TO:       Local District Commissioners  

SUBJECT: Local District Social Services Collection Survey  

ATTACHMENTS: Attachment I: Survey Questionnaire  
(Available on-line)  

As part of an ongoing effort by the New York State Department of Social Services, to assure that the Public Assistance, Medical Assistance and Food Stamp programs are functioning in an effective, efficient manner, the Case Integrity Unit is conducting a survey to assess collection and recovery procedures in the local Social Services districts.

We share your concerns that increased expenditures in these programs are having a major impact on both state and local finances. The information being supplied by your staff in this survey will afford us the opportunity to review local collection procedures, and obtain a better understanding of what is needed in terms of future policy development. It will also assist the Department in providing future technical support for recovery efforts.

Additionally, we are hoping you will share any exemplary practices that you believe to be successful or innovative with us, which we may incorporate into formal training. This will be supplemented by the implementation of an information sharing workshop through the New York Public Welfare Association.

To assist us in meeting our objectives, we are requesting your staff to complete the attached questionnaire, and return it to the Case Integrity Unit, 40 North Pearl Street, Albany, New York 12243 by November 20, 1992. Your efforts are essential to this endeavor, and are greatly appreciated.

If you have any questions, please contact Judith Johnson at (518) 432-8216, OFIS Link #73U095.

Nelson M. Weinstock  
Deputy Commissioner for  
Administration
ATTACHMENT I
COLLECTION/RECOVERY SURVEY

District: __________________________________________

Person(s) completing Survey __________________________________________

Title(s) __________________________________________

1. When calculating an overpayment are all programs considered:

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2. If the Cash Management Subsystem of BICS (CAMS) has been implemented in your district please detail the types of claims entered in the system.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

3. If CAMS has not yet been implemented, do you have an automated recovery process, i.e., automatic lien filing, tracking or billing system, etc.? Please attach any relevant procedures or flow charts.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

4. What methods do you use to recover outstanding overpayments from former recipients?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Please attach a copy of a repayment agreement.
4a. Does your district use a collection agency to pursue recoveries?

If so, please attach a copy of the contract.

What is the rate of success with the collection agency? ______
(Please attach any related statistics.)

4b. What methods do you use to locate former recipients?


4c. What percentage of former recipients comply with repayment agreements?


4d. What is your procedure when a former recipient either refuses to cooperate or defaults on a repayment agreement?


5a. What is your period of record retention on closed cases? ______
On closed cases with outstanding overpayments? ______


5b. On closed case repayment agreements with installment payments, do you charge interest on the outstanding balance, and if so, what is the amount? 


6a. Do you take a Confession of Judgement (COJ) when the client (or former client) signs a repayment agreement? 


6b. Who on your staff is responsible for taking a COJ? 


Please attach a copy of your client notice regarding COJs and any related statistics on their execution.
7a. By what means does your agency become aware that a client may have a settlement or a pending settlement from a personal injury lawsuit?

7b. What is your procedure to recover related program costs from these settlements? (Attach procedures if needed)

7c. What staff are assigned to these cases?

7d. Do you feel there is a significant number of settlements to clients in your district that you are not informed of?

8a. For long-term care clients on MA, do you take liens on property?

8b. When a long-term case client on MA dies, what efforts are taken to recover from the client's estate? What obstacles exist to prevent successful recoveries?

8c. What is the recovery process when assets are found to be illegally transferred?

8d. What procedures are taken when excess assets are in a trust? How do you generally find out about a trust?
9a. How many staff are solely assigned to collection/recovery efforts? Also please note part-time assignments.


9b. Do you feel it is adequate? ________________________________

9c. Do you have ready access to legal staff to assist in your efforts?


PLEASE ADD ANY COMMENTS OR SUGGESTIONS, AND OUTLINE ANY `BEST PRACTICES' THAT YOU FEEL WOULD BE HELPFUL. IF YOU HAVE ANY QUESTIONS, PLEASE CALL JUDITH JOHNSON AT (518) 432-8216.

THANK YOU FOR YOUR EFFORTS IN COMPLETING THIS SURVEY.