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ADMINISTRATIVE DIRECTIVE

TRANSMITTAL: 95 ADM-5

TO: Commissioners of  
 Social Services

DIVISION: Economic  
 Security and  
 Health & Long  
 Term Care

DATE: January 27, 1995

SUBJECT: SSI Case Correction Procedure: Use of Form SSA-3911

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 SUGGESTED

DISTRIBUTION: Public Assistance Staff  
 Medical Assistance Staff  
 Social Services Staff  
 SSI Coordinators  
 Staff Development Coordinators  
 CAP Coordinators

CONTACT

PERSON: 1-800-343-8859  
 Income Maintenance, Charles Giambalvo,  
 extension 4-9327 (AV1810)  
 Medical Assistance, Cynthia Byers, extension 3-5338  
 (AV8710)  
 or MA NYC Representative (212) 383-2512

ATTACHMENTS:

Attachment - Form SSA-3911, Report of Change SSI  
 Data - not available on-line

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
79 ADM-72	79 ADM-72				

I. PURPOSE

The purpose of this administrative directive is to remind social services districts (SSDs) of the "national case correction" procedure established to provide a standard method of correcting Supplemental Security Income (SSI) data when SSDs notice discrepancies between data on the State Data Exchange (SDX) and data in SSDs records. This procedure enables SSDs to notify the Social Security Administration (SSA) of apparently erroneous information in SSI records and to receive a response about the action SSA has taken on the case.

II. BACKGROUND

SSDs receive the SDX on either tape or paper. This SSI data is used to:

- A. authorize Medical Assistance;
- B. issue benefit identification cards;
- C. terminate interim assistance payments;
- D. authorize Grants of Assistance for Guide Dogs; and
- E. verify eligibility status for food stamps and other programs.

The National Case Correction Procedure allows SSDs to notify SSA of possible inaccuracies in SDX data so that SSA can input selected data/changes/corrections to the client's SSI record. The vehicle for these changes is the SSA-3911, Report of Change - SSI Data (Attachment). SSA has requested that we publish a reminder because they have found that some SSDs are not using the correct form to notify them of potential errors in the SDX.

III. PROGRAM IMPLICATIONS

The Case Correction Procedure allows SSDs to notify SSA when the SSD learns of an inaccuracy in a recipient's SSI record because of changes in the recipient's circumstances, or of incorrect data maintained on the SDX record. Additionally, these procedures provide for the assurance of a turnaround document from SSA reporting on action taken.

IV. REQUIRED ACTION

- A. If the SSD becomes aware of information that does not correspond to the SDX information (for example, change of address, increased income or resources, etc.) they must inform SSA of this change in information.

This can be accomplished by:

- 1) contacting the local SSA Field Office in a mutually agreed upon manner (such as via a telephone liaison person) or
- 2) in writing, by completing Part I and II of the SSA-3911 (See Attachment). A brief description of the items on SSA-3911 follows:

1-5 Enter the recipient's name, social security number, address, phone number, case number or CIN.

6 This item applies whenever a change occurs to an individual other than the recipient which affects the recipient's eligibility or payment amount; i.e., an ineligible spouse, essential person, etc. If this is not applicable, so indicate.

7 Enter address of the local SSA Field Office.  
  
(The SSA-3911 uses the term "DO" for SSA District Office. This is the former term for a local SSA Field Office).

8 The address of the SSA Regional Office is:

Department of Health and Human Services  
Attention: State Relations-State  
Corrections Procedures  
Room 4032  
26 Federal Plaza  
New York, New York 10278

9 Enter the Address of the SSD.

10-11 A brief phrase describing the content of the two records should be entered (e.g., item 10, "countable unearned income = \$0", item 11 "countable unearned income = \$120").

12 The date of the change should be indicated. If unknown, so indicate.

13 A brief explanation of the discrepancy should be provided (e.g., "Recipient has presented photocopy of VA check dated 8/1/78 showing VA pension of \$90").

14 Indicate whether the recipient was referred to SSA. If yes, indicate the date.

15-19 Enter the name of the SSD employee filling out the form, Employee Title, Employee Signature, Phone Number, Date form completed.

When these items are completed, send the first two copies of the form to the local SSA Field Office responsible for the SSI case, the third copy to the SSA Regional Office listed in item 8 above, and retain the fourth copy for your files.

The SSA Field Office, upon receipt of the SSD's notification, will take any necessary action to investigate and resolve this issue. Upon completion, the SSA Field Office will annotate Part III of the form in the appropriate block(s), send one copy to the Regional Office and return one copy to the initiating SSD.

- B. If, after 60 days, the data has not been corrected on the SDX or the original copy of the SSA-3911 has not been returned from the SSA Field Office with notation as to action taken or reason for not taking action, the SSD should advise this Department of any lack of action by SSA. Such report should be sent to:

New York State Department of Social Services  
Division of Economic Security  
Bureau of Income Support Programs - 7C  
40 North Pearl Street  
Albany, New York 12243  
Attention: SSI Unit

FAX (518) 474-9347

- C. If the source of the information to correct the discrepant data is the recipient, the SSD should, in addition to routing the form to the local SSA Field Office and Regional Office, advise the recipient to immediately report the change to SSA. This should include submitting any supporting documentation, if he/she has not already done so.

V. ADDITIONAL INFORMATION

A. Ordering Supply of SSA-3911

These forms are available from the Forms and Publications Unit of this Department. Requests for supplies of these forms should be submitted on the DSS-876 (Request for Forms and Publications). Use the federal number "SSA-3911" to identify the form.

B. Movement of SSI Recipient to Another Social Services District

It is important that movement of an SSI recipient from one SSD to another SSD within the State be reported to this Department to assure that Medicaid and necessary services continue to be available to the recipient and that the correct SSD be billed for the local share of the SSI recipient's Medicaid costs. SSDs should continue to use form DSS-2284, SDX Change Form, to report such intra-State movement.

VI. EFFECTIVE DATE

This administrative directive is effective March 1, 1995.

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Robert N. Seaman  
Acting Deputy Commissioner  
Division of Economic Security

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Sue Kelly  
Deputy Commissioner  
Division of Health and Long Term Care