

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



June 26, 1987

ALL-COUNTY INFORMATION NOTICE I- 54-87

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: AB 221 - ASSET CLEARANCE MATCH (ACM)

The purpose of this letter is to provide information on the transition from State review to County review of Asset Clearance Match (ACM) cases and to request a County contact point to receive ACM case information.

State review of ACM cases will end on June 30, 1987. Match cases from the January-March and the April-June quarterly runs which have not already been reviewed by State staff will be sent to the appropriate counties for action as they deem appropriate. These cases are not subject to the IEVS review and reporting requirements.

The first match cases to be reviewed by County staff in accordance with the IEVS regulations will be received in the county in mid-July 1987. Initially the ACM information will be available in printout form (Attachment 1). We expect to make a tape format available for your convenience by January 1988.

Please make every effort to meet the IEVS follow up timeliness requirements of 45 days to NAFS cases and 30 days for AFDC cases. These are also the first cases for which you will complete an ACM response document (Attachment 2).

Let us know who you would like to receive the ACM case information in your County. Send the name and address of the person or unit as soon as possible to:

Department of Social Services
Fraud Program Management Bureau
744 P Street, MS 19-26
Sacramento, CA 95814

If you have any questions on the ACM process or if you would like on site training for your staff on ACM reviews, please contact Ken Worman of the Fraud Program Management Bureau at (916) 924-2836.

A handwritten signature in dark ink, appearing to read "Robert A. Horel".

ROBERT A. HOREL
Deputy Director

Attachments

cc: CWDA

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL SERVICES

DEPARTMENT OF SOCIAL SERVICES

IEVS - ASSET MATCH

Run Date 06/05/87

INTEREST AND DIVIDEND AMOUNTS FOR TAX YEAR 1987

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County of: SACRAMENTO
 Case I.D.: 34 30 1234567 1

SSN	Welfare Name	Date of Birth	Sex
123-45-6789	JONES , PETER	12/31/56	M

Customer Name/Address	Payor Name/Address	Dollar Amount
JONES , PETER 666 5 TH SACRAMENTO , CA 99999	FIRST BANK 9999 62ND STREET FALLSWAY , CA 99999 Account No. 4545454545 Branch 3232	\$ 32.12

SSN	Welfare Name	Date of Birth	Sex
987-65-4321	JONES , GLORIA	11/22/33	F

Customer Name/Address	Payor Name/Address	Dollar Amount
JONES , GLORIA 666 5TH SACRAMENTO , CA 99999	FIRST WESTERN BANK 8989 EIGHTYNINETH ST. UPDOWN , CA 99999 Account No. 6767676767 Branch 8484	\$ 123.00

Customer Name/Address	Payor Name/Address	Dollar Amount
JONES , GLORIA 666 5TH SACRAMENTO , CA 99999	SECOND FARGO BANK 2134 GANGLY ST. ROUNDER , CA 99999 Account No. 8383838383 Branch 4747	\$ 1032.21

TOTAL CASE AMOUNT \$ 1187.33

SAMPLE

IEVS/ASSET MATCH IDENTIFICATION SYSTEM

RUN DATE: / /1987

- 1. CASE IDENTIFICATION
 - 2. CASE NAME
 - 3. DIST.
 - 4. WORKER
 - 5. CO. USE
 - 6. PRIORITY
- CO AID CASE NO FRU

COUNTY RESPONSE

PLEASE ANSWER ALL APPLICABLE QUESTIONS AND RETURN THE FORM TO THE ADDRESS BELOW, ONLY IF THE IEVS INFORMATION IMPACTED THE GRANT, ISSUANCE AMOUNT, SHARE OF COST, OR ELIGIBILITY.

- A. CASE:
- B. RUN DATE:

1. WHAT PROGRAM(S) WERE AFFECTED AND WHAT WAS THE ACTUAL/POTENTIAL AMOUNT OF THE OVERPAYMENT/OVERISSUANCE OR MONTHLY SHARE OF COST INCREASE?

WHOLE DOLLARS	C. AFDC	\$	
	D. FS	\$	
ONLY	E. MCO	\$	
	F. OTHER	\$	

2. DID THE IEVS MATCH INFORMATION RESULT IN THE CASE BEING DISCONTINUED?

- 'X' ONE:
- G. YES..... 1
- H. NO..... 2

WHEN COMPLETED, MAIL THE FORMS TO:

DEPARTMENT OF SOCIAL SERVICES
FRAUD PROGRAM MANAGEMENT BUREAU
744 P STREET, MS 19-26
SACRAMENTO, CA 95814