

**DMA ADMINISTRATIVE LETTER NO. 08-07,  
DAAS ADMINISTRATIVE LETTER NO. 07-20,  
FAMILY SUPPORT AND CHILD WELFARE  
SERVICES FSCWS NO. 13-07, DSS  
ADMINISTRATIVE LETTER NO. 08-2007 FOOD  
AND NUTRITION SERVICES AND ENERGY  
PROGRAMS, (INTERSTATE MATCH)**

**DATE:** November 01, 2007

**SUBJECT:** INTERSTATE MATCH

**DISTRIBUTION:** County Directors of Social Services  
Medicaid/Work First/Special Assistance/Food and Nutrition  
Services Supervisors/Staff

**NOTE:** This letter obsoletes DMA Administrative 27-2000, DSS Administrative Letter No. Economic Independence (Work First and Food Stamps) 8-2000 DSS Administrative Letter No. Adult and Family Services 2-2000, Interstate Match

**I. BACKGROUND**

The Administration for Children and Families (ACF) has offered all states an opportunity to participate in an interstate match (PARIS) once every quarter. The interstate match compares North Carolina recipients of Medicaid, cash assistance under TANF, Special Assistance and Food and Nutrition Services with other states' recipients of Medicaid, cash assistance under TANF, Special Assistance (in some states called General Assistance) and Food and Nutrition Services. North Carolina will submit a file to ACF containing data for all active individuals in EIS and FSIS. ACF matches this information with other states' records using the social security number as the primary match. As a result of this match, we will produce a report listing the individuals on the Interstate Match Report.

This match will be produced once a quarter: February, May, August, and November with the report printed two or three weeks later. Use this report as a lead to determine if an individual might be receiving assistance in more than one state.

**II. INTERSTATE MATCH REPORT**

**A. Selection Criteria**

1. North Carolina's Selection Criteria

- a. Select individuals who are active and in authorized status in EIS and/or FSIS.
- b. Send one record per individual as required by ACF. Use the Social Security Number in the Master Client Index (MCI) to unduplicate records.
- c. Individuals are only submitted if their Social Security Number has been verified by the Social Security Administration.
- d. In the period of eligibility field, we submit:
  - (1) For EIS individuals, the most current Authorized From Date and Certified Through Date in the Eligibility segment. For money payment cases, we submit 00/00/00 in the Certified Through Date.
  - (2) For FSIS individuals, the date in the Certification From Field and the Certification Through field.

## 2. Other Participating States

- a. Currently the following states are eligible to participate in the match, although the actual number varies each quarter. North Carolina participates in every quarterly match.
  - (1) Alaska
  - (2) Arizona
  - (3) Arkansas
  - (4) Colorado
  - (5) Connecticut
  - (6) Delaware
  - (7) District of Columbia
  - (8) Florida
  - (9) Georgia
  - (10) Idaho
  - (11) Illinois
  - (12) Indiana
  - (13) Kansas
  - (14) Kentucky
  - (15) Louisiana
  - (16) Maine
  - (17) Maryland
  - (18) Massachusetts
  - (19) Michigan
  - (20) Minnesota
  - (21) Mississippi
  - (22) Missouri
  - (23) Montana
  - (24) Nebraska

- (25) Nevada
- (26) New Jersey
- (27) New Mexico
- (28) New York
- (29) North Carolina
- (30) Oklahoma
- (31) Oregon
- (32) Pennsylvania
- (33) Puerto Rico
- (34) Rhode Island
- (35) South Dakota
- (36) South Carolina
- (37) Tennessee
- (38) Utah
- (39) Virginia
- (40) Washington
- (41) West Virginia
- (42) Wisconsin
- (43) Wyoming

- b. The states that agreed to participate in these matches signed contractual agreements with each other. The other participating states are given the main county switchboard number as the contact number. Please ensure that your staff is aware of this and cooperates with the other states requesting additional information.

**B. Information on the Report**

The report is sorted by county number, district/worker number (district number for EIS cases, worker number for FSIS cases), and alphabetically by last name. SSI recipients in MAABD cases will not appear on county reports unless they are also receiving benefits in another program, such as Food and Nutrition Services. IAS recipients and HSF recipients will also not appear on county reports. They will appear on a state report. The following data elements are on the county report:

STATE	North Carolina displays on the first two lines when there are two aid program categories for the name in our records. The next line lists the state that also has a record on this individual.
NAME	The first two lines indicate the name in our records when there are two aid program categories for the name in our records. The next line lists the name found in the other state's records.
SSN	The first two lines indicate the name in our records when there are two aid program

categories for the name in our records. For North Carolina, when a 'V' is at the end of the ssn, SSA has verified the client by the name, date of birth and ssn in our record. The ssn listed for the other state may have a number at the end of the ssn when listed for their state. If needed, please contact the other state for explanation of their state code.

SEX

The first two lines indicate the sex of the individual in our records when there are two aid program categories. The next line lists the sex of the individual in the other state's record. F (Female) M (Male)

BIRTHDATE

The first two lines indicate the date of birth in our records when there are two aid program categories. The next line lists the date of birth found in the other state's records.

PROG

The first two lines indicate the aid program category in our records when there are two aid program categories. The next line lists the program found in the other state's records.

In addition to AAF, MED, and FS, some states will have codes such as:

cc – child care

ga – general assistance

wc – workman's compensation

Extra benefit information displayed from some states are:

Cash paid

Last FS amount

Last date EBT used

WKR

The first line indicates the worker for the North Carolina case. The second line indicates the worker found in the other state's record.

CASE ID

The first line indicates the Case ID in our records. The second line indicates the information from the other state. If this line is blank, the state did not report it.

INDIVIDUAL ID	The first line indicates the Individual ID in our records. The second line may be blank, as this information was not required from the other states.
ELIGIBILITY DATES	The first two lines indicate the most current eligibility dates for each aid program category in our records. The next line lists the eligibility dates submitted by the other state for that state's aid program category.
CONTACT	<p>The first two lines indicate the telephone number for the county department of social service in our records, which was given to the other state. The third line lists the telephone number to be used when contacting the other state.</p> <p>The line under the client's ssn gives the address of the client in the other state.</p> <p>Although not required, some states are listing their email contact address.</p> <p>Although not required, some states are listing their fax number.</p>

**C. Utilizing the Interstate Match Report**

Two copies of the Interstate Match Report will be mailed to each county. One copy is a master copy and the other is a worker copy. A designated individual in the agency must keep the master copy. You may wish to designate the FRR/BEER Control Person for this role. For the purpose of this letter, we will refer to that designee as the Control Person. The worker copy must be distributed to the Income Maintenance Caseworkers. If an individual is active in more than one program, there will be an entry for each program.

1. The Worker's Responsibilities
  - a. Pull the case record indicated on the report.
  - b. Determine if the name from the other state that is associated with the SSN belongs to your client.
  - c. Evaluate each matching set of state information to determine if the match was due to a data error by one of the states, or a possible fraud situation by the client.

(1) If this is not your client:

- a. Document your record and the report accordingly if the other state name does not match our client name as the match is likely due to a data error in the other state.
- b. Notify the other state that the SSN belongs to your recipient if the name is the same.
- c. Perform Name Search to determine if the individual in the other state is active in EIS or FSIS. If so, share this information with the worker in the other state for action. If not, no further action is necessary.

(2) If the name associated with the SSN belongs to your client:

- a. Determine if this individual is active in more than one program in North Carolina. If so, coordinate the following activities with the other worker.
- b. Contact the other state using the phone number/ fax number or email address listed on the report to determine if there were any periods of overlapping eligibility. Each state defined its own eligibility periods to submit. If an individual appears on this report, there may be other time frames in which eligibility overlapped that do not appear on this report. Also, another state may have matched Medicaid recipients who are in deductible status and therefore, did not actually receive Medicaid.
- c. If current periods of eligibility overlap, determine the state of residency. Refer to the appropriate program policy manual section.
- d. If you verify that the individual actually resides in the other state, propose termination by sending an adequate notice.
- e. If you verify that the individual actually resides in North Carolina, notify the other state to initiate termination.
- f. If appropriate, refer to the Program Integrity Unit for recoupment or repayment of ineligible benefits. If ineligibility results, create a referral in EPICS showing the referral source as an interstate match.
- g. When other participating states contact you due to this match, please provide them with the information necessary to determine state of residency and continuing eligibility.

2. The Control Person's Responsibilities

The control person must use the master list to ensure that the IMCs follow up on all entries. Please ensure that cases are referred to the Program Integrity Unit for overpayments, over-issuances, or erroneous benefits and/or recoupments of past benefits. It is very important to refer the cases to Program Integrity in order for a cost benefit analysis to be completed. There is no requirement to submit any other report to the state office.

**III. CONFIDENTIALITY**

As with all client data, please ensure that this information remains confidential and is only used for the purpose of verifying eligibility and benefit amounts, and detecting and preventing fraud, error, and abuse in the Medicaid, Work First Family Assistance, Food and Nutrition Services, and Special Assistance Programs.

Please contact your Program Representative if you have any policy questions relating to what action to take if an individual is receiving benefits in North Carolina and another state. If you have any questions about this letter or the match report, please call Candes Smith at (919) 855-4000.

Sincerely,

William W. Lawrence, Jr., M.D.  
Acting Director  
Division of Medical Assistance

Sherry S. Bradsher, Director  
Division of Social Services

Dennis Streets, Director  
Division of Aging and Adult Services