

CHAPTER V

CASE REVIEW

1. Introduction. The Department of Labor is responsible for reviewing SESA QC case investigative procedures and methodology to assess the SESA's adherence to QC requirements. Standard data definitions and SESA investigative procedures have been designed to ensure that: (a) sufficient information is collected to determine whether the key week payment is proper; and (b) accurate data is collected and recorded for analytical purposes.

Regional Office staff will periodically conduct reviews of QC investigative case files for three purposes:

- To determine the adequacy of SESA case investigations with emphasis on QC's investigation of new issues and verification of previously resolved issues, and the accuracy of coding.
- To work with SESAs to improve QC investigative operations.
- To work with SESAs to correct case data.

Information obtained during a case review monitoring trip will be recorded in the Regional Office BQC Federal Monitoring System.

2. Requirements. The requirements relating to the investigative process and data collection are located in ET Handbook No. 395, Benefits Quality Control State Operations Handbook, Chapters IV, V, VI, VII, and Appendix C (Investigative Guide Source, Action, and Documentation). The requirements are summarized and categorized in the Investigative Requirements Crosswalk and in the Requirements/Exception Codes Crosswalk located in Appendices E and F of this Handbook. Guidelines for ADP users of the Regional Monitoring System are Contained in ET Handbook NO. 404.

3. Case Review Process

Objective. The Regional Office staff must review an average of 100 cases per State during the Calendar Year. Regional Offices have the option of sampling fewer cases (minimum: 70 cases per year) in some States and reviewing larger samples in other States, based upon their evaluation of the relative quality of each State's QC program. In order to obtain representative sampling throughout the year in each State, Regional Offices are requested to sample at least 25 cases in each quarter where the annual sample is 100 or greater. In States where the annual review sample is less than 100 cases, ROs are requested to select samples in two non-consecutive quarters. Two on-site reviews are required during the year. ROs may exercise the option of

conducting the additional case reviews by mail with State concurrence. Case review is undertaken to verify that:

(1) The SESA investigation is adequate (i.e., complete and thorough). This means determining whether: (a) all issues have been identified; (b) all issues have been pursued to a supportable conclusion; and (c) all issues identified have been properly resolved. It also means that required QC methodology and procedures have been followed.

(2) The coding and entry of case information into the QC data base have been done accurately to reflect documentation in the case file. (This includes verifying that the conclusions concerning error classification have been based on the application of State written law and policy and upon the findings of thorough fact-finding.)

On the following page, Figure V-1 illustrates the steps in the process of monitoring SESA case review.

4. Conduct Case Reviews. Regional Office monitors must conduct reviews of a representative sub-sample of completed cases. The Case Review Guide, presented in Figure V-2, provides for a minimum review and should not be construed as all-inclusive. Moreover, it is recognized that each monitor will have an individual method and sequence for reviewing a case. The Guide presents a minimal list of things which must be checked; it does not require any one specific approach or order of review. However, a final sign-off on a case (Disposition Codes 1, 2 or 3) by a monitor in the Regional Office BQC Federal Monitoring System is a certification that all QC investigative requirements have been reviewed. Each Regional Office is encouraged to develop State-specific versions of the Case Review Guide to assist in reviewing and evaluating the case file.

Each document or process listed on the Guide must be examined thoroughly to determine if the investigation is complete and thorough and the coding accurate. Following are the instructions for the use of the Case Review Guide presented in Figure V-2. The Case Review Guide is also included in Appendix D.

a. The left column of the Case Review Guide lists documents and processes which correspond to elements on the Data Collection Instrument (DCI) and required investigative procedures.

b. The center column lists specific items on the documents, or situations and information which require investigation or verification by the QC unit.

c. The right column outlines the type of fact-finding that should have been conducted, the type of verification activity that should have been conducted, and the documentation that would

be needed to substantiate that the requirements have been adequately met.

Figure V-1

Case Review Process Flow Chart. This chart illustrates the steps in the monitoring process for conducting case review.

CASE REVIEW
PROCESS FLOW CHART

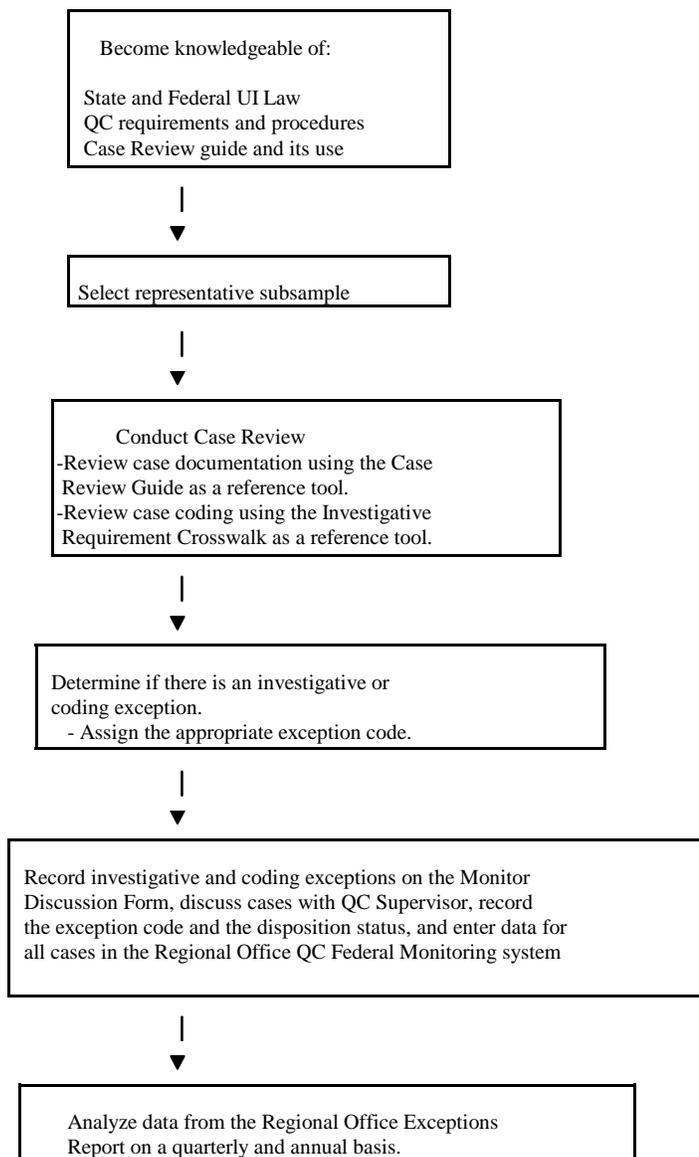


Figure V-2 - Case Review Guide Facsimile. This sets forth a minimum list of items to review which may raise potential issues or which are required investigative procedures.

CASE REVIEW GUIDE

<u>DOCUMENT</u>	<u>ITEM TO REVIEW</u>	<u>ACTION/VERIFICATION</u>
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AGENCY RECORDS

<u>Initial/Additional Claim</u>	Effective date/date filed	Matches monetary
	Employer(s)	Matches employer/claimant statement:
	- Separation date	- Separation date
	- Reason for separation	- Reason for separation
	Eligibility issues	Factfinding statement addressing:
	- school	- school
	- Able & Available	- Able & Available
	Referral/work refusal	- Referral/work refusal
	Disqualifying income	Verification statements
	- pension	from income source
	- vacation	
	- severance	
	Alien Status	INS verification
	Dependents	Verification/documentation
	Out-of-State employment	Issue addressed
Benefit Rights Interview	Matches claimant questionnaire	
Requalifying wages	Earnings verification	
<u>Monetary Determination</u>	Number of employers and wages	Employer wage verifications for all listed employers
	Weeks of work	- Weeks of work
	Effective date	Matches initial claim
	Base period date	Correct period for effective date
	Weekly benefit amount	Calculate properly under law
	Maximum benefit amount	Calculate properly under law Matches payment history
<u>Monetary Redetermination</u>	Additional employers	Wage verification(s) from added employer(s)
	Increase/decrease in Weekly Benefit Amount	Supplemental check(s) issued Overpayment determinations
<u>ESARs Printout; ES-511; ERP</u>	Active registration date	Job Service registration
	Referral dates	Employer verification of result of referral
	Employers not on monetary employment	Wage & separation statement Claimant statement on employment
	Wage restriction	Claimant statement on restriction & availability determination
	Type of work seeking	Matches QC Claimant questionnaire - Claimant statement on inconsistency
	Address	Matches QC claimant questionnaire - Notification to ES if different

<u>DOCUMENT</u>	<u>ITEM TO REVIEW</u>	<u>ACTION/VERIFICATION</u>
<u>Benefit History Printout</u>	Effective date WBA MBA Balance Wages/deductions	Matches monetary Matches monetary redetermination Wage & separation verifications obtained for all employers/weeks Deductions calculated properly
<u>Overpayment Printout</u>	Dollar amounts Weeks affected Balance	Matches OP determination Notification of errors in calculations to appropriate administrative unit
<u>Supplemental Check Printout</u>	Number of checks issued dollar amount	Matches monetary redetermination
<u>Key Week Certification</u>	Eligibility issues -A & A -School -Return to work -Wages -Separation Work Search contacts Late filing Claimant signature	Claimant statements/ determinations -A & A -Training institution verification -Employer verification -Wage verification -Separation verification Work Search verification(s) Claimant statement-determination Match QC claimant questionnaire -Investigation if discrepancy
<u>Nonmonetary Determinations</u>	Present for all issues detected in above document review	Verification or new factfinding obtained on all issues affecting key week Afforded due process
<u>Appeals Decisions</u>	Fact-finding and Conclusion/outcome	Implementation of conclusion/outcome - Overpayment established - Weeks previously disqualified paid
<u>DCI</u>	Coded correctly	Matches information on documentation

<u>PROCESS</u>	<u>ITEM TO REVIEW</u>	<u>ACTION/VERIFICATION</u>
<u>CLAIMANT INTERVIEW</u>	Advised of interview Authorization to Release In-Person interview Questionnaire dated & signed by claimant/ investigator All items completed Potential issues recognized -Alien Status -School Availability -Transportation -Wage demands -Hours/days -Type of work -Child care -Physical limitation -Special licenses Work/referral refusal Wages Separation(s)	Claimant call-in letter sent Signed and dated by claimant Explanation if exception Claimant identification Explanation if exception Explanation if exception Match against Agency records -Statements taken on discrepancies -Factfinding statements from employers/ claimants/third parties Nonmonetary issued Wage/separation verification obtained from employer(s)
Coding	Claimant codes	Matches information on documentation
<u>EMPLOYER INTERVIEWS</u>	All forms completed, dated, signed Wages for base period Employer(s) amend Wages for benefit year employer(s) Separation issues Other Incomes -Disability -Retirement -Training allowance -Severance Pay -Holiday pay -Bonuses -Accrued leave -Back pay	Explanation if exception Verification of base period wages -Compare with monetary; monetary if appropriate Verification of BY wages -Compare with payment history -Discrepancies resolved -Supplemental check(s) -Overpayment established Factfinding statements/rebuttals from claimant/all employers Nonmonetary determinations issued Verification statements obtained -Discrepancies resolved -Supplemental check(s) -Overpayment established

<u>Process</u>	<u>Item To Review</u>	<u>Action/Verification</u>
<u>EMPLOYER INTERVIEWS</u> (Continued)		
	Work Search contacts	Verification statements obtained Claimant rebuttal obtained Determination issued
Coding	Coded correctly	Matches information on documentation
<u>OTHER INCOME VERIFICATIONS</u>		
	Verification statement obtained OASI Workers Compensation Educational training allowances Residuals	SSI from income source -Discrepancies resolved -Supplemental Check(s) -Overpayment established
Coding	Coded correctly	Matches information on documentation
<u>OTHER VERIFICATIONS</u>		
	Verification statements search policy Union registration Job Service registration policy Private Employment Agency verification(s) Educational training allowances Dependency	Local Office work obtained Rebuttal statement(s) obtained Nonmonetary determination(s) issued
Coding	Coded correctly	Matches information on documentation
<u>FINDINGS & CONCLUSIONS</u>		
	-Pertinent facts of investigation -Explanation of non-English Speaking -Proper/improper payment -Basis for decision -Explanation of unusual delays	Narrative Summary Supported by documentation in file Signature of interpreter Nonmonetary determination(s) Overpayment/underpayment actions Formal actions by other SESA units -Appeals -Fraud -Local Office
Coding	Coded correctly	Matches information on documentation

5. Determine and Classify Exceptions Found in Case Review. A system for classifying exceptions to QC methodology has been established. From this classification system, a coding structure suitable for use in the Regional Office BQC Federal Monitoring System (see ET Handbook No. 404) has been developed to record information about inadequacies and exceptions to the required QC methodology that are detected in case investigations. The Exception Codes are used for determining the QC unit's adherence to the investigative requirements established in ET Handbook No. 395.

a. Definition of Case Exception. An exception arises in a QC case when a reasonable question exists regarding the adequacy of the investigation or the accuracy of the coding of the findings. Exceptions occur whenever the SESA investigator does not do one or more of the following:

- Identify all issues;
- Pursue all issues to a supportable conclusion;
- Properly resolve all issues identified;
- Follow required QC methodology and procedures;
- Accurately code and enter the case information into the QC data base.

b. Description of Exception Code System. The exception coding structure has been developed to describe inadequacies detected in a case investigation. Exception Codes are directly derived from the requirements prescribed in ET Handbook No. 395. Each Exception Code consists of two 3-digit components. These component codes are:

(1) First three digits:

- Requirement Code - A three-digit code used to classify investigative inadequacies and inconsistencies with uniform QC requirements as found in ET Handbook No. 395. These codes fall into several categories (series): Identification, Pursuit, Resolution, Procedures, and Coding.

(2) Second three digits - There are three types:

- Issue Code - A three-digit code used to classify the type of eligibility issue related to the exception found.

- Process Point Code - A three-digit code used to classify the type of required QC process or activity that relates to the exception found.

- DCI Code - A three-digit code used to classify the Data Element which was entered incorrectly.

Each Exception Code begins with a Requirement Code. Select a Requirement Code from the following five series:

- Identification Series: The QC unit did not identify an issue.
- Pursuit Series: The QC unit did not pursue an issue to a supportable conclusion.
- Resolution Series: The QC unit did not properly resolve an issue.
- Procedure Series: The QC unit did not apply QC procedures correctly.
- Coding Series: The QC unit did not code the case accurately.

Selections from the Identification, Pursuit, and Resolution Series of the Requirement Codes are matched with the three-digit Issue Code which best describes the type of eligibility issue affected. Selections from the Procedures Series of the Requirement Codes are matched with the three-digit Process Point Code which best describes the exception. The Coding Series Requirements are matched with the DCI item that has been coded inaccurately. Each independently arising exception is to be coded and recorded separately. See Figure V-3 on the next page for a summary of the Requirement, Issue, Process, and DCI codes and see section 7. of this chapter for the definitions of each code. (A full page copy of all QC Exception Codes is located in Appendix G.)

The third digit in the Requirement Codes, Issue Codes, and Process Point Codes has been reserved for Regional Office use. The Regions may choose to leave it as a zero or substitute single-digit codes that will enable them to identify additional factors that will aid technical assistance activities.

EXCEPTION CODE SUMMARY SHEET

REQUIREMENT CODES

IDENTIFICATION SERIES THE QC UNIT DID NOT IDENTIFY AN ISSUE

- 110 The unidentified issue could potentially effect the Key Week.
- 120 The unidentified issue could not effect the Key Week

PURSUIT SERIES The QC UNIT DID NOT PURSUE ISSUES TO A SUPPORTABLE CONCLUSION

- 210 Obtain adequate facts from the employer.
- 220 Obtain adequate facts from the claimant.
- 230 Obtain adequate facts from third parties.
- 240 Obtain adequate facts from SESA.
- 250 Obtain a necessary rebuttal.
- 260 Refer to another unit for pursuit.
- 270 Other, not elsewhere classified.

RESOLUTION SERIES THE QC UNIT DID NOT PROPERLY RESOLVE ISSUE

- 310 Issue a monetary redetermination.
- 320 Issue a nonmonetary determination or redetermination.
- 330 Issue a monetary redetermination consistent with written

State law/policy.

- 340 Issue a formal/informal nonmonetary determination or redetermination consistent with written State law/policy
- 350 Afford due process.
- 360 Take other actions.
- 370 Issue formal warnings.
- 380 Other, not elsewhere classified.

PROCEDURE SERIES THE QC UNIT DID NOT APPLY QC PROCEDURES CORRECTLY

- 410 Include documentation.
- 420 Properly record information
- 430 Conduct interviews as required, or explain
- 440 Attend appeal hearings, or explain.
- 450 Follow Interstate procedures, or explain.
- 460 Account for all sampled cases/enter date into the system.
- 470 Other, not elsewhere classified.

CODING SERIES THE QC UNIT DID NOT CODE THE CASE ACCURATELY

- 510 Process date accurately, careless.
- 520 Process data accurately, misunderstanding.

Exception Code Summary Sheet. This Summary Sheet illustrates the Requirement Codes that match with Issue Codes, Process Point Codes, and the Requirement Codes that match with DCI numbers.

Figure V-3

OTHER Miscellaneous

900 Grossly incomplete (case cannot be reviewed
without significant improvement)

ISSUE CODE

The **REQUIREMENT** exception relates to an **ISSUE** involving:

010 Monetary Eligibility
020 Covered Employment
030 Dependency
040 Requalifying Wages/Work on Subsequent Benefit
Year
050 Seasonal Wage Credits
060 Employed
070 Separation, voluntary quit
080 Separation, discharge
090 Labor Dispute
110 Work Refusal
120 Removal of a disqualification
130 Able to Work
140 Available for Work
150 Actively Seeking Work
160 Other Eligibility Issues
170 Between Terms Denial
180 Issuance of Overpayment/Underpayment Actions
190 Disqualifying Wages
210 Disqualifying Income
220 Fraud/Misrepresentation
230 Employment Service (Job Service) Registration
240 Alien Status
250 Other Issues, not elsewhere classified

PROCESS POINT CODES

|| The **REQUIREMENT** exception relates to an investigative
PROCESS involving:

100 SESA records
200 Claimant Interviews
300 Base Period Wage Verifications
400 Employer Separation Statements
500 Work Search, Union, Private Employment Agency
Interviews/Verifications

600 Other Income, Work and Earnings Verifications
700 Agency Policy Statements
800 Case Completion/Summary of Investigations
900 Other Process Points, not elsewhere classified

DCI ITEM

The **REQUIREMENT** exception relates to one of the DCI
items.

B01 through B13	F01 through F13
C01 through C09	G01 through G15
D01 through D08	H01 through H11
E01 through E19	EI01 through EI08

000 Investigation grossly incomplete

6. Recording Exceptions. Findings from case review must be recorded in sufficient detail to identify the case, provide for discussion with the appropriate SESA staff, and maintain documentation about the review for entry into the BQC Federal Monitoring System. The following information must be recorded:

- Case identifier
- Investigator identification
- Exception Code
- Correct DCI Entry if appropriate
- Disposition Code
- Found ID
- Resolved ID

The Monitor Discussion Report generated by the automated system provides the first three entries above plus other information useful to the reviewer and is recommended for use. Figure V-4 on the following page presents a facsimile of the system generated Monitor Discussion Report. If any other form is used to record review findings, the reviewer must be sure to obtain all information required for discussion with the QCS and subsequent entry into the automated system.

Exceptions must be entered into the automated system following review. Cases which are sampled but not reviewed will be identified by the system due to a lack of entry. The system will include them as non-reviewed cases on the next Sample Selection Report.

7. Completing the Monitor Discussion Form. Figure V-4 (previous page) is a facsimile of the Monitor Discussion Form. Either this form or a variation which includes all pertinent information must be completed for all cases reviewed. All exceptions noted during the review of the case must be documented in complete narrative detail. This information is to be used for discussion with the SESA QC supervisor to clarify whether or not an exception actually exists. If it is established that an exception does exist, the narrative provided on the Monitor Discussion Form (or acceptable variation) is to be used for follow-up action on the exception(s) to ascertain that proper corrective action has been taken. A separate discussion form is completed for each case.

a. Initial Entry of Exceptions

(1) Exception Code. Space is provided for the monitor to enter the 6-digit Exception Code. The Exception Code should be entered when detected. Changes can be made to the entry after discussion with the supervisor, if necessary.

(2) Correct DCI Value. When an exception is detected in the coding series, enter the correct DCI value needed to correct the exception. The Regional Monitoring software is equipped with an Automatic DCI Checking feature which will not allow a case to be closed at the RO level until the data on the State DCI agrees with the field labeled "correct DCI value" entered by the monitor on the "Xceptions" screen.

(3) Disposition. Discuss the exception(s) with the SESA QC supervisor and attempt to reach a consensus as to the resolution of the exception. Enter the appropriate Disposition Code as described in 7.b.(4), page V-26.

(4) Found ID. Enter the Identifier of the reviewer who detected the exception.

(5) Resolved ID. Enter the Identifier of the reviewer who resolved the exception.

(6) Comments. Provide sufficient narrative as to the type and cause of the exception(s) to document and describe the exception and provide a trail to properly review the case during the follow-up visit. The explanation should be more case specific than the items listed on the Investigative Requirement Exception Codes. When an exception is pending correction, it is important that the associated data element be reviewed in follow-up visits.

b. Follow-up Entries. If the SESA QC supervisor and the Regional Office Monitor cannot reach a consensus, the monitor should follow dispute resolution procedures described in Chapter VII and use Disposition Code "4 - Pending." If a consensus is reached at a later date, the Disposition Code should be changed to "2 - Resolved." If it is still not possible to reach a consensus after following the Dispute Resolution procedures, the Disposition Code should be changed to "3 - Disputed."

(1) During subsequent reviews, no further entry is needed if the status of the exception is unchanged.

(2) If a clarification is requested/required prior to final resolution, Disposition Code "4 - Pending" should be used.

Data recorded on the Monitor Discussion Form must be recorded in the automated system. This will trigger a follow-up report if the action has not been resolved during the initial or subsequent visit(s). When action is completed on each exception(s), details must be noted on the discussion form being used as a guide for subsequent reviews. When final action on all exceptions for a case is completed, the Disposition Code on the discussion form is changed to "2 - Resolved." (All codes 4 and 5 must ultimately be resolved as codes 1, 2, or 3.) The discussion form containing the narrative detail of the exception must be kept for Regional Office documentation. This copy should be retained in the case file for the use of the rereviewer even if it is determined in discussion with the QC supervisor that no exception exists.

(3) Record the Exception Code(s), if appropriate, after discussion with the SESA QC Supervisor. If a case has more than one exception, separate entries must be made, but only one exception should be coded for each independently arising issue. For example, if an issue is not identified, this is the exception which is coded; failure to conduct fact-finding or properly resolve the issue would not be coded an exception.

Similarly, if failure to pursue a separation issue were the independently arising issue, an exception should be coded for failure to obtain adequate facts from either the employer or the claimant but not both parties.

Each instance of an exception should be recorded even though it occurs in every case reviewed. Any question left unanswered without adequate explanation should be coded as an exception. However, multi-part questions that are incomplete should be coded as one exception regardless of the number of incomplete items. Any discrepancy in information gathered by an investigator which was not explained in a marginal note or, if necessary, did not lead to a fact-finding statement should be coded as an exception. Incorrect data requested by the SESA QC investigator should be coded as an exception even though apparently correct information was obtained despite the error in requesting the information.

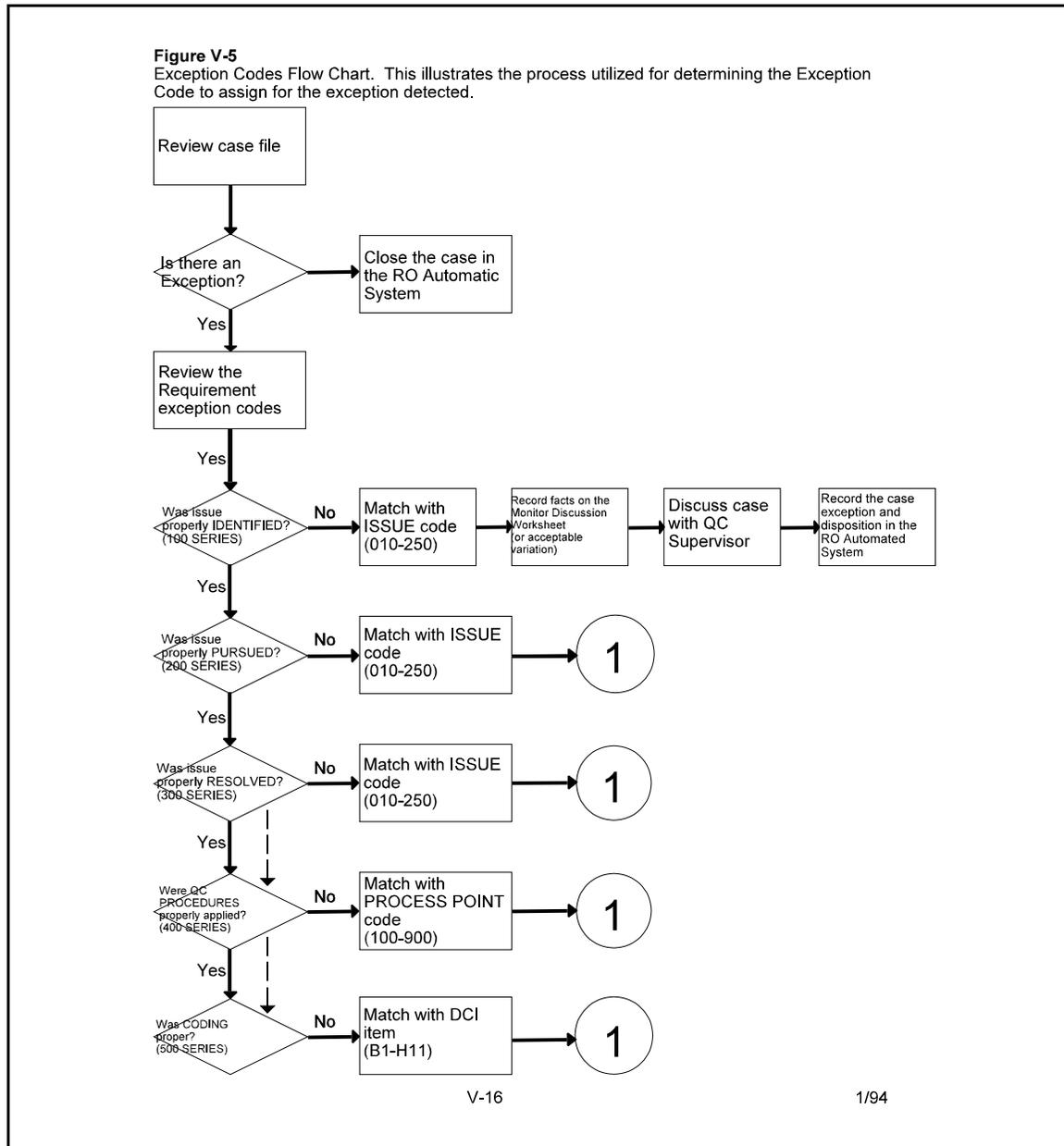
Coding Exceptions should also be coded only for each independently arising DCI error. For example, if before investigation and after investigation fields do not change as a result of the investigation, but both are coded wrong due to the erroneous coding of the before field, then only one error has occurred. If both were independently coded wrong, then there would be two errors and two exceptions. If a work search contact is coded acceptable and the monitor determines it is unverifiable, then even though two fields are affected there is only one error and only one exception is coded. Selection of the best exception code should be determined by using the detailed instructions and definitions listed below.

(a) How to Handle Cases with No Exceptions. If there are no exceptions in the case, proceed to the "Disposition" column, and enter "1". This code indicates the case is approved without any exceptions (see section 7.b.(4), p. V-26).

(b) How to Handle Cases with Exceptions. When the QC monitor determines that an exception has occurred, the monitor should select the combination of codes most descriptive of the inadequacy. The flow chart in Figure V-5 (next page) illustrates the process used for classifying the exceptions.

FIG V-5

Exception Codes Flow Chart. This chart illustrates the process utilized for determining the Exception Code to assign for the exception detected.



Detailed definitions of each Exception Code component follow.

REQUIREMENT CODES

IDENTIFICATION SERIES. THE QC UNIT DID NOT IDENTIFY AN ISSUE.

Begin the process of selecting an exception code by reviewing the Identification Series first. Codes from this series should be selected only if an issue was not positively identified. An issue has been positively identified if there is some documentation that shows recognition of the existence of the issue by the QC unit.

For QC purposes, the word issue is generally defined as follows:

An issue is any situation in which a reasonable question exists as to the past, present, or future rights to unemployment insurance benefits for the key week or other benefit weeks.

An example of an issue that is not identified properly is the claimant's mention of a Key Week job refusal with no evidence of recognition or pursuit of the issue by the QC investigator.

Even if other problems exist in the Pursuit, Resolution, Procedure, or Coding Series arising from issue identification exceptions, the case should be coded in the Identification Series. Once an issue identification exception has been found, the monitor should select the code which better describes the exception from the following codes.

110 - The unidentified issue could potentially affect the Key Week.

This code should be selected for any issue which could potentially affect the payment of the Key Week.

120 - The unidentified issue could not affect the Key Week.

This code should be selected only for those issues which could have no possible affect on

the payment of the Key Week. For example, a one-week denial of benefits for lack of

availability four weeks prior to the Key Week. (Non-Key Week issues that develop must be

pursued and resolved, but the QC investigation should not be structured to detect them.)

PURSUIT SERIES. THE QC UNIT DID NOT PURSUE AN ISSUE TO A SUPPORTABLE CONCLUSION.

Selection of codes from the Pursuit Series should be considered only after the monitor has first considered selection from the Identification Series codes. Pursuit Series codes are to be

considered for selection only if there is evidence that an issue has been positively identified by the QC unit, but the subsequent pursuit of that issue is found to be inadequate. Inadequate issue pursuit is indicated when the monitor examines the facts of a case and there is not substantial evidence to support a conclusion.

An example of an issue not being pursued properly is that of obtaining information from the employer that the claimant was discharged for unauthorized absences from work, but failing to seek or obtain evidence on the reasons for the absences, dates that the absences occurred, warnings to the claimant, or behavior after the warnings.

Documentation must be certain and exact. It must contain essential facts. If a fact is missing or its absence is not adequately explained, and the fact is necessary to the resolution of the issue, an exception must be coded. The case cannot stand on its own merit if it has not been pursued to a supportable conclusion.

The investigator must conduct new and original fact-finding on newly arising issues, or on previous issues that were not adequately adjudicated. Facts must be verified on previously resolved issues affecting the Key Week which appear to have been handled properly. These codes relate to the quality of the investigation. Each code applies to either claimant, employer, or third party.

"New and original fact-finding" means interviewing the best witnesses available, obtaining the best evidence available, and using open-ended inquiries. New and original fact-finding is applied not only to newly arising issues, but also to those developed in attempted verification (see next paragraph). It must be done in accordance with QC investigative procedures or an adequate explanation must be provided of why an alternative method was used or why it was not done.

"Verify facts" means confirming previously established statements, reviewing previously established records, and using controlling inquiries. Verification of facts is applied to previously resolved issues, but if a new issue is thereby developed, new and original fact-finding is employed. (See previous paragraph.) It must be done in accordance with QC investigative procedures or an adequate explanation must be provided as to why an alternative method was used or why it was not done. Even if other problems exist in the Resolution, Procedure, or Coding Series arising from issue pursuit exceptions, the case should be coded in the Pursuit Series. Once an issue pursuit exception has been identified, the monitor should select the code which best describes the exception from the following list of codes.

210 - Obtain adequate facts from the employer.

This code is selected when the case contains documentation to prove that the investigator realized there was an issue

or a question concerning the claimant's past, present, or future right to benefits, but the facts are not adequate to correctly resolve the issue. All errors and/or omissions arising in the collection of facts prior to the point at which the actual decision is made are coded in this series. Facts may be inadequate if they do not cover all aspects of the issue which are required under standard principles of adjudication and any special facts which may be required under SESA policies. [ET Handbook No. 301, A Performance Based Quality Control Program for Nonmonetary Adjudication (QPI) can be used as a reference tool in determining all facts necessary to properly adjudicate the issue.] If any necessary information is missing and there is no acceptable explanation of the investigator's inability to secure the information, the facts are inadequate.

Do not code the fact-finding as inadequate if there is documentation that the QC unit attempted to obtain information and has provided an adequate explanation for the inability to get more detailed information.

220 - Obtain adequate facts from the claimant.

Same as the definition for 210, only applies to the claimant.

230 - Obtain adequate facts from third parties.

Same as the definition for 210, only applies to third parties.

240 - Obtain adequate facts from SESA.

Same as the definition for 210, only applies to the SESA.

250 - Obtain/attempt to obtain a necessary rebuttal.

This code is selected when the documentation in the file establishes that one of the interested parties was not given an opportunity for rebuttal. All parties must be afforded the opportunity to present rebuttal to information which is in conflict with information which they have presented, if the conflicting facts are to be used to resolve the issue. It is not required that the investigator obtain agreement between the conflicting statements, but the parties must be apprised of the information and given the opportunity to present information which is favorable to their respective case. Opportunity for rebuttal must be offered for both monetary and nonmonetary determinations, claimant and employer alike, irrespective of whether finality of the State law

operates. Rebuttal includes not only the opportunity to offer opposing facts, but includes the opportunity to argue or explain the facts or suggest other sources where facts can be found. Opportunities for

rebuttal can be initially pursued in person, by phone, or by mail, but if an issue develops, it must be pursued in accordance with QC investigative procedures.

260 - Refer to another unit for pursuit.

This code is selected when an issue that should have been pursued by a unit other than the QC unit has not been referred to the appropriate unit for action.

270 - Other, not elsewhere classified.

RESOLUTION SERIES. THE QC UNIT DID NOT PROPERLY RESOLVE ISSUE.

Selection of codes from the Resolution Series should be considered only after the monitor has first considered selection from the Identification and Pursuit Series. This series is selected only if issues have been properly identified and have been pursued so that substantial evidence is available to support a proper conclusion. This Series applies not only to the QC unit, but also to non-QC units which may have the power to act.

An example of an issue that has not been properly resolved is a situation where the facts of a given case and State law require that a recoverable overpayment be established, but the action has not been taken by the agency.

Even if other problems exist in the Procedure or Coding Series arising from issue resolution exceptions, the case should be coded in the Resolution Series. Once an issue resolution exception has been identified, the monitor should select the code which best describes the exception from the following list of codes.

310 - Issue a monetary redetermination.

This code is selected when the issue has been identified and pursued to a supportable conclusion but a monetary redetermination has not been issued.

320 - Issue a nonmonetary determination or redetermination.

Same definition as 310, only applies to nonmonetary determinations.

330 - Issue a monetary redetermination consistent with State written law and policy.

This code is selected when all issues have been identified, pursued to a supportable conclusion, and a redetermination has been issued,

but the decision is incorrect based on the facts and State written law and policy.

340 - Issue a formal/informal nonmonetary determination or redetermination consistent with State written law and policy.

Same definition as 330, only applies to nonmonetary determinations.

350 - Afford due process.

This code should be selected when the claimant's rights have been substantively compromised. This is the case with respect to the Secretary's Standard for Claims Determinations, the principles announced by the U.S. Supreme Court in *JAVA*, or other principles of fair hearing embodied in Section 303(a)(3) of the Social Security Act. For example, a determination was printed but not issued, appeal rights are missing, or the determination fails to state grounds in such a way that a reasonable person could raise a protest.

360 - Take other required actions.

This code would be selected when the documentation contained in the case record proves that an action should have been taken, but the record establishes the fact that the action was never taken. This applies to both QC and non-QC units, if the issue was properly identified and pursued, but has not been resolved by action. This would include instances where a monetary redetermination is required, but the QC unit did not refer the case to the appropriate unit for issuance of the redetermination; or a monetary redetermination was issued, but supplemental checks were never issued. Another example would be where the investigation is complete and clearly establishes fraud, but the QC unit did not refer the case to the Fraud Unit for issuance of a nonmonetary determination.

370 - Issue formal warnings.

This code should be used only in those States having a legal provision and/or a written policy which requires the issuance of a written, formal warning. It should be selected when the case contains all of the documentation necessary to prove that a formal warning should have been issued, but was not issued or was improperly issued.

380 - Other, not elsewhere classified.

PROCEDURE SERIES. THE QC UNIT DID NOT APPLY QC PROCEDURES CORRECTLY.

ET Handbook No. 395 establishes specific procedures and processes which must be followed for conducting QC investigations to ensure the integrity of the data collected. An example of a Procedures

Series exception is this: An in-person work search contact is verified by mail (and there is no explanation or an unacceptable reason for not verifying the contact in-person).
If a procedural inadequacy results also in coding exceptions (see Coding Series section which follows) the exception should be recorded only in this series.

Once a QC procedural exception has been identified, the monitor should select the code which best describes the exception from the following list of codes.

410 - Include Documentation.

This code should be selected only when the QC Unit failed to obtain documentation which would establish that the required procedures had been followed. (The document is missing.) It must be clearly proven that the State followed prescribed QC procedures and took the necessary action but failed to document the action. (Required documentation includes, at a minimum, a copy of all agency documents from the claimant's original file and any documents pertaining to the QC investigation as described in Chapter VII of ET Handbook No. 395.)

420 - Properly record information.

This requirement code should be selected for any situation in which the document is included in the file, but contains an inadequacy. It includes, but is not limited to:

- missing answers on a QC form
 - missing explanation for discrepancies on a QC form
 - inadequate explanation of inconsistencies on a QC form
 - missing signatures and dates
 - inadequate or incomplete Summary of Investigation
- 430 - Conduct interviews as required, or adequately
explain why it was not possible to do so.

This code would be used when:

- the claimant interview was not conducted in-person and adequate effort to obtain an in-person interview was not made or not adequately explained.
- an in-person work search contact was not verified in-person and adequate effort to verify in-person was not made or not adequately explained.

- a QC contact was not made by either the primary or secondary methods for obtaining information and an adequate explanation was not provided.

- "New and original fact-finding" was not done in accordance with QC investigative procedures and adequate explanation was not provided.

440 - Attend appeal hearing or provide an adequate explanation for non-attendance.

All appeals hearings resulting from QC determinations must be attended by the QC investigator responsible for obtaining the information which led to the determination. See ET Handbook No. 395, Investigative Requirements, Chapter VI.

450 - Follow required Interstate procedures.

This code should be selected when there is evidence in the file that the QC unit did not use the prescribed Interstate procedures.

460 - Account for all sampled cases/enter data into the system.

This code should be selected if a case cannot be located for review or if a sampled case has not been included in the SESA data base.

470 - Other, not elsewhere classified.

This covers any procedural requirement not previously listed.

CODING SERIES. THE QC UNIT DID NOT CODE THE CASE ACCURATELY.

This requirement category is used to describe any exceptions that relate to entering case information into the Data Collection Instrument (DCI). The Coding Series codes are to be considered for selection only if there is evidence that an issue has been positively identified by the QC Unit, the subsequent pursuit of that issue was adequate, the resolution is proper, and correct QC procedures were followed as required, but the case is coded inaccurately.

An example of a Coding Series exception is an overpayment that has been established by QC in the amount of \$100, but has been coded as \$1000.

Once a QC coding exception has been identified, the monitor should select the code which best describes the exception from the following list of codes.

510 - Process data accurately - unintentional.

This code would be used for any coding error that appears to be inadvertent. It includes, but is not limited to:

- Data entry errors
- Computation errors
- Transcription errors
- Transposition errors

520 - Process data accurately - misinterpretation.

This code would be selected if the error in coding a data element was caused by investigator misinterpretation of a data element definition.

900 - Grossly Incomplete - monitor determines that investigation of the case is incomplete and that further review is not warranted; or requires reinvestigation (e.g., wrong week investigated).

This code is NOT to be used simply because an excessive number of errors was found in the case.

ISSUE CODES

The 23 issue description codes are used to classify the specific issues relating to exceptions coded in Requirement Codes for Identification, Pursuit, and Resolution Series.

Once a Requirement exception from the Identification, Pursuit, or Resolution Series has been identified, the monitor should select the Issue Code which best describes the exception from the codes which follow. (Definitions of each issue listed below include, but are not limited to, those found in Workload Validation and the QPI.)

The REQUIREMENT exception relates to an ISSUE involving:

- 010 - Monetary eligibility
- 020 - Covered employment
- 030 - Dependency
- 040 - Requalifying wages/work on subsequent benefit year
- 050 - Seasonal wage credits
- 060 - Employed
- 070 - Separation, voluntary quit
- 080 - Separation, discharge
- 090 - Labor dispute

- 110 - Work refusal
- 120 - Removal of a disqualification
- 130 - Able to work
- 140 - Available for work
- 150 - Actively seeking work
- 160 - Other eligibility issues
- 170 - Between-terms denial
- 180 - Issuance of overpayment/underpayment actions
- 190 - Disqualifying wages
- 210 - Disqualifying income
- 220 - Fraud/misrepresentation
- 230 - Employment Service (Job Service) registration
- 240 - Alien status
- 250 - Other issues, not elsewhere classified

PROCESS POINT CODES

The nine Process Codes listed below have been developed to be used in conjunction with the Procedure Series Requirement Codes. Once an exception has been identified in the Procedure Series, the monitor should select the code which best describes the QC process that was not adequately handled.

- 100 - SESA claims/tax records (both original & after investigation)
- 200 - Claimant interviews
- 300 - Base period wage verifications
- 400 - Employer separation statements
- 500 - Work search, union, private employment agency interviews/verifications
- 600 - Other income, work and earnings verifications
- 700 - Agency policy statements
- 800 - Case completion/summary of investigation
- 900 - Other process points, not elsewhere classified

DATA COLLECTION INSTRUMENT (DCI) ITEM

The actual DCI item should be recorded as the second part of any exception code which relates to the Requirement Coding Series. Select the DCI item that relates to the specific case using the Investigative Requirements Crosswalk as a reference tool (Appendix E).

For example, the QC Unit incorrectly recorded the amount of base period wages before investigation by transposing the numbers. This exception would be recorded as 510 E3. Code 510 was used because the error was careless in nature and E3 is the DCI item that was coded incorrectly.

(4) Disposition Codes. Disposition Codes are used to record the current status of the case. The "Disposition" column should be completed for cases with exception(s) only after the exception(s) has been discussed with the SESA QC supervisor. Record one of the following codes:

1 - Approved. The case has no exceptions. This code constitutes monitor approval and sign-off.

2 - Resolved. When all exceptions in the case have been corrected or it is agreed that no correction will be made, the disposition code will be "2 - Resolved." (E.g., Work Search Verification is properly completed and signed, but not dated; the monitor and QC SESA supervisor agree to correct the problem in the future but not to take action on the particular case.) This code constitutes monitor approval of the changes and monitor sign-off. (If any correction agreed to is not made before the monitor departs, the case will be coded "4 - Pending.")

3 - Disputed. The case cannot be resolved between SESA and Regional Office monitor. This code constitutes final action and monitor sign-off.

4 - Pending. The case exception(s) has been discussed with the SESA QC supervisor and corrective action has been agreed upon, but not completed. It designates work-in-progress and does not constitute monitor sign-off. (This entry will trigger a list of cases for follow-up review through the Regional Office tracking system.)

5 - Reviewed but not Discussed. The case has been reviewed completely and the monitor discussion form lists an exception, but the supervisor and the monitor have not yet discussed the exceptions and reached agreement on disposition. It designates work-in-progress and does not constitute monitor sign-off. (This entry will trigger a list of cases for follow-up review through the Regional Office automated system.)

NOTE: When the monitor returns to the Regional Office, the results of the Monitor Discussion Forms must be entered on the Regional Office BQC Federal Monitoring System under the Exceptions Recording function. This will provide an automated tracking record for analyzing and providing feedback and assistance to the SESA to improve the quality of QC operations.

8. Keeping Investigative Exception Tracking Logs. Chapter VI of this handbook provides detailed instructions for entering data on Regional Office automated systems. Refer to Chapter VI for instructions on recording data.

9. Interstate Request Monitoring. Monitoring of interstate requests should be integrated into the case review process. Interstate requests will be reviewed as any other type of documentation in the case file.

Accountability lies with the paying State which is ultimately responsible for the integrity of the investigation. Therefore, the emphasis in monitoring of QC interstate requests should be within the paying State. The same standards of quality must be applied to interstate verifications as to intrastate verifications.

If there are problems with the verifications, the monitor should work with SESAs within his/her Region or Regional Office staff from other Regions, as necessary, to resolve the problem.

10. Personal Observation of the QC Investigators Techniques. One of the goals of QC monitoring is to assure that QC Requirements are being followed. As determined by the Regional Office monitoring staff, it may be necessary to accompany the SESA QC investigator to the field. The frequency of the field operation visit(s) will be at the discretion of the Regional Office consistent with available resources and program needs.

11. Schedule. Segments of review are scheduled as follows:

a. Case Review. Ongoing (often enough to ensure an annual specified case review sub-sample is accomplished).

b. Exception Review. Quarterly and annually, based on Regional Office tracking record.

c. Requirement Determination. Annually, based on cumulative results of case findings and exception analyses reports. (This determination will not be made until sufficient data is collected and analyzed to establish benchmarks.)