STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

EDMUND G. BROWN JR., Governor

DEPARTMENT OF HEALTH SERVICES
44 P STREET
MENTO, CA 95814
) 445-1912

November 16, 1981

To: All County Welfare Directors

Letter No. 81-52

SOCIAL SECURITY NUMBER (SSN) VALIDATION STATISTICAL REPORT REQUIREMENT FOLLOW-UP

This letter is in reference to All County Letter No. 81-21 regarding the SSN validation project conducted in the Spring, 1981. Each county was required to report certain information to the Department concerning the project by October 1, 1981. Though some counties have fulfilled this requirement, many have not.

You will recall that the Department has been mandated to prepare a report on this project for the Legislature in November 1981. Therefore, your response is imperative.

If you have already delivered the required information, you may disregard this letter. If not, we request that you supply the following information to the Department no later than November 20, 1981:

1. The number of persons whose "SSN validation data elements" were corrected at the county level via the case review process (i.e., transposition error correction, misspelled names correction, etc.). (Validation data elements are name, sex, date of birth, and SSN.)

2. The number of beneficiaries (cash grant and Medi-Cal only) referred to an SSA district office (case review did not validate SSN).

3. The number of Medi-Cal-only beneficiaries discontinued for failure to cooperate with the validation process.

   Note: If the recipient, after discontinuance, did cooperate and was subsequently reinstated, subtract this case from your figures.

4. The number of AFDC cash grant recipients who refused to cooperate with the validation process.

   Note: If the beneficiary did cooperate at a later date, subtract the case from your figures.

5. The number of AFDC fraud referrals made as a result of the SSN validation project.

6. For those referred to an SSA district office with a form MC 194 (or equivalent), the number of beneficiaries who are referred for the purpose of:

a. Applying for an SSN because they had none of their own but were using someone else's SSN (e.g., their mother's SSN).

b. Giving corrected information to SSA.

The above statistical information is to be compiled and delivered to:

Department of Health Services
Attention: Michael L. Summers
714 P Street, Room 1692
Sacramento, CA 95814

You may direct any questions you have to Michael Summers at (916) 445-1797.

Thank you for your cooperation.

Sincerely,

Original signed by

Madalyn M. Martinez, Chief
Medi-Cal Eligibility Branch

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants