315.1 QUALITY CONTROL PAYMENT ACCURACY REVIEWS

A. Quality Control (QC) reviews Temporary Cash Assistance (TCA) cases for payment accuracy and to ensure work participation and work verification requirements are met.

1. The case sample pulled monthly is a stratified sample and is not statistically valid in the smaller jurisdictions

2. QC conducts a desk review of CARES, WORKS, and ECMS for the cases in the sample.

B. Local departments must make case records available upon QC request. If the original record cannot be located, the local department compiles a duplicate record. Local departments upload materials for TCA cases pulled for the sample into ECMS.

C. Sample Selection.

1. 10 percent of the monthly sample is caretaker relative and child-only cases paid during the sample month

2. 90 percent of the monthly sample is from all other TCA cases paid in the sample month. This includes some cases that are exempt from work participation requirements such as customers caring for a child under 1

3. All cases in the sample are examined for payment accuracy

4. Work eligible cases are examined for work status code on CARES: exempt or work eligible, and the degree to which the customer is countable and scored.

315.2 PAYMENT ACCURACY RATE

A. The payment accuracy rate is the percentage of benefit dollars paid correctly out of all benefit dollars for the sample cases selected at random.

B. The QC Unit of FIA reviews for payment accuracy by:

1. Analyzing case records and system data

2. Reviewing CARES, MABS, SVES, and MVA

3. Comparing the data to case record data for the sample month

4. Verifying all eligibility factors in the month of review for the sampled cases based on State policy and approved local plans
5. Obtaining independent verification only if information is different, questionable, or not available. QC may check with employers or The Work Number.

315.3 QC REVIEW RESULTS PROVIDED WITH FORM TCA 16 THAT INCLUDE:

A. Case payment findings:
   1. Eligible and correctly paid
   2. Eligible and overpaid
   3. Eligible and underpaid
   4. Ineligible

B. Information about payment errors, when a case is not correctly paid:
   1. Code errors for type, responsibility, and cause if known
   2. Amount of the payment error
   3. Eligibility and financial factor inaccuracies that resulted in the error
   4. Whether the error is caused by the agency or customer
   5. Additional information which may affect future or past case eligibility
      a. Changes in the sample month
      b. IAR date on the CARES DEM2
      c. Child Support cooperation
      d. PPI changes

315.4 BUREAU OF BUREAU OF PROGRAM EVALUATION (BPE) FOLLOWS UP BY:

A. Analyzing Quality Control review findings.
B. Ensuring that sampled cases are corrected when required.
C. Approving local department payment accuracy improvement plans.
D. Monitoring implementation of the improvement plans.

315.5 THE LOCAL DEPARTMENT:

A. Corrects incorrectly paid cases.
B. Processes overpayments.
C. Issues benefits for underpaid cases if error was caused by the agency.

D. Changes ongoing benefits for active cases when appropriate.

E. Develops payment accuracy improvement plans/corrective action plans (CAPS) based on QC error profiles, if needed.

F. Implements the improvement plan statewide as needed.

G. **Can challenge** QC findings and present additional information to support their position.
   - QC considers the additional information and will change the original findings if warranted by the new evidence.

### 315.6 WORK PROGRAM ACCURACY RATE

The percentage of cases that was correct for work program components out of all sampled cases selected at random.

### 315.7 PAYMENT ERROR DETERMINATION METHODOLOGY

A. A case is determined inaccurate if countable variances result in a difference in the benefit amount for the sample month.

B. Graduated error threshold: QC determines an error if there is:
   1. More than a $30 difference for household of 1-2
   2. More than a $40 difference for households of 3-4
   3. More than $50 difference for households of 5 or more members

### 315.8 WORK PROGRAM ACCURACY SCORE

A cumulative average measures the extent to which work-eligible cases in the sample were successful on work program components.

### 315.9 WORK PROGRAM REQUIRED ELEMENTS

QC reviews the following elements in TCA work program requirements:

A. Work status code for all customers.

B. CARES coding and verification available for exempt customers.

C. Work eligible customers:
   1. Participation verified or the customer is in conciliation
   2. Hours of attendance are documented
3. Documented hours entered in the system
4. Customer is countable for the Work Participation Rate (WPR)

### 315.10 WORK PROGRAM ERRORS

<table>
<thead>
<tr>
<th>Error Description</th>
<th>Resolution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incorrect customer coding as Exempt</td>
<td>Customer not assessed for good cause</td>
</tr>
<tr>
<td>Incorrect customer coding as work-eligible</td>
<td>Sanctioned customer has good cause or is participating</td>
</tr>
<tr>
<td>Work eligible not enrolled in an activity</td>
<td>Hours of attendance not documented</td>
</tr>
<tr>
<td>Work eligible not participating and not in conciliation or sanction</td>
<td>Hours not entered into WORKS</td>
</tr>
</tbody>
</table>

### 315.12 EXAMPLES

**Example 1.** The local department receives the TCA16 on July 25, which states that Mr. Purple was overpaid $100 in the review month of May because he began receiving Veteran’s Benefits on March 23. The error was attributed to the customer, but the analyst does not suspect fraud. The local department agrees with the findings and confirms that the benefits will be ongoing.

- Send a NOAA to reduce the benefit for September
- Calculate an overpayment for May (first month that the change could have been in effect), June, July, and August

**Example 2.** The local department receives the TCA16 on March 17 stating that Ms. Brown was overpaid $300 in January. The case record confirms that Ms. Brown was employed and earnings were entered into CARES. QC could not find any verification of the earnings in the record and could not replicate the gross earnings in CARES. Since QC could not replicate the income used by the local department, the analyst recalculated and found an overpayment based on different gross earnings.

- The local department found the verifications that supported the case manager’s income calculations and challenged the findings
In this case, QC changes the case findings after agreeing that the local department used a reasonable earnings estimate and the case was correctly paid.