 |
| 5 | 11 | - 1 | 5 " | - 1 |
| 6 | P | - 2 | б и | - 2 |
| 15 | 11 | - 1 | 15 " | - 1 |

45.Listed below are factors that might affect two states' ability to reach an IEVS data exchange agreement. Indicate what effect, if any, each has on your state's ability to reach such agreements. (CHECK ONE BOX FOR EACH FACTOR.)

| GREATLY IMPEDES | SOMEWHAT IMPEDES | IMPEDES Nor | SOMEWHAT Promotes | |
|--------------------------------|--------------------------------------|---|--|---|
| 1 | 2 | 3 | 4 | 5 |
| 5 | 16 | 25 | 2 | 0 |
| 9 | 20 | 17 | 2 | 1 |
| 16 | 18 | 14 | | 0 |
| 11 | 21 | 14 | 2 | 1 |
| | | | | |
| | IMPEDES | IMPEDES IMPEDES 1 2 5 16 9 20 16 18 | IMPEDES IMPEDES IMPEDES 1 2 3 1 2 3 5 16 25 9 20 17 16 18 14 | IMPEDES IMPEDES IMPEDES IMPEDES PROMOTES 1 2 3 4 1 2 3 4 5 16 25 2 9 20 17 2 16 18 14 1 |



APPENDIX I

- 46.In your opinion, which of these factors is the greatest impediment to your state's ability to reach IEVS data exchange agreements with other states? (CHECK ONE.)
 - 1.[3]States' privacy/confidentiality laws
 - 2.[15]Compatibility of states' computer systems
 - 3.[12]One of the two states might discourage interstate exchanges
 - 4.[8]Compatibility of states' record file formats
 - 5.[1]Other (SPECIFY.)
- 47.Please describe any other reasons why your state has difficulty reaching data exchange agreements with other states.

18 states commented

VIII. CASE VOLUME & DISPOSITION TRACKING SYSTEM

- 48. DEFRA regulations require states to establish a system to annually account for the volume and disposition of cases identified through an IEVS. Which of the statements listed below best describes how your state plans to account for record volume and case action to comply with this DEFRA requirement by 10/1/86? (CHECK ONE.)
 - 1.[8]Both record volume accounting and case action tracking will be done manually
 - 2.[1]Record volume accounting will be done manually; case action tracking will be automated
 - 3.[22]Record volume accounting will be automated; case action tracking will be done manually
 - 4.[19]Both record volume accounting and case action tracking will be automated



IX. STATE'S USE OF IRS AND SSA TAX DATA

- 49.Has your state signed final tax data exchange agreements with the IRS and/or SSA? (CHECK ONE.)
 - 1.[1]Signed agreement with IRS but not 4. [10] Did not sign agreement with IRS or SSA.
 - 2.00]Signed agreements with both IRS and SSA
 - 3.[12Signed agreement with SSA but not IRS
- 50.Indicate the statement that best describes what your state will have to do to meet the safeguarding agreements for each of the four types of tax data listed below. (CHECK ONE BOX FOR EACH TYPE OF DATA.)

| | ADOPT/ CREATE NEW SYSTEM | REATE NEW SIVELY | | MINIMALLY CHANGE EXISTING SYSTEM | USE EXISTING SYSTEM AS IT STANDS |
|-----------------------------------|---|--------------------|----|---|--|
| | | 2 | 3 | | 5 |
| 1.IRS unearned income data | | 7 | 15 | I | 5 |
| 2.SSA wage data | | 6 | 15 | 9 | 13 |
| 3.SSA private pension data | | 6 | 14 | | 14 |
| 4.SSA self-employment income data | | 7 | 13 | 8 8 | 13 |



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51.In <u>SECTION A</u> indicate how often, if ever, case files from each of the programs listed below contain historical income data that can be compared with older IRS and SSA tax data? (CHECK ONE BOX FOR EACH PROGRAM.)

In <u>SECTION B</u> indicate whether or not this historical case income data is automated when it is available. (CHECK ONE BOX FOR EACH PROGRAM.)

| SECTION A |
|-------------------|
| CASEFILES CONTAIN |
| HISTORICAL CASE |
| INCOME DATA |
| (CHECK ONE.) |

SECTION B HISTORICAL CASE Income data Automated? (Check one.)

| | ALWAYS OR ALMOST ALWAYS | SOMETIMES | RARELY, IF EVER 1 1 1 1 1 1 1 1 1 1 | YES | NO | NOT AP- PLICABLE CASE DATA RARELY, JF EVER, EXISTS |
|---------------|--|---------------|--|--------------------------------|----|--|
| | 1 1 | 2 | | 4 | 5 | 6 |
| 1.Medicaid | 1 1 28 | 15 | | 9 | 36 | |
| 2.AFDC | 1 1 28 | 15 | | | 34 | _ <u> 6</u> |
| 3.Food stamps | 28 | 15 | | 12 | 33 | <u> 5_1</u> |



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X. ADDITIONAL INFORMATION

52. Beyond its base requirements, DEFRA also encourages states to access and use other sources of information to verify the eligibility of program applicants/recipients.

In <u>SECTION A</u> indicate whether or not your state currently uses, or is planning to use each of the information sources listed below for eligibility verification. (CHECK ONE BOX FOR EACH SOURCE.)

For each source your state is currently using, indicate in <u>SECTION B</u> whether the eligibility verification process is most often automated or manual. (CHECK ONE BOX FOR EACH SOURCE YOUR STATE CURRENTLY USES.)

STATE CURRENTLY USES?

SECTION B VERIFICATION PROCESS...

| | YES, STAT≚ CURRENTLY USES | NO, BUT State plans To use | STATE NEITHER USES NOR PLANS TO USE | AUTOMATED ON-LINE | AUTOMATEDI OFF-LINE | MANUAL |
|--|---|----------------------------------|---|----------------------|---|-------------------------|
| - | 1 | 2 | 3 | 1 4 | 5 | 6 |
| 1.Birth records | 33 | 3 | 14 | | | |
| 2.Death records | 30 | 3 | 17 | 1 | 0 1 | 30 |
| 3.Marriage records | 27 | 2 | 21 | | <u>5</u> | 25 |
| 4. Divorce records | 26 | 2 | 22 | | 0 | 27 |
| 5.Drivers' license records | 25 | 4 | 20 | | | <u>26 </u> 12 |
| 6.Auto registration | | 9 9 | 8 | | 10 | [13 |
| 7.Selective service records | 5 | | 44 | | [0 | <u> </u> 5 |
| 8.Police records | 11 | | <u>I</u> 37 | | 2 | |
| 9.Tax records (other than fed.) | 14 | 8 | 26 | | <u> </u> | <u>9</u> 12 |
| 10.Housing records | [18 | 4 | | | 3 | <u> </u> |
| 11.Bank records | 32 | [6 1 | 28 | | <u> </u> | <u>18 </u> |
| 12.Insurance records | 24 | | 12 | | <u> 4 1 </u> | <u>29 </u> |
| 13.Credit records | 13 | | <u> 25 </u> | | <u>2</u> | 221 |
| 14.0ther (SPECIFY.) | <u> </u> | <u>_</u> | <u>36</u> | | <u>3 </u> | <u> </u> |
| (10 states responded with 1 to 3 sources) | (13) | (5) | (ə) | (3) | (9) | (6) |
| | | | I | | İ | |



53.In responding to the cost vs. benefit questions earlier in: this questionnaire, were any of your responses based on actual studies or analyses your state has done?

1.El@Yes

2.139No--KSKIP TO QUESTION 55.)

54.We are interested in obtaining the results of any cost/benefit studies or analyses your state has done, related to the DEFRA, IEVS provisions. However, we would like you to give priority to the completion and return of this questionnaire. Under separate cover and at your convenience, please send a copy of such reports to us at the address shown on the front of this form. (1 study received)

55.Please write comments you might have about the DEFRA regulations, in general, or its provisions or impact, in particular, in the space below.

(33 states commented--see app. IV for an analysis of those comments)

GAO Footnotes to Questions 6 and 7:

- 1. Because West Virginia did not respond to questions 1 through 5, its responses to the related questions 6 and 7 have been classified by GAO as "non-responsive."
- 2. The District of Columbia responded to question 6 but did not respond to the choices given in question 7; however, it provided the following comment: "It can't be done by 10/1/86."
- 3. Puerto Rico did not respond to question 7 but did respond to question 6.



DETAILED QUESTIONNAIRE DATA: 51 RESPONDENTS

This appendix includes detailed questionnaire data formatted according to the questions asked and the responses received. For easy reference, each question is shown with each jurisdiction's corresponding reply. Since Alabama and North Dakota responded to the questionnaire by individual program, their responses are not included in this appendix but can be found in appendix III.



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DETAILED QUESTIONNAIRE DATA: 51 RESPONDENTS

| Program Experience of Officials STATE OR JUNISDICTION ABBREV. AFDC FS MED UC 97H Alaska AX X X X X Arizona AZ X X X X Arizona AZ X X X X Colorado CA X X X Dist. of Col. DC X X X Florida FL X X X Georgia GA X X X Florida FL X X X Heavail HI X X X X Heavail HI X X X X Heavail HI X X X X Life seminate sub heaved Note that the fertion Alaska AK X X X X Florida FL X X X Heavail HI X X X X Life seminate with heaved Manage Carbon A X X X Alaska AK X X X Heavail HI X X X X Life seminate with heaved Maryland MD X X X X X Hississippi MS X X X X Heavail With X X X X Hississippi MS X X X X New Jersey NJ X X X X New Marka OK X X X X New Marka OK X X X X Heavail MI X X X X X Hississippi MS X X X X New Jersey NJ X X X X X New Jersey NJ X X X X X New Marka OK X X X X New Marka OK X X X X New Jersey NJ X X X X X New Marka OK X X X X New Marka OK X X X X New Jersey NJ X X X X X New Marka OK X X X X X X X New Marka OK X X X X X X X New Marka OK X X X X X X X X X X X New Marka OK X X X X X X X X New Marka OK X X X X X X X | <u>Dama</u> | | | <u></u> | | <u>nen i di Ne</u> | | |
|--|---------------------------------------|----------------|--------|---------|-----------|--------------------|----|-----|
| JURISDICTION ABBREY. AFDC FS MED UC OTH Alaska AK x x x x x Arizona AZ x x x x x California CA x x x x x Dist. California CA x x x x x Dist. of Col. DC x x x x x Florida FL x x x x x x Georgia GA x x x x x x Havaii Hi x x x x x x x Havaii Hi x x x x x x x Havaii Hi x x x x x x x Havaii Hi x x x x x x x Havaii Hi x x x x x x x Havaii Hi x x x x x x x Havaii Hi x x x x x x x Havaii Hino ID x x x x x x Havaii Indiana IN x x x x x x Louisiana LA x x x x x x Louisiana LA x x x x x x Hissouri Horeate MA x x x x x Hissouri Ho x x x x x x Nevrada NY x x x x x Nevrada NY x x x x x Nev Jersey NJ x x x x x x Nev Jersey NJ x X X X X Nev Jersey NJ x X X X X Nev Jerse | | | | | | | | |
| Alaska AK x x x X X X X X Arkansas AR X x x X X X Arkansas AR X x x X X X X Arkansas AR X x x X X X X Arkansas AR X x X X X X X X X X Arkansas AR X x X X X X X X X X X X X X X X X X X | | | | | | | | |
| Arizona AZ x x x X X X X X X X X X X X California CA x x x X X X Z California CA x x x X X X Z California CA x x x X X X Z California CA x x x X X X Z California CA x x x X X X Z California CA x x x X X X Z California CA x x x X X X Z California CA x x x X X X Z Z Z Z Z Z Z Z Z Z Z Z Z Z | | JURISDICTION A | BBREV. | AFDC | <u>FS</u> | MED | UC | OTH |
| Arizona AZ x x x X X X X X X X X X X X California CA x x x X X X Z California CA x x x X X X Z California CA x x x X X X Z California CA x x x X X X Z California CA x x x X X X Z California CA x x x X X X Z California CA x x x X X X Z California CA x x x X X X Z Z Z Z Z Z Z Z Z Z Z Z Z Z | | Alaska | AK | x | x | x | | x |
| Arkansas AR x x x x California Ca x x x x Colorado CO x x x x Dist.of Col. DC x x x x Florida FL x X x Georgia GA x x x x Hawaii HI x x x x x x x x Hawaii HI x x x x x x x x Hawaii HI x x x x x x x x Harden Affront 1.1 Mate the lease lited Maryland MD x x x x x x x 3.1 Matead 4.1 Desployent Ceptorsten Masschusetts MA x x x x x x Minesota MN x x x x x x Minesota MN x x x x x x Meraka NE x x x x x x Nevada NF x x x x x x Nevada NF x x x x x x New Jersey NJ x x x x x x x New Jersey NJ x x x x x x x New Jersey NJ x x x x x x x New Jersey NJ x x x x x x x New Jersey NJ x x x x x x x New Jersey NJ x x x x x x x New Jersey NJ x x x x x x x New Jersey NJ x x x x x x x x New Jersey NJ x x x x x x x x New Jersey NJ x x x x x x x x x New Jersey NJ x x x x x x x x x x x x x x x x x x | | | | | х | | | х |
| California CA x x x x x x x x x x x x x x x x x x | | | | | | x | | |
| Connecticut CT X X Delaware DE X X Florida FL X X X Guam GU X X X X Has the effection responsible for filling in my of the program listed Differ (ATRO) Life families with Dependent Maines Carbon M X X X S.(Deter Carbon M X X X X Maryland HI X X X X X Life families with Dependent Mississippi MS X X X X Montana MT X X X X New York NY X X X New Mexico NM X X X New York NY X X X X X X New Yory X X X X X X X | | | | | х | x | | |
| belaware DE x x Dist. of Col. DC x x x Florida FL x x x Georgia GA x x x Hawaii HI x x x x x Hawaii HI x x x x x Hawaii HI x x x x x x x x Hawaii HI x x x x x x x x Hawaii HI x x x x x x x x Hawaii HI x x x x x x x x x Hawaii HI x x x x x x x x x x Hawaii HI x x x x x x x x x x x x Hawaii HI x x x x x x x x x x x x x x x x x x | | Colorado | CO | | х | | | |
| Dist. of Col. DC x x x x Florida FL x x x Guam GU x x x x Guam GU x x x x x Guam GU x x x x x Guam GU x x x x x x Has the sticial responsible for filling services in any of the prepare listed indiana IN x x x x x x x 10 Addo ID x x x x x x x x Indiana IN x x x x x x x 10 Addo ID x x x x x x x x x Indiana IN x x x x x x x x 10 Addo ID x x x x x x x x x x x x x x x x x x | | Connecticut | CT | | | | | х |
| Has the official responsible for filling out this questionnics had experimes have of the program (SHC) balawi (CHEC ALL HAT AFVY.)Florida Georgia (GAX × X × X × X × X Hawaii HI × X × X × X × X Hawaii HI × X × X × X × X Hawaii HI × X × X × X × X Hawaii HI × X × X × X × X Hawaii HI × X × X × X × X Libitor (CHEC ALL HAT AFVY.)1.1 Did to Families with Dependent Childen (SFDC)Indiana Hangel Hamashi HA × X × X × X Hanse Acharator Hamashi HA × X × X × X Kansas S.1 Diversited Haine ME × X × X × X × X Hassachusetts Maryland HD × X × X × X × X Hinesota MN × X × X × X Hinesota MN × X × X × X Hississippi MS × X × X × X New Jersey NJ × X × X × X New Hexico NM × X × X × X< | | Delaware | DE | x | x | | | |
| Georgia GA x x x x Guam GU x x x X X X Hawaii HI x x x X X X X X Hawaii HI x x x X X X X X X X Indiana IN X X X X X X (Indiana IN X X X X X X X (Indiana IN X X X X X X X X X X X X X X X X X X | | Dist. of Col. | DC | x | х | x | | |
| Guam GU x x x x x x x Hawaii HI x x x x x x x Hawaii HI x x x x x x x x Hawaii HI x x x x x x x x x Hawaii HI x x x x x x x x x x x x x x x x x x | | Florida | FL | x | х | x | | |
| Hawaii HI X X X X X X Idaho ID X X X X X X X Idaho ID X X X X X X X X Idaho ID X X X X X X X X Idaho ID X X X X X X X X X Idiana IN X X X X X X X X Idiana IN X X X X X X X X Indiana IN X X X X X X X X Indiana IN X X X X X X X X X Indiana IN X X X X X X X X X X Indiana IN X X X X X X X X X X X X X X X X X X | | Georgia | | x | х | x | | |
| ha to articlal responsible for filling working in any of the program listed balant (GRECALL THAT AFRIV.) 1.1 bid to Families with Desendent Children (AFD2) 2.1 Food stamps 3.1 Bedicaid 4.1 Dimesionsent Compensation 5.1 lother (SPECIFY.) | | | | x | х | x | | х |
| <pre>verting in a sectionalize had experience below of the program listed in this function of the program listed in the families with Dependent Children (GPECIFY.)</pre> 1.1 Find to Families with Dependent Children (GPECIFY.) 1.1 Find to Families with Children (GPECIFY.) 1.1 Find to Families with Children (GPECIFY.) 1.1 Find to Families with Children Capecnet for the families with Children Capecnet for the families with Dependent Children Tennessee TN X X X X X X X X X X X X X X X X X X | | | | x | х | x | | Х |
| <pre>berking in apy of the program lifed billed in GREC Life and the Dependent Colleden GREC Life and the Dependent Sold Head States Sold Dependent Compensation Sold Dependent Compensation Sold Dependent Compensation LEGEND: Pennsylvania PA AFDC - Aid to Families with Dependent South Carolina SC FS - Food Stamp UC - Unemployment Compensation Wisconsin Wi X X X X X Med States Compensation Compensation Wisconsin Wi X X X X X Wey Man States Compensation Compensation Wisconsin Wi X X X X X Wey Man States Compensation Compensation Wisconsin Wi X X X X X Wey Man States Compensation Wisconsin Wi X X X X X Wey Man States Compensation Wisconsin Wi X X X X X Wey Man States Compensation Wisconsin Wi X X X X X Wey Man States Compensation Wisconsin Wi X X X X X Wey Man States Compensation Wisconsin Wi X X X X X Wey Man States Compensation Wisconsin Wi X X X X X X X X X X X X X X X X X X X</pre> | ····· | | | x | х | x | | |
| belant (CHECK ALL THAT AFFLY.) 1. Did Bana IN X X X 1. Did to Families with Dependent Children (AFPD) 2.1 Food stampe 3.1 Hedicaid 4.1 Homsplaymant Compensation 5.1 Demer (SPECIFY.) Maryland MD X X X X X Maryland MD X X X X X Maryland MD X X X X X Mississippi MS X X X X Mississippi MS X X X X Nebraska NE X X X X New Hampshire NH X X X X New Mexico NM X X X X New Hampshire NH X X X X New Hence NH X X X X New Hampshire NH X X X X New Hexico NM X X X X New Mexico NM X X X X New Hexico NM X X X X New Mexico NM X X X X X New Mexico NM X X X X X New Hampshire NH X X X X X New Mexico NM X X X X X New Hampshire NH X X X X X X New Mexico NM X X X X X X New Hampshire NH X X X X X X New Mexico NM X X X X X X New Hampshire NH X X X X X X X New Mexico NM X X X X X X X New Mexico NM X X X X X X X New Mexico NM X X X X X X X X New Mexico NM X X X X X X X X X X X X X X X New Mexico NM X X X X X X X X X X X X X X X X X X | | | | x | х | x | х | X |
| 1.1 Aid to Families with Dependent Guiden (GFD) Kanaas KS x x x 2.1 Food stamp Louisiana LA x x x 3.1 Bedicaid Maine ME x x x x 4.1 Unserplayment Compression Maryland MD x x x x Massachusetts MA x x x x x Minesota MN x x x x x Mississippi MS x x x x Montana MT x x x x New Jersey NJ x x x x New Mexico NM x x x x New York NY x x x x New Mexico NM x x x x New Hampshire NH x x x x New Moxico NM x x x x North Carolina < | | Indiana | | х | х | x | | |
| Children (AFDC) Kantacky KX X X X X X 2.1 JFood stamps Louisiana LA X X X X X 3.1 Hedicaid Maine ME X X X X X X 4.1 Unseployment Componention Maryland MD X X X X X Mississippi MSSissippi MS X X X X X Mississippi MS X X X X X X Mississippi MO X X X X X X Montana MT X X X X X Mevada NV X X X X X New Hampshire NH X X X X New Hearsey NJ X X X X New Hearsey NY X X X X New Hearsey NY X X X | 1 5 141d to Comilian with Dependent | Iowa | | x | Х | x | х | |
| 2.1 Fred staps 3.1 Hadicaid 4.1 Junesplayment Compensation Maryland Maryland Maryland Maryland Maryland Massachusetts Maryland Massachusetts Maryland Massachusetts Maryland Massachusetts Maryland Massachusetts Maryland Massachusetts Maryland Massachusetts Marylandh | | | | x | х | x | | x |
| 3.1 Bedicaid Maine Ma X | 2 f lfood storms | - | | x | | x | | |
| 4.1 Junamployment Compensation S.1 Jother (SPECIFY.) Maryland MD x x x x Massachusetts MA x x x Minnesota MN x x x Mississippi MS x x x Missouri MO x x x Montana MT x x x Montana MT x x x Nevada NV x x x New Hampshire NH x x x New York NY x x x New York NY x x x North Carolina NC x x x Pennsylvania PA x x x Families with South Carolina SC x x FS - Food Stamp Utah UT x x Virgin Islands | C.L IFOOD Stemps | | | x | X | x | | |
| A. JONEPOWER CONSISTING Massachusetts MA x x x S.(JOHNER (SPECIFY.) Minnesota MN x x x Mississippi MS x x x x Mississippi MS x x x x Mississippi MS x x x x Montana MT x x x x Nebraska NE x x x x New Hampshire NH x x x x New Jersey NJ x x x x New Jersey NK x x x x Oklah | 3.[]Hedicaid | | | x | x | x | x | |
| S.I Jother (SPECIFY.) Minnesota MN x x x Mississippi MS x x x x x Mississippi MS x x x x x Mississippi MS x x x x x Minnesota MT x x x x x Montana MT x x x x x Newata NV x x x x x New Hampshire NH x x x x x New Jersey NJ x x x x x New Hampshire NH x x x x x New Hampshire NH x x x x x x New Hampshire NH x x x x x x New York NY x x x x x x Otholo OH | 4.[]Unemployment Compensation | - | | x | x | x | | х |
| Minnesota na k k k k k k k k k k k k k k k k k k | | | | | | x | | |
| MissouriMOxxxxMontanaMTxxxxMontanaMTxxxxNebraskaNExxxxNebraskaNExxxxNewdaNVxxxxNew HampshireNHxxxxNew HampshireNHxxxxNew JerseyNJxxxxNew MexicoNMxxxxNew YorkNYxxxxNorth CarolinaNCxxxOklahomaOKxxxOregonORxxxPuerto RicoPRxxxFamilies withSouth CarolinaSCxxDependentSouth CarolinaSCxxxChildrenTennesseeTNxxxFS - Food StampUtahUTxxxVirgin Islands VIxxxxxWED - MedicaidVirgin Islands VIxxxxWisconsinWIxxxxxWisconsinWIxxxxx | 5.L JUTHER (SPECIFY.) | | | | x | x | | |
| MontanaMTxxxxNebraskaNExxxxNevadaNVxxxxNevadaNVxxxxNew HampshireNHxxxNew HampshireNHxxxNew JerseyNJxxxxNew MexicoNMxxxxNew MexicoNMxxxxNew YorkNYxxxxNew YorkNYxxxxNew YorkNYxxxxNew YorkNYxxxxNew YorkNYxxxxNew YorkNYxxxxNew YorkNYxxxxNew YorkNYxxxxNew YorkNYxxxxNew YorkNYxxxxNorth Carolina NCXxxxFamilies withSouth Carolina SCxxxDependentSouth Dakota SDxxxFS - Food StampUtahUTxxxWED - MedicaidVirgin Islands VIxxxVirginiaVAxxxxWashingtonWAxxxxWi | فالتقاديب ببرير الجبيين ومستعدين وسير | | | | х | | | |
| NebraskaNExxxxNewadaNVxxxxNewHampshireNHxxxNew JerseyNJxxxNew MexicoNMxxxNew MexicoNMxxxNew YorkNYxxxNew YorkNYxxxNew YorkNYxxxNorth CarolinaNCxxxOhioOHxxxOregonORxxxOregonORxxxFamilies withSouth CarolinaSCxxFamilies withSouth DakotaSDxxChildrenTennesseeTNxxxFS - Food StampUtahUTxxxVermontVTxxxxWED - MedicaidVirgin Islands VIxxxUC - UnemploymentWashingtonWAxxxWisconsinWIxxxxWisconsinWIxxxx | | | | | | | | |
| NevadaNVxxxNew HampshireNHxxxxNew JerseyNJxxxxNew JerseyNJxxxxOhioOHxxxxOhioOHXxxxJEGEND:PennsylvaniaPAxxxPuerto RicoPRxxxxAFDC - Aid toRhode Island RIxxxxDependentSouth DakotaSDxxxFS - Food StampUtahUTxxxxVermontVirgin Islands VIxxxxUC - Unemploy | | | | | | | | |
| New HampshireNHxxxxNew JerseyNJxxxxxNew MexicoNMxxxxxNew YorkNYxxxxNew YorkNYxxxxNorth CarolinaNCxxxOhioOHxxxOklahomaOKxxxOregonORxxxPuerto RicoPRxxxFamilies withSouth CarolinaSCxxxDependentSouth DakotaSDxxxChildrenTennesseeTNxxxFS - Food StampUtahUTxxxWED - MedicaidVirgin Islands VIxxxxVirginiaVAxxxxWisconsinWIxxxxOTH -OtherWyomingWYxxx | | | | | | | | X |
| New JerseyNJXXXXXXXNew MexicoNMXXXXXNew YorkNYXXXXNew YorkNYXXXXNorth Carolina NCXXXXOhioOHXXXOhioOHXXXOregonORXXXOregonORXXXPuerto RicoPRXXXFamilies withSouth Carolina SCXXXDependentSouth DakotaSDXXChildrenTennesseeTNXXXFS - Food StampUtahUTXXXVermontVTXXXXWED - MedicaidVirgin Islands VIXXXVirginiaVAXXXXWisconsinWIXXXXOTH -OtherWyomingWYXXX | | | | , | X | | | |
| New MexicoNMxxxNew YorkNYxxxNorth CarolinaNCxxOhioOHxxOklahomaOKxxOregonORxxDegenORxxPuerto RicoPRxFamilies withSouth CarolinaSCxNew YorkNXxxPuerto RicoPRxAFDC - Aid toRhode IslandRIxFamilies withSouth CarolinaSCxxDependentSouth DakotaSDxChildrenTennesseeTNxxFS - Food StampUtahUTxxVermontVTxxxWED - MedicaidVirgin Islands VIxxVirginiaVAxxxWisconsinWIxxxWisconsinWIxxxWomingWYxxx | | - | | | | | | |
| New YorkNYxxxNorth Carolina NCxxOhioOHxxOklahomaOKxxOklahomaOKxxOregonORxxPennsylvaniaPAxxFuerto RicoPRxAFDC - Aid toRhode IslandRIxxFamilies withSouth CarolinaSCxxxDependentSouth DakotaSDxxxChildrenTennesseeTNxxxxFS - Food StampUtahUTxxxxVermontVTxxxxxWED - MedicaidVirgin Islands VIxxxxUC - Unemployment CompensationWashingtonWAxxxWisconsinWIxxxxxWisconsinWIxxxxx | | | | | | | x | x |
| North Carolina NCxxOhioOHxxOklahomaOKxxOregonORxxOregonORxxPuerto RicoPRxFamilies withSouth Carolina SCxxDependentSouth Carolina SCxxChildrenTennesseeTNxxFS - Food StampUtahUTxxVermontVTxxxWED - MedicaidWirgin Islands VIxxUC - Unemployment CompensationWashingtonWAxxWisconsinWIxxxxWisconsinWIxxxxChildrenWashingtonWAxxxYirginiaVAxxxxVermontVIxxxxVirginiaVAxxxxVorginiaWAxxxxVirginiaWYxxxxVirginiaWVxxxxVirginiaWYxxxx | | | | | | | | |
| OhioOHXXOklahomaOKXXXOregonORXXXOregonORXXXPennsylvaniaPAXXXFuerto RicoPRXXXFamilies withSouth CarolinaSCXXXDependentSouth DakotaSDXXXChildrenTennesseeTNXXXFS - Food StampUtahUTXXXVermontVTXXXXWED - MedicaidVirgin Islands VIXXXXUC - UnemploymentWashingtonWAXXXXWisconsinWIXXXXXOTH -OtherWyomingWYXXXX | | | | | x | | | |
| OklahomaOKXXXOregonORXXXPennsylvaniaPAXXXPuerto RicoPRXXXPuerto RicoPRXXXFamilies withSouth CarolinaSCXXXDependentSouth DakotaSDXXChildrenTennesseeTNXXXFS - Food StampUtahUTXXXVermontVTXXXXWED - MedicaidVirgin Islands VIXXXVirginiaVAXXXXWisconsinWIXXXXWisconsinWIXXXXOTH -OtherWyomingWYXXX | | | | | | x | | |
| LEGEND:OregonORxxxPuerto RicoPRxxxPuerto RicoPRxxxAFDC - Aid toRhode IslandRIxxxFamilies withSouth CarolinaSCxxxDependentSouth DakotaSDxxxChildrenTennesseeTNxxxxFS - Food StampUtahUTxxxxVermontVTxxxxxMED - MedicaidVirgin IslandsVIxxxxVirginiaVAxxxxxxWest VirginiaWVxxxxxxOTH -OtherWyomingWYxxxxx | | | | | | | | |
| LEGEND:Pennsylvania Puerto Rico PR AFDC - Aid to Families with Dependent ChildrenPennsylvania Rhode Island SOuth Carolina SOUTH Dakota Tennessee TNPR XXXAFDC - Aid to Families with Dependent ChildrenRhode Island South Carolina SORIXXXBependent ChildrenSouth Dakota Tennessee TexasSDXXXXFS - Food Stamp WED - MedicaidUtah Virgin Islands VI VirginiaUT XXXXXWED - Medicaid CompensationVirginia West Virginia Wix XVA XXXXXOTH -OtherWyomingWI WY XXXXX | | | | | | | | |
| Puerto RicoPRxAFDC - Aid toRhode IslandRIxxxFamilies withSouth CarolinaSCxxxDependentSouth DakotaSDxxxChildrenTennesseeTNxxxFS - Food StampUtahUTxxxVermontVTxxxxMED - MedicaidVirgin IslandsVIxxxUC - UnemploymentWashingtonWAxxxWisconsinWIxxxxWisconsinWIxxxxFRICOTH -OtherWyomingWYxxx | I FORMO. | | | | | | | |
| AFDC - Aid toRhode IslandRIxxxxFamilies withSouth CarolinaSC::xxxDependentSouth DakotaSDxxxChildrenTennesseeTNxxxxTexasTXxxxxxFS - Food StampUtahUTxxxxWED - MedicaidVirgin IslandsVIxxxUC - UnemploymentWashingtonWAxxxxWisconsinWIxxxxxOTH -OtherWyomingWYxxxx | LEGEND: | | | | X | x | | |
| Families with DependentSouth Carolina South Dakota TennesseeXXXXChildrenTennesseeTNXXXTexasTXXXXXFS - Food StampUtahUTXXXVermontVTXXXXMED - MedicaidVirgin Islands VIXXXVC - Unemployment CompensationWashingtonWAXXWisconsinWIXXXMED - OtherWyomingWYXX | AFDO - Add to | | | | ~ | | | |
| DependentSouth DakotaSDxChildrenTennesseeTNxxxTexasTXxxxxxFS - Food StampUtahUTxxxVermontVTxxxxMED - MedicaidVirgin Islands VIxxxVirginiaVAxxxxUC - UnemploymentWashingtonWAxxxWisconsinWIxxxxFRICOTH -OtherWyomingWYxxx | | | | | | | v | |
| ChildrenTennesseeTNxxxxTexasTXxxxxxxFS - Food StampUtahUTxxxxVermontVTxxxxxMED - MedicaidVirgin Islands VIxxxxVirginiaVAxxxxxUC - UnemploymentWashingtonWAxxxWisconsinWIxxxxWisconsinWIxxxxFRICOTH -OtherWyomingWYxxx | | | | A | | x | x | |
| FS - Food StampTexasTXxxxxxVERMONTUtahUTxxxxxMED - MedicaidVirgin Islands VIxxxxVirginiaVAxxxxUC - UnemploymentWashingtonWAxxxWisconsinWIxxxxWisconsinWIxxxxFRICOTH -OtherWyomingWYxxx | | | | v | | v | | |
| FS - Food StampUtahUTxxxWED - MedicaidVirgin Islands VIxxxWED - MedicaidVirgin Islands VIxxVirginiaVAxxxUC - UnemploymentWashingtonWAxxCompensationWest VirginiaWVxxWisconsinWIxxxFRICOTH -OtherWyomingWYxx | unindren | | | | | | v | v |
| VermontVTxxxMED - MedicaidVirgin Islands VIxxVirginiaVAxxxUC - UnemploymentWashingtonWAxxCompensationWest VirginiaWVxxWisconsinWIxxxWisconsinWIxxxVirginiaWYxxx | FC - Food Stamp | | | | | | л | Λ |
| MED - MedicaidVirgin Islands VIxxVirginiaVAxxxUC - UnemploymentWashingtonWAxxCompensationWest VirginiaWVxxWisconsinWIxxxWisconsinWIxxxFRICOTH -OtherWyomingWYxx | ra - roou a camp | | | | | | | v |
| UC - Unemployment Compensation West Virginia Wisconsin FRIC Virginia Washington WA Washington WA WA X X X X X X X X X X X X X X X X X | MED - Medicaid | | | | А | А | | |
| UC - Unemployment Washington WA x x x x Compensation West Virginia WV x x x x Wisconsin WI x x x x x OTH -Other Wyoming WY x x x | IMP REALCAIN | | | | x | ¥ | | |
| Compensation West Virginia WV x x x x Wisconsin WI x x x x x OTH -Other Wyoming WY x x x | IIC - Ilnemal orment | | | | | | x | đ |
| OTH-Other Wyoming WY x X X FRIC | | | | | | | | |
| OTH-Other Wyoming WY x x x | oombellagotoli | | | | | | | x |
| | • OTH -Other | | | | | | | |
| | ERIC | | | | | | | |

2.2

DETAILED QUESTIONNAIRE DATA: 51 RESPONDENTS

| I. <u>OVERALL AUTOMATED SYSTEM DEVELOPMENT</u> | STATE | Question 1 |
|--|-------|------------------|
| | MUTT | * |
| The 1984 DEFRA requires each state to operate an income and eligibility | AK | 3 |
| verification system (IEVS) that would | AZ | 3 |
| handle data exchanges within and be- | AR | 1 |
| tween states, and receive and use tax | CA | 3 |
| data from both the Internal Revenue | CO | 3 |
| Service (IRS) and the Social Socurity | CT | 3 |
| Administration (SSA). Questions in this section refer to the system your | DE | 2 |
| state will be using to implement the | DC | 3 |
| DEFRA requirements. | FL | 2 |
| | GA | |
| 1.Which of the statements below best | | 1 |
| describes how your state intends to | GU | 3 |
| meet DEFRA requirements. (CHECK ONE.) | HI | 3 |
| 1.[]Existing system already meets | ID | 2 |
| IEVS requirements or will meet | IL | 2 |
| all requirements with minimum | IN | 2 |
| modifications within the re- | IA | 2 |
| quired timeframes. This system, | KS | 3 |
| with the necessary modifications, if any, will be the state's | KY | 2 |
| operational system for the fore- | LA | 2 |
| seeable future. | ME | 3 |
| SKIP TO QUESTION 8.) | MD | 3 |
| | MA | 3 |
| 2.1 JA system currently planned or under | MN | 3 |
| development will meet or will be modified to meet the requirements | | ວ າ |
| within the required timeframes. | MS | 3 |
| This system will replace the ex- | MO | 2 |
| isting system and become the | MT | 2 |
| state's operational system for | NE | 3 |
| the foreseeable future. | NV | 3 |
| SKIP TO QUESTION 8.) | NH | 1 |
| 3.[]A system currently planned or un- | NJ | 3 3 3 3 |
| der development will meet or will | NM | 3 |
| be modified to meet the require- | NY | 3 |
| ments and will <u>ultimately</u> become | NC | 3 |
| the state's operational system for the future. However, this sys- | OH | 3 |
| tem cannot be implemented with- | OK | 1 |
| in the required timeframes. | OR | 3 |
| Therefore, the state will meet | PA | 2 |
| the requirements by an interim | PR | 2 |
| modification of an existing sys- | | 3 3 |
| tem, or implementation or a tem- porary solution to meet require- | RI | 3 |
| ments. | SC | 3 |
| | SD | 3 |
| | TN | 1 |
| | TX | 3 |
| | UT | 3 |
| | VT | 3 3 1 |
| *No responseeither | VI | 3 2 |
| omitted with no | VA | 2 |
| explanation or | WA | 3 |
| skipped according | WV | * |
| to questionnaire | WI | 3 |
| instructions. | WY | 3 |
| | = | |



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DETAILED QUESTIONNAIRE DATA: 51 RESPONDENTS

| | | | Ques | tior | L |
|--|--------------|---|----------|--------|----------------|
| 2.Currently, at what stage of development is this ultimate automated system? | <u>STATE</u> | 2 | 3 | 4 | 5 |
| (CHECK ONE.) | AK | 2 | 1 | 2 | 1 |
| | AZ | 2 | 5 | 2 | 2 |
| 1.[]Fully developed but not yet | AR | * | * | * | * |
| fully operational | CA | 2 | 5 | 3 | 2 |
| | CO | 3 | 3 | 3 | 1 |
| 2.[]Development in process | CT | 3 | 5 | 3 | 1 |
| | DE | * | * | * | * |
| 3.[]Planning for development | DC | 2 | 4 | 2 | 1 |
| ore an admining for development | FL | * | * | * | * |
| 3.How long after 10/1/86 do you esti- | GA | * | * | * | * |
| mate your state's ultimate system | GU | 3 | 5 | 2 | 1 |
| will be fully operational? (CHECK ONE.) | HI | ž | 5 | 2 | $\overline{2}$ |
| Will be fully operational: (Check ONE.) | ĪD | * | × | * | * |
| 1.[]within less than 3 months | ĨĹ | * | * | * | * |
| The second ress than 5 months | ĨŇ | * | * | * | * |
| 2.[]in 3 to less than 6 months | IA | * | * | * | * |
| Z.C III J to ress than 6 months | KS | 2 | 4 | 3 | 1 |
| 3.[]in 6 to less than 9 months | KY | * | * | * | * |
| J.L JIN 0 TO LESS THAN 7 MONTHS | LA | * | * | * | * |
| 6 5 1im 0 to loss than 12 months | ME | 2 | 3 | 2 | 1 |
| 4.[]in 9 to less than 12 months | MD | 3 | 5 | 3 | 1 |
| f f lin 42 months an man | MA | 3 | 5 | 3 | 1 |
| 5.[]in 12 months or more | MN | 3 | 5 | 3 | 1 |
| 6 To many addition have additionally state | MS | 2 | 5 | 3 | 1 |
| 4. In your estimation, how efficiently will | MO | * | * | * | * |
| your state be able to meet IEVS require- | MT | * | * | * | * |
| ments from 10/1/86 until your ultimate | | 3 | 4 | ŝ | ĩ |
| system becomes fully operational? | NE | | | 3 | 1 |
| (CHECK ONE.) | NV | 2 | 5 | 3 * | * |
| | NH | * | * | | |
| 1.[]very efficiently | NJ | 2 | 5 | 3 | 1 |
| | NM | 1 | 2 | 2 | 2 |
| 2.[]efficiently | NY | 2 | 5 | 3 | 1 |
| | NC | 2 | 4 | 2 | 2 |
| 3.[linefficiently | OH | 2 | 5 | 3 | 1 |
| | OK | * | * | * | * |
| 5.Will resources need to be diverted | OR | 2 | 5 | 3 | 2 |
| from development of your ultimate sys- | PA | * | * | * | * |
| tem to modify an existing system, or to | PR | 2 | 1 | 2 | 1 |
| implement a temporary solution, to | RI | 3 | 5 | 3 | 1 |
| meet DEFRA requirements? (CHECK ONE.) | SC | 3 | 5 | 2 3 | 1 |
| | SD | 2 | 3 | 3 | 1 |
| 1.[]Yes | TN | * | * | * | * |
| | TX | 2 | 5 | 3 | 1 |
| 2.[]No>(SKIP TO QUESTION 8.) | UT | 2 | 5 | 2 | 1 |
| | VT | * | * | * | * |
| *No response - either | VI | 3 | 5 | 3 | 1 |
| omitted with no | VA | * | * | * | * |
| explanation or | WA | 2 | 5 | 3 | 2 |
| skipped according | WV | * | * | * | * |
| to questionnaire | WI | 3 | 5 | 2 | 1 |
| instructions. | WY | 1 | 1 | 2 | 2 |
| | | | | | |
| | | | | | |



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APPENDIX II

DETAILED QUESTIONNAIRE DATA: 51 RESPONDENTS

| | | Que | stio | a |
|--|-------|--------|------|-----------|
| 6.To what extent, if any, will this diver- | STATE | 13 | 7 | 8 |
| sion of resources from the development of | | | | |
| your state's ultimate system contri- | AK | 4 | 3 | 2 |
| bute to a delay in its eventual imple- | AZ | * | * | 1 |
| mentation? (CHECK ONE.) | AR | * | * | 2 |
| | CA | * | * | 1 |
| 1.[]To a very great extent | CO | 3 | 2 | ī |
| | CT | ŝ | 1 | 1 |
| 2.[]To a great extent | DE | × | * | 1 |
| 3.[]To a moderate extent | DC | 3 | * | î |
| Jil Jid a moderate extent | FL | * | * | 2 |
| 4.[]To some extent | ĜĂ | * | * | 1 |
| | GU | 2 | 1 | 1 |
| 5.[]To little or no extent | HI | د * | | |
| | ID | - | * | 1 |
| | | * | * | 1 |
| 7.If your state did not have to take the | IL | * | * | 1 |
| measure of modifying an existing sys- | IN | * | * | 2 |
| tem, or implementing a temporary solu- | IA | * | * | 2 |
| tion, solely to meet the 10/1/86 dead- | KS | 3 | 1 | 2 |
| line, how much earlier do you estimate | KY | * | * | 1 |
| your state would be able to implement | LA | * | * | 1 |
| its ultimate system? (CHECK ONE.) | ME | 2 | 4 | 1 |
| | MD | 3 | 1 | 1 |
| 1.[]less than 1 month earlier | MA | 2 | 4 | 1 |
| | MN | 4 | 4 | 2 |
| 2.[]from 1 to less than 3 months earlier | MS | 5 | * | 1 |
| earlier | MO | × | * | $\hat{2}$ |
| 3.[]from 3 to less than 6 months | MT | * | * | 2 |
| earlier | NE | 4 | 5 | 1 |
| | NV | 3 | 1 | |
| 4.[]from 6 to less than 9 | NH | * | * | 1 |
| months earlier | NJ | • | - | 2 |
| | NM | 2 | 5 | 1 |
| 5.[]from 9 to less than 12 | | * | * | 2 |
| months earlier | NY | 3 | 4 | 1 |
| | NC | * | * | 1 |
| 6.[]12 months earlier or more | OH | 1 | 6 | 1 |
| | OK | * | * | 1 |
| | OR | * | * | 2 |
| 8. Beyond your current programming bud- | PA | * | * | 1 |
| get, will your state need additional | PR | 3 | * | 1 |
| funds to implement the DEFRA require- | RI | З | 3 | 1 |
| ments within the required timeframe? | SC | 5 | * | 1 |
| 1.[]Yes | SD | 3 | 3 | 1 |
| | TN | * | * | 2 |
| 2.[]No SKIP TO QUESTION 11.) | TX | 2 | 4 | 1 |
| | UT | 3 | 1 | 1 |
| | VT | × | * | 1 |
| *No response - either | ŶĨ | 4 | | 1 |
| omitted with no | ŶÂ | * | | 1 |
| explanation or | WA | * | | 1 |
| skipped according | WV | 2 | | 1 2 |
| to questionnaire | WI | 4 4 | | 2 1 |
| instructions. | WY | 4 * | | 1 2 |
| - 10W VA VY VA VABN I | 11 L | ጥ | ጥ | 4 |
| | | | | |



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DETAILED QUESTIONNAIRE DATA: 51 RESPONDENTS

| | | | Ques | tion | |
|--|----------------|-------------|----------------|------------------|--------|
| ndicate whether or not you plan to | STATE | 9.1 | 9.2 | 9.3 | 9 |
| ain any of the needed funds from | ٨ ٢٢ | * | * | * | : |
| of the sources listed below. | AK AZ | 1 | 1 | 2 | , I |
| ECK ONE BOX FOR EACH SOURCE.) | AR | ⊥ * | ⊥ * | ے * | |
| | CA | 1 | 1 | 2 | |
| | CO | 4 | 1 | 1 | I |
| IYES! NO | | 2, | 2 | 1 | |
| | DE | 1 | 1 | 1 | |
| | | ź | ź | ź | |
| 1 2 | i FL | * | * | * | |
| | GA | 1 | 1 | 2 | |
| | I GU | 1 | ī | 2 | |
| Federal funding | HI | 1 | Ž | 2 | |
| rederal funding 1 1 | ID | 1 | 1 | $\overline{2}$ | |
| | I IL | ī | ī | 1 | |
| State funding | ÎN | * | ÷. | * | |
| | IA | * | * | * | |
| <u></u> <u></u> <u>_</u> | I KS | * | * | * | |
| .Reprogram funds from other | KY | 1 | 1 | 2 | |
| state programs | | ī | 1 | 2 | |
| | ME | ź | $\overline{2}$ | 2 | |
| | I MD | 1 | 1 | $\overline{2}$ | |
| .Other (SPECIFY.) | MA | 1 | 1 | 2 | |
| | I MN | * | * | * | |
| | MS | 1 | 1 | 2 | |
| | MO | * | * | * | |
| | i MT | * | * | * | |
| | ⊥ NE | 1 | 2 | 1 | |
| | - NV | 1 | 1 | ź | |
| | NH | * | * | * | |
| | ŊJ | 1 | 1 | 2 | |
| | NM | * | ÷. | * | |
| | NY | 1 | 1 | 2 | |
| | NC | 1 | ī | 2 | |
| | OH | ź | $\hat{2}$ | 1 | |
| | OK | 1 | 1 | ź | |
| | OR | * | * | * | |
| | PA | 1 | 1 | 2 | |
| | PR | 2 | ź | 2 | |
| | RI | 2 | 2 | 1 | |
| | SC | 1 | 2 | 2 | |
| | SD | 1 | 2 | 2 | |
| | TN | * | * | * | |
| | TX | 1 | 2 | 2 | |
| | UT | 1 | 2 | 1 | |
| | VT | 1 | 1 | | |
| with managers - attack | VI | 1 | 1 | 2 9 | |
| *No response - either | VI VA | 1 | 1 | 2 2 2 1 | |
| omitted with no | WA | 1 | 1 | ے 1 | |
| explanation or | | * | × | ⊥ * | |
| | 6747 | | | ~ | |
| skipped according | WV WT | | | | |
| skipped according to questionnaire instructions. | WV WI WY | * 1 * | 1 * | 1 * | |



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DETAILED QUESTIONNAIRE DATA: 51 RESPONDENTS

| 10.Can these additional funds be | STATE | Question 10 |
|---------------------------------------|------------------------|-----------------------|
| obtained by 10/1/86? (CHECK ON | E.) | |
| | AK | * |
| 1.[]Definitely yes | AZ AR | 2 * |
| 2.[]Probably yes | CA | 1 1 |
| Z.L IFFODADLY YES | CO | 3 |
| 3.[]Probably no | CT | 2 |
| • | DE | 1 |
| 4.[]Definitely no | DC | 4 |
| | FL | * |
| | GA GU | 1 4 |
| | HI | 4 |
| | ID | 2 4 |
| | ĪĪ, | 3 |
| | 1 A | * |
| | A Y | * |
| | KS | * |
| | KY | 1 |
| | LA ME | 2 |
| | MD | 4 2 |
| | MA | 3 |
| | MN | * |
| | MS | 3 |
| | MO | * |
| | MT | * |
| | NE NV | 2 3 |
| | NH | * |
| | NJ | 2 |
| | MM | * |
| | NY | 3 |
| | NC | 2 |
| | OH | 2 |
| | OK OR | 2 * |
| | PA | 3 |
| | PR | 3 3 2 2 3 |
| | RI | 2 |
| | SC | 2 |
| | SD | 3 |
| | TN TX | * |
| | UT | 3 |
| | VT | 2 2 3 2 |
| *No response - either | VI | 3 |
| omitted with no | VA | 2 |
| explanation or | WA | 4 |
| skipped according to questionnaire | WV | * |
| instructions. | 36 ^{WI} WY | 1 * |
| | 00 "* | ጥ |



DETAILED QUESTIONNAIRE DATA: 51 RESPONDENTS

II. INCOME AND ELIGIBILITY VERIFICATION SYSTEM PROFILE

- 11. In <u>SECTION A</u> enter the number of the statement below that best describes how your state mat each DEFRA requirement as of 5/29/86.
 - 1. The 5/29/86 desdline was waived by a federal spancy until 10/1/86.
 - 2. The requirement was met as of 5/29/86 using an interim or temporary system. Another system is planned or under development that will ultimately become the state's operational system for the foreseeable future.
 - 3. The requirement was met as of 5/29/86 using the state's existing system (with minimal, if any, modifications). This same system will be the state's operational system for the foreseable future.
 - 4. The requirement was met as of 5/29/86 using a newly developed system (whether or not it was based on an existing state system). This same system will be the state's operational system for the foreseeable future.

For each requirement for which your response in <u>SECTION A</u> is either statement "1" or "2", in <u>SECTION B</u> enter the number of the statement below that best describes how your state plans to fulfill each DEFRA requirement as of 10/1/86.

- As of 10/1/86 the requirement will be not using an interim or temporary system. Another system is planned or under development that will ultimately become the state's operational system in the foreseeable future.
- 2. As of 10/1/86-the requirement will be met using a system that will be the state's ultimate operational system for the foreseeable future.

In <u>SECTION C</u> indicate whether, currently, each provision is fully, partially, or not yet implemented in your state. (CHECK ONE BOX FOR EACH PROVISION.)

In <u>SECTION 0</u> indicate whether your state believes the cost (in terms of start up and operation dollars, time and human effort) expended to implement each provision is worth the potential benefit (in terms of program dollars saved.) (CHECK ONE BOX FOR EACH PROVISION. OD NOT RESPOND IN SHADED BOXES.)

| SHAUED BURES. 7 | SECTION A | SECTION B | SECTION C | SECTION D |
|---|--|--|--|---|
| | HOM STATE MET RE- QUIREMENT AS OF 5/29/86? | HOM STATE HILL HEET REQUIREMENT AS OF 10/1/86? | CURRENT IHPLEHENTATION? | COST VS. BENEFIT? |
| | | | FULL);/AR-INONE TTAL <u> 1 1 1 1 1 1 1 1 1 </u> | COST COST BENEFIT EXCEEDS EQUALS EXCEEDS BENEFIT BENEFIT COST 4 5 6 |
| 1.Use standard record formats | | | | |
| 2.Obtsin and varify program applicants' and family members' SSN | | | | |
| 3.Velidate program spplicants'/reci- pients' SSN with SSA Third Party Query, Bendex, or Enumera- tion/velidation system | | | | |
| 4.Obtsin and use state wage data for in- | | | | |
| come/sligibility | | | | |

*No response - either omitted with no explanation or skipped according to questionnaire instructions.

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APPENDIX II

| CTATE | | | | | | | | | Questi | on | | | | | | |
|--------------|--------|--------|----------------------------|--------------|---------------|-----------------|--------|--------|--------------|--------------|--------------|---------------|---------------|--------------|--------------|---------------|
| <u>STATE</u> | 11-14 | 11-18 | <u>11.10</u> | <u>11.19</u> | 1 <u>1.2A</u> | 11.28 | 11.20 | 11.20 | <u>11.3A</u> | <u>11.3B</u> | <u>11.3C</u> | <u>11.30</u> | <u>11.4A</u> | <u>11.4B</u> | <u>11.4C</u> | <u>11.4D</u> |
| AK | 3 | Ŧ | 1 | 6 | 3 | ŧ | 1 | 6 | 3 | ŧ | 2 | 6 | 3 | ŧ | 2 | 5 |
| AZ | 1 | 1 | 2 | 5 | 1 | 1 | 2 | 6 | 1 | 1 | 2 | 6 | 2 | 1 | 1 | 6 |
| AR | 1 | 2 | 3 | 5 | 1 | 2 | 2 | 5 | 1 | 2 | 2 | 6 | 3 | Ŧ | 1 | 6 |
| CA | 1 | 2 | 3 | 5 | 1 | 2 | 3 | 5 | 1 | 2 | 2 | 5 | 1 | 2 | 2 | 4 |
| CO CT | 1 | 1 | 2 2 | 5 5 | 1 | 1 | 2 | 6 | 1 | 1 | 2 | 5 | 3 | ŧ | 1 | 5 |
| DE | 1 | 2 | 2 | 3 4 | 1 3 | 1 | 2 | 6 | 2 | 1 | 1 | 6 | 2 | 1 | 2 | 6 |
| DC | 2 | 1 | 2 | 0 4 | 3 2 | - T 1 | 1 2 | 6 # | 2 2 | 2 | 2 | 6 | 3 | ŧ | 1 | 6 |
| FL | 1 | 1 | 3 | 4 | 1 | 1 | 2 | 5 | 2 | 1 | 2 2 | * | 3 | * | 1 | 6 |
| 6A | 1 | 2 | 3 | 4 | 3 | - | 1 | 6 | 3 | 1 | 2 | 1 2 | 3 3 | ÷ | 1 | 6 |
| 60 | 1 | 1 | 3 | 6 | i | 1 | 1 | 6 | 1 | 1 | 2 | 6 | 3 * | т + | 1 | 0 |
| HI | 1 | 1 | 2 | 5 | 1 | 1 | 2 | 5 | 1 | 1 | 2 | 5 | * | + | × | т 1 |
| ID | 1 | 2 | 2 | 4 | 1 | 2 | ī | i, | 1 | 2 | ī | 4 | - | 2 | 1 | Ĩ |
| IL | 1 | 2 | 2 | ÷ | 1 | 2 | 2 | ŧ | 1 | 2 | 2 | ÷ | 1 | 2 | 2 | 6 |
| IN | 2 | 1 | 2 | 6 | 2 | 1 | 1 | 6 | 2 | 1 | 2 | 5 | 2 | 1 | 1 | 6 |
| IA | 1 | 2 | 3 | 4 | 1 | 2 | 2 | 5 | 1 | 2 | 2 | 5 | 1 | 2 | 2 | 6 |
| KS | 2 | 1 | 1 | 5 | 1 | 1 | 2 | 5 | 1 | 1 | 2 | 4 | 1 | 1 | 2 | 6 |
| KY | 1 | 1 | 3 | 5 | 1 | 1 | 3 | 5 | 1 | 1 | 2 | 5 | 2 | 1 | 2 | 5 |
| LA | 1 | 2 | 3 | 5 | 2 | 2 | 2 | 5 | 1 | 2 | 2 | 5 | 1 | 2 | 2 | 6 |
| HE HD | 2 | 1 | 2 | 5 | 3 | + | 1 | 5 | 3 | Ŧ | 2 | 5 | 3 | Ŧ | 1 | 4 |
| nd Na | 1 | 1 | 3 | 6 | 2 | 1 | 2 | 6 | 1 | 1 | 2 | 6 | 2 | 1 | 2 | 6 |
| nn NN | 1 | 1 | 3 3 | 1 | 1 3 | 1 | 2 | 5 | 1 | 1 | 2 | 5 | 1 | 1 | 2 | 4 |
| HS | 2 | 1 | 3 2 | 1 | ა 2 | • 1 | 1 2 | 5 | 2 2 | 2 | 2 | 4 | 1 | 1 | 2 | 4 |
| NO | 3 | Ŧ | 1 | Ĩ | 2 3 | ÷ | 1 | 6 | 2 3 | 1 | 2 | * , | 2 | 1 | 2 | ł |
| HT | 1 | 2 | 3 | 6 | 1 | 2 | 2 | 5 | ა 1 | 2 | 2 | 6 5 | 3 1 | * 2 | 2 | 5 / |
| NE | 2 | 2 | 2 | 5 | 2 | 2 | 2 | 5 | 3 | Ŧ | 1 | 5 | 1 | ۲ ۲ | 1 | 0 |
| NV | 1 | 1 | 2 | 6 | 1 | ī | 2 | 6 | 1 | - | 2 | 6 | • | 1 | 2 | * |
| HH . | 3 | ŧ | 2 | ŧ | 1 | 2 | 2 | ŧ | 1 | 2 | 2 | ŧ | 3 | ÷ | 1 | ÷ |
| NJ | 1 | 1 | 1 | 4 | 1 | 1 | 1 | 6 | 1 | 1 | 2 | 5 | 1 | 1 | 1 | 6 |
| NH | 2 | 1 | 1 | 6 | 2 | 1 | 1 | 6 | 2 | 1 | 1 | 6 | 2 | 1 | 1 | 6 |
| NY | ŧ | Ŧ | 3 | ÷ | 3 | ŧ | 1 | 6 | 1 | 2 | 3 | 6 | 2 | 1 | 2 | 6 |
| NC | 1 | 1 | 3 | 5 | 1 | 2 | 2 | 5 | 1 | 2 | 2 | 5 | 1 | 1 | 2 | 4 |
| OH | 1 | 1 | 1 | 4 | 1 | 1 | 2 | 4 | 1 | 1 | 2 | 4 | Ł | ŧ | ŧ | Ŧ |
| OK | 1 | 2 | 3 | 4 | 3 | ŧ | 1 | 5 | 3 | ŧ | 1 | 5 | 1 | 2 | 2 | 6 |
| or Pa | ŧ | ŧ | 3 | ŧ | 2 | 2 | 2 | ŧ | 2 | 2 | 2 | ŧ | 2 | 2 | 2 | Ŧ |
| PR | 1 | 2 2 | 3 3 | 5 | 3 | ŧ | 1 | 6 | 3 | ŧ | 1 | 6 | 3 | Ŧ | 1 | 6 |
| RI | 1 | 1 | 3 3 | 6 4 | 1 | 2 1 | 3 2 | 6 5 | 1 | 2 1 | 3 | 6 | 1 | 2 | 2 | 5 |
| SC | 1 | 1 | 2 | 5 | 3 | ÷ | 2 | J Ŧ | 1 2 | 1 | 2 2 | 6 # | t 7 | ÷ | ŧ | ŧ |
| SD | 1 | 1 | 2 | 4 | 1 | 1 | 2 | 4 | 1 | 1 | 2 | 4 | 3 1 | # 1 | 2 2 1 | ÷ |
| TN | 1 | 2 | ÷ | ŧ | 3 | ÷ | ī | 6 | 3 | _ | . 1 | 5 | 3 | Ŧ | 2 | 4 6 |
| TX | 1 | 1 | | 4 | 1 | 1 | 2 | 5 | 3 | ŧ | 1 | 5 | 2 | - | | 4 |
| UT | 1 | 1 | 2 | 5 | 1 | 1 | 2 | 4 | 1 | 1 | 2 | 6 | 1 | 1 | 2 2 | 6 |
| VT | 3 | ŧ | 2 | 4 | 1 | 2 | 2 | 5 | 1 | 2 | 2 2 | 5 | ŧ | ŧ | ¥ | ŧ |
| VI | 1 | 1 | 2 | Ŧ | 1 | 1 | 2 | ŧ | 1 | 1 | 3 | ŧ | 1 | 1 | 2 | ŧ |
| VA | 3 | Ŧ | 2 2 2 2 2 3 | 5 | 1 | 1 | 3 | 4 | 1 | 1 | 2 | 4 | 1 | 1 | 2 | 4 |
| NA MA | 1 | 1 | 3 | 4 | 1 | 1 | 3 | 6 | 1 | 1 | 3 | 6 | 3 | ŧ | 2 2 | 6 |
| WV | 1 | 2 | 2 | 5 | 1 | 2 | 1 | 5 | 1 | 2 2 | 3 | 5 | 1 | 1 | 2 | 4 |
| HI Hy | 2 # | 2 # | 2 # | 6 | 3 3 | ŧ | 1 | 6 | 1 | 2 | 2 | 6 | ŧ | ŧ | ŧ | ŧ |
| | • | Ŧ | Ŧ | Ŧ | ა | Ŧ | 1 | 6 | 1 | 2 | 2 | ŧ | 3 | ŧ | 1 | 6 |



DETAILED QUESTIONNAIRE DATA: 51 RESPONDENTS

In <u>SECTION A</u> enter the number of the statement below that best describes how your state met each DEFRA requirement as of 5/29/86.

- 1. The 5/29/86 deadline was waived by a federal agency until 10/1/86.
- 2. The requirement was met as of 5/29/86 using an interim or temporary system. Another system is planned or under development that will ultimately become the state's operational system for the foreseeeble future.
- 3. The requirement was met as of 5/29/86 using the state's existing system (with minimal; if any; modifications). This same system will be the state's operational system for the foreseeable future.
- e. The recuirement was met as of 5/29/86 using a newly developed system (whether or not it was based on an existing state system). This same system will be the state's operational system for the foreseeable future.

For each requirement for which your response in <u>SECTION A</u> is either statement "1" or "2", in <u>SECTION B</u> enter the number of the statement below that best describes how your state plans to fulfill each DEFRA requirement as of 10/1/86.

- As of 10/1/86 the requirement will be met using an interim or temporary system. Another system is planned or under development that will ultimately become the state's operational system in the foreseeable future.
- 2. As of 10/1/86 the requirement will be met using a system that will be the state's ultimate operational system for the foreseeable future.

In <u>SECTION C</u> indicate whether, currently, each provision is fully, partially, or not yet implemented in your state. (CHECK ONE BOX FOR EACH PROVISION.)

In <u>SECTION 0</u> indicate whether your state believes the cost (in terms of start up and operation dollars) time and human effort) expended to implement each provision is worth the potential benefit (in terms of program dollars saved.) (CHECK ONE BOX FOR EACH PROVISION. DO NOT RESPOND IN SHADED BOXES.)

| | SECTION A HOM STATE MET RE- QUIREMENT AS OF 5/29/86? | SECTION B HOM STATE MILL MEET REQUIREMENT AS OF 10/1/86? | SECTION C CURRENT IMPLEMENTATION? | SECTION D COST VS. BENEFIT? |
|---|---|---|---|--|
| | | | FULL PAR- NONE TIAL | COST COST BENEFIT EXCEEDS EQUALS EXCEEDS BENEFIT BENEFIT COST |
| 5.Exchange data be- tween needs-based programs within your state | | | | |
| 6.Exchange wage and needs-based program date with other states | | | | |
| 7.0btain and use IRS tax data for income/ eligibility verification | | | | |
| 8.0btain and use SSA tax (wege: private pension & self- employment) data for income/eligibility | | | | |
| verification | | | | |

*No response - either omitted with no explanation or skipped according to questionnaire instructions.



APPENDIX II

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| | | | | _ | | | | Que | <u>stion</u> | _ | | | <u> </u> | | | |
|----------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------------------------------|------------------|
| STATE | <u>11.5A</u> | <u>11.5B</u> | <u>11.5C</u> | <u>11.5D</u> | <u>11.6A</u> | <u>11.6B</u> | <u>11.6C</u> | <u>11.6D</u> | <u>11.7A</u> | <u>11.7B</u> | <u>11.7C</u> | <u>11.7D</u> | <u>11.8A</u> | <u>11.8B</u> | <u>11.8C</u> | <u>11.8D</u> |
| AK | 3 | ŧ | 1 | 6 | 2 | 1 | 3 | 4 | 1 | 1 | 3 | 4 | 3 | ŧ | 2 | 5 |
| AZ | 2 | 1 | 1 | 6 | ÷ | ŧ | ŧ | ŧ | 1 | 1 | 3 | 4 | 1 | 1 | 3 | 4 |
| AR | 1 | 1 | 2 | 6 | 1 | 1 | 2 | 5 | 1 | 2 | 2 | 4 | 1 | 1 | 2 | 4 |
| CA | 1 | 2 | 2 | 5 | 1 | 2 | 2 | 5 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| C0 | 1 | 1 | 2 | 6 | 1 | 1 | 3 | 5 | 1 | 2 | 2 | 4 | 1 | 1 | 3 | 5 |
| CT | 2 | 1 | 2 | 6 | 1 | 1. | 3 | 4 | 1 | 1 | 3 | 4 | 1 | 1 | 3 | 6 |
| DE DC | 3 | + | 1 3 | 6 | 2 2 | 2 | 2 | 4 | 1 | 2 | 2 | 4 | 1 | 2 | 2 | 4 |
| FL | 2 | 1 | 5 1 | 4 6 | 2 | 2 1 | * 2 | 6 6 | 1 | 1 | 3 | ŧ | 1 | 1 | 2 | ÷ |
| 6A | 3 | Ŧ | 1 | 6 | 1 | 2 | 2 3 | 4 | 1 | 1 2 | 3 3 | 4 5 | 1 | 1 2 | 3 3 | 4 |
| 60 | i | 1 | 2 | 5 | 1 | 1 | 3 | 4 | 1 | 1 | 3 | 4 | 1 | 1 | 3 3 | 7 |
| HI | 3 | ÷ | ī | 6 | ÷ | ÷ | ŧ | ŧ | 1 | 1 | 3 | 5 | 1 | 1 | 2 | 7 5 |
| ID | 1 | 2 | 1 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| IL | 3 | ŧ | 2 | 6 | 4 | ŧ | 2 | ŧ | 1 | 2 | 3 | ÷ | 1 | 2 | 2 | 4 |
| IN | 2 | 1 | l. | 5 | 2 | 1 | 2 | 4 | 1 | 1 | 2 | 6 | 2 | 1 | 2 | 4 |
| IA | 1 | 2 | 2 | 6 | 1 | 2 | 2 | 5 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| KS | 3 | ŧ | 1 | 6 | 3 | ŧ | 2 | 5 | 1 | 1 | 3 | 6 | 1 | 1 | 3 | 4 |
| KY | 1 | 1 | 2 | 5 | 1 | 1 | 3 | 4 | 1 | 1 | 3 | 4 | 1 | 1 | 3 | 4 |
| LA | 3 | ŧ | 1 | 5 | 1 | 2 | 3 | 4 | I | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| 艇 | 1 | 1 | 2 | 6 | 1 | 1 | 3 | 4 | 1 | 1 | 3 | 4 | 2 | 1 | 2 | 5 |
| nd Na | 2 | 1 | 2 | 6 | 2 | 1 | 2 | 5 | 1 | 1 | 3 | 5 | 1 | 1 | 3 | 4 |
| nn NN | 1 | 1 | 2 3 | 4 | 1 | 1 | 3 | 4 | 1 | 1 | 3 | 4 | 1 | 1 | 2 | 4 |
| MS | 2 | 1 | 3 2 | - 1 - 1 | 1 2 | 1 1 | 3 3 | 4 | 1 | 1 | 3 | 4 | 1 | 1 | 2 | 4 |
| NO | 3 | ŧ | 1 | 6 | 3 | Ŧ | 2 | 4 | 1 | 2 | 2 2 | + | 1 | 1 | 2 2 | * |
| NT | 3 | ŧ | 1 | 6 | 1 | 2 | 3 | 6 | 1 | 2 | 2 | 6 | 1 | 2 2 | 2 | 1 |
| NE | 2 | 1 | 2 | 6 | 2 | 1 | 2 | 4 | 1 | 1 | 3 | 5 | 2 | 1 | 2 | 4 |
| NV | 1 | 1 | 2 | 6 | 1 | 1 | 2 | 6 | 1 | 1 | 3 | 4 | 1 | 1 | 3 | 4 |
| NH. | 3 | ŧ | 1 | ŧ | ŧ | ŧ | ŧ | ŧ | 1 | 2 | 3 | ŧ | - 1 | 2 | 3 | ŧ |
| NJ | 1 | 1 | 1 | 6 | 2 | 1 | 2 | 5 | 1 | 1 | 3 | 5 | 1 | 1 | 3 | 4 |
| NH | 2 | 1 | 1 | 6 | i | 1 | 3 | 4 | 1 | 1 | 3 | 4 | 1 | 1 | 3 | 4 |
| NY | 3 | ŧ | ł | 6 | ŧ | ŧ | ŧ | ŧ | 1 | 1 | 3 | 5 | 1 | i | 3 | 5 |
| NC | 1 | 1 | 2 | 5 | 1 | 1 | 2 | 5 | 1 | 2 | 3 | 4 | 1 | 1 | 2 | 4 |
| OH | 2 | 1 | 2 | 4 | 1 | 1 | 3 | 4 | 1 | 1 | 3 | 4 | 2 | 1 | 2 | 4 |
| 0K DR | 3 | + | 1 | 6 | 1 | 2 | 2 | 4 | 1 | 2 | 3 | 5 | 1 | 2 | 2 | 4 |
| or Pa | 2 3 | 2 • | 2 | ŧ, | 2 3 | 2 • | 2 | ŧ | ÷ | ŧ | 3 | ŧ | ŧ | ŧ | 3 | + |
| PR | 1 | 2 | 1 | 6 5 | 5 1 | * 2 | 1 3 | 6 4 | 1 1 | 2 | 3 | 6 | 1 | 2 | 3 | 6 |
| RI | 2 | 1 | 2 2 | 4 | 1 | 1 | 3 | 4 | 1 | 2 1 | 3 3 | 4 6 | 1 1 | 2 1 | ა ი | 6 |
| RI SC | ī | 1 | 2 | 6 | 1 | 1 | 2 | 5 | 1 | 1 | 3 | 4 | 1 | 1 | 7 | 6 |
| SD | 1 | 1 | 1 | 4 | 1 | 1 | 2 3 | 4 | 1 | 1 | | 4 | 1 | 1 | 2 | 4 |
| SD TN | 3 | ŧ | 1 | 6 | 3 | ŧ | 1 | 5 | 1 | 2 | 3 2 3 | 4 | 1 | 2 | 3 | Å |
| TX | 1 | 1 | 2 | 5 | 1 | 1 | 3 | 5 5 | 1 | i | 3 | 5 | 2 | 1 | 2 | 5 |
| UT | 2 3 | 1 | 1 | 6 | ŧ | ŧ | 3 | ŧ | 1 | 1 | | ŧ | 1 | 1 | 3 2 3 2 3 2 2 1 | 4 4 5 4 |
| ΫT | | ÷ | 2 3 | 6 | 3 | ŧ | 3 2 | 5 | 1 | 2 | 3 3 | 4 | 3 | ŧ | 1 | 4 |
| VI | 1 | 1 | | ŧ | ŧ | ŧ | ÷ | ŧ | 1 | 1 | 3 3 | ŧ | 1 | 1 | | ŧ |
| VA | 1 | 1 | 2 | 4 | 1 | 1 | 2 3 | 4 | 1 | 1 | 3 | 4 | 1 | 1 | 3 2 3 | 4 |
| WA | 2 | 1 | 1 | 6 | 1 | 1 | 3 | 6 | 1 | 1 | 3 | 4 | 1 | 1 | 3 | 4 |
| WV HT | 1 | 2 | 2 | 4 | 1 | 1 | 2 2 | 4 | 1 | 1 | 3 | 4 | 1 | 1 | 3 | 4 |
| NI Ny | 3 3 | ÷ ÷ | 1 1 | 6 # | 2 + | 2 + | 2 # | 6 * | 1 1 | 2 2 | 3 3 3 | 5 + | 2 | 2 2 | 1 3 | 4 |
| | v | - | • | - | - | • | • | Ŧ | ĩ | 2 | 3 | Ŧ | 1 | 2 | 3 | ŧ |

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DETAILED QUESTIONNAIRE DATA: 51 RESPONDENTS

In <u>SECTION A</u> enter the number of the ststement below that best describes how your state met each DEFRA requirement as of 5/29/86.

- 1. The 5/29/86 deadline was waived by a federal agency until 10/1/86.
- 2. The requirement was met as of 5/29/86 using an interim or temporary system. Another system is planned or under development that will ultimately become the state's operational system for the foreseeable future.
- 3. The requirement was met as of 5/29/86 using the state's existing system (with minimel, if any, modifications). This same system will be the state's operational system for the foreseable future.
- 4. The requirement was met as of 5/29/86 using a newly developed system (whether or not it was based on an existing state system). This same system will be the state's operational system for the foreseeable future.

For each requirement for which your response in <u>SECTION A</u> is either statement "1" or "2", in <u>SECTION B</u> enter the number of the statement below that best describes how your state plans to fulfill each DEFRA requirement as of 10/1/86.

- As of 10/1/86 the requirement will be met using an interim or temporary system. Another system is planned or under development that will ultimately become the state's operational system in the foreseable future.
- As of 10/1/86 the requirement will be met using a system that will be the state's ultimate operational system for the foreseeable future.

In <u>SECTION C</u> indicate whether, currently, each provision is fully, partially, or not yet implemented in your state. (CHECK ONE BOX FOR EACH PROVISION.)

In <u>SECTION D</u> indicate whether your state believes the cost (in terms of start up and operation dollars, time and human effort) expended to implement each provision is worth the potential benefit (in terms of program dollars saved.) (CHECK ONE BOX FOR EACH PROVISION. DC NOT RESPOND IN SHADED BOXES.)

| | SECTION A HOM STATE MET RE- QUIREMENT AS OF 5/29/86? | SECTION B HOH STATE HILL HEET REQUIREMENT AS OF 10/1/863 | SECTION C CURRENT IMPLEMENTATION? | SECTION D COST VS. BENEFIT? |
|---------------------------------|---|---|---|--|
| | | | IFULLIPAR-INONEI ITTALI | I COST I COST IBENEFITI IEXCEEDSI EQUALSIEXCEEDSI IBENEFITIBENEFITI COST I |
| | | <u> </u> | | <u> 4 1 5 6 </u> |
| 9.Safeguard IRS tax | I I | | | |
| data | | <u> </u> | | |
| 10.Safeguard DSA tax data | | | | |
| 11.Safeguard your | 1 1 | 1 1 | | |
| state's wage and | 1 1 | 1 1 | | |
| needs-based | I I | 1 1 | | B (B , B , J |
| program data | <u>t 1</u> | 11 | | |
| 12.Safeguard other | | 1 1 | | |
| states' wage and needs-based | | | | |
| program data | 1 1 | 1 İ | | |

| *No | respo | nse | - | either |
|-----|-------|------|-----|--------|
| omi | tted | with | i r | 10 |
| exp | lanat | ion | 01 | |
| ski | pped | acco | rd | ling |
| to | quest | ionn | isi | re |
| ins | truct | ions | | |



APPENDIX II

| | | | * | | | Que | stion | | | | | |
|-----------|--------------|--------------|--------------|---------------|---------------|----------------------------|---------------|---------------|--------|---------------|---------------|------------------|
| STATE | <u>11.9A</u> | <u>11.98</u> | <u>11.9C</u> | <u>11.10A</u> | <u>11.10B</u> | <u>11.10C</u> | <u>11.11A</u> | <u>11.11B</u> | 11.110 | <u>11.12A</u> | <u>11.12B</u> | 11.120 |
| AK | 1 | 1 | 3 | 3 | ŧ | 1 | 3 | ŧ | 1 | 3 | ŧ | 1 |
| AZ | 1 | 1 | 3 | 1 | 1 | 3 | 3 | ŧ | 1 | ŧ | + | ÷ |
| AR | 1 | 2 | 2 | 1 | 1 | 2 | 3 | ŧ | 1 | 1 | 2 | 2 |
| CA | 1 | 2 | 3 | 1 | 2 | 2 | 1 | 2 | 1 | 1 | 2 | 2 |
| CO OT | 1 | 2 | 3 | 1 | 2 | 3 | 2 | 2 | 1 | 1 | 2 | 3 |
| CT De | 1 | 1 | 3 | 1 | 1 | 3 | 2 | 1 | 1 | 1 | 1 | 3 |
| DC | 1 | 2 2 | 2 | 1 | 2 | 2 | 3 | ŧ | 1 | 3 | ŧ | 1 |
| FL | 1 | 1 | 3 3 | 1 | 2 | 3 | 1 | 2 | 2 | 1 | 2 | 2 |
| 6A | 1 | 2 | 3 | 1 | 2 | 3 3 | 3 3 | + | 1 | 3 | ŧ | 1 |
| 60 | 1 | 1 | 3 | 1 | 1 | 2 | 3 1 | ŧ | 1 3 | 1 | 2 | 3 |
| HI | 1 | 1 | 2 | 1 | • | 2 | 1 | 1 | 2 | 1 | 1 | 3 2 |
| ID | 1 | 2 | 3 | 1 | 2 | 2 | 1 | 2 | 1 | 1 | 2 | 1 |
| IL | 1 | 2 | 3 | 1 | 2 | 2 | 3 | - & | 2 | 3 | + | 2 |
| IN | 1 | 1 | 2 | 2 | 1 | 1 | 2 | 1 | 1 | 2 | 1 | 1 |
| IA | 1 | 2 | 3 | 1 | 2 | 3 | 2 | 2 | 1 | 2 | 2 | 1 |
| KS | 1 | 1 | 3 | 1 | 1 | 3 | 2 | 1 | 2 | 2 | 1 | 2 |
| KY | 1 | 1 | 3 | 1 | 1 | 3 | 2 | 1 | 1 | 2 | 1 | 1 |
| la Ne | 1 | 2 | 3 | 1 | 2 | 3 | 3 | ŧ | 1 | 1 | 2 | 3 |
| ne. ND | 2 | 1 | 2 | 2 | 1 | 2 | 3 | ŧ | 1 | 2 | 1 | 2 |
| KA | 1 | 1 | 3 2 | 1 | 1 | 3 | 3 | ŧ | 1 | 3 | ŧ | 1 |
| | 1 | 2 | 2 3 | 1 | 2 | 2 3 | 1 3 | 1 | 2 | 1 | 1 | 3 |
| NS | 1 | ī | 3 | 2 | 1 | 1 | 2 | т 1 | 1 | 3 | ŧ | 1 |
| NO | 3 | ŧ | 2 | 3 | ŧ | 2 | 3 | Ŧ | 2 | 2 3 | 1 Ŧ | 1 |
| NT | 1 | 2 | 2 | 1 | 2 | 2 | 3 | | 1 | 1 | 2 | 2 2 |
| NE | 1 | 1 | 3 | 2 | 1 | 2 | 4 | ŧ | 2 | 2 | 1 | 3 |
| NV | 1 | 1 | 3 | 1 | 1 | 3 | 2 | 1 | 2 | 2 | 1 | 2 |
| MH | 1 | 2 | 2 | 3 | ŧ | 1 | 3 | ŧ | 1 | ŧ | ŧ | ŧ |
| NJ NJ | 1 | 1 | 3 | 1 | 1 | 3 | 3 | ŧ | 1 | 3 | ŧ | 1 |
| NH | 1 | 1 | 3 | 1 | 1 | 3 | 3 | ŧ | 1 | 3 | ŧ | 1 |
| NY NC | 1 | 1 2 | 3 3 | 1 | 1 | 3 | 3 | ŧ | 1 | 3 | ŧ | 1 |
| OH | 3 | 2 + | 3 1 | 3 3 | + + | 1 | 2 | 2 | 2 | 2 | 2 | 2 |
| 0K | 1 | 2 | 2 | 3 | 4 | 1 | 3 | ŧ | 1 | 3 | ŧ | 1 |
| OR | ÷ | ŧ | 3 | ŧ | + | 1 3 | 3 # | t t | 1 3 | 3 2 | ŧ. | 1 |
| PA | 1 | 2 | 3 | 1 | 2 | 3 2 3 3 2 1 | 3 | ŧ | 1 | 2 3 | 2 * | 2 |
| PR | 1 | 2 | 3 | 1 | 2 | 2 | 1 | 2 | 2 | 1 | 2 | 1 |
| RI | 1 | 1 | 3 | 1 | 1 | 3 | 1 | 1 | 3 | 1 | ī | 2 3 1 |
| SC | 1 | 1 | 3 | 1 | 1 | 3 | 3 | ŧ | 1 | 3 | ŧ | i |
| SD | 1 | 1 | 3 | 1 | 1 | 2 | 1 | 1 | 2 | 1 | 1 | 2 |
| TN | 1 | 2 | 3 | 3 | ŧ | 1 | 3 | ŧ | 1 | 3 | ŧ | |
| ΤX | 1 | 1 | 3 | 1 | 1 | 2 | 1 | 1 | 2 | 1 | 1 | 1 3 |
| UT YT | 1 1 | 1 2 | 3 | 2 3 | 1 | 1 | 2 3 | 1 | 1 | 2 3 | 1 | 1 |
| VI | 1 | 1 | 2 3 | 5 1 | ŧ | 1 | | ŧ | 1 | | ŧ | 1 |
| VA | 1 | 1 | 3 | 3 | 1 # | 3 1 | 1 | 1 | 3 | 1 | 1 | 3 |
| WA | 1 | 1 | 3 2 | 3 1 | * 1 | | 3 2 | # 1 | 1 2 | 1 | 1 | 2 |
| WV | 1 | 2 | 3 | 1 | | 2 3 | 1 | 2 | 2 | 2 1 | 1 | 3 2 2 2 |
| WI | ŧ | ŧ | 3 | 2 | 2 2 2 | 1 | | ŧ | 1 | 3 | 2 * | 2 1 |
| ₩Y | 1 | 2 | 3 | 1 | 2 | 3 | 3 3 | ŧ | i | ŧ | ŧ | ŧ |



DETAILED QUESTIONNAIRE DATA: 51 RESPONDENTS

In SECTION A enter the number of the statement below that best describes how your state met each DEFRA requirement as of 5/29/86.

- t. The 5/29/86 deadline was waived by a federal agency until 10/1/86.
- The requirement was met as of 5/29/86 using an intarim or temporary system. Another system is planned or under development that will ultimately become the state's operational system for the foreseeable future.
- 3. The requirement was met as of 5/29/86 using the state's existing system (with minimal, if any, modifications). This same system will be the state's operational system for the foreseable future.
- 4. The requirement was mat as of 5/29/86 using a newly developed system (whether or not it was based on an existing state system). This same system will be the state's operational system for the foreseable future.

For each requirement for which your response in <u>SECTION A</u> is either statement "1" or "2", in <u>SECTION B</u> enter the number of the statement below that best describes how your state plans to fulfill each DEFRA requirement as of 10/1/86.

- As of 10/1/86 the requirement will be mat using an interim or temporary system. Another system is planned or under development that will ultimately become the state's operational system in the foreseeable futura.
- As of 10/1/86 the requirement will be met using a system that will be the state's ultimate operational system for the foreseeable future.

In <u>SECTION C</u> indicate whether, ourrently, each provision is fully, partially, or not yet implemented in your stata. (CHECK ONE BOX FOR EACH PROVISION.)

In <u>SECTION 0</u> indicate whether your state believes the cost (in tarms of start up and operation dollars, time and human affort) expended to implement each provision is worth the potential benefit (in terms of program dollars saved.) (CHECK ONE BOX FOR EACH PROVISION. DO NOT RESPOND IN SHADED BOXES.)

| | SECTION A HOM STATE MET RE- QUIREMENT AS OF 5/29/86? | SECTION B HOM STATE NILL MEET REQUIREMENT AS OF 10/1/86? | SECTION C CURRENT IMPLEMENTATION? | SECTION D COST VS. BENEFIT? |
|------------------------|---|---|---|--|
| | | | FULL PAR- NONE TTAL 2 3 | I COST I COST IBENEFITI IEXCEEDSI EQUALSIEXCEEDSI IBENEFITIBENEFITI COST I |
| 13.Take appropriate | 1 1 | 1 1 | | |
| action on cases | 1 1 | i i | | i i i i |
| identified by IRS | I I | i i | | i i i i |
| or SSA tax data | 1 | 1 | | i i i i |
| <u>within 30 days</u> | <u> </u> | L1 | | |
| 14.Track record volume | I I | 1 1 | | |
| and report annually | <u> </u> | <u> </u> | | |
| 15.Track case disposi- | I I | 1 1 | | |
| tion and report | I I | 1 | | |
| vileume | <u> </u> | <u> </u> | | |

*No response - either omitted with no explanation or skipped according to questionnaire instructions.



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APPENDIX II

| | | | | | | Ques | tion | | | | | |
|--------------|---------------|---------------|---------------|---------------|---------------|------------------|---|---------------|--------|---------------|--|---------------|
| <u>STATE</u> | <u>11.13A</u> | <u>11.13B</u> | <u>11.13C</u> | <u>11.13D</u> | <u>11.14A</u> | <u>11.14B</u> | <u>11.14C</u> | <u>11.14D</u> | 11.15A | <u>11.15B</u> | 11.15C | <u>11.15D</u> |
| AK | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| AZ | 1 | 1 | 3 | 4 | 1 | 1 | 3 | 4 | 1 | ī | 3 | 4 |
| AR | 1 | 2 | 2 | 4 | 1 | 2 | 2 | 4 | i | 2 | 2 | Å |
| CA | 1 | 2 | 3 | 4 | 1 | 2 | 2 | 4 | 1 | 2 | 2 | 4 |
| CO | 1 | 2 | 3 | 4 | 1 | 1 | 3 | 4 | ī | 1 | 3 | 4 |
| CT | 1 | 1 | 3 | 4 | 1 | 1 | 3 | 4 | 1 | 1 | 3 | 4 |
| DE | 1 | 2 | 2 | 6 | 1 | 2 | 2 | 4 | 1 | 2 | 2 | 4 |
| DC | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| FL | 1 | 1 | 3 | 4 | 1 | 1 | 2 | 4 | i | 1 | 2 | 4 |
| 6A | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| 60 | 1 | 1 | 3 | 5 | 1 | 1 | 3 | 5 | 1 | 1 | 3 | 5 |
| HI | 1 | 1 | 2 | 5 | 1 | 1 | 2 | 5 | 1 | 1 | 2 | 5 |
| ID | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| IL | 1 | 2 | 2 | 4 | 1 | 2 | 2 | 6 | 1 | 2 | 2 | 6 |
| IN | 1 | 1 | 2 | 6 | 1 | 1 | 2 | 4 | 1 | 1 | 2 | 4 |
| IA | 1 | 2 | 3 | 6 | 1 | 2 | 3 | 6 | 1 | 2 | 3 | 6 |
| KS KY | 1 | 1 | 3 | 4 | 1 | 1 | 3 | 5 | 1 | 1 | 3 | 4 |
| | 1 | 1 | 3 | 4 | 1 | 1 | 3 | 4 | 1 | 1 | 3 | 4 |
| la Ne | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 5 | 1 | 2 | 3 | 5 |
| ND | 2 | 1 | 2 | 4 | 2 | 1 | 2 | 4 | 2 | 1 | 2 | 4 |
| NA | 1 | 1 | 3 | 5 | 1 | 1 | 3 | 5 | 1 | 1 | 3 | 4 |
| in M | 1 | 1 | 3 | 4 | 1 | 1 | 3 | 5 | 1 | 1 | 3 | 5 |
| MS | 1 | 1 | 3 | 4 | 1 | 1 | 3 | 4 | 1 | 1 | 3 | 4 |
| NO | 1 | 1 2 | 3 3 | * | 1 | 1 | 3 | ŧ | 1 | 1 | 3 | Ŧ |
| NT | 1 | 2 | | 4 | 1 | 1 | 3 | 4 | 1 | 1 | 3 | 4 |
| NE | 1 | 1 | 23 | 6 | 1 | 2 | 2 | 5 | 1 | 2 | 2 | 4 |
| NV | 1 | 1 | • | ן ז | 1 | 1 | 2 | 5 | 1 | 1 | 3 | 5 |
| NH | 1 | 2 | | t I | 1 | 1 | 3 | 4 | 1 | 1 | 3 | 4 |
| NJ | 1 | 1 | : 3 | ÷ A | 1 | 2 | 3 3 | * | 1 | 2 | 3 | • |
| NH | • | 1 | 3 | 7 5 | 1 | 1 | 3 | £ | 1 | 1 | 3 | 0 |
| NY | 1 | 1 | 3 | J A | 1 | 1 | 2 | 7 | 1 | 1 | 3 | 1 |
| NC | 1 | 2 | 3 | Å | 1 | 2 | 2 | 7 | 1 | 2 | 2 2 | 1 |
| 0H | 1 | - | 2 | Å | 1 | 1 | 2 | 4 | 1 | 1 | 2 | 7 |
| OK | 1 | 2 | 3 | 5 | i | 2 | 2 | 4 | 1 | 2 | 2 | 4 |
| OR | ÷ | ÷ | 3 | ÷ | ÷ | ÷ | 3 | ŧ | Ŧ | ŧ | 3 | Ŧ |
| PA | 1 | 2 | 3 | 6 | 1 | 2 | 3 | 6 | - | 2 | 3 | 6 |
| PR | 1 | 2 | 3 | 6 | 1 | 2 | 3 | | 1 | 2 | 3 | 5 |
| RI | 1 | 1 | 3 | 4 | 1 | 1 | 3 | 5 4 | i | ī | 3 | 4 |
| SC | 1 | 1 | 3 | 4 | 1 | 1 | ~ 2 | | 1 | 1 | 3 | 5 |
| SD | 1 | 1 | 3 | 4 | 1 | 1 1 | $\sqrt{3}$ | 5 4 | 1 | 1 | 3 | 4 |
| TN | 1 | 2 | 2 | 4 | i | 2 | 3. | 4 | 1 | 2 | 3 | 4 |
| TX | 1 | 1 | 2 | 5 | 1 | 2 | 3 | 4 | 1 | 1 | 3 | 4 |
| UT | 1 | 1 | 3 | ŧ | 1 | 1 2 1 2 | 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 | ŧ | 1 | 1 | 3 3 3 3 3 3 3 3 3 3 3 3 3 3 | ŧ |
| VT | 1 | 2 | 2 | 4 | 1 | | 3 | 4 | 1 | 2 | 3 | 4 |
| VI | 1 | 1 | 3 | Ŧ | 1 | 1 | 3 | ŧ | 1 | 1 | 3 | ÷ |
| VA | 1 | 1 | 3 | 4 | 1 | 1 | 3 | 4 | 1 | 1 | 3 | 4 |
| WA | 1 | 1 | 3 | 4 | 1 | 1 | 3 | 5 | 1 | 1 | 3 | 4 |
| WV | 1 | 1 | 3 | 4 | 1 | 1 | | 4 | 1 | 1 | 3 | 4 |
| WI | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 5 | 1 | 1 | 3 | 4 |
| 教人 | 1 | 2 | 3 | ŧ | 3 | ŧ | ŧ | ÷ | 3 | ŧ | 1 | ŧ |



DETAILED QUESTIONNAIRE DATA: 51 RESPONDENTS

| | | - | | |
|---|--------------|----|--------------|--------|
| | | | <u>lesti</u> | |
| 12.A coordinating agency or agencies will | <u>State</u> | 12 | <u>13</u> | 14 |
| be needed in each state to handle data | | | | |
| exchanges with the IRS Information | AK | 1 | 1 | 2 |
| Returns Processing (IRP) system and | AZ | 1 | 1 | 1 |
| the SSA Sendex system. Please indi- | AR | 1 | 2 | * |
| cate how your state will be structured | CA | Ē | 2 | * |
| to accomplish this. (CHECK ONE.) | CO | 1 | 2 | * |
| 1.[]a single agency will be respon- | CU CT | 1 | 1 | 2 |
| sible for coordinating your | | | | د * |
| state's data exchanges with both | DE | 1 | 2 | |
| SSA and IRS systems | DC | 1 | 2 | `* |
| | FL | 1 | 2 | * |
| 2.[]separate agencies will be respon- | GA | 2 | 2 | * |
| sible for coordinating your | GU | 1 | 1 | 1 |
| state's data exchanges with SSA | HI | 1 | 2 | * |
| and IRS systems | ID | ī | 2 | * |
| | ĨL | 1 | 1 | 2 |
| Questions 13 through 19 refer to the | | | | |
| functions of this coordinating agency (or | IN | 1 | 2 | * |
| agencies if IRS and SSA data are each | IA | 1 | 1 | 2 |
| handled by a separate agency). Answer | KS | 1 | 2 | * |
| them in regard to how it (or they) will | KY | 1 | 1 | 2 |
| be functioning as of 10/1/86. | LA | 1 | 2 | * |
| | ME | 1 | 1 | 2 |
| | MD | 1 | ź | * |
| 13.Indicate whether or not your state coor- | | 1 | 1 | 2 |
| dinating agency' will screen IRS output | MA | | | |
| files to eliminate cases in which data | MN | 1 | 1 | 2 |
| shows accurate income was reported by | MS | 2 | 1 | 2 |
| applicant/recipient. | MO | 1 | 2 | * |
| | MT | 1 | 2 | * |
| 1.[]Yes>(CONTINUE.) | NE | 1 | 1 | 2 |
| 0 6 1H | NV | 1 | 2 | * |
| 2.[]No×SKIP TO QUESTION 16.) | NH | 1 | ī | 2 |
| | NJ | 1 | 1 | 2 |
| In questions 14 and 15 "case followup" | | 1 | 1 | 2 |
| refers to determination of differences be- | NM | | | |
| tween applicant/recipient-provided data | NY | 1 | 2 | * |
| and IEVS data through record comparisons; | NC | 1 | 2 | * |
| verification with applicant/recipient or | OH | 1 | 1 | 2 |
| third party where differences do exist; | OK | 1 | 2 | * |
| and case inve stigation and fraud referral where warranted. | OR | 1 | * | * |
| Muare Merrented: | PA | 1 | 2 | × |
| 14.Will your state coordinating agency per- | PR | 1 | ī | * |
| form IRS case followup independent of | RI | 1 | 1 | 2 |
| counties, user agencies, or caseworkers | | 1 | 2 | * |
| in your state? | SC | | | |
| | SD | 1 | 1 | 1 |
| 1.[]YesKSKIP TO QUESTION 16.) | TN | 1 | 2 | * |
| 2.[]No×CONTINUE.) | TX | 1 | 1 | 1 |
| | UT | 2 | 2 | * |
| | VT | 1 | 1 | 2 |
| the regroups - ofther | ŶĨ | 1 | 1 | ī |
| *No response - either | VI VA | 1 | 1 | 2 |
| omitted with no | | 1 | Ż | * |
| explanation or | WA | 1 | | |
| skipped according | WV | | 2 | * |
| to questionnaire | WI | 1 | 1 | 2 |
| instructions. | WY | 1 | 2 | * |
| | | | | |



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| | | | Questio | n |
|--|---------------|------|---------|-------------|
| 15.Indicate whether or not your state | STATE | 15.1 | 15.2 | 15.3 |
| coordinating agency will be responsible | | | | |
| for sorting and distributing IRS data | AK | 2 | 1 | 2 |
| files in each of the ways listed below. | AZ | * | * | * |
| (CHECK ONE BOX FOR EACH ROW.) | AR | 2 | 2 | 1 |
| YES NO | CA | 1 | 2 | 1 |
| | CO | 2 | 2 | 2 |
| 1 2 | CT | 1 | 2 | 2 |
| 1.Sort IRS output file by | DE | 2 | 2 | 2 1 2 |
| caseworker within each | DC | 1 | 2 | 2 |
| user agency and distribute | \mathbf{FL} | 2 | 1 | 1 |
| subfiles to agencies for | GA | 1 | 2 | 1 |
| screening and case followup | GU | * | * | * |
| 2.Sort IRS output file by | HI | 1 | 1 | 1 |
| state user agency and dis- | ID | 2 | 1 | 2 |
| tribute subfiles to each | IL | 2 | 2 | 1 |
| for screening and case followup | IN | 1 | 2 | 2 |
| tottomnb | IA | 1 | 1 | ī |
| 3.Sort IRS output file by | KS | 2 | 1 | 1 |
| county and distribute sub- | KY | 1 | 1 | 1 1 |
| files to each for screening | LA | 1 | 2 | ź |
| and case followup | ME | 1 | 2 | 2 |
| | MD | 2 | 2 | 1 |
| | MA | 2 | 1 | 2 |
| | MN | 1 | 1 | 1 |
| | MS | 1 | 1 | i |
| | MO | 1 | ź | 1 |
| | MT | ī | 2 | 1 |
| | NE | 1 | 1 | 1 |
| | NV | 1 | 1 | 1 |
| | NH | 1 | 2 | 2 |
| | NJ | 1 | 1 | 2 |
| | NM | 2 | 1 | 1 |
| | NY | 1 | 2 | 1 |
| | NC | 1 | 2 | 1 |
| | OH | 2 | 1 | 0 |
| | OK | 1 | 1 | 1 |
| | OR | * | * | 1 * |
| | PA | 1 | | |
| | PR | 2 | 1 1 | 1 |
| | RI | | | 2 |
| | SC | 2 | Ê | 1 |
| | SD | 1 | 2 | 2 |
| | sd Tn | * | * | * |
| | TN TX | 1 | 2 | 1 |
| | UT | * | * | * |
| | UT VT | 2 | 1 | 2 |
| *No response - either | | 1 | 2 | 2 |
| omitted with no | VI | 2 | 1 | 1 |
| explanation or | VA WA | 1 | 2 | 1 |
| skipped according | WA | 2 | 2 | 1 |
| to questionnaire | WV | 2 | 1 | 1 |
| instructions. | WI | 1 | 2 | 2 |
| THE FIRE FIGHT. | WY | 1 | 2 | 1 |
| | | | | |



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DETAILED QUESTIONNAIRE DATA: 51 RESPONDENTS

| 16.Indicate whether or not your state coor dinating agency will screen SSA output | - <u>State</u> | <u>Que:</u> 16 | stion 17 |
|--|----------------|-------------------|-------------|
| files to eliminate cases in which data | AK | 1 | 2 |
| | AZ | 2 | * |
| shows accurate income was reported by | AR | 1 | 1 |
| applicant/recipient. | CA | 2 | * |
| | CO | 2 | * |
| 1.[]Yes×CONTINUE.) | CT | 1 | 2 |
| | DE | 1 | 2 |
| 2.[]No>(SKIP TO QUESTION 18.) | LC | 2 | * |
| | FL | 1 | 2 |
| 47 H.11 years state according time according | | 2 | * |
| 17.Will your state coordinating agency per | GU | 1 | 1 |
| form SSA case followup independent of | | 1 | ź |
| counties, user agencies, or caseworkers | ID | 2 | * |
| in your state? | IL | 1 | 2 |
| 1.[]Yes★SKIP TO QUESTION 19.) | IN | 2 | * |
| 1.1 JIES KOKIP IN QUESTION 19.7 | IA | 1 | 2 |
| | | 2 | * |
| 2.[]No×CONTINUE.) | KS Ky | 1 | 2 |
| | | 1 | 2 |
| | LA | 1 | 2 |
| | ME MD | 2 | د * |
| | | 2 | 2 |
| | MA | 1 | 2 |
| | MN | 1 | 2 |
| | ms Mo | 2 | ۲ ۲ |
| | MU MT | 2 | * |
| | NE | 2 | Ž |
| | NV | 2 | 2 * |
| | NH | 1 | 2 |
| | NI | 1 | 2 |
| | NM NM | 1 | 2 |
| | NY | 2 | * |
| | NC | 2 | * |
| | OH | 2 | * |
| | OK | 1 | 2 |
| | OR | * | * |
| | PA | 2 | * |
| | PR | 2 | * |
| | RI | 1 | 2 |
| | SC | 2 | * |
| | SD | 1 | 1 |
| | TN | 2 | * |
| | TX | 1 | 1 |
| | UT | 2 | * |
| | VT | 1 | |
| WNa magnessa - atthese | VI | 1 | 2 |
| *No response - either | V I VA | 1 | 2 2 2 |
| omitted with no | WA | 2 | * |
| explanation or aking | WV | 2 | * |
| skipped according " to questionnaire | WI | 1 | 2 |
| instructions. | WY | ź | * |
| 1115 JTUC J10115. | 11 A | - | - |



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DETAILED QUESTIONNAIRE DATA: 51 RESPONDENTS

| | | 4 | <u>Questions</u> | | | | | |
|--|----------|--------|------------------|-------------------------|--|--|--|--|
| 18.Indicate whether or not your state | STATE | 18.1 | 18.2 | 18.3 | | | | |
| coordinating agency will be responsible for sorting and distributing SSA data | AK | 1 | 1 | 2 | | | | |
| files in each or one ways listed below. | AZ | 1 | 2 | 2 | | | | |
| (CHECK ONE BOX FOR EACH ROW.) | AR | * | * | * | | | | |
| YES NO | CA | 1 | 2 | 1 | | | | |
| | CO | 1 | 2 | 2 | | | | |
| | CT | 1 | 2 | 2 | | | | |
| 1.Sort SSA output file by | DE | 2 | 2 | 1 | | | | |
| caseworker within each user agency and distribute | DC FA | 1 | 2 | 2 | | | | |
| subfiles to agencies for | GA | 2 1 | 1 2 | 1 | | | | |
| screening and case followup | GU | ⊥ * | د * | 1 * | | | | |
| 2.Sort SSA output file by | HI | 1 | 1 1 | 1 | | | | |
| state user agency and dis- | ID | ź | ĩ | ź | | | | |
| tribute subfiles to each for screening and case | IL | 2 | $\overline{2}$ | 1 | | | | |
| followup | IN | 1 | 2 | 2 | | | | |
| | IA | 1 | 1 | 1 | | | | |
| 3.Sort SSA output file by county and distribute sub- | KS | 2 | 1 | 1 | | | | |
| files to each for screening | KY | 1 | 1 | 1 | | | | |
| and case followup | LA ME | 1 | 1 | 1 | | | | |
| <u> </u> | MD | 1 | 2 1 | 2 | | | | |
| | MA | 2 | 1 | 2 2 | | | | |
| | MN | 1 | 1 | 1 | | | | |
| | MS | 1 | ī | 1 | | | | |
| | MO | 1 | 1 | 1 1 | | | | |
| | MT | 1 | 1 | 1 | | | | |
| | NE | 1 | 1 | 1 | | | | |
| | NV | 1 | 1 | 1 | | | | |
| | NH NJ | 1 | 2 | 2 2 | | | | |
| | NM | 1 2 | 1 1 | 2 | | | | |
| | NY | 1 | 2 | 1 1 | | | | |
| | NC | ī | 2 | 1 | | | | |
| | OH | 2 | 1 | ź | | | | |
| | OK | 1 | 1 | 1 | | | | |
| | OR | * | * | * | | | | |
| | PA | 1 | 1 | 1 | | | | |
| | PR | 2 | 1 | 1 | | | | |
| | RI | 2 | 2 | 1 | | | | |
| | SC SD | 1 * | 2 * | 1 * | | | | |
| | TN | 1 | 2 2 | 2 | | | | |
| | TX | * | * | * | | | | |
| | UT | 2 | 1 | 2 | | | | |
| | VT | 1 | 2 | $\overline{\mathbf{z}}$ | | | | |
| *No response - either | VI | 2 | 1 | 1 | | | | |
| omitted with no | VA | 1 | 2 | 1 | | | | |
| explanation or skipped according | WA | 2 | 2 | 1 | | | | |
| to questionnaire | WV WI | 2 1 | 1 | 1 | | | | |
| instructions. | WY | 2 | 2 2 | 2 1 | | | | |
| | | 6 | L | Ŧ | | | | |
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APPENDIX II

DETAILED QUESTIONNAIRE DATA: 51 RESPONDENTS

| | | | | | (| Question | h |
|-----------------------------|-----------|-----------|--|------------|----------------------------|--------------------------------------|--------|
| III. <u>Use of soc</u> i | AL_SECUR | NITY NUM | BERS | STATE | 19.1 | 19.2 | 19.3 |
| 19.Indicate when | ther or r | not your | state cur | - AK | 2 | 2 | 1 |
| rently requir | es appli | icants a | nd family | ÂZ | 2 | 2 | |
| members to pr | | | | AR | 2 | 2 | |
| security numb | | | ach of | | 2 | 2 | |
| the programs | | | | CA | 2 | | |
| CCHECK ONE BO | DX FOR E | ACH PROG | RAM.) | CO | 2 | 2 | |
| | CTATE | REQUIRE | 5 CCN | CT | 2 | 2 | |
| | | FROM | 3 33N | DE | 2 | 2 | |
| | ſ | NVIII I I | | DC | 2 | 2 | 2 |
| - | APPLI- | BOTH | NEITHERI | FL | 1 | 2 | |
| | | | APPLI- | | 2 | 2 | 2 |
| | ONLY | CANTS | | GA | | | |
| | | AND | I NOR I | GU | 2 | 2 | |
| | | FAMILY | FAMILY | HI | 2 | 2 | |
| - | | <u> </u> | <u> </u> | ID | 2 | 2 | 2 |
| | 1 | 2 | | ĪĹ | 2 | 2 | 2 |
| | ! | <u> </u> | <u>i </u> | IN | 2 | 2 | |
| 1.Medicaid | 1 | 1 | | | 2 | 2 | |
| 2.Aid to Fami- | I | 1 I | | IA | | | |
| 2.Aid to Fami- lies with | 1 | | | KS | 1 | 1 | |
| Dependent | • | 1 | 1 | KY | 2 | 2 | 2 |
| Children | 1 | Ì | i i | LA | 2 | 2 | 2 |
| (AFDC) | i | i | i i | ME | 2 | 2 | |
| | 1 | İ | <u>i</u> i | MD | 2 | 2 | |
| 3.Food Stamps | I | I | I I | MA | 3 | 2 | |
| | I | 1 | | | 2 | 2 | |
| | | | | MN | | | |
| | | | | MS | 2 | 2 | |
| | | | | MO | 2 | 2 | 2 |
| | | | | MT | 2 | 2 | 2 |
| | | | | NE | 1 | 1 | 1 |
| | | | | NV | 2 | 2 | 2 |
| | | | | NH | 2 | 2 | 2 |
| | | | | NJ | 2 | 2 | 2 |
| | | | | | | 2 | |
| | | | | NM | 2 | | |
| | | | | NY | 2 | 2 | |
| | | | | NC | 1 | 1 | |
| | | | | OH | 2 | 2 | 2 |
| | | | | OK | 1 | 2 | 2 |
| | | | | OR | * | * | * |
| | | | | PA | 2 | 2 | |
| | | | | | | 2 2 2 2 2 2 2 2 | 2 0 |
| | | | | PR | 2 | 2 | 2 |
| | | | | RI | 2 | Z | Z |
| | | | | SC | 2 2 2 2 2 2 | 2 | 2 |
| | | | | SD | 2 | 2 | 2 |
| | | | | TN | 2 | 2 | 2 |
| | | | | TX | 2 | 2 | 2 |
| | | | | | 2 | 2 | 2 |
| | | | | UT | <u>ເ</u> | 2 2 2 | 5 |
| | | - | | VT | 3 | 4 | 4 |
| *No re: | | | ther | VI | 2 | 2 | Z |
| | ed wit | | | VA | 2 | 2 | 2 |
| | nation | | | WA | 2 | 2 | 2 |
| | ed acc | | đ | WV | 2 | 2 | 2 |
| | estion | | | WI | 2 | 2 | 2 |
| | | | ч. | WY | 1 | 2 2 2 2 2 | 2 |
| instr | uction | ເວ. | | U 7 | 7 | 6 | - |
| 0 | | | | | | | |



DETAILED QUESTIONNAIRE DATA: 51 RESPONDENTS

| 20.How does the cost (in terms of dollars, | STATE | <u>Quesi</u> | ion |
|--|----------------------------------|----------------------------|----------------------------|
| time, and human effort) of each of the | | 20.1 | 20.2 |
| following initiatives compare to its po- | | 2 | 2 |
| tential benefit (in terms of program | | 3 | 2 |
| dollars saved)? (CHECK ONE BOX FOR | | 2 | 2 |
| EACH ROW.) | | 2 | 2 |
| EXCEEDS EQUALS FIT | | 1 | 1 |
| BENE- BENE- EXCEEDS | | 3 | 3 |
| | | 2 | 2 |
| 1.Modify existing application forms to faci- litate SSN | na | 2 2 2 1 | 2 2 2 2 1 |
| 2.Case worker training to implement SSN verification | HI ID IL IN | 2 1 3 3 | 2 1 3 |
| | IA KS KY | 3 2 2 | 3 3 2 2 |
| | la | 2 | 2 |
| | Me | 1 | 1 |
| | Md | 2 | 3 |
| | Ma | 1 | 2 |
| | MN | * | * |
| | MS | * | * |
| | MO | 3 | 3 |
| | MT | 3 | 3 |
| | ne | 2 | 2 |
| | NV | 3 | 3 |
| | NH | * | * |
| | NJ | 2 | 2 |
| | NM | 2 | 2 |
| | NY | 2 | 3 |
| | NC | 1 | 1 |
| | OH | 1 | 1 |
| | OK | 2 | 2 |
| | OR | * | * |
| | PA | 3 | 3 |
| | PR | 3 | 3 |
| | RI | 2 | 2 |
| | SC | 2 | 2 |
| | SD TN TX | 1 2 2 | 2 1 2 3 2 2 |
| *No response - either omitted with no explanation or skipped according | UT VT VI VA WA WV | 2 2 * 1 3 2 | * 1 3 |
| to questionraire instructions. | WI WY | 2 * * | 2 * * |
| | •50 | | |

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DETAILED QUESTIONNAIRE DATA: 51 RESPONDENTS

| | | | Questi | on |
|--|----------------|------------------|---------------|---|
| 21.Which SSA system does your state most often use to validate a program | STATE | 21 | 22 | 23 |
| recipient's SSN? (CHECK ONE.) | AK | 3 | 6 | 2 |
| 1.[]Third party query system | AZ AR | 3 3 | 6 6 | 1 2 |
| 2.[]Bendex system | CA | 3 | 6 6 | 3 2 |
| 3.[]Enumeration/validation system | CO CT | 3 3 | 6 5 | 2 |
| 22.About how long, on average, does it take SSA to answer your state's requests for | DE DC | 2 3 | 4 6 | 1 2 3 2 2 3 2 2 2 |
| SSN validation with the system your state most often uses? (CHECK ONE.) | FL GA | 3 3 | 7 7 | 3 |
| 1.[]Less than 1 day | GU HI | 2 2 | 6 6 | 2 2 |
| 2.[]1 day to less than 1 week | ID | 3 | 5 | 3 |
| 3.[]1 week to less than 2 weeks | IL IN | 3 3 | 6 4 | 2 |
| 4.[]2 weeks to less than 3 weeks | IA KS | 3 3 | 4 6 | 2 2 |
| 5.[]3 weeks to less than 4 weeks | KY | 3 | 6 | 3 |
| 6.[]4 weeks or more | la Me | 3 2 | 6 6 | 1 2 |
| 7.[]Can't determinevery little exper- ience with SSA | MD MA | 23 | 6 6 | - 2 3 |
| 23.In your opinion, how accurate are SSA's responses to your state's requests for SSN validation? (CHECK ONE.) | MN MS MO | 3 3 3 | 6 6 6 | 2 * 2 |
| 1.[]very accurate (99-100%) | MT NE | 3 3 | 6 6 | 2 2 |
| 2.[]accurate (95-98%) | NV | 3 | 6 | 1 |
| 3.[]inaccurate (94% or less) | nh Nj Nm | 3 3 3 | 6 7 6 | 1 3 2 |
| | NY | 3 | * | * |
| | NC OH | 3 2 | 6 6 | 2 3 |
| | OK | - | 5 | 2 |
| | OR PA | | 6 5 | 1 2 |
| | PR | 3 2 3 3 | 6 6 | 2 |
| | RI SC | 3 3 | 6 | 2 |
| | SD TN | 3 1 | 5 4 | 2 |
| | ТX | 3 | 6 | 2 |
| | UT VT | 1 3 | 2 6 | 1 2 |
| *No response - either | VI | 1 | 4 | 1 2 2 1 2 2 2 1 2 1 2 1 2 |
| omitted with no | VA WA | 3 2 | 7 7 | 2 * |
| explanation or skipped according | WA WV | ے 3 | 5 | 2 |
| to questionnaire | WI | 3 3 | 6 | 2 2 2 |
| instructions. | WY | 2 | 5 | 2 |
| | | 1 | 51 | |

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DETAILED QUESTIONNAIRE DATA: 51 RESPONDENTS

| | | Q | uesti | on |
|---|----------------|--------|--------|--------|
| IV. <u>STATE MAGE REPORTING</u> | STATE | 24 | 25 | 26 |
| 24.Is your state currently a wage reporting state? | AK | 1 | * | * |
| | AZ | 1 | * | * |
| 1.E JYes->(SXIP TO QUESTION 31.) | AR | 1 | * | * |
| 2.[]No | CA | 1 | * | * |
| | CO | 1 | * | * |
| 25.Which of the statements listed below best | | 1 | * | * |
| describes how your state will fulfill the DEFRA requirement to collect and record | DE DC | 1 | * | * |
| state wage data? (CHECK ONE.) | FL | 1 1 | * * | * |
| i.[]adopt or create an entirely new | GA | 1 | * | * |
| system | GU | ź | 3 | 2 |
| | ĤI | Ž | ž | 1 |
| 2.[]totally or almost totally redesign an existing state system | ID | ī | * | * |
| | IL | 1 | * | * |
| 3.[]make moderate changes to an | IN | 1 | * | * |
| existing state system | IA | 1 | * | * |
| 4.[]make minimal changes to an | KS | 1 | * | * |
| existing state system | KY | 1 | * | * |
| 5.[]use an existing state system | LA | 1 | * | * |
| essentially as it stands | ME | 1 | * | * |
| | MD | 1 | * | * |
| 26.Will this system also be used for unemployment compensation purposes? | MA | 1 | * | * |
| discover compensation purposes; | mn Ms | 1 1 | * * | * |
| 1.[]Yes | MO | 1 | * | * |
| 2.[]No | MT | 1 | * | * |
| | NE | 2 | 1 | 1 |
| | NV | 1 | * | * |
| | NH | 1 | * | * |
| | NJ | 1 | * | * |
| | NM | 1 | * | * |
| | NY | 1 | * | * |
| | NC | 1 | * | * |
| | OH | 2 | 1 | 1 |
| | OK | 1 | * | ¥ |
| | OR | 1 | * | * |
| | PA | 1 | * | * |
| | PR RI | 1 | * | * |
| | SC | 2 1 | 2 * | 1 |
| | SD | 1 | * | * * |
| | TN | 1 | * | * |
| | TX | 1 | * | * |
| | UT | ī | * | * |
| | VT | Ž | 1 | 2 |
| *No response - either | VI | 1 | * | * |
| omitted with no | VA | 1 | * | * |
| explanation or | WA | 1 | * | * |
| skipped according | WV | 1 | * | * |
| to questionnaire | WI | 2 | 1 | 1 |
| instructions. | WY . | 1 | * | * |
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DETAILED QUESTIONNAIRE DATA: 51 RESPONDENTS

| | | | Ques | tion_ | |
|---|--------------|----|------|-------|-----------|
| 27.Indicate whether your state believes the start up and operating costs to collect | <u>STATE</u> | 27 | 28 | 29 | <u>30</u> |
| and record state wage data will exceed, | AK | * | * | * | * |
| equal, or fall short of the | AZ | * | * | * | * |
| potential benefit (in terms of program | AR | * | * | * | * |
| dollars saved). (CHECK ONE.) 1.[]@ost exceeds benefit | CA | * | * | * | * |
| 1.L JEDST exceeds benefit | CO | * | * | * | * |
| 2.[]cost equals benefit | ĊŤ | * | * | * | * |
| | DE | * | * | * | * |
| 3.[]cost falls Short of benefit | DC | * | * | * | * |
| 28.Will this system require changes in | FL | * | * | * | * |
| your state's laws? | GĂ | * | * | * | * |
| | GU | 1 | 1 | 1 | 2 |
| 1.[]Yes | HI | 2 | 2 | 1 | 1 |
| 2.[]No | ID | * | * | * | ÷. |
| | IL | * | * | * | * |
| 29.Nill your state need special funding | IN | * | * | * | * |
| to start up and/or operate this sytem? | IA | * | * | * | * |
| 1.[]Yes | KS | * | * | * | * |
| 1.1 1143 | KY | * | * | * | * |
| 2.[]No | LA | * | * | * | * |
| | ME | * | * | * | * |
| 30.Will your state begin quarterly wage | | * | * | * | * |
| reporting by 9/30/88? (CHECK ONE.) | MD | * | | * | * |
| 1.[]Definintely yes | MA | - | * | - | * |
| | MN | * | * | * | - |
| 2.[]Probably yes | MS | * | * | * | * |
| 3.[]Probably not | MO | * | * | * | * |
| J.C JIFODODZY NOC | MT | * | * | * | * |
| 4.[]Definitely not | NE | 2 | 1 | 1 | 1 |
| | NV | * | * | * | * |
| | NH | * | * | * | * |
| | NJ | * | * | * | * |
| | NM | * | * | * | * |
| | NY | * | * | * | * |
| | NC | * | * | * | * |
| | OH | 3 | 1 | 1 | 1 |
| | OK | * | * | * | * |
| | OR | * | * | * | * |
| | PA | * | * | * | * |
| | PR | * | * | * | * |
| | RI | * | 1 | 1 | 2 |
| | SC | * | * | * | * |
| | SD | * | * | * | * |
| | TN | * | * | * | * |
| | TX | * | * | * | * |
| | UT | * | * | * | * |
| | VT | 3 | 1 | 1 | 1 |
| *No response - either | VI | * | * | * | * |
| omitted with no | VA | * | * | * | * |
| explanation or | WA | * | * | * | * |
| skipped according | WV | * | * | * | * |
| to questionnaire | WI | 1 | 1 | 1 | 1 |
| instructions. | WY | * | * | * | * |
| | | | | | |

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APPENDIX II

DETAILED QUESTIONNAIRE DATA: 51 RESPONDENTS

| | | | | | | | Qບ | estion | L |
|--|---|-----------|-------------------------------|-------|--|----------------------------|-----------------------|-----------------------|---------------------------------|
| | RE DATA EXCHANGES HI | | | | | STATE | <u>31.1</u> | <u>31.2</u> | <u>31.3</u> |
| 31.Listed balow wra the In each pregram, is (CNECK ONE BOX FOR E | this process current EACH PROORAH.) AUTOMATED / | LUTOMATED | ated or man | nual? | | AK AZ AR | 233 | 2 3 3 | 2 3 3 |
| | I I | | IHOSTLY ON-LINE | | APPLICA-] BLE STATE HAGE DATA] NOT ACCESSED | CA CO CT DE DC | 5 4 3 3 5 | 1 4 2 3 2 | 1 4 2 3 2 |
| <u> </u> | | 2 | 3 | 4 | | FL | 1 | 1 | 1 |
| 1.Medicaid | | | ĺ | _ | | GA | 1 | 1 | 1 |
| 2.AFDC | | | | | | GU | 5 | 5 | 5 |
| 3.Foed Stamps | | | | | 11 1 | HI ID | 5 1 | 5 1 | 5 1 |
| | | | | | <u>ll</u> ł | IL | 2 | 2 | ź |
| | | | | | | IN | ī | ī | 1 |
| | | | | | | IA | 1 | 1 | 1 |
| | | | | | | KS | 2 | 2 | 2 |
| | | | | | | KY La | 2 5 | 2 1 | 2 1 |
| | | | | | | ME | 1 | 1 | 1 |
| | | | | | | MD | 3 | 3 | 3 |
| | | | | | | MA | 1 | 1 | 1 |
| | | | | | | mn Ms | 1 | 1 | 1 |
| | | | | | | MO | 1 2 | 1 2 | 1 2 |
| | | | | | | MT | 1 | 1 | 1 |
| | | | | | | NE | 5 | 5 | 5 |
| | | | • | | | NV | 1 | 1 | 1 |
| | | | | | | NH | 1 | 1 | 1 |
| | | | | | | nj nm | 3 3 | 3 3 | 3 3 |
| | | | | | | NY | 1 | 1 | 1 |
| | | | | | | NC | ē | ē | ē |
| | | | | | | OH | 5 | 5 | 5 |
| | | | | | | OK | 3 | 5 3 1 | 5 3 1 |
| | | | | | | OR PA | 5 3 1 1 | 1 1 | 1 |
| | | | | | | PR | * | 1 | |
| | | | | | | RI | 5 | 5 | 5 |
| | | | | | | SC | 5 | 2 | 3 |
| | | | | | | SD TN | 5 | 1 | 1 |
| | | | | | | TX | 5 5 3 1 | 5 2 1 3 1 | 3 1 |
| | | | | | | UT | ī | Т. Т | 4 5 3 1 3 1 1 |
| | | | | | | VT | 1 5 5 | 5 | 5 1 |
| *NO respo omitted | nse - eithe with no | er | | | | VI | 5 | 1 | 1 |
| explanat | ion or | | | | | VA WA | 1 | 1 1 | 4 1 1 5 |
| skipped | according | | | | | WV | 4 5 5 | 1 | 1 |
| to quest | | | | | | WI | | 5 | |
| instruct | lons. | | | 5 | 4 | WY | 5 | 1 | 1 |

Full Text Provided by ERIC

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APPENDIX II

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| | | | | | <u></u> ର | uestio | <u></u> |
|--|-----------------------------|-----------------------------------|------------------------------------|--|-------------|-------------|--|
| Currently, how compatible, if at all, is you with the systems of each of the programs li | n state's au stad halou? | tomated wage re (CHECK DNF ROY | porting system For Each Program | , STATE | <u>32.1</u> | <u>32.2</u> | <u>32.</u> |
| I the systems of each of the programs in I I I I | COMPATIBLE | I SOMEHHAT COMPATIBLE | I INCOMPATIBLE | ay. Az | 1 1 1 | 1 1 1 | 1 1 1 |
| <u> </u> | 1 | 1 2 | | AR 1 1 CA 2 2 CO 2 2 CT 2 2 DE 1 1 DC 2 1 FL 1 1 GA 2 2 GU * * HI * * ID 3 3 IL 1 1 IN 2 2 IA 1 1 KS 3 3 KY 1 1 LA 3 3 ME 2 2 MA 1 1 MN 2 2 MS 2 2 | 2 | | |
| .Medicaid | | ! ! | | CO | 2 | | 2 |
| 2.AFDC | | 1 | | | | | 2 1 |
| 3.Food stamps | | l l | | | | | 1 |
| | | | | | | | 1 |
| | | | | | | | 2 * |
| | | | | HI | * | * | * |
| | | | | | | | 3 1 |
| | | | | | | | 2 |
| | | | | IA | 1 | 1 | 1 |
| | | | | | | | 3 1 |
| | | | | | 3 | 3 | 3 |
| | | | | | | 2 | 2 |
| | | | | | | | 2 1 |
| | | | | MN | 2 | 2 | 2 |
| | | | | | 2 1 | 2 1 | 2 1 |
| | | | | MO MT | 1 | 1 | 1 |
| | | | | NE | * | * | * |
| | | | | NV NH | 1 1 | 1 1 | 1 1 |
| | | | | NJ | 1 | 1 | 1 |
| | | | | NM | 1 | 1 | 1 |
| | | | | NY NC | 1 | 1 | 1 |
| | | | | OH | * | * | ÷ |
| | | | | OK | 1 | 1 | 1 |
| | | | | OR PA | 1 1 | 1 1 | 1 1 |
| | | | | PR | 3 | 3 | - 3 * |
| | | | | RI SC | * 1 | * 1 | * |
| | | | | SD | 3 | 3 | 3 |
| | | | | TN | 1 | 1 | 1 |
| | | | | TX UT | 2 1 | 1 2 1 | 2 |
| | | | | TV | * | * | * |
| *No response - e | ither | | | ΥI | * | 2 | 1 3 1 2 1 * 2 1 1 2 * 2 |
| omitted with no explanation or | | | | VA WA | 1 3 | 1 1 | 1 |
| skipped accordi | ng | | | WV | 2 | 2 | 2 |
| to questionnair | e | | | WI Wy | * | * 1 | * 1 |
| instructions. | | | | 41 | Ŧ | Ŧ | Ţ |
| Provided by ERIC | | | 54 5 5 | | | | |
| | | | | | | | |

DETAILED QUESTIONNAIRE DATA: 51 RESPONDENTS

| | | | 6 | luestic | <u>n</u> |
|---|-----|-------|------------------|---------|-----------|
| 33.We would like to know how your state's privacy/confidentiality | | STATE | <u>33</u> | 34 | <u>35</u> |
| laws affect data exchanges, in | | 1.77 | _ | | |
| geheral, in your state. Do your | | AK | 2 | 1 | * |
| state's privacy/confidentiality | | AZ | 3 | 1 | * |
| laws facilitate, neither facilitate | | AR | 3 | 1 | * |
| nor hinder, or hinder these exchanges, in general? (CHECK ONE.) | | CA | 3 | 2 | 4 |
| In general: (CRECK DRE.) | | CO | 2 | 1 | * |
| 1.[]greatly facilitate | | CT | 4 | ī | * |
| | | DE | ź | ī | * |
| 2.[]somewhat facilitate | | DC | 3 | ĩ | * |
| | | FL | 3 | 1 | * |
| 3.[Ineither facilitate nor hinder | | GA | | | |
| 4.[]somewhat hinder | | | 4 | 2 | 4 |
| | | GU | 4 | 1 | * |
| 5.[]greatly hinder | | HI | 2 | 1 | * |
| | | ID | 5 | 1 | * |
| •• • | | IL | 3 | 1 | * |
| 34.Consider the Medicaid, AFDC, and | | IN | 3 | 1 | * |
| Food Stamps programs in your state. Whi | cł. | IA | 3 | ī | * |
| of the statements below best describes h these programs are administered in your | ow | KS | 3 | î | * |
| state? (CHECK ONE.) | | KY | 3 | ź | 3 |
| | | LA | 3 | 1 | * |
| 1.[]All three programs are admini- | | ME | | | |
| stered by the same department | | | 3 | 1 | * |
| KSKIP TO QUESTION 36.) | | MD | 3 | 2 | 4 |
| 2 f ITus out of the itu | | MA | 5 | 1 | * |
| 2.[]Two out of the three programs are administered by the same | | MN | 4 | 1 | * |
| department | | MS | 3 | 2 | 4 |
| | | MO | 3 | 1 | * |
| 3.[]Each of the three programs is admin- | - | MT | 3 | 1 | * |
| istered by a different department | | NE | 3 | ī | * |
| | | NV | 3 3 | 1 | * |
| | | NH | 3 | 1 | * |
| 35.Consider the fact that not all of these | | NJ | 3 | 1 | * |
| needs-based programs and administered | | NM | | | |
| by the same department in your state. Does this facilitate, meither ficilitate | | | 4 | 1 | * |
| nor hinder, or hinder data exchanges, | | NY | 4 | 1 | * |
| in general, between these programs? | | NC | 3 | 1 | * |
| (CHECK ONE.) | | OH | 2 | 1 | * |
| | | OK | 4 | 1 | * |
| 1.[]greatly facilitates | | OR | 3 | 1 | * |
| 2.[]somewhat facilitates | | PA | 3 | 1 | * |
| Lit isomewhat tachintates | | PR | 1 | Ž | 5 |
| 3.[]neither facilitates nor hinders | | RI | 4 | 1 | * |
| | | SC | ź | ź | 3 |
| 4.[]somewhat hinders | | SD | 3 | 1 | * |
| | | TN | 5 | | |
| 5.[]greatly hinders | | | 3 3 3 | 1 | * |
| | | TX | 3 | 1 | * |
| | | UT | | 1 | * |
| | | TV | <u>4</u> | 1 | * |
| *No response - either | | VI | 3 | 2 | 4 |
| omitted with no | | VA | 3 | 2 | 3 |
| explanation or | | WA | 3 | ī | * |
| skipped according | | WV | 2 | ī | * |
| to questionnaire | 56 | WI | 3 3 2 2 | ī | * |
| instructions. | 00 | WY | 3 | 1 | * |
| | | if # | ~ | * | •₽ |



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DETAILED QUESTIONNAIRE DATA: 51 RESPONDENTS

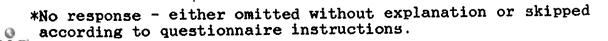
VI. DEFRA 30 DAY ACTION DEADLINE

36.Listed below are four procedures associated with handling the tax data provided to the states by IRS and SSA. We would like to know how, and at what level, each will be performed under the system your state will implement by 10/1/86.

In <u>SECTION A</u> indicate whether each procedure will be done manually or automatically. (CHECK ONE BOX FOR EACH PROCEDURE.)

In <u>SECTION B</u> indicate at what level each procedure will be performed in your state. (CHECK ONE BOX FOR EACH PROCEDURE.)

| | HOW PR | <u>Section A</u> Ocedure WII Performed | LL BE | <u>Section B</u> Level At Which Procedure Will Be Performed | | | |
|---|---------------------------|---|-------|--|--|--|--|
| | MOST NFTEN Manually | AS OFTEN MANUALLY AS AUTO- MATICALLY | OFTEN | MOST OFTEN AT THE ELIGI- BILITY WORKER LEVEL | ELIGI- BILITY WORKER LEVEL AS | OFTEN ABOVE THE ELIGI- BILLTY | |
| - | ! 1 1 | 2 | | 4 4 | 5 | 6 | |
| 1.Screening to eliminate cases where client-provided and IRS data agree | | | | | | | |
| 2.Screening to eliminate cases where client-provided and SSA data agree | | | | | | | |
| 3.Third party validation of cases where client-provided and IRS data are discrepant | | | | | | | |
| 4.Third party validation of cases where client-provided and SSA data are discrepant | | | | | | | |



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APPENDIX II

DETAILED QUESTIONNAIRE DATA: 51 RESPONDENTS

| | | | - | Quest | | | | |
|--|---|---|---------------------------------------|---|--|--|--|----------------|
| STATE | <u>36.1</u> A | <u>36.1B</u> | <u>36.2</u> A | <u>36.2B</u> | 36.3A | <u>36.3B</u> | <u>36.4A</u> | <u>36.4</u> B |
| AK | 2 | 6 | 2 | 6 | 1 | 6 | 1 | 6 |
| AZ | 1 | 6 | 1 | 4 | 1 | 6 | 1 | 4 |
| AR | 1 | 4 | 3 | 6 | 1 | 4 | 1 | 4 |
| CA CO | | 4 | 1 | 4 | 1 | 4 | 1 | 4 |
| CT | 1 3 | 4 6 | 1 3 | 4 6 | 1 | 4 | 1 | 4 |
| DE | 1 | 6 | 3 | 6 | 1 1 | 4 6 | 1 | 4 |
| DC | 1 | 6 | 1 | 4 | 1 | 6 | 1 1 | 6 4 |
| FL | ź | 4 | ź | 4 | ź | 4 | 2 | 4 |
| GA | 1 | 4 | 1 | 4 | 1 | 4 | 1 | 4 |
| GU | 3 | 6 | 3 | 6 | ī | 4 | ī | 4 |
| HI | 1 | 4 | 1 | 4 | 1 | 4 | ī | 4 |
| ID | 1 | 4 | 1 | 4 | 1 | 5 | 1 | 5 |
| IL | 3 | 6 | 1 | 4 | 1 | 4 | 1 | 4 |
| IN | 1 | 4 | 1 | 4 | 1 | 4 | 1 | 4 |
| IA Ks | 2 | 4 | 2 | 4 | 2 | 4 | 2 | 4 |
| KY | 1 1 | 4 4 | 1 1 | 4 4 | 1 | 4 | 1 | 4 |
| LA | 1 | 4 4 | 2 | 4 5 | 1 1 | 4 4 | 1 | 4 |
| ME | 3 | 6 | 3 | 6 | 1 | 4 | 1 2 | 4 5 |
| MD | 1 | 4 | ĩ | 4 | 1 | 4 | 1 | 4 |
| MA | 2 | 6 | 5 | 6 | ī | 6 | ī | 6 |
| MN | 3 | 6 | 3 | 6 | ī | 4 | ī | 4 |
| MS | 1 | 4 | 1 | 4 | 1 | 4 | 1 | 4 |
| MO | 1 | 4 | 1 | 4 | 1 | 4 | 1 | 4 |
| MT | 1 | 4 | 1 | 4 | 1 | 4 | 1 | 4 |
| NE NV | 3 1 | 6 | 2 | 5 | 1 | 4 | 1 | 4 |
| NH | 2 | 4 5 | 1 2 | 4 4 | 1 | 4 | 1 | 4 |
| NJ | 1 | 4 | 2 | 4 4 | 1 1 | 4 4 | 1 | 4 4 |
| NM | 3 | 6 | 3 | 6 | 1 | 4 4 | 1 1 | 4 |
| NY | 1 | 4 | 1 | 4 | ī | 4 | 1 | 4 |
| NC | 1 | 4 | 1 | 4 | ī | 4 | ī | 4 |
| OH | 1 | 4 | 1 | 4 | 1 | 4 | 1 | 4 |
| OK | 3 | 6 | 3 | 6 * | 1 * | 4 | 1 * | 4 |
| OR | * | * | * | | * | * | * | * |
| PA DD | 1 | 4 | 1 | 4 | 1 | 4 | 1 | 4 |
| PL PL | ⊥ 1 | 4 | 1 | 4 | 1 | 4 | 1 | 4 |
| SC | 1 | 4 | د 1 | 4 4 | ⊥ 1 | 4 | 1 | 4 |
| SD | ŝ | 6 | 3 | 6 | 1 | 4 5 | 1 | 4 5 |
| TN | 1 | 4 | ĭ | 4 | 1 | 4 | 1 | 4 |
| TX | 1 | 4 | 2 | 6 | ī | 4 | ĩ | 4 |
| UT | 1 | 4 | 1 | 4 | 1 | 4 | ī | 4 |
| VT | 3 | 6 | 3 | 6 | 1 | 4 | 1 | 4 |
| V A V A | 1 | 4 | 1 | 4 | 1 | 4 | 1 | 4 |
| VA WA | 2 | D | 2 | 5 | 2 | 5 | 2 | 5 |
| nc. WV | 1 9 | 4 1 | L D | 4 1 | 1 | 4 | 1 | 4 |
| ŴI | د 1 | ± 4 | د 1 | 4 1 | ۲ ۲ | 4 1 | ど 1 | 4 A |
| OK OR PA RI SC SD TN TX UT VT VI VT VI VA WA WV WI WY | 1 1 1 3 1 1 3 1 2 1 2 1 1 | 4 4 4 6 4 4 6 4 5 4 4 4 4 4 4 | 3 * 1 1 2 1 3 1 2 1 3 1 2 1 2 1 2 1 2 | 4 6 4 6 4 6 4 5 4 4 5 4 5 | 1 1 1 1 1 1 1 2 1 2 1 1 | 4 4 4 4 5 4 4 4 4 5 4 4 4 4 4 4 | 1 1 1 1 1 1 1 2 1 2 1 1 | 44445444454444 |
| | | | — | | | - | - | - |
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| | | 4 | | 57 | | | | |

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DETAILED QUESTIONNAIRE DATA: 51 RESPONDENTS

| | | | uestio | <u>n</u> |
|--|--------------|----|--------|-----------|
| 37.Do you anticipate, initially, greater | <u>STATE</u> | 37 | 38 | <u>39</u> |
| numbers of cases that require followup than you expect as the program progresses? | AK | 2 | 4 | 4 |
| (CHECK ONE.) | AZ | ī | 3 | 3 |
| CHECK UNE.J | AR | Ž | Ž | 2 |
| 1 []Definitely yes | CA | 1 | 4 | 4 |
| 1.[]Definitely yes | CO | ī | ź | 3 |
| | CT | ī | 3 | 4 |
| 2.[]Probably yes | DE | ź | 3 | 3 |
| T T TRACKED IN A CONTR TO OUECTION (7) | DC | 2 | 3 | 3 3 |
| 3.[]Probably no→★SKIP TO QUESTION 43.) | FL | 2 | 3 | 4 |
| | GA | 2 | 2 | 4 |
| 4.[]Definitely no-≻(SKIP TO QUESTION 43.) | GU | 1 | 3 | 3 |
| | HI | | 2 | |
| 38.In approximately what proportion | | 1 | | 4 |
| of the initial cases identified with | ID | 2 | 4 | 4 |
| federal data will your state realis- | IL | 1 | 1 | 2 |
| tically bé able to take action within | IN | 1 | 1 | 2 |
| 30 days after receipt of this data? | AI | 1 | 4 | 4 |
| (CHECK ONE.) | KS | 2 | 4 | 3 2 |
| | KY | 2 | 2 | 2 |
| 1.[]80-100%all or almost all cases | LA | 1 | 4 | 3 |
| | ME | 3 | * | * |
| 2.[]60-79%most cases | MD | 1 | 3 | 4 |
| | MA | 1 | 5 | 4 |
| 3.[]40-59%about half the cases | MN | 1 | 1 | 3 |
| | MS | Ž | 5 | 4 |
| 4.[]20-39%some cases | MO | 1 | Ž | Ż. |
| 4.L JZU-J7%Some Cases | MT | ź | 3 | 3 |
| | NE | 1 | 3 | 3 |
| 5.[]0-19%few, if any, cases | NV | 1 | 3 | 3 |
| | NH | 1 | * | 4 |
| 39.Will your state have enough staff on | NJ | 2 | 3 | 3 |
| hand to follow up on and complete | | | * | * |
| most of these initial cases within | NM | 3 | | |
| the 30 day timeframe? (CHECK ONE.) | NY | 2 | 4 | 4 |
| | NC | 2 | 3 | 4 |
| 1.[]Definitely yes-►(SKIP TO QUESTION 43.) | OH | 1 | õ | 3 |
| | OK | 2 | 3 | 3 |
| 2.[]Probably yes-≻(SKIP TO QUESTION 43.) | OR | 2 | * | * |
| | PA | 2 | 3 | 2 |
| 3.[]Probably no | PR | 2 | 3 | 3 |
| | RI | 1 | 4 | 4 |
| 4.[]Definitely no | SC | 1 | 3 | 4 |
| | SD | 1 | 3 | 3 |
| | TN | 3 | * | * |
| | TX | 2 | 4 | 4 |
| | UT | 1 | 2 | 3 |
| | ŶŦ | 2 | 2 | 2 |
| *No response - either | VI | 2 | 4 | 3 |
| omitted with no | VĀ | 2 | 3 | 3 3 |
| explanation or | WA | 2 | 4 | 4 |
| skipped according | WV | 1 | 5 | Â |
| | WI | 1 | ž | 3 |
| to questionnaire instructions. | ŴŶ | 3 | * | × |
| THS OT OC OT OHS ' | | ~ | • | - |
| | | | | |



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APPENDIX II

DETAILED QUESTIONNAIRE DATA: 51 RESPONDENTS

| Indicate whether or not your st planning to deal with this staf | ate is f short-oc | STATE | <u>40.1</u> | 40.2 | <u>40.3</u> | 40.4 | <u>40.5</u> | <u>40</u> |
|--|----------------------|----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------|
| in each of the following ways. | r snortage | AK | 2 | 1 | 1 | 1 | 2 | 0 |
| CHECK ONE BOX IN EACH ROW.) | | AZ | 2 | 2 | 1 | 1 | 2 | ŏ |
| | | AR | * | * | * | * | * | * |
| | YES NO | CA | 1 | 2 | 1 | 1 | 2 | 0 |
| | | CO | 1 | 2 | 1 | 1 | 2 | 0 |
| | | CT | 1 | 1 | 1 | 1 | 2 | 0 |
| 1.Seek funding for additional | | DE | 2 | 1 | 2 | 2 | 2 | 0 |
| staff | | DC | 2 | 2 | 1 | 1 | 2 | 0 |
| 2.Divert staff from other | | FL | 1 | 2 | 2 | 1 | 2 | 0 |
| functions | i i i | GA | 2 | 1 | 1 | 1 | 2 | 0 |
| 3.Make your best effort to meet | <u>+_ !</u> ! | GU | 1 | 1 | 1 | 1 | 2 | 0 |
| 30 day deadline with staff | | HI ID | 1 | 2 | 1 | 2 | ·2 | 0 |
| on hand | | IL | 2 * | 2 * | 1 * | 1 | 2 | 0 |
| | | IN | * | * | * | * | * * | * |
| 4.Prioritize cases | | IA | 1 | 1 | 1 | - | | * |
| .Contract for services | | KS | 2 | 1 | 1 | 1 1 | 2 | 0 |
| | <u>i i i</u> | KY | 2 * | * | 1 * | ⊥ * | 2 * | 0 * |
| .Other (SPECIFY.) | !!! | LA | 2 | 2 | 1 | 1 | 2 | Õ |
| | | ME | * | * | * | * | ے * | * |
| | i i i | MD | 1 | 2 | 1 | 1 | 2 | Õ |
| | !!! | MA | ī | 1 | 2 | 1 | 2 | ŏ |
| | | MN | - 2 | 2 | 1 | 1 | 2 | ŏ |
| | | MS | 2 | 2 | 1 | 1 | 2 | ĭ |
| | | MO | * | * | * | * | * | - * |
| | | MT | 2 | 2 | 1 | 2 | 2 | Ó |
| | | NE | 1 | 2 | 1 | 1 | 2 | Ó |
| | | NV | 2 | 2 | 1 | 2 | 2 | 0 |
| | | NH | 2 | 2 | 1 | 1 | 2 | 0 |
| | | NJ | 2 | 2 | 1 | 1 | 2 | 0 |
| | | NM | * | * | * | * | * | * |
| | | NY | 1 | 1 | 1 | 1 | 2 | 0 |
| | | NC | 2 | 2 | 1 | 2 | 2 | 0 |
| | | EO | 1 | 1 | 1 | 1 | 2 | 0 |
| | | OK | 2 | 2 | 1 | 1 | 2 | 0 |
| | | OR | * | * | * | * | * | * |
| | | PA | * | * | * | * | * | * |
| | | PR RI | 1 | 2 | 2 | 1 | 2 | 0 |
| | | | 2 | 2 | 1 | 2 | 2 | 0 |
| | | SC SD | 2 2 | 2 | 1 | 1 | 2 | 0 |
| | | SD TN | 2 * | 2 * | 1 * | 1 * | 2 | Õ |
| | | 7 74 | ጥ | | | | * | * |
| | | | 2 | 9 | 1 | 1 | • • • • | |
| | | TX | 2 | 2 | 1 | 1 | 2 | 0 |
| | | TX UT | 2 | 1 | 1 | 1 | 2 | 0 0 |
| *No response - e | ither | TX UT VT | 2 * | 1 * | 1 * | 1 * | 2 * | 0 0 * |
| *No response - e: omitted with no | ither | TX UT VT VI | 2 * 1 | 1 * 2 | 1 * 1 | 1 * 1 | 2 * 2 | 0 0 * 0 |
| omitted with no | ither | TX UT VT VI VA | 2 * 1 * | 1 * 2 * | 1 * 1 * | 1 * 1 * | 2 * 2 * | 0 0 * 0 * |
| omitted with no explanation or | | TX UT VT VI VA WA | 2 * 1 * 1 | 1 * 2 * 1 | 1 * 1 * 1 | 1 * 1 * 1 | 2 * 2 * 2 | 0 0 * 0 * 0 |
| omitted with no | ng | TX UT VT VI VA | 2 * 1 * | 1 * 2 * | 1 * 1 * | 1 * 1 * | 2 * 2 * | 0 0 * 0 * |

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APPENDIX II

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DETAILED QUESTIONNAIRE DATA: 51 RESPONDENTS

| | | | ର | uestio | n |
|---|-------------------|--------------|----------|----------|----------|
| 41.According. to your state's | due process | <u>STATE</u> | 41.1 | 41.2 | 41.3 |
| laws, how many days is ea | - | | | | |
| program recipient listed | | AK | 10 | 10 | 10 |
| to respond to an adverse | action notice? | AZ | 10 | 10 | 10 |
| (ENTER NUMBER FOR EACH TY | PE OF RECIPIENT.) | AR | 10 | 10 | 10 |
| | | CA | 10 | 10 | 10 |
| N | UMBER OF DAYS | CO | 10 | 10 | 10 |
| | TO RESPOND | CT | 10 | 10 10 | 10 10 |
| 1949 - C. C. C. C. C. C. C. C. C. C. C. C. C. | | DE | 10 15 | 15 | 15 |
| 1.Medicaid | | DC FL | 10 | 10 | 10 |
| 0.4500 | | GA | 10 | 10 | 10 |
| 2.AFDC | | GU | 10 | 10 | 10 |
| 3.Food stamps | | ĤI | 10 | 10 | 10 |
| J. FOOD Stamps | | ID | 60 | 60 | 60 |
| | | ĨĹ | 10 | 10 | 10 |
| | | ĪÑ | 16 | 16 | 16 |
| | | IA | 10 | 10 | 10 |
| | | KS | 10 | 10 | 10 |
| | | KY | 40 | 40 | 90 |
| | | LA | 10 | 10 | 10 |
| | | ME | 10 | 10 | 10 |
| | | MD | 10 | 10 | 10 |
| | • | MA | 14 | 14 | 14 |
| | | MN | 10 | 10 | 10 |
| | | MS | 10 | 10 | 10 |
| | | MO | 10 | 10 | 10 |
| | | MT | 10 | 10 | 10 |
| | | NE | 10 | 10 | 10 |
| | | NV | 13 | 13 | 13 |
| | | NH | 10 | 10 | 10 |
| | | NJ | 10 | 10 | 10 |
| | | NM | 10 | 10 | 10 |
| | | NY | 10 | 10 | 10 |
| | | NC | 10 | 10 | 10 |
| | | OH | 15 | 15 | 15 |
| | | OK OR | 30 30 | 30 30 | 90 90 |
| | | PA | 30 10 | 30 10 | 10 |
| | | PR | * | 10 | * |
| | | RI | 10 | 10 | 10 |
| | | SC | 10 | 10 | 10 |
| | | SD | 10 | 10 | 10 |
| | | TN | 10 | 10 | 10 |
| | | TX | 10 | 10 | 10 |
| | | UT | 10 | 10 | 10 |
| | | VT | 10 | 10 | 10 |
| *No explanation - eithe | r | VI | 10 | 10 | 30 |
| omitted with no | - | ŶĂ | 10 | 10 | 10 |
| explanation or | | WA | 10 | 10 | 10 |
| skipped according | | WV | 13 | 13 | 13 |
| to questionnaire | | WI | 45 | 45 | 90 |
| instructions. | | WY | 10 | 10 | 10 |
| | | | | | |



| | | | | | | | | | tion | |
|--|----------|--------|----------|-------------|----------------------|----------------------|------------------|------------------|-------------|-------------|
| indicate whether er net yeur state plane te take each es ince yeur etate IEVS.Im fully implemented, te attempt te | recenci | 11# +> | A DEER | 4 10 / | 4 8 14 | STATE | <u>42.1</u> | 42.2 | 42.3 | 42.4 |
| ction deadline with your stats's right to due process] | | CHECK | ONE 30 | X FOR | EACH ACTION. | AK | 2 | 4 | 2 | 0 |
| | | | | | -1 DEF-1 ([fini-1 | AZ | $\overline{4}$ | 5 | 1 | ŏ |
| | | YES | | | I TLY I I NO I | AR | 1 | 4 | 2 | 0 |
| | | z | <u> </u> | 1 6 | | CA | 2 | 3 | 2 | 0 |
| Streamline the case fellow-up process to sherton case | + + | | <u> </u> | ! | <u>+</u> + | CO | 2 | 3 | 1 | 0 |
| precessing time | | | | | | CT DE | 1 5 | 3 5 | 1 | 0 |
| Increase the number of eligibility workers | | | I I | | | DC | 3 | 5 4 | 1 3 | 0 0 |
| Make the best effect to comply with DEFRA as well as | | | ! ! | ! ! ! | | FL | 2 | 3 | 3 | Ŏ |
| state laus given available resources | | | | l | | GA | 1 | 4 | 2 | 1 |
| Other (SPECIFY.) | | | | | | GU HI | 1 4 | 5 2 | 1 | 0 |
| | - | | | | | ID | 4 4 | 2 4 | 1 2 | 0 0 |
| | - 1 | ļ | | | | ĨL | 2 | 4 | 1 | ŏ |
| | <u> </u> | | | | <u> </u> | ĪN | 2 | 3 | ź | ŏ |
| | | | | | | IA | 4 | 3 | 2 | Ŏ |
| | | | | | | KS | 1 | 4 | 1 | 0 |
| | | | | | | KY | 4 | 3 | 1 | 0 |
| | | | | | | LA | 2 | 5 | 1 | 0 |
| | | | | | | ME | 2 | 5 | 1 | 0 |
| | | | | | | MD | 5 | 5 | 5 | 0 |
| | | | | | | MA MN | 4 | 4 | 2 | 0 |
| | | | | | | MS | 3 3 | 4 3 | 1 1 | 0 1 |
| | | | | | | MO | 4 | 5 | 2 | Ō |
| | | | | | | MT | 3 | 5 | 1 | ŏ |
| | | | | | | NE | 1 | 4 | ī | Ŏ |
| | | | | | | NV | 2 | 4 | 2 | 0 |
| | | | | | | NH | 3 | 5 | 1 | 0 |
| | | | | | | NJ | 3 | 3 | 1 | 0 |
| | | | | | | NM | 4 | 5 | 1 | 0 |
| | | | | | | NY | 3 | 4 | 3 | 0 |
| | | | | | | NC OH | 2 1 | 4 1 | 2 | 1 |
| | | | | | | OK | 2 | 1 5 | 2 | 0 |
| | | | | | | OR | 2 | * | 1 | 0 0 |
| | | | | | | PA | 1 | 5 | 1 | ŏ |
| | | | | | | PR | ź | 3 | ź | ŏ |
| | | | | | | RI | 1 | 4 | 1 | 0 |
| | | | | | | SC | 3 | 3 | 1 | 0 |
| | | | | | | SD | 2 | 5 | 1 | 0 |
| | | | | | | TN | 1 | 5 | 1 | 0 |
| | | | | | | TX UT | 3 | 4 | 1 | 0 |
| | | | | | | VT | 2 1 | 4 5 | 1 1 | 0 |
| | | | | | | | 1 | 0 | Ŧ | Ω |
| *No response - eith | er | | | | | | | 3 | | 0 |
| *No response - eithe omitted with no | er | | | | | VI | 2 | 3 | 1 | 0 |
| omitted with no explanation or | er | | | | | | 2. 1 | 3 3 | 1 1 | 0 0 |
| omitted with no explanation or skipped according | er | | | | | VI VA WA WV | 2 1 2 2 | 3 3 3 4 | 1 | 0 |
| omitted with no explanation or | er | | | | | VI VA WA | 2 1 2 | 3 3 3 | 1 1 1 | 0 0 1 |



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DETAILED QUESTIONNAIRE DATA: 51 RESPONDENTS

| | | Quest | tion |
|---|----------------------|------------------|--|
| VII. EXCHANGING NEEDS-BASED PROGRAM | STATE | <u>43</u> | 44 |
| DATA WITH OTHER STATES | A 77 | 0 | 0 |
| | AK AZ | 0 0 | 0 0 |
| 43.Nith how many states does your state | AR | 1 | ŏ |
| currently have an ongoing agreement | CA | ź | ľ |
| for the exchange of needs-based program | CO | ō | ō |
| data? (ENTER NUMBER. IF NONE, ENTER "0".) | CT | 0 | 0 |
| | DE | 0 | 0 |
| states | DC | 2 | 2 |
| | FL | 0 | 0 |
| | GA | 0 | 0 1 |
| 44.In how many of these agreements are | GU HI | 1 0 | 0 |
| there specific provisions safeguarding | ID | ŏ | ŏ |
| the confidentiality of the data ex- | IL | 15 | 15 |
| changed? (ENTER NUMBER. IF NONE, | ĪN | Ō | Ō |
| ENTER "O".) | IA | 2 | 2 |
| | KS | 1 | 1 |
| agreements | KY | 0 | 0 |
| | LA | 0 | 0 |
| | ME | 0 2 | 0 |
| | MD MA | 2 | 0 0 |
| | MN | 0 0 | |
| | MS | ž | ž |
| | MO | Ē | 0 2 2 |
| | MT | 0 | 0 |
| | NE | 0 | 0 |
| | NV | 0 | 0 |
| | NH | 0 | 0 |
| | nj NM | 2 0 | 2 0 |
| | NY | ŏ | ŏ |
| | NC | 5 | 5 |
| | OH | õ | Ō |
| | OK | 0 | 0 |
| | OR | 2 | 2 |
| | PA | 2 6 1 0 | 6 |
| | PR | 1 | 1 |
| | RI | 0 | 0 |
| | SC SD | 0 | ů ů |
| | U.C. TN | õ | ŏ |
| | TX | Õ | Ō |
| | TN TX UT VT | 0 | 0 |
| | ΥT | 0 | 0 |
| | VI | 0 | 0 |
| | VA WA | 4 | 0 |
| | WA WV | 0 0 | 0 |
| | WI | 6 | 0 2 6 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
| | ŴŶ | ŏ | õ |
| | | | |



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APPENDIX II

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| Alisted below are factors that eight affect be states' ability to reach an IEVS data exchange agreements. Indicate what effect, if any, each has en your state's ability to reach such agreements. ICHECK DNE BOX FOR EACH FACTOR.) | 45.4 2 * 3 2 1 2 2 3 1 2 3 | 45. 0 * 0 0 0 0 0 0 0 0 0 0 0 0 0 |
|--|---|--|
| AK 4 3 1 AZ * * * AZ * * * AR 3 3 3 AR 2 2 1 CA 2 2 1 CT 1 2 1 DE 2 2 1 DE 2 2 1 2. Compatibility of states' computer systems 3. One of the fue states may dis- course interstate exchanges | * 3 2 1 2 2 3 1 2 | * 0 0 0 0 0 0 0 0 |
| Infectors Infectors Infectors PRONOTES PRONOTES AR 3 3 3 1 2 3 4 5 CO 2 2 1 2 3 4 5 CO 2 2 2 States' privacy/cenfidentiality 1 1 2 3 4 5 CO 2 2 2 States' privacy/cenfidentiality 1 1 1 1 2 1 | 3 2 1 2 2 3 1 2 | |
| Image Image <th< td=""><td>2 1 2 2 3 1 2</td><td>0 0 0 0 0 0</td></th<> | 2 1 2 2 3 1 2 | 0 0 0 0 0 0 |
| rates' privacy/cenfidentiality CO 2 2 2 2 1 main DE 2 2 1 monthility of states' computer DC 3 3 2 FL 3 3 1 refer two states may dia- wrage interates exchanges GU 2 1 2 | 1 2 2 3 1 2 | 0 0 0 0 |
| mean DE 2 2 1 mean DE 2 2 1 mean DC 3 3 2 FL 3 3 1 mean discrete may discrete m | 2 2 3 1 2 | 0 0 0 |
| appatibility of states' computer DC 3 3 2 stems FL 3 3 1 se of the two states may dis- GA 3 3 urage interstate exchanges GU 2 1 | 2 2 3 1 2 | 0 0 0 |
| ef the two etates may dis- Information of the two etates may dis- Information of the two etates may dis- Information of the two etates and the | 3 1 2 | 0 |
| GU 2 1 2 | 1 2 | |
| tibility of states' caused 1 1 1 1 1 HI 2 2 2 | | • |
| | | 0 |
| interm interm interm interm interm interm interm interm interm interm interm interm interm interm | 2 2 | 0 0 |
| | 1 | ŏ |
| I I I I I I I I I I I I I I I I I | 1 | Ō |
| $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ | 2 | 1 |
| KY 3 2 2 LA 3 3 2 | 2 3 | 0 |
| ME 3 3 1 | Ž | ō |
| MD 3 4 1 MA 1 1 1 | 4 | 0 |
| MA 1 1 1 MN 2 1 3 | 1 1 | 1 |
| MS * 2 1 | ź | ŏ |
| MO 3 2 3 | 1 | 1 |
| MT 3 2 3 NE 3 3 1 | 5 3 | 0 0 |
| NV 3 1 2 | 1 | ŏ |
| NH 1 2 2 | 3 | Ō |
| NJ 3 2 4 NM 3 1 2 | 2 | 0 |
| NM 3 1 2 NY 2 3 2 | 2 3 | 0 |
| NC 2 2 2 | 2 | ŏ |
| OH 3 3 3 | 3 | 0 |
| OK 2 5 1 OR 3 3 3 | 3 3 | 0 0 |
| PA 3 2 3 | 2 | 1 |
| OK 2 5 1 OR 3 3 3 PA 3 2 3 PR 2 3 2 RI 1 2 1 | 4 | 0 |
| RI 1 2 1 SC 3 3 3 | 2 3 3 3 | 0 0 |
| SC 3 3 3 SD 3 3 3 TN 2 3 3 TX 2 1 1 | 3 | 0 |
| TN 2 3 3 | 3 | 0 |
| TX 2 1 1 UT 3 2 2 | 1 | 0 |
| SC 3 3 3 SD 3 3 TN 2 3 3 TX 2 1 1 UT 3 2 2 VT 3 3 3 *No response - either VI 3 2 1 | 2 3 | 0 |
| *No response - either VI 3 2 1 omitted with no VA 3 2 3 | 3 2 | 1 |
| OK 2 5 1 OR 3 3 3 PA 3 2 3 PR 2 3 2 RI 1 2 1 SC 3 3 3 SD 3 3 3 TN 2 3 3 TX 2 1 1 UT 3 2 2 VT 3 3 3 *No response - either VI 3 2 VT 3 3 3 explanation or WA 2 2 | 2 2 | 0 |
| skipped according WV 4 4 3 | 2 3 | 0 1 0 0 0 0 |
| to questionnaire WI 1 1 1 | 1 | ŏ |
| instructions. WY * * * | * | * |



APPENDIX II

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DETAILED QUESTIONNAIRE DATA: 51 RESPONDENTS

| 46.In your opinion, which of these | | STATE | <u>Ques</u> <u>46</u> | tion 47 |
|--|----|-------|--------------------------|------------|
| factors is the greatest impediment | | | _ | |
| to your state's ability to reach | | AK | 3 | 1 |
| IEVS data exchange agreements | | AZ | * | * |
| with other states? (CHECK ONE.) | | AR | 5 | 0 |
| with other states; toneok oner, | | CA | 3 | 0 |
| 1.[]States' privacy/confidentiality | | CO | 4 | 1 |
| | | СТ | 3 | 1 |
| laws | | DE | 4 | 0 |
| | | DC | ī | 1 |
| 2.[]Compatibility of states' computer | | FL | 3 | ō |
| systems | | GA | 3 | õ |
| · · · · · | | GIJ | 2 | ů 1 |
| 3.[]Cne of the two states might dis- | | HI | 2 | Ō |
| courage interstate exchanges | | | | |
| | | ID | 2 | 0 |
| 4.[]Compatibility of states' record | | IL | 3 | 0 |
| file formats | | IN | 4 | 0 |
| | | IA | 4 | 1 |
| 5.[10ther (SPECIFY.) | | KS | 4 | 1 |
| | | KY | 5 | 0 |
| | | LA | 5 | 1 |
| | | ME | 5 | 0 |
| | | MD | 5 | 1 |
| | | MA | 1 | 0 |
| on provide and the environment while | | MN | z | 1 |
| 47.Please describe any other reasons why | | MS | 2 | 1 |
| your state has difficulty reaching | | MO | 4 | ī |
| data exchange agreements with other | | MT | 2 | 1 |
| states. | | NE | 3 | Ō |
| | | | | |
| | | NV | 2 | 1 |
| | | NH | 3 | 0 |
| | | NJ | 2 | 0 |
| | | NM | 2 | 0 |
| | | NY | 3 | 1 |
| | | NC | 2 | 0 |
| | | OH | 5 | 1 |
| | | OK | 3 | 0 |
| | | OR | 5 | 0 |
| | | PA | 5 | 0 |
| | | PR | Ž | Ō |
| | | RI | 1 | Ō |
| | | SC | 3 | ĩ |
| | | SD | | ō |
| | | | 0 | ŏ |
| | | TN | 5 2 3 2 5 | 0 |
| | | TX | 3 | |
| | | UT | Z | 0 |
| | | TV | | 0 |
| *No response - either | | ΥI | 4 | 0 |
| omitted with no | | VA | 2 | 0 |
| explanation or | | WA | 5 | 0 |
| skipped according | | WV | 4 | 0 |
| to questionnaire | | WI | 2 | 0 |
| instructions. | | WY | * | 1 |
| **** ** *** ****** · | 65 | | | |



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| | | Que | stion |
|--|----------|--------|---------------------------------|
| VIII. <u>CASE VOLUME & DISPOSITION TRACKING SYSTEM</u> | STATE | 48 | <u>49</u> |
| 48.DEFRA regulations require states to esta- | AK | 4 | 2 |
| blish a system to annually account for the | AZ | 4 | Ž |
| volume and disposition of cases identified | AR | 4 | 1 |
| through an IEVS. Which of the statements | CA | 3 | 1 |
| listed below best describes how your state | CO | 4 | ī |
| plans to account for record volume and | СТ | 3 | 3 |
| case action to comply with this DEFRA | DE | 4 | 1 |
| requirement by 10/1/86? (CHECK ONE.) | DC | 3 | ī |
| | FL | 4 | 3 |
| 1.[]Both record volume accounting and case | GA | 4 | 3 |
| action tracking will be done manually | GU | 3 | 4 |
| | HI | 1 | 3 |
| 2.[]Record volume accounting will be done | ID | 3 | 2 |
| manually; case action tracking will | IL | 4 | 3 |
| be automated | IN | 1 | 1 |
| | IA | 3 | 1 |
| 3.[]Record volume accounting will be | KS | 3 | 1 |
| automated; case action tracking will | KY | 4 | 2 |
| be done manually | LA | 4 | 4 |
| | ME | 4 | 2 |
| 4.[]Both record volume accounting and | MD | 1 | 4 |
| case action tracking will be | MA | 4 | 4 |
| automated | MN | 1 | 4 |
| | MS | 1 | 1 |
| IX. <u>STATE'S USE OF IRS AND SSA TAX DATA</u> | MO | 1 | 1 |
| THE COL OF THE AND SOM TAX DATA | MT | 3 | 1 |
| | NE | 1 | 2 |
| 49.Has your state signed final tax data ex- | NV | 3 | 3 |
| change agreements with the IRS and/or | NH | 3 | 4 |
| SSA? (CHECK ONE.) | NJ | 4 | 2 |
| | NM | 1 | 1 |
| 1.[]Signed agreement with IRS but not | NY | 4 | 1 |
| SSA | NC | 3 | 3 |
| | OH | 3 | 2 |
| 2.[]Signed agreements with both IRS and | OK | 4 | 2 |
| SSA | OR | * | 4 |
| | PA | 4 | 4 |
| 3.[]Signed agreement with SSA but not | PR | 3 | 3 |
| IRS | RI | 3 | 1 |
| | SC | 3 | 1 |
| | SD | 3 | 3 |
| | TN | 3 | 1 |
| | TX | 3 | 3 |
| | UT | 4 | 4 3 1 3 1 3 4 |
| *No response - either | VT | 4 | 4 |
| omitted with no | VI | 3 | 4 3 1 |
| explanation or | VA WA | 3 | 3 |
| skipped according | WA WV | 3 | 1 |
| to questionnaire | WI | 2 3 | 1 |
| ing tructions. | WY | 3 4 | 2 1 |
| 66 | 11 1 | ч | Ŧ |
| | | | |



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APPENDIX II

DETAILED QUESTIONNAIRE DATA: 51 RESPONDENTS

| | | | | | | | Question | | | | | |
|--|-------------------|-------------|------------------------------|--------------|-------------|--------------|------------------|------------------|------------------|--|--|--|
| 50.Indicate the statement that be | at describes wha | t your stat | e will have t | te de te =ee | t the sefe- | <u>STATE</u> | <u>50.1</u> | <u>50.2</u> | <u>50.3</u> | <u>50.4</u> | | |
| guarding agreements for each e (CHECK ONE BOX FOR EACH TYPE O | if the feur types | ef tax dat | a listed Dal | M. | | AK | 5 | 5 | 5 | 5 | | |
| | ADOPT/ | EXTEN- | | HINIMALLY | | AZ | 5 | 5 | 5 | 5 | | |
| | ICREATE HEH I | | CHANGE EXISTING SYSTEM | EXISTING | | AR | 4 | 4 | 4 | 4 | | |
| | | SYSTEM | l 1 | i 1 | STANDS | CA CO | 3 1 | 3 3 | 5 3 | 3 3 | | |
| | | 2 | i | 4 | | CT | 1 | 4 | 3 | 3 3 | | |
| 1.IRS uncorned income data | | | | | <u> </u> | DE | 3 | 3 | 3 | 3 | | |
| 2.35A wage data | | | l ! | ! | | DC FL | 1 1 | 2 3 | 2 3 | 2 3 | | |
| 3.554 privato ponalen data | | | ! | 1 ! | | GA | 3 | 3 | 3 | 3 | | |
| 4.55A gelf-employment increase | datal | | 1 | ! | | GU HI | 3 3 | 3 3 | 3 3 | 1 3 | | |
| | | | | | | ID | 3 | 4 | 4 | 4 | | |
| | | | | | | IL | 3 | 4 | 4 | 4 | | |
| | | | | | | IN | 2 | 4 | 4 | 4 | | |
| | | | | | | IA KS | 4 3 | 4 5 | 4 5 | 4 5 | | |
| | | | | | | KY | 5 | 5 | 5 | 5 | | |
| | | | | | | LA | 1 | 1 | 4 | 1 | | |
| | | | | | | ME | 2 | 2 | 2 | 2 | | |
| | | | | | | MD MA | 1 1 | 4 3 | 4 1 | 4 2 | | |
| | | | | | | MN | 2 | 4 | 4 | 4 | | |
| | | | | | | MS | 1 | 3 | 1 | 1 | | |
| | | | | | | MO | 3 | 3 | 3 | 3 | | |
| | | | | | | MT NE | 2 1 | 2 1 | 2 1 | 2 1 | | |
| | | | | | | NV | 1 | 3 | 3 | 3 | | |
| | | | | | | NH | 4 | 5 | 5 | 5 | | |
| | | | | | | NJ | 1 | 1 | 1 | 1 | | |
| | | | | | | NM | 3 | 3 3 | 3 3 | 3 3 | | |
| | | | | | | NY NC | 3 * | 5 5 | 5 5 | 5 | | |
| | | | | | | OH | 5 | 5 | 5 | 5 | | |
| | | | | | | OK | 4 | 5 | 5 | 5 * | | |
| | | | | | | OR | * | * | * | * | | |
| | | | | | | PA | 1 2 | 1 4 | 3 4 | 1 | | |
| | | | | | | PR RI | 2 | 4 | 4 1 | 1 | | |
| | | | | | | SC | 1 | 5 | 5 | 5 | | |
| | | | | | | SD | | | 2 | 2 | | |
| | | | | | | TN | 1 5 3 3 | 2 5 5 3 | 5 | 5 | | |
| | | | | | | TX UT | 3 | 5 | 5 | 3 | | |
| | | | | | | VT | 3 4 | 5 | 5 5 3 5 | 5 | | |
| *No res | sponse | - eit | her | | | VI | 1 | 1 | 1 | 1 | | |
| omitte | ed with | no | | | | ΥA | 3 | 5 | 5 | 5 | | |
| explai | nation (| or | | | | WA | 2 3 | 2 | 2 3 2 | 4 1 5 2 5 5 3 5 1 5 2 3 2 1 | | |
| skipp | ed acco | rding | | | | WV WI | 3 2 | 3 2 | 3 2 | 2 | | |
| to que instru | estionn | arre | | | | WY | 1 | 1 | 1 | ī | | |
| Q RIC | ~~~~~~~ | - | | | | 67 | | | | | | |
| SIC. | | | | | | - • | | | | | | |



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DETAILED QUESTIONNAIRE DATA: 51 RESPONDENTS

| | | | | Quest | tion | | |
|---|--------------|--------------|--------------|--------------|--------------|--------------|-----------------------|
| n <u>1951108 A</u> Indicate haw often, if over, case files from each of the programm listed sion contain higtorical income date that can be compared with alder IZS and 33A tay date | STATE | <u>51.1A</u> | <u>51.1B</u> | <u>51.2A</u> | <u>51.2B</u> | <u>51.3A</u> | <u>51.3B</u> |
| CHECK BHE BOX FOR EACH PROBAN,) <u>A SECTION A</u> Indicate whather an net this higherical case income date to automated when t is evolution. (CHECK DHE SOX FOR EACH PRODAN.) | AK | 1 | 4 | 1 | 4 | 1 | 4 |
| SPETION & SPETICS. 4 CASEFILES CONTAIN MISTORICAL CASE | AZ | 3 | 6 | 3 | 6 | 3 | 6 |
| RESTORECAL CASE INCORE DATA INCORE DATA AUTONATEST (CRICE ORL.) (CRICE ORL.) | AR CA | 1 1 | 5 5 | 1 | 5 | 1 | 5 |
| | CO | 1 | 5 5 | 1 1 | 5 5 | 1 .1 | 5 5 |
| ALMAYS OR I SOMETINES I RARELV. IFI I YES I NO INOT AP-I I Almost I I Ever I I I I I I I I I I I ALMOST I I Almays I I I I I I I I I ALMOST I | ĊŤ | ź | 4 | 2 | 4 | 2 | 4 |
| | DE | 2 | 4 | 2 | 4 | 2 | 4 |
| | DC | 3 | 6 | 3 | 6 | 3 | 6 |
| | FL | 2 | 5 | 2 | 5 | 2 | 5 |
| A/BC | ga Gu | 1 | 5 | 1 | 5 | 1 | 5 |
| | HI | 1 1 | 5 5 | 3 1 | 6 5 | 1 | 5 5 |
| Pade atoma i i i i i i i i i i i i i i i i i i i | ID | 3 | 4 | 2 | 5 4 | 1 2 | 5 4 |
| | ĨĹ | 1 | 4 | 1 | 4 | 1 | 4 |
| | IN | 1 | 5 | ī | 5 | 1 | 4 |
| | IA | 2 | 4 | 2 | 4 | 2 | 4 |
| | KS | 2 | 5 | 2 | 5 | 2 | 5 |
| | KY LA | 1 | 4 | 1 | 4 | 1 | 4 |
| | ME | 1 2 | 5 5 | 1 2 | 5 | 1 | 5 |
| | MD | 1 | 5 | 1 | 4 5 | 2 1 | 4 5 |
| | MA | ī | 5 | ī | 5 | 1 | 5 |
| | MN | 3 | 6 | 3 | 6 | 3 | 6 |
| | MS | 2 | 5 | 2 | 5 | 3 | 5 |
| | MO | 1 | 5 | 1 | 5 | 1 | 5 |
| | MT NE | 1 1 | 5 5 | 1 | 5 | 1 | 5 |
| | NV | 1 | 5 | 1 1 | 5 5 | 1 | 5 5 |
| | NH | 1 | 5 | 1 | 5 | 1 | 5 |
| | NJ | Ž | ě | ź | ĕ | ź | 6 |
| | NM | 2 | 5 | 2 | 5 | 2 | 5 |
| | NY | 1 | 5 | 1 | 5 | 1 | 5 |
| | NC OH | 2 | 5 4 | 2 | 5 | 2 | 5 |
| | OK | 2 | 4 5 | 1 2 | 4 5 | 1 2 | 4 |
| | OR | 1 | 5 | 1 | 5 | 2 | 5 5 |
| | PA | 2 | 5 | 2 | 5 | Ž | 5 |
| | PR | * | * | 2 | 5 | * | * |
| | RI | 1 | 5 | 1 | 5 | 1 | 5 |
| | SC SD | 2 1 | 5 | 3 | 5 | 2 | 5 |
| | 5D TN | 1 | 5 5 | 1 1 | 4 5 | 1 1 | 4 |
| | TX | 3 | 5 | 3 | 5 | 3 | 4 5 5 |
| | UT | 1 | 5 | 1 | 5 | ĩ | 5 |
| | VT | 2 | 4 | 1 | 4 | 1 | 4 |
| *No response - either omitted with no | VI | 1 | 5 | 1 | 5 | 1 | 5 |
| explanation or | VA WA | 3 2 | 5 5 | 3 2 | 5 | 3 | 5 5 5 6 5 |
| skipped according | WY | 2 3 | р 6 | 2 3 | 5 6 | 2 3 | D |
| to questionnaire | WI | 1 | 5 | 1 | 5 | 3 1 | 5 |
| instructions. | | | | _ | - | | • |
| | . 6 8 | 1 | 5 | 1 | 5 | 1 | 5 |

SECTION B

DETAILED QUESTIONNAIRE DATA: 51 RESPONDENTS

X. ADDITIONAL INFORMATION

52. Beyond its base requirements, DEFRA also encourages states to access and use other sources of information to verify the eligibility of program applicants/recipients.

In <u>SECTION A</u> indicate whether or not your state currently uses, or is planning to use each of the information sources listed below for eligibility verification. (CHECK ONE BOX FOR EACH SOURCE.)

For each source your state is currently using, indicate in <u>SECTION B</u> whether the eligibility verification process is most often automated or manual. (CHECK ONE BOX FOR EACH SOURCE YOUR STATE CURRENTLY USES.)

SECTION A

| | STATE | CURRENTLY USI | VERIFICATION PROCESS | | | | | |
|--------------------------------|---------------------------------|----------------------------------|---|--------------------------------------|---|-----|--|--|
| | YES, STÂſE CURRENTLY USES | NO, BUT STATE PLANS TO USE | STATE NEITHER USES NOR PLANS TO USE | AUTOMATED ON-LINE | | | | |
| <u>ا</u> ا | 1 | 2 | | 4 | 5 | 6 1 | | |
| 1.Birth records | | | | | | | | |
| 2.Death records | | | | | | | | |
| 3.Marriage records | | | | | | | | |
| 4.Divorce records | | / | | | | | | |
| 5.Drivers' license records | | | | | | | | |
| 6.Auto registration records | | / | | | | | | |
| 7.Selective service records | | | | | | | | |

*No response - either omitted with no explanation or skipped according to questionnaire instructions.



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APPENDIX II

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DETAILED QUESTIONNAIRE DATA: 51 RESPONDENTS

Question

| | | | | | | | Quest | ion | | | | | _, | |
|--------------|--------------|--------------|--------------|--------------|--------------|--------------|-------|--------------|--------------|--------------|-------|-------|-------|-------|
| <u>STATE</u> | <u>52.1A</u> | <u>52.1B</u> | <u>52.2A</u> | <u>52.28</u> | <u>52.3A</u> | <u>52.3B</u> | 52.4A | <u>52.4B</u> | <u>52.5A</u> | <u>52.5B</u> | 52.6A | 52.6B | 52.7A | 52.7B |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| AK | 1 | 6 | 1 | 6 | 1 | 6 | 1 | 6 | | L | | 1 | 7 | ŧ |
| AZ | | | | | | | 1 | | 1 | 6 | 1 | 6 | 3 | |
| | 1 | 6 | 1 | 6 | 3 | ŧ | 3 | ŧ | 1 | 6 | 1 | 4 | 3 | ŧ |
| AR | 1 | 6 | 1 | 6 | 1 | 6 | 1 | 6 | 3 | ÷ | 1 | 6 | 3 | ŧ |
| CA | 3 | ŧ | 1 | 5 | 3 | ÷ | 3 | ŧ | 3 | ŧ | 2 | 5 | 3 | ŧ |
| CO | 1 | 6 | 1 | 6 | 1 | 6 | 1 | 6 | 1 | 6 | 1 | 5 | 3 | ŧ |
| CT | 3 | ŧ | 3 | ŧ | 3 | ŧ | 3 | ŧ | 3 | ÷ | 1 | 6 | 3 | ŧ |
| DE | Î | 6 | | | | | | | | | - | | | |
| | | | 1 | 6 | 1 | 6 | 1 | 6 | 1 | ŧ | 1 | 1 | 1 | 6 |
| DC | 1 | 6 | 1 | 6 | 1 | 6 | 1 | 6 | 1 | 4 | 1 | 4 | 3 | ŧ |
| FL | Ŧ | Ŧ | ŧ | ŧ | ŧ | ÷ | ŧ | ŧ | ŧ | ŧ | ŧ | ŧ | ŧ | ŧ |
| 6A | 1 | 4 | 2 | 4 | 3 | ÷ | 3 | ŧ | 3 | ŧ | 2 | 4 | 3 | ŧ |
| 6U | 1 | 6 | 3 | ŧ | 3 | ŧ | 1 | 6 | 3 | ŧ | 1 | 6 | 3 | ŧ |
| HI | 1 | 6 | 3 | ŧ | 1 | 6 | 1 | 6 | 3 | ŧ | i | 4 | | ŧ |
| | - | | | | - | | - | | | | | • | 3 | |
| ID | 1 | 6 | 1 | 6 | 1 | 6 | 1 | 6 | 3 | ŧ | 3 | ŧ | 3 | ŧ |
| IL | 3 | ł | 1 | 6 | 1 | 6 | 3 | ŧ | 1 | 6 | 1 | 6 | 3 | ŧ |
| IN | 1 | 6 | 1 | 6 | 1 | 6 | 1 | 6 | 1 | 5 | 1 | 5 | 3 | Ŧ |
| IA | 3 | ŧ | 3 | ŧ | 3 | ŧ | 3 | ÷ | 2 | ŧ | 2 | ÷ | 3 | ŧ |
| KS | 3 | ŧ | 3 | ŧ | 3 | ŧ | 3 | ÷ | 3 | ŧ | 3 | ÷ | 3 | ŧ |
| KY | 1 | | | | | | | | | | | | | |
| | - | 6 | 1 | 6 | 3 | ŧ | 3 | + | 3 | ŧ | 1 | 4 | 3 | ŧ |
| LA | 1 | 6 | 1 | 6 | 1 | 6 | 1 | 6 | 3 | ŧ | 3 | ŧ | 3 | ŧ |
| he | 3 | Ŧ | 3 | ŧ | 3 | ÷ | 3 | ŧ | 1 | - 4 | 1 | 4 | 3 | ŧ |
| MD | 3 | ŧ | 3 | ŧ | 3 | ÷ | 3 | ÷ | 2 | 6 | 2 | 6 | 3 | ŧ |
| MA | 1 | 6 | 1 | 6 | 1 | 6 | 1 | 6 | 1 | 5 | 1 | 5 | 1 | 6 |
| MN | 1 | 6 | 1 | 6 | 1 | 6 | 1 | 6 | 1 | 4 | 1 | 4 | 1 | |
| MS | - | | | | | | | - | - | | - | - | - | 6 |
| | 1 | 6 | 1 | 6 | 1 | 6 | 1 | 6 | 1 | 6 | 2 | 6 | 3 | ŧ |
| NO | 1 | 4 | 1 | 4 | 3 | ŧ | 3 | ł | 3 | ŧ | 3 | ŧ | 3 | ŧ |
| NT | 1 | 6 | 1 | 6 | 1 | 6 | 1 | 6 | 3 | ŧ | 1 | 6 | 3 | ŧ |
| ЖE | 1 | 6 | 1 | 6 | 1 | 6 | 1 | 6 | 1 | 4 | 1 | 4 | 3 | ŧ |
| ₩V | 1 | 6 | 1 | 6 | 1 | 6 | 1 | 6 | 1 | 6 | 1 | 6 | 1 | 6 |
| NH | 1 | 6 | 1 | 6 | 1 | 6 | 1 | 6 | 1 | 6 | 1 | 5 | 3 | ŧ |
| NJ | i | | | ÷ | | | | | - | | - | | | |
| | 1 | 6 | 3 | | 1 | 6 | 1 | 6 | 1 | 5 | 1 | 5 | 3 | Ŧ |
| NM | 1 | 6 | 1 | 6 | 1 | 6 | 1 | 6 | 1 | 4 | 1 | 4 | 3 | ŧ |
| NY | 1 | 6 | 1 | 5 | 1 | 6 | 3 | ŧ | 1 | 4 | 1 | 4 | 3 | ŧ |
| NC | 1 | 6 | 1 | 6 | 1 | 6 | 1 | 6 | 3 | ŧ | 1 | 4 | 3 | ŧ |
| 0H | 3 | ŧ | 3 | ŧ | 3 | ÷ | 3 | ÷ | 1 | 5 | 1 | 5 | 3 | ÷ |
| OK | 1 | 6 | 3 | ŧ | 3 | ŧ | 3 | ŧ | 3 | ÷ | 3 | ŧ | 3 | ŧ |
| OR | 3 | ŧ | 3 | | | | | | | | | | | |
| | | | | ł | 3 | ŧ | 3 | ŧ | 3 | ŧ | 3 | ŧ | 3 | ŧ |
| PA | 1 | 6 | 1 | 5 | 1 | 6 | 1 | 6 | 1 | 6 | 1 | 6 | 3 | ŧ |
| PR | 1 | 6 | 1 | 6 | 1 | 6 | 1 | 6 | ŧ | ŧ | 1 | 6 | ŧ | ŧ |
| RI | 1 | 6 | 1 | 6 | 1 | 6 | 1 | 6 | 1 | 6 | 1 | 6 | 3 | ŧ |
| SC | 1 | 6 | 1 | 6 | 1 | 6 | 1 | 6 | 1 | 6 | 1 | 5 | 3 | ÷ |
| SD | 2 | 4 | 2 | 4 | 2 | 4 | 2 | 4 | 3 | ŧ | 2 | 4 | 3 | ÷ |
| TN | ī | 4 | 3 | ŧ | 3 | Ŧ | 3 | ŧ | 3 | ÷ | 3 | Ŧ | | |
| TX | | | | | | | | | | | | | 3 | + |
| | 3 | ŧ | 3 | ŧ | 3 | ŧ | 3 | ŧ | 3 | ŧ | 3 | ŧ | 3 | ŧ |
| UT | 3 | ŧ | 3 | ŧ | 3 | ŧ | 3 | Ŧ | 1 | 4 | 1 | 4 | 3 | ŧ |
| ٧T | 3 | ŧ | 3 | ŧ | 3 | ŧ | 3 | ŧ | 3 | ŧ | 1 | 4 | 3 | ÷ |
| VI | 1 | 6 | 1 | 6 | 1 | 6 | 1 | 6 | 1 | 6 | 1 | 6 | ; | 6 |
| VA | 1 | 6 | 1 | 6 | 1 | 6 | 1 | 6 | 1 | 5 | - | 5 | 3 | ŧ |
| HA | 2 | 4 | | ÷ | | ÷ | | | | | | | | |
| | | - | 3 | | 3 | | 3 | + | 2 | 5 | 2 | 5 | 3 | ł |
| WV | 3 | F | 3 | ŧ | 3 | ŧ | 3 | 4 | 3 | ŧ | 1 | 4 | 3 | ŧ |
| WI | 2 | ŧ | 2 | 5 | 2 | ŧ | 2 | ŧ | 2 | ŧ | 2 | ŧ | 3 | ŧ |
| WY | 3 | ŧ | 1 | 5 | 3 | ÷ | 3 | ŧ | 3 | ŧ | 2 | ŧ | 3 | ŧ |
| | | | | | | | . 7 | n | | | | | | |
| | | | | | | 4 | 59 | U U | | | | | | |
| | | | | | | C | | | | | | | | |



DETAILED QUESTIONNAIRE DATA: 51 RESPONDENTS

X. ADDITIONAL INFORMATION

52. Beyond its base requirements, DEFRA also encourages states to access and use other sources of information to verify the eligibility of program applicants/recipients.

In <u>SECTION A</u> indicate whether or not your state currently uses, or is planning to use each of the information sources listed below for eligibility verification. (CHECK ONE BOX FOR EACH SOURCE.)

For each source your state is currently using, indicate in <u>SECTION B</u> whether the eligibility verification process is most often automated or manual. (CHECK ONE BOX FOR EACH SOURCE YOUR STATE CURRENTLY USES.)

| | STATE | <u>Section A</u> Currently US | <u>Section B</u> Verification process | | | | | |
|--------------------------------------|---------------------------------|--|--|-----------|-------------------|----------------|--|--|
| | YES, STATE CURRENTLY USES | CURRENTLY STATE PLANS NEITHER USES | | | | | | |
| <u>ئ</u> t | 1 | 1 2 | | 4 | | 6 | | |
| 8.Police records | | 1 1 | | | <u> </u> | | | |
| 9.Tax records (other than fed.) | | | | | | | | |
| 10.Housing fecords | | I | | | 1 <u></u> 1. 1 | | | |
| 11.Bank records | | 1 1 | | 1 | | | | |
| 12.Insurance records | | / 1 | | | | 1 | | |
| 13.Credit records | | ! ! ! | | | | | | |
| 14.0ther (SPECIFY.) | | | | | | | | |
| |] [| | | | | | | |

*No response - either omitted with no explanation or skipped according to questionnaire instructions.



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APPENDIX II

| | | | | | | | | Questio | 0 | | | | | |
|----------|--------------|---------------|--------|---------------|---------------|-----------------|---------------|---------------|--------|---------------|------------------|----------|-----------------|---------------|
| SIALE | <u>52.8A</u> | <u>52.8</u> 8 | 52,98 | 5 <u>2,98</u> | <u>52,10A</u> | 5 <u>2.10</u> 8 | <u>52.11A</u> | <u>52.118</u> | 52.12A | <u>52.128</u> | 5 <u>2, 13</u> A | 52.13B | 52 . 14A | <u>52.148</u> |
| AK | 3 | ŧ | 3 | ŧ | 3 | ŧ | 1 | 6 | 3 | ÷ | 3 | ŧ | 1,1,1 | 4,4,4 |
| AZ | 3 | ŧ | 3 | ŧ | 3 | ŧ | 1 | 6 | 3 | ŧ | 3 | ÷ | 1,2 | 6,6 |
| AR | 3 | ŧ | 3 | ŧ | 1 | 6 | 1 | 6 | 1 | 6 | 3 | ŧ | Ŧ | ŧ |
| CA | 1 | 5 | 1 | 5 | 3 | ŧ | 3 | ŧ | 3 | ŧ | 3 | ŧ | 1,2,2 | 5,5,5 |
| CO Ct | 3 3 | ÷ ÷ | 1 | 6 | 1 | 6 | 1 | 6 | 1 | 6 | 1 | 6 | ŧ | ŧ |
| DE | 5 1 | * 6 | 2 1 | 5 ა | 3 1 | ŧ | 1 | 5 | 3 | ŧ | 3 | ł | ŧ | ŧ |
| DC | 3 | u t | 1 | 5 6 | 3 | 6 # | 1 3 | 6 # | 1 3 | 6 | 1 | 6 | + | ł |
| FL | ŧ | ŧ | ÷ | ÷ | ÷ | ÷ | 3 # | • • | 3 7 | ÷ | 1 | 4 | + 5 | + + |
| 6A | 2 | 4 | 2 | ŧ | 2 | ŧ | 2 | ŧ | 2 | + | • | 6 | ÷ | t t |
| 6U | 3 | ŧ | 2 | ŧ | 3 | ŧ | 2 | ŧ | 3 | ŧ | 3 | ÷ | ł | + |
| HI | 3 | ŧ | 3 | ŧ | 3 | ŧ | 1 | 5 | 3 | ŧ | 3 | ŧ | ŧ | ŧ |
| ID | 3 | ŧ | 3 | ŧ | 1 | 6 | 1 | 6 | 1 | 6 | 3 | ŧ | ŧ | ŧ |
| IL | 1 | 6 | 1 | 6 | 2 | ŧ | 3 | ŧ | 1 | 6 | 1 | 6 | ŧ | ŧ |
| IN IA | 3 3 | ÷ ÷ | 1 | 6 | 1 | 6 | 1 | 6 | 1 | 6 | 3 | ŧ | ŧ | ŧ |
| KS | ა ჳ | r ŧ | 2 3 | ÷ ÷ | 3 3 | : | 3 | ŧ | 1 | 5 | 3 | ŧ | ŧ | ŧ |
| KY | 3 | ÷ | 3 | Ŧ | ა 3 | ŧ | 3 3 | ÷ | 3 3 | + | 3 | + | 1 | 5 |
| LA | 1 | 6 | 3 | ÷ | 3 | ł | 1 | 6 | 3 1 | * 6 | 3 3 | + | ÷ ÷ | + + |
| ME | 3 | ŧ | 3 | ŧ | 3 | ŧ | 1 | 6 | 3 | ÷ | 3 | ł | • | Ŧ |
| HD | 3 | ŧ | 3 | ŧ | 3 | ŧ | 1 | 6 | 3 | ŧ | 3 | ÷ | 1 | 6 |
| HA | 1 | 6 | 1 | 6 | 1 | 6 | 1 | 6 | 1 | 6 | 3 | ŧ | ÷ | ŧ |
| NN | 3 | ŧ | 1 | 6 | 1 | 6 | 1 | 6 | 1 | 6 | 3 | ŧ | ŧ | ŧ |
| MS | 3 | ł | 1 | 6 | 1 | 6 | 1 | 6 | 1 | 6 | 3 | ŧ | ŧ | ŧ |
| HO ht | 3 3 | + + | 3 3 | ŧ | 3 | ŧ | 1 | 6 | 1 | 6 | 3 | ŧ | ŧ | ŧ |
| NE | 3 | ŧ | 3 3 | ++ | 3 3 | ÷ | 1 | 6 6 | 3 | ŧ | 3 | ŧ | ŧ | ŧ |
| NV | 1 | 6 | ŧ | ÷ | 1 | 6 | 1 | 0 6 | 1 | 6 6 | 3 1 | ŧ | ± | t |
| NH | 3 | ÷ | 3 | ŧ | 1 | 6 | 1 | 6 | 1 | 6 | 1 | 6 5 | 1,1 + | 6,6 # |
| NJ | 3 | ŧ | 3 | ŧ | 1 | 6 | 1 | 6 | - | 6 | 1 | 5 | ÷ | + |
| NH | 1 | 6 | 1 | 6 | 3 | ŧ | 1 | 6 | 3 | ŧ | 3 | ŧ | ŧ | ŧ |
| NY | 3 | ŧ | 3 | ŧ | 3 | ŧ | 1 | 6 | 3 | ŧ | 3 | ŧ | ŧ | ŧ |
| NC Oh | 3 | ŧ | 1 | 6 | 1 | 6 | 1 | 6 | 1 | 6 | 3 | ŧ | ŧ | ŧ |
| OK | 3 3 | ŧ ŧ | 1 | 5 | 3 | ŧ | 1 | 5 | 3 | Ŧ | 3 | ŧ | ŧ | ŧ |
| OR | 3 | ŧ | 2 3 | 4 ± | 1 3 | 6 # | 1 3 | 6 | 1 | 6 | 1 | 6 | + | ŧ |
| PA | 1 | 5 | 3 | + | 3 | ÷ | 3 1 | t E | 3 1 | + 5 | 3 1 | ŧ | ÷. | ł |
| PR | ŧ | ŧ | ŧ | ŧ | Î | 6 | 2 | 6 | 1 | 6 | Ŧ | 5 # | 1 + | 5 ± |
| RI | 3 | ŧ | 1 | 6 | 1 | 6 | 1 | 6 | 1 | 6 | 3 | ÷ | + | ŧ |
| SC | 1 | 6 | 3 | ŧ | 1 | 6 | 1 | 6 | 1 | 6 | 3 | ŧ | ŧ | ŧ |
| SD | 3 | ŧ | 3 | ŧ | 2 | 4 | 3 | ŧ | 3 | ŧ | 3 | ŧ | ŧ | ŧ |
| TN | 3 | ŧ | 2 | ŧ | 3 | ŧ | 3 | ŧ | 3 | ŧ | 3 | ŧ | ŧ | ŧ |
| TX Ut | 3 3 | ÷ ÷ | 3 3 | ł | 3 | ŧ | 3 | ŧ | 3 | ŧ | 3 | ŧ | ŧ | ŧ |
| VT | 3 | t t | ა ჳ | ÷ ÷ | 3 3 | ŧ ŧ | 2 | 6 | 3 | ŧ | 1 | 6 | 1 | 6 |
| VI | 1 | 6 | 1 | 6 | 3 1 | * 6 | 1 1 | 4 6 | 3 1 | ₹ ↓ | 3 | t | | ŧ |
| VA | 1 | 6 | 2 | ŧ | 1 | 6 | 1 | 6 | 1 | 6 6 | 1 1 | 6 6 | | ŧ ŧ |
| WA | 3 | ŧ | 3 | ŧ | 3 | ŧ | 3 | ŧ | 3 | ł | 3 | | | • 5,5 |
| ₩V | 3 | ŧ | 3 | ŧ | 3 2 | ŧ | 3 | ŧ | 3 | ŧ | 3 | | | ŧ |
| WI HV | 3 | ŧ | 2 | ŧ | 2 | ŧ | 2 | ŧ | 3 | ŧ | 3 | ŧ | ŧ | ŧ |
| WY | 3 | ŧ | 3 | ŧ | 3 | ŧ | 2 | ŧ | 3 | ŧ | 3 | ŧ | 1,1 | 5,5 |



APPENDIX II

| | | | Question | |
|--|----------|----------|----------|--------|
| 53.In responding to the cost vs. benefit | | STATE | 53 | 54 |
| questions earlier in this questionnair | <u>م</u> | | | - |
| were any of your responses based on | •/ | AK | 2 | * |
| actual studies or analyses your state | | AZ | 2 | * |
| has done? | | AR | * | * |
| | | CA | 1 | 1 |
| 1.[.]Yes | | CO | 2 | * |
| | | CT | 1 | 0 |
| 2.[JNg>(SKIP TO QUESTION 55.) | | DE | 2 | * |
| | | DC | 2 | * |
| | | FL | 2 | * |
| | | GA | 2 | * |
| 54.We are interested in obtaining the | | GU | 1 | 0 |
| results of any cost/benefit studies | | HI | 2 | * |
| or analyses your state has done, re- | | ID | 2 | * |
| lated to the DEFRA, IEVS provisions. | | IL | 1 | 0 0 |
| However, we would like you to give | | IN | 2 | * |
| priority to the completion and return | | IA | 2 | * |
| of this questionnaire. Under | | KS | 2 | * |
| separate cover and at your con- | | KY | 2 2 | * |
| venience, please send a copy of such reports to us at the address | | LA ME | 2 1 | Õ |
| shown on the front of this form. | | MD | 2 | * |
| snown on the front of this form. | | MA | 1 | Õ |
| | | MN | 2 | * |
| | | MN MS | 2 | * |
| | | MO | 2 | * |
| | | MT | * | * |
| | | NE | 1 | 0 |
| | | NV | 2 | * |
| | | NH | 2 | * |
| | | NJ | 2 | * |
| | | NM | 2 | * |
| | | NY | 2 | * |
| | | NC | 2 | * |
| | | OH | 2 | * |
| | | OK | 2 | * |
| | | OR | 2 | * |
| | | PA | 2 | * |
| | | PR | 2 | * |
| | | RI | 2 | * |
| | | SC | 2 | * |
| | | SD | 1 | 0 |
| | | TN | 2 | * |
| | | ТХ | 2 | * |
| | | UT | 1 | 0 |
| | | VT | 2 | * |
| *No response - either | | VI | 2 | * |
| omitted with no | | VA | 2 | * |
| explanation or | | WA | 1 | 0 |
| skipped according | | WV | 2 | * |
| to guestionnaire | | WI | 2 | * |
| instructions. | 73 | WY | 2 | * |
| | 1 3 | | | |



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DETAILED QUESTIONNAIRE DATA: 51 RESPONDENTS

For an analysis of the narrative comments received for question 55, see appendix IV.



DETAILED QUESTIONNAIRE DATA: ALABAMA AND NORTH DAKOTA

The questionnaire responses from Alabama and North Dakota are shown in tables III.1 and III.2. They responded according to the way their state AFDC, Medicaid, and Food Stamp programs are organized. The responses are formatted by question number. Refer to appendix I for complete questions.

Table III.1: Program Experience of Officials Filling Out Questionnaire^a

| Program | Alabama | North Dakota |
|-------------------------------------|------------|--------------|
| AFDC Medicaid | 1-2 1-2 | 1-2-3 |
| Food Stamps AFDC and Food Stamps | 1-2 | 1-2-4 |

aReply to question on page 1 of the questionnaire.



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| | DETAILED QUESTIONNAIRE DATA: | | | | | | | | | | | |
|--------------------------|---|---|--|--|--|--|--|--|--|--|--|--|
| ALABAMA AND NORTH DAKOTA | | | | | | | | | | | | |
| Table III.2: | Alabama and North Dakota Officials' Responses | 3 | | | | | | | | | | |
| | to Questionnaire | | | | | | | | | | | |

| | | | Progr | amsa | |
|-------------|-------------|-------------|------------------|-------------|-----------------------|
| | | Alabama | | North Dakot | a |
| Question | AFDC | MED | FS | AFDC/FS | MED |
| | | | | | |
| 1 | 1 | 1 | 1 | 1 | 3 3 5 3 1 |
| 2 3 | * | * | * | * | 3 |
| 3 | * | * | * | * | 5 |
| 4 | * | * | * | * | 3 |
| 5 6 7 | * | * | * | * | 1 |
| 6 | * | * | * | * | 3 2 |
| | * | * | * | * | 2 |
| 8 | 1 | 1 | 2 | 1 | 1 |
| 9.1 | 1 | 1 | * | 1 | 1 |
| 9.2 | 1 | 1 | * | 2 | 2 |
| 9.3 | 2 | 2 | * | 1 | 2 |
| 9.4 | 0 | 0 | * | 0 | 2 2 1 2 |
| 10 | 1 | 2 | * | 1 | 2 |
| 11.1A | 1 | 1 | 1 | 1 | 1 |
| 11.1B | 2 3 5 | 2 3 5 | 2 3 5 1 | 2 2 5 | 1 |
| 11.1C | 3 | 3 | 3 | 2 | 3 |
| 11.1D | | | 5 | 5 | 5 |
| 11.2A | 1 | 1 | | 4 | 1 |
| 11.2B | 2 2 | 2 | 2 2 5 | * | 1 |
| 11.2C | 2 | 2 | 2 | 1 | 3 |
| 11.2D | 5 | 5 | 5 | 5 | 5 |
| 11.3A | 1 | 1 | 1 | 4 | 1 |
| 11.3B | 2 2 | 2 | 2 | * | 1 |
| 11.3C | 2 | 2 | 2 | 1 | 3 |
| 11.3D | 5 | 5 | 2 2 5 1 | 5 | 5 |
| 11.4A | 1 | 1 | | 1 | 1 |
| 11.4B | 2 2 | 2 | 2 2 5 1 | 2 2 5 | 1 |
| 11.4C | 2 | 2 | 2 | 2 | 3 |
| 11.4D | 5 1 | 5 | 5 | 5 | 5 |
| 11.5A | 1 | 1 | | 1 | 1 |
| 11.5B | 2 2 5 | 2 | 2 2 4 | 2 2 | 1 |
| 11.5C | 2 | 2 | 2 | 2 | 3 |
| 11.5D | 5 | 5 | 4 | 4 | 5 |
| 11.6A | 1 | 1 | 1 | 1 | 1 |
| 11.6B | 2 | 2 | 2 | 2 | 1 |



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APPENDIX III

DETAILED QUESTIONNAIRE DATA: ALABAMA AND NORTH DAKOTA

| | | | Prog | rams ^a | | |
|-----------------|------|---------|---------|-------------------|---------|--------|
| | | Alabama | | | North D | akota |
| Question | AFDC | MED | FS | Ā | AFDC/FS | MED |
| 11.6C | 2 | 2 | FS 2 | - | 3 | 3 |
| 11.6D | 5 | 5 | 5 1 | | 4 | 4 |
| 11.7A | 1 | 1 | 1 | | 1 | 1 |
| 11.7B | 2 | 2 | 2 | | 2 | 1 |
| 11.7C | 3 | 3 | 3 | | 3 | 3 |
| 11.7D | 4 | 4 | 4 | | 4 | 5 |
| 11.8A | 1 | 1 | 1 | | 1 | 1 |
| 11.8B | 2 | 2 | 2 | | 2 | 1 |
| 11.8C | 3 | 3 | 3 | | 3 | 3 5 |
| 11.8D | 4 | 4 | 4 | | 4 | |
| 11.9A | 1 | 1 | 1 | | 1 | 1 |
| 11.9B | 2 | 2 | 2 | | 2 | 1 |
| 11.9C | 3 | 3 | 3 | | 3 | 3 |
| 11.10A | 1 | 1 | 1 | | 1 | 1 |
| 11.10B | 2 | 2 | 2 | | 2 | 1 |
| 11.10C | 3 | 3 | 3 | | 3 | 3 |
| 11.11A | 1 | 1 | 1 | | 4 | 1 |
| 11.113 | 2 | 2 | 2 | | * | 1 |
| 11.11C | 1 | 1 | 1 | | 1 | 3 |
| 11.12A | 1 | 1 | 1 | | 1 | 1 |
| 11 . 12B | 2 | 2 | 2 | | 2 | 1 |
| 11.12C | 1 | 1 | 1 | | 3 | 3 |
| 11.13A | 1 | 1 | 1 | | 1 | 1 |
| 11.13B | 2 | 2 | 2 | | 2 | 1 |
| 11 . 13C | 3 | 3 | 3 | | 3 | 3 |
| 11.13D | 4 | 4 | 4 | | 4 | 5 |
| 11.14A | 1 | 1 | 1 | | 1 | 1 |
| 11.14B | 2 | 2 3 | 2 | | 2 | 1 |
| 11.14C | 3 | 3 | 3 | | 3 | 3 |
| 11.14D | 4 | 4 | 4 | | 4 | 5 |
| 11.15A | 1 | 1 | 1 | | 1 | 1 |
| 11.15B | 2 | 2 | 2 | | 2 | 1 |
| 11.15C | 3 | 3 | 3 | | 3 | 3 |
| 11.15D | 4 | 4 | 4 | | 4 | 5 |
| 12 | 1 | 1 | 1 | | 1 | 1 |
| 13 | 2 | 2 | 2 | | 2 | 2 |



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APPENDIX III

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| | | | Programs | 3 | |
|--------------|-------------|---------|-------------|------------|-------------|
| | <u></u> | Alabama | 110grams | North Dako | <u></u> |
| Question | AFDC | MED | FS | AFDC/FS | MED |
| 14 | * | * | FS * | * | * |
| 15.1 | 1 | 2 | 2 | 1 | 2 |
| 15.2 | 2 2 | 2 2 | 1 | 1 | 1 |
| 15.3 | 2 | 1 | 2 | 1 | 1 |
| 16 | 1 | 1 | 2 | 1 | 2 * |
| 17 | 2 | 2 2 | * | 2 | * |
| 18.1 | 1 | 2 | 2 | 1 | 2 |
| 18.2 | 2 | 2 | 1 | 1 | 2 2 |
| 18.3 | 2 | 1 | 2 | 1 | 1 |
| 19.1 | * | * | 1 | * | 1 |
| 19.2 | 2 * | * | * | 1 | * |
| 19.3 | | 2 | * | 1 | * |
| 20.1 20.2 | 2 | 2 | 2 | 2 | 2 2 |
| 20.2 | 2 | 2 3 | 2 3 | 2 3 | 2 |
| 22 | 3 | 3 | 3 | 3 | 1 |
| 23 | 6 | 6 | 6 | 6 | 1 3 1 |
| 23 | 2 1 | 2 | 2 | 1 | 1 |
| 25 | ۱ * | 1 * | 1 * | 2 | 2 |
| 26 | * | * | * | 2 | 1 |
| 27 | * | * | * | 1 1 | 1 |
| 28 | * | * | * | | 1 |
| 29 | * | * | * | 2 2 | 2 1 |
| 30 | * | * | * | 1 | 1 |
| 31.1 | * | * | 1 | * | 2 5 |
| 31.2 | 2 | * | * | 1 | * |
| 31.3 | * | 2 | * | 1 | * |
| 32.1 | * | * | 1 | * | 3 |
| 32,2 | 1 | * | * | 1 | * |
| 32.3 | * | 1 | * | 1 | * |
| 33 | 4 | 4 | 4 | 3 | 3 |
| 34 | | 2 | | 1 | 1 |
| 35 | 2 3 1 | 2 3 | 2 3 1 | * | * |
| 36.1A | | 1 | 1 | 1 | 1 |
| 36.1B | 4 | 4 | 4 | 4 | 4 |
| 36.2A | 3 | 3 | 3 | 3 | 1 |

DETAILED QUESTIONNAIRE DATA: ALABAMA AND NORTH DAKOTA



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APPENDIX III

| | | — | | | |
|----------|-------------|-------------|-------------|-------------------|-------------|
| | | | Prog | rams ^a | |
| | | Alabama | | North Dakota | _ |
| Question | AFDC | MED | FS | | ED |
| Question | <u></u> | 1120 | | | |
| 36.2B | 4 | 4 | 4 | 4 | 4 |
| 36.3A | 1 | 1 | 1 | 1 | 1 |
| 36.3B | 4 | 4 | 4 | 4 | 4 |
| 36.4A | 1 | 1 | 1 | 1 | 1 |
| 36.4B | 4 | 4 | 4 | 4 | 4 |
| 37 | 1 | 1 | 1 | 1 | 2 |
| 38 | 3 | 3 | 1 | 1 | 4 |
| 39 | 4 | 4 | 1 | 2 | 4 |
| 40.1 | 1 | 1 | * | * | 2 |
| 40.2 | 1 | 1 | * | * | 1 |
| 40.2 | 1 | 1 | * | | |
| 40.4 | 2 | 2 | * | * | 2 2 |
| 40.4 | 2 | 2 | * | * | 2 |
| 40.6 | 0 | õ | * | * | 0 |
| 41.1 | * | * | 10 | * 1 | |
| 41.2 | 10 | * | * | | * |
| 41.3 | * | 10 | * | | * |
| 42.1 | 3 | 3 | 3 | 2 | 3 |
| 42.2 | 3 | 3 | 3 | 5 | 3 5 2 |
| 42.3 | 1 | 1 | 1 | 1 | 2 |
| 42.4 | Ö | O | Ö | 0 | 0 |
| 43 | ŏ | Õ | Õ | | 0 |
| 43 | ŏ | ŏ | õ | | 0 |
| 45.1 | 3 | 3 | 3 | 3 | 3 |
| 45.2 | 1 | 1 | 1 | 3 | 2 1 |
| 45.3 | 2 | | 2 | 1 | 1 |
| 45.4 | 2 | 2 2 | 2 | . 2 | 3 |
| 45.5 | Õ | ō | ō | 0 | 0 |
| 46 | 2 | 2 | 2 | 5 | 3 |
| 47 | Õ | õ | ō | 1 | 0 |
| 48 | 4 | 4 | | 4 | 4 |
| 49 | | 4 | 3 4 | 4 | 4 |
| 50.1 | 3 3 3 | 3 | 3 | | 1 |
| 50.2 | े २ | 2 | 3 | 2 2 2 | 1 |
| 50.2 | 3 | 3 3 3 | 3 3 3 | 2 | 1 |
| JU • J | 5 | 5 | • | — | |

DETAILED QUESTIONNAIRE DATA: ALABAMA AND NORTH DAKOTA



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APPENDIX III

| | | | Brog | rams ^a | |
|----------|------|---------|------|-------------------|-----|
| | | Alabama | PLOG | North Dakota | |
| Question | AFDC | MED | FS | | IED |
| 2 | | 1111 | 10 | | |
| 50.4 | 3 | 3 | 3 | 2 | 1 |
| 51.1A | * | * | 1 | * | 3 |
| 51.1B | * | * | 4 | * | 5 |
| 51.2A | 1 | * | * | 1 | * |
| 51.2B | 4 | * | * | 4 | * |
| 51.3A | * | 2 | * | 1 | * |
| 51.3B | * | 5 | * | 4 | * |
| 52.1A | 1 | 3 | 3 | 1 | 1 |
| 52.1B | 6 | * | * | 6 | 6 |
| 52.2A | 1 | 3 | 3 | 1 | 1 |
| 52.2B | 6 | * | * | 6 | 4 |
| 52.3A | 1 | 3 | 3 | 1 | 1 |
| 52.3B | 6 | * | * | 6 | 6 |
| 52.4A | 3 | 3 | 3 | 1 | 1 |
| 52.4B | * | * | * | 6 | 6 |
| 52.5A | 3 | 3 | 3 | 1 | 2 |
| 52.5B | * | * | * | 6 | * |
| 52.6A | 1 | 3 | 3 | 1 | 1 |
| 52.6B | 6 | * | * | 4 | 4 |
| 52.7A | 3 | 3 | 3 | 3 | 2 |
| 52.7B | * | * | * | * | * |
| 52.8A | 3 | 3 | 3 | 3 | 2 |
| 52.88 | * | * | * | | * |
| 52.9A | 3 | 3 | 3 | 3 | 2 |
| 52.9B | * | * | * | | * |
| 52.10A | 3 | 3 | 3 | 3 | 2 |
| 52.10B | * | * | * | | * |
| 52.11A | 1 | 1 | 1 | 1 | 1 |
| 52.11B | 6 | 6 | 6 | | 6 |
| 52.12A | 3 | 3 | 3 | 3 | 2 |
| 52.12B | * | * | * | | * |
| 52.13A | 3 | 3 | 3 | | 2 |
| 52.13B | * | * | * | | * |
| 52.14A | 0 | 0 | 0 | | 0 |
| 52.14B | 0 | 0 | 0 | 0 | 0 |

DETAILED QUESTIONNAIRE DATA: ALABAMA AND NORTH DAKOTA



| | | - | NNAIRE DATA RTH DAKOTA | <u>A:</u> | | | | | | | | |
|----------|----------------------|-----|---------------------------|-----------|-----|--|--|--|--|--|--|--|
| | | | Programs | | | | | | | | | |
| | Alabama North Dakota | | | | | | | | | | | |
| Question | AFDC | MED | FS | AFDC/FS | MED | | | | | | | |
| 53 | 2 | 2 | 2 | 2 | 2 | | | | | | | |
| 54 | * | * | * | * | * | | | | | | | |
| 55 | b | b | b | b | b | | | | | | | |

Legend:

*No response - either omitted with no explanation or skipped according to questionnaire instructions.

aAFDC - Aid to Families with Dependent Children

- MED Medicaid
- FS Food Stamps

bFor an analysis of the comments submitted by 35 jurisdictions on the DEFRA regulation see appendix IV.



ANALYSIS OF NARRATIVE COMMENTS

Narrative comments were provided to us by 35 of the 53 jurisdictions that replied to our questionnaire. In this appendix we have categorized the comments according to various IEVS concerns and indicated the total number of jurisdictions commenting in each category. In cases where comments fit more than one concern we placed them according to where we believed the sentiment was strongest. In addition, for each category we have included only those comments which, in our opinion, exemplify the jurisdictional sentiment related to the concerns in that category.

PROCESSING TIME FRAMES

The most frequently mentioned concerns dealt with the states' anticipated difficulties in having to complete appropriate action on all information items received from the data sources within 30 days. During this period, states are required to: (1) compare match data against case record information; (2) identify new, discrepant, or unverified facts; (3) investigate and verify information where warranted; and (4) send a notice of intended case action or document the decision not to send one. The only exception is that up to 20 percent of the information items may be delayed beyond the 30-day time frame because third party verification is not received or is received after that period. Included among the comments voiced by 18 states were:

- -- A specific requirement which is viewed as unreasonable and difficult to achieve is that action must be taken on all "hits" [matches] regardless of magnitude within 30 days.
- -- The time limits established for acting on information are inadequate. Far too many circumstances exist that work against states in meeting these requirements.
- -- There is an overwhelming burden on eligibility workers to initiate case actions within the specified time frame, especially with the initial matches.
- -- The 30-day response requirement allows for insufficient time for appropriate follow-up activities. The volume of cases, coupled with other critical work tasks, makes compliance a difficult issue.



- -- IEVS regulations are too restrictive in requiring action within 30 days. Matches could be handled much more efficiently at the next case review date.
- -- Third party verification of IRS and SSA tax information is not achievable in the 30-day period.
- -- We remain unable to identify a way to act on <u>all</u> the discrepancies within the 30-day time frame allowed without badly disrupting the agency's other activities. Our planning efforts are complicated by the fact that it remains unclear exactly what constitutes "action" in the eyes of federal regulators.
- -- Error rates will probably increase as workers rush to meet 30-day time frames and, thus, let other work slide.
- -- The requirement to handle the matched information within 30 days places the state and its local departments in a priority setting situation that may not be the best action for error reduction.

The requirement for states to complete appropriate action on all data matches within 30 days concerned eight states because it does not permit them to set tolerances or to prioritize or target cases most likely to produce results. Their comments included the following:

- -- We have concerns with IEVS requirements for follow up on all match data.
- -- In January 1986, the Department of Public Welfare commented to the GAO on the proposed IEVS rules. Since then, we are especially alarmed that the final rules do not permit states to target their follow-up activity on the cases most likely to be in error. Final rules at 7 CFR Sec. 272.8(g)(1), 42 CFR 435.942, and 45 CFR 205.56(a)(1)(i) all may be read to require us to follow up on all discrepancies between our records and external match sources, such as the IRS.
- -- Federal agencies have, in our opinion, gone too far by requiring every case to be matched against every source and to prohibit the use of reasonable tolerance limits.
- -- States should be allowed to (1) prioritize "hits" to give emphasis to ones expected to be of most value; (2) have 30-day requirement for follow up only on priority "hits";



and (3) waive certain IEVS requirements for client populations that the state can show are not cost effective.

-- Because of the increased paperwork created by IEVS, we expect our error rate to increase if states are not allowed to target hits. States need the flexibility to target hits in order to get at the ineligible or big dollar error cases first, rather than trying to react to every hit within 30 days.

COSTS VERSUS BENEFITS

Fourteen of the respondents voiced concerns over the cost outweighing benefits to be achieved by IEVS. Although there will be costs associated with requesting information, the primary cost is associated with case follow-up. The concerned states generally believe the matches will not be cost-effective in preventing incorrect eligibility and benefit amounts. The following comments are examples of their concerns:

- -- NC cost/benefit analysis based on case activity has been accomplished.
- -- Long-range cost-effectiveness of DEFRA regulations is questionable.
- -- Although some aspects of matching against a particular source may be cost-effectiv, the net result of matching all cases will, for most states, cause costs to exceed benefits.
- -- A cost-effective evaluation using known information does not justify hiring the additional staff needed to comply with IEVS regulations.
- -- I do not feel this process will be cost-effective, particularly IRS information and SSA earnings records. I do feel wage and unemployment compensation are good for applications and recertifications/reviews.
- -- Our state has been below tolerance level in all three programs [AFDC, Food Stamp, and Medicaid] for the past few years. Therefore, since our error rates are so low it will not be cost-effective for us to implement IEVS.
- -- To insist that IEVS can be implemented in a cost-effective manner before every state has an



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automated, on-line, state-wide integrated data base for all three programs [AFDC, Food Stamp, and Medicaid] is just not realistic.

- -- Productive matches may most often identify past overpaid benefits and would require significant additional expenditures/resources to recover those incorrect payments. Therefore, cost effectivness of IEVS-mandated matches will be directly linked to the status of automation and resources for overpayment/ fraud investigation and collection units in each state.
- -- Our state does not feel that this wholesale match of information could be cost beneficial. We feel that until a state is fully automated, as we are not, that the system basically means matching everyone. Certain groups may be beneficial to match, but without an automated way to identify them, everyone has to be checked.
- -- Matching performed on elderly/disabled is not costeffective.
- -- It is doubtful that benefits will equal costs, not only for the matches and investigations, but also in worker time diverted from other activities which will increase worker dissatisfaction and increase the QC [Quality Control] error rate.
- -- Overall, we can see no way that this system under any circumstances, will be cost effective.

Two of the responding states believed that states should be allowed to waive certain IEVS requirements for client populations that the states can show are not cost-effective. One state mentioned that a problem occurs because the treatment of income varies between programs. The state comment was:

-- AFDC and Food Stamps use either prospective or retrospective considerations, based on initial application or continuing eligibility. Thus, a household currently receiving Food Stamps which applies for AFDC may use both last month's actual income and next month's expected income to determine eligibility. Medical Assistance calculates an expected monthly income for a 6month period. The differences in rules among the programs inhibits the effective use of an "integrated" approach to computerized resolution of hits. Also, since program eligibility is often associated with loss (or



gain) of income during a quarter, only those cases which participated for the full quarter may be efficiently matched. "Hits" on individuals not participating for the full quarter are likely to be a waste of an [already overburdened] eligibility worker's time.

IEVS IMPLEMENTATION DATE

A major concern of 12 states was the difficulties they were having in meeting the IEVS implementation date of October 1, 1986. Several of these states believed implementation would take longer than permitted. Some of their comments were:

- -- Cannot meet 10/1/86 date.
- -- The time frame from publication of final federal regulations to required implementation date is too short.
- -- We have not been given enough time to implement IEVS with our outmoded computer system and shortage of staff.
- -- Eleven months passed between the publication of proposed rules and the final rules. This delay was significant in terms of our ability to achieve compliance by 10/1/86.
- -- Once again, states have been required to implement activities with a specific deadline without complete information/requirements.
- -- IEVS implementation should have been done in stages with more time allowed for programming of automated processes to allow for more efficient match processing and more efficient follow up.
- -- The most significant aspect of the IEVS DEFRA regulations is that the law provides no flexibility for orderly implementation. System must be rushed into production no later than October 1, 1986. This means costly interim systems.
- -- We are concerned that in a rush to implement IEVS by October 1, other error reduction efforts will be neglected, and error rates may actually rise, rather than fall as the Congress intended. For example, workers could be forced to slow down on redeterminations to make time for match follow up, even though redeterminations are a proven method for eliminating error.



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- -- We had been planning to incorporate IEVS requirements into our new automated integrated eligibility system. However, our implementation schedule has been unavoidably delayed by the need to cancel a contract with our development consultant. We are now planning a new implementation timetable and we are very troubled by the possibility that building a stop-gap IEVS system will distract from efforts to complete our permanent sytem on time.
- -- The short time frame for implementation of these provisions require hurried developmental activities which are not of the quality that we could produce given a reasonable time frame for implementation.

FEDERAL TAX DATA: AGE AND REPORTING PERIOD DIFFERENCES

Concerns over the differences in timeframes of IRS/SSA data used in the data matches were expressed by 11 states. The requirement for an annual match of recipients against IRS unearned income data was mentioned. The respondents questioned the usefulness of matching IRS unearned income information because it covers the calendar year and does not reflect current recipient circumstances. The requirement to access SSA income and wage data was also questioned because of its age and the fact that the periods in which it was reported differ from those used by the states.

- -- Receipt of outdated income data is a major concern.
- -- We have concerns about the usefulness of federal wage data.
- -- Our primary concern is that matching client or applicant files against up to 2-year old IRS tax data will require our field workers to contact all cases with discrepancies to confirm whether the old data reflects current circumstances and if the cases' eligibility or payment needs to be changed. Workers will discover upon follow up with clients, banks, and other sources that many of the apparent discrepancies do not, in fact, exist.
- -- The age of IRS and SSA information will cause both technical and practical problems. The information is likely to be out of date and will be more difficult to verify with third party sources than more current information. Additionally, older volumes of client



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records may be archived and, therefore, less accessible for review.

- -- The agency has concerns about the dated IRS and SSA tax information. This will require additional stal. time and a heavy volume of cases, yet significant results may be realized in only a few cases.
- -- Data from tax, SSA, and state wage files are reported by quarter and/or year. Program eligibility, however, is calcaluated based on "monthly income." Data is way outdated, of no use in determining current eligibility.
- -- Due to the age of federal income match information, limited impact on current and future eligibility is expected. Without an intricate, historical automated file of income for applicants, IEVS-mandated matches may result in substantial and fruitless manual efforts to compare previously reported information. Until they are automated, the costs of matches may skyrocket.

DELAYS IN ISSUING FINAL IEVS RULES

Delays in issuance of final federal regulations for implementation of IEVS were a concern for 11 states. They indicated the federal delays were going to be an obstacle to their ability to meet the October 1, 1986, implementation date. Among their concerns were:

- -- As of this date, June 16, 1986, the federal agencies have not provided the final standardized formats, federal reporting requirements, or the BENDEX [Beneficiary and Earnings Data Exchange] earnings file agreement letters for Medicaid cases. These items are critical for IEVS development and adversely affect our implementation schedules.
- -- Eleven months passed between the publication of the proposed rules and the final rules.
- -- The writing of a request for a waiver from the May 29, 1986, implementation date to a September 30, 1986, date was an unnecessary paperwork exercise since the waiver request did not have to reach the regional office until the May 29, 1986, initial implementation date. The time spent on writing the war er could have been better spent on other implementation issues.





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- -- The federal agencies have failed to do their part in a timely manner; in order to allow the states time to meet deadlines. Final rules were not out until February 28, 1986. Final standard formats did not arrive in the state until July 14, 1986.
- -- We were told in a letter from HHS dated April 4, 1986, that SSA was revising its agreement forms so states could comply with the IEVS requirement to obtain benefit and earnings data. The letter stated that the agreement should be available "within three weeks." We received the agreement on July 30, 1986, approximately 3 months later rather than 3 weeks!
- -- SSA has not furnished the states with the agreement to obtain SSA wage/self-employment/pension data on Medicaid cases. We have been advised that even when the agreement is furnished and signed, SSA in Baltimore will take 60 days to program for release of information to states. Thus, the states will be out of compliance in implementing this portion of the DEFRA regulations even with the waiver of October 1986.
- Once again, states have been required to implement activities with a specific deadline without complete information requirements.
- -- It is unfortunate that the federal rulemaking process consumed much of the available time for states to implement the DEFRA requirements.

FUNDING AND RESOURCES

The impact of the lack of funding and resources on states' ability to implement IEVS was of concern to nine states. Among their concerns were:

- -- Aside from the huge task and possible cost of developing an automated system to respond to DEFRA requirements, need for more staff resources is inevitable to comply with strict follow-up actions required to use and validate data secured.
- -- There is a lack of funds for ADP [automated data processing] development.
- -- Enhanced funding should be made available to offset state costs.



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- Our initial assessment indicates the IEVS regulations will require an additional 105 positions in field operations on an ongoing basis. The additional staff is not available. Because we will be using staff already spread too thin, our Federal Quality Control sanction problems will increase.
- -- Full implementation and operation of IEVS in our state will cost about \$8.5 million annually (\$4.8 million in state funds). Most of these costs are attributable to federal regulations (not law) requiring unproductive matches.
- -- Full implementation of IEVS will require an additional 260 eligibility workers, clerical staff and investigators. This will cause transition problems in providing adequate space, equipment and training.
- -- We just passed our biennial budget; the next real opportunity for funding is July 1987. We will use current resources and divert from other activities.
- -- We do not have either the resources or the inclination to make major modifications in the Financial Assistance/Medical and Food Stamp systems.

QUALITY OF SSA INFORMATION AND SYSTEMS

Five states expressed concerns over the quality of SSA information and systems they would be using as part of the data match. Among their comments were:

- -- Using SSA's Third Party Query System is a poor way to verify SSNs [social security numbers]. It still retains a manual system and the opportunity to transpose digits of the SSN. We would recommended that GAO conduct a study on the states' experiences in using the various SSA tape exchanges that are mandated by IEVS. Our state has experienced ongoing problems with SSA with respect to the BENDEX, SDX [State Data Exchange], buy-in, welfare enumeration, and SSN verification tapes. The tapes have been late, unreadable, or lost entirely.
- -- Enumeration system needs to be improved to assure more timely SSA response to state requests.



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-- The lack of uniformity in SSN requirements is an unnecessary complication in program administration. Obtaining verification of SSNs will not be possible in some cases where SSA records are incorrect or outdated.

The following favorable comment concerning SSA validation and data systems was received from one state:

-- The major positive impact of IEVS is the SSN enumeration and verification requirements. This will "clean up" our case records allowing our state to match with IRS, SSA, and UC [Unemployment Compensation] agencies for valid data. This will assist in deterring possible quality control errors and also reducing fraud, and abuse in the AFDC, Medicaid, and Food Stamp programs.

USE OF STANDARDIZED FORMATS

Five of the responding states were concerned over the feasibility of the standardized format requirement for state agencies. This requires the use of standardized formats and procedures for the exchange of data within states and for interstate exchanges with programs. A single state believed that such formats would have been helpful if they had been available when the IEVS regulations were published. Among their concerns were the following:

- -- Standard format is clearly not cost-effective.
- -- New standard format is unworkable.
- -- Standard record formats should have been available when IEVS regulations were published so computer programming could have used this from the beginning and not have to reprogram later.

SAFEGUARDING OF FEDERAL TAX DATA

Four of the respondents voiced concerns over the stringent security guidelines required for some of the data the states will be using. Their comments included the following:

- -- One problem with the DEFRA requirements is the extremely stringent security guidelines applicable to both the IRS and SSA tax data.
- -- IRS security requirements limit possible data utilization.



- -- States should be allowed to treat IRS "hit" information as any other client data so special safeguarding is limited.
- -- Meeting safequarding requirements is our primary concern with matching IRS information.

REQUIREMENTS TO TRACK AND REPORT ON IEVS DATA

The cumbersomeness of the IEVS requirements to report and track data was a concern of four states. Among their comments were:

- -- The requirement that volume and usage of data be tracked is administratively cumbersome and costly. There would be a significant workload impact if it had to be compiled manually.
- -- The tracking and compiling of this data will be an administrative nightmare for all involved.
- -- To continue tracking applications is redundant and useless.
- -- Reporting requirements will not provide the information necessary to determine the cost-effectiveness of cross matches. Since states are prchibited from adjusting or deleting matches on the basis of cost-effectiveness, it is incumbent upon federal agencies to identify these unproductive matches and eliminate them from the requirements.

LACK OF FEDERAL AGENCY COORDINATION

The lack of coordination among federal agencies in implementing IEVS was a concern mentioned by three states. Examples of their comments were:

- -- Federal agencies should establish and document uniform guidelines, format, and programming specifications for all of the required matches.
- -- The federal agencies have failed to integrate their efforts. The states have an IEVS coordinator or coordinating group. Yet we have to deal with each federal agency separately. States had to submit waiver



requests to each agency, rather than to one central point. To get any questions answered, I have to speak to three agencies and either they do not have answers or their answers are conflicting.

LACK OF IEVS PILOT TESTING

Interchanges of data not being pilot tested was a concern mentioned by three states. Their comments included:

- -- No pilot testing was done to our knowledge.
- -- Federal agencies should pilot test the reports prior to requiring states to implement them.
- -- Each match, especially the IRS match, should have been piloted using IEVS guidelines, to determine value and work out problems so states would not need to independently develop. "de-bug," and implement systems to do the matches.

OTHER COMMENTS

One state suggested that extensive requirements, such as IEVS match requirements, should be phased in to allow both federal and state agencies to develop policies, procedures, and systems which are adequate to meet the spirit and intent of the law.

Another state commented that the consequent conditions placed upon the state in order to comply with DEFRA are frequently unreasonable and occasionally impossible. It stated:

> "We strongly suggest that the regulations and law governing this system be reviewed in light of input from states and experience of the next several months. We believe that the system can be changed to make it flexible, reasonable and at the same time, effective."



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STATE PROGRAM AND POPULATION STATISTICS

This appendix contains Food Stamp and Medicaid program statistics for fiscal year 1984 and AFDC statistics for fiscal year 1985 for the jurisdictions that were sent questionnaires. As a further convenience, we have included 1980 census population data for these same jurisdictions.



APPENDIX V

STATE PROGRAM AND POPULATION STATISTICS

(000 omitted for amounts and numbers)

| | | Medicaid General recipients in pulation ^a FY 1984 ^b | | | Medica benefita FY 198 | Number of AFDC families in <u>FY 1985</u> C | | | AFD payments FY 19 | Food Stamp recipients in <u>FY 1984</u> d | | | Food Stamp issuances in FY 1984 ^d | | | | |
|----------|----------------|---|--------|-------|------------------------------|---|------|--------|--------------------------|---|-------------------|------|--|-------|----|--------------------|------------|
| State | Number | Pct. | Number | Pct. | | Amount | Pct. | Number | Pct. | | Amount | Pct. | Number | Pct. | | Amount | Pct. |
| | 2 004 | | 316 | 1.5 | Ş | 366,328 | 1.1 | 52 | 1.4 | Ş | 70,642 | 0.5 | 624 | 3.0 | \$ | 319,464 | 3.0 |
| AL | 3,894 | 1.7 | 24 | 0.1 | Ŷ | 65,612 | 0.2 | 6 | 0.2 | • | 42,112 | 0.3 | 22 | 0.1 | | 19,936 | 0.2 |
| AK | 402 | 0.2 | 24 | e e | | 05,012 | ē | 26 | 0.7 | | 65,320 | 0.4 | 223 | 1.1 | | 127,179 | 1.2 |
| AZ | 2,718 2,286 | 1.2 1.0 | 193 | 0.9 | | 325,756 | 1.0 | 22 | 0.6 | | 41,251 | 0.3 | 295 | 1.4 | | 138,042 | 1.3 |
| AR | | 10.3 | 3,395 | 15.7 | | 3,472,708 | 10.2 | 553 | ١5. 0 | | 3,307,517 | 22.1 | 1,680 | 8.1 | | 660,214 | 6.2 |
| CA | 23,668 | 1.3 | 155 | 0.7 | | 290,179 | 0.9 | 28 | 0.8 | | 100,195 | 0.7 | 181 | 0.9 | | 9.7,257 | 0.9 |
| 8 | 2,890 3,108 | 1.3 | 220 | 1.0 | | 541,486 | 1.6 | 42 | 1.1 | | 223,176 | 1.5 | 158 | 0.8 | | 64,996 | 0.6 |
| CT DE | 594 | 0.3 | 47 | 0.2 | | 67,989 | 0.2 | 9 | 0.2 | | 26,430 | 0.2 | 45 | 0.2 | | 24,407 | 0.2 |
| DC | 638 | 0.3 | 104 | 0.5 | | 160,198 | 0.5 | 22 | 0.6 | | 76,618 | 0.5 | 78 | 0.4 | | 42,339 | 0.4 |
| FL | 9,746 | 4.2 | 572 | 2.6 | | 740,046 | 2.2 | 97 | 2.6 | | 247,918 | 1.7 | 699 | 3.4 | | 379,164 | 3.5 |
| GA | 5,463 | 2.4 | 439 | 2.0 | | 607,953 | 1.8 | 85 | 2.3 | | 197,856 | 1.3 | 602 | 2.9 | | 295,883 | 2.8 |
| GU | 106 | 0.0 | | f | | • | f | 2 | 0.1 | | 4,560 | 0.0 | 22 | 0.1 | | 18,553 | 0.2 |
| нĭ | 965 | 0.4 | 95 | 0.4 | | 131,736 | 0.4 | 17 | 0.5 | | 78,597 | 0.5 | 99 | 0.5 | | 79,701 | 0.7 |
| ID III | 944 | 0.4 | 37 | 0.2 | | 68,418 | 0.2 | 6 | 0.2 | | 19,183 | 0.1 | 63 | 0.3 | | 36,563 | 0.3 |
| L. | 11,427 | 5.0 | 1,046 | 4.8 | | 1,551,197 | 4.6 | 240 | 6.5 | | 869,137 | 5.8 | 1,141 | 5.5 | | 696,400 | 6.5 |
| NI NI | 5,490 | 2.4 | 272 | 1.3 | | 642,012 | 1.9 | 57 | 1.5 | | 153,233 | 1.0 | 451 | 2.2 | | 253,532 | 2.4 |
| IA | 2,914 | 1.3 | 201 | 0.9 | | 316,511 | 0.9 | 40 | 1.1 | | 159,612 | 1.1 | 207 | 1.0 | | 104,129 | 1.0 |
| KS | 2,364 | 1.0 | 146 | 0.7 | | 244,979 | 0.7 | 23 | 0.6 | | 85,080 | | 130 | 0.6 | | 67,433 | 0.6 |
| ĸŸ | 3,661 | 1.6 | 469 | 2.2 | | 486,459 | 1.4 | 59 | 1.6 | | 138,098 | 0.9 | 593 | | | 335,158 | 3.1 3.0 |
| LA | 4,206 | 1.8 | 382 | 1.8 | | 682,246 | 2.0 | 76 | 2.1 | | 154,102 | | - | | | 323,335 | 0.6 |
| ME | 1,125 | 0.5 | 122 | 0.6 | | 210,947 | 0.6 | 20 | 0.5 | | 78,142 | | | | | 63,695 | 1.6 |
| MD | 4,217 | 1.8 | 324 | 1.5 | | 494,199 | 1.5 | 66 | | | 241,319 | | | | | 169,027 182,482 | 1.0 |
| MA | 5,737 | 2.5 | 484 | 2.2 | | 1,100,753 | 3.2 | | 2.3 | | 416,892 | | | | | 580,007 | 5.4 |
| MI | 9,262 | 4.0 | 1,155 | 5.3 | | 1,574,044 | 4.6 | | | | 1,197,887 | | | | | 97,432 | |
| MN | 4,076 | 1.8 | 340 | 1.6 | | 947,316 | 2.8 | | | | 308,300 | | | | | 257,701 | 2.4 |
| MS | 2,521 | 1.1 | 302 | 1.4 | | 307,469 | 0.9 | | | | 60,699 | | | | | 209,484 | |
| MO | 4,917 | 2.1 | 357 | 1.7 | | 502,254 | 1.5 | | | | 195,338 | | - | | | 29,312 | |
| MT | 787 | 0.3 | 47 | | | 92,957 | 0.3 | | | | 32,107 | | | | | 41,022 | |
| NE | 1,570 | 0.7 | 86 | | | 151,741 | 0.4 | | | | 58,337 | | | | | 21,101 | 0.2 |
| NV | 800 | 0.3 | 27 | | | 65,249 | 0.2 | | | | 11,689 | | _ | | | 17,536 | |
| NH | 921 | 0.4 | 39 | | | 108,815 | 0.3 | | | | 20,401 495,386 | | | | | 264,454 | |
| UИ | 7,365 | | 597 | | | 1,082,146 | 3.2 | | | | 51,124 | | | | | 85,547 | |
| NM | 1,303 | 0.6 | 83 | | | 128,686 | 0.4 | | | | 2,021,411 | | | | | 902,041 | |
| NY | 17,558 | | 2,205 | | | 6,794,754 | | | | | 160,891 | | | | | 237,968 | |
| NC | 5,882 | | 340 | | | 605,732 | 1.8 | · · | | | 18,174 | | | | | 14,574 | |
| ND | 653 | | 34 | | | 97,415 | | | | | 759,927 | | | | | 676,041 | |
| Ю | 10,798 | - | 1,015 | | | 1,613,303 | | | | | 87,76 | | | | | 121,701 | |
| OK | 3,025 | | 252 | | | 403,223 | | | | | 106,46 | | | | | 138,958 | |
| OR | 2,633 | | 139 | | | 221,901 1,684,023 | | | | | 750,58 | | | | | 560,747 | |
| PA | 11,864 | | | | | | | | | | 62,95 | | • | 8 | | | g |
| PR | 3,197 | | • | | | 123,021 238,491 | | • • | | | 73,41 | | | 6 0.4 | 4 | 36,842 | 2 0.3 |
| RI | 947 | | | | | 230,491 | | | | | 89,48 | | - | | | 201,698 | |
| SC | 3,122 | 2 1.4 | 23 | 1 1.1 | | 201,125 | 0.0 | - 4 | - 1.42 | | 07,70 | | | | | - | |



STATE PROGRAM AND POPULATION STATISTICS

| General rec | | Medicaid Medicaid recipients in benefits in FY 1984 ^b FY 1984 ^b | | | in | Number of AFDC families in FY 1985 ^c | | | AFDC payments <u>FY 198</u> | Food Stamp recipients in <u>FY 1984</u> d | | | Food Stamp issuances in FY 1984 ^d | | | | |
|-------------|----------|---|--------|-------|----|---|-------|--------|-----------------------------------|---|-----------|-------|--|-------|----|------------|------|
| State | e Number | Pct. | Number | Pct. | | Anount | Pct. | Number | Pct. | | Amount | Pct. | Number | Pct. | | Amount | Pct. |
| SD | 691 | 0.3 | 33 | 0.2 | Ş | 89,733 | 0.3 | 6 | 0.2 | Ş | 17,837 | 0.1 | 48 | 0.2 | \$ | 24,335 | 0.2 |
| TN | 4,591 | 2.0 | 345 | 1.6 | | 540,170 | 1.6 | 57 | 1.5 | | 89,344 | 0.6 | 563 | 2.7 | | 289,576 | 2.7 |
| TX | 14,229 | 6.2 | 715 | 3.3 | | 1,373,105 | 4.1 | 120 | 3.3 | | 227,719 | 1.5 | 1,254 | 6.0 | | 665,950 | 6.2 |
| UT | 1,461 | 0.6 | 69 | 0.3 | | 112.368 | 0.3 | 13 | 0.4 | | 50,797 | 0.3 | 76 | 0.4 | | 39,433 | 0.4 |
| VT | 511 | 0.2 | 53 | 0.2 | | 89,454 | 0.3 | 8 | 0.2 | | 38,169 | 0.3 | 45 | 0.2 | | 20,721 | 0.2 |
| VI | 97 | 0.0 | 14 | 0.1 | | 3,953 | 0.0 | 1 | 0.0 | | 2,781 | 0.0 | 36 | 0.2 | | 24,125 | 0.2 |
| VA | 5,347 | 2.3 | 301 | 1.4 | | 494,256 | 1.5 | 58 | 1.6 | | 169,587 | 1.1 | 398 | 1.9 | | 198,392 | 1.9 |
| WA | 4,132 | 1.8 | 301 | 1.4 | | 501,479 | 1.5 | 65 | 1.8 | | 331,851 | 2.2 | 279 | 1.3 | | 135,128 | 1.3 |
| WV | 1,950 | 0.8 | 186 | 0.9 | | 134,240 | 0.4 | 34 | 0.9 | | 85,257 | 0.6 | 284 | 1.4 | | 151,932 | 1.4 |
| WI | 4,706 | 2.0 | 491 | 2.3 | | 931,686 | 2.7 | 96 | 2.6 | | 556,381 | 3.7 | 361 | 1.7 | | 141,315 | 1.3 |
| WY | 470 | 0.2 | 15 | 0.1 | | 26,284 | 0.1 | 4 | 0.1 | - | 14,170 | 0.1 | 26 | 0.1 | - | 14,029 | 0.1 |
| Tot. | 229,949 | 100.0 | 21,598 | 100.0 | \$ | 33,894,709 | 100.0 | 3,688 | 100.0 | \$1 - | 4,943,217 | 100.0 | 20,826 | 100.0 | \$ | 10,694,041 | |

aSource: U.S. Department of Commerce, Bureau of the Census, 1980 Census of the Population, Vol. 1, Ch. A, Part 1.

^bSource: U.S. Department of Health and Human Services, Health Care Financing Administration.

^CSource: U.S. Department of Health and Human Services, Office of Family Assistance.

^dSource: U.S. Department of Agriculture, Food and Nutrition Service.

eprogram nonparticipant.

^fData not available.

SProgram is under a block group in Puerto Rico. Comparable data are not available.

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