DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814

August 24, 1987

ALL-COUNTY INFORMATION NOTICE I- 73-87

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT:
INCOME AND ELIGIBILITY VERIFICATION SYSTEM (IEVS)
COST BENEFIT ANALYSIS (CBA)/IMPLEMENTATION PLAN (IP)
FOR THE RECIPIENT SYSTEM.

REFERENCE: ACIN I-01-87 AND ALL COUNTY LETTER NO.

The purpose of this letter is to provide counties with the
information necessary for developing CBA/IP for the IEVS
Recipient System. Implementation of the Recipient System for
AFDC and Food Stamps will occur in all counties starting 7/1/87
when State regulations took effect. The CBA/IP is required when
a county proposes to make a change in their data processing
system.

Implementation for the MCO Recipient System will coincide with
each county's implementation schedule for the Applicant System.

To assist the counties with budgeting and planning for the
implementation of the IEVS Recipient System effective 7/1/87, the
following information is enclosed:

o   Description of IEVS Recipient System.

o   Alternative methods of providing MCO input to the IEVS
     Recipient System.

o   Alternative ways of receiving IEVS match information for
     recipients.

     1) Print-outs

     2) Tapes

o   Instructions for completing IEVS cost worksheets and CBA/IP
     forms for the Recipient System.

GEN 654a   (9/79)

o   IEVS cost worksheets for the Recipient System.

o   IEVS Applicant Implementation Schedule (Attachment A).

o   IEVS MCO Recipient Match Production Schedule (Atachment B).

If you have any questions regarding this letter, contact Dick Ebel of the Fraud Program Management Bureau at (916) 445-0031.

ROBERT A. HOREL
Deputy Director

FRANK MARTUCCI, CHIEF
Medi-Cal Eligibility Branch
Department of Health Services

cc: CWDA

Attachments

RECIPIENT SYSTEM DESCRIPTION

The IEVS Recipient System is a combination of three computer match systems currently operated by the State Department of Social Services (SDSS). These systems are:

1. Integrated Earnings Clearance/Fraud Detection System (IFD).

    This system identifies potentially unreported wages as well as duplicate aid for AFDC, Food Stamps and SSI/SSP recipients. The counties submit income reported by the recipient on a quarterly basis. The reported income is then matched with wages reported by employers to EDD. Cases with discrepancies (AFDC: $301; FS: $701) are sent to the counties for follow-up. Counties determine if any case action is required and then complete a response document notifying DSS of the case action.

    ## IFD DP Modifications

    The MCO population will be added to the existing AFDC/FS match file. MCO cases that exceed a discrepancy/cut-off level (to be determined) will be sent to the county along with the AFDC and FS cases requiring processing. The addition of the MCO recipient population to IFD will occur at the same time the Applicant System is implemented in each county. (See Attachment A.)

    In addition, IFD information will be available on a new form beginning in September, 1987. The data will be displayed in a format identical to that used on the old ECS 155 form. Counties in receipt of tape will continue to receive the same format.

    Counties may opt to send MCO recipient data (including recipient-reported income) to DSS, along with their AFDC/FS input. Otherwise, the MCO data will be automatically extracted from the MEDS file by DSS. Counties that submit the recipient-reported wages via the IFD will receive fewer cases requiring county follow-up due to the fact that we can compare EDD reported wages against recipient-reported wages and disregard those cases without discrepancies. The MEDS Data Base does not currently include ineligible case members or recipient-reported income.

    If counties collect the SSN's of ineligible persons whose income or resources affects the AFDC, FS, or MCO case, that person's data must be submitted to DSS in a format identical to the recipient input.

Counties that receive output tapes from DSS, can use their same print programs to print the wage discrepancies. Since the old ECS 155 form with a preprinted response form will no longer be used, counties will need to print a response form identical to the copy attached (see Attachment C) for State tracking/key entry purposes.

2. Payment Verification System (PVS)

The Payment Verification System (PVS) provides information on recipients that receive, or will receive, Retirement Survivors Disability Insurance (RSDI), Unemployment Insurance (UI), or Disability Insurance (DI).

The counties currently receive this information monthly on AFDC and Medi-Cal on-going recipients. The non-assistance food stamp population will be added effective 7-1-87. The source of input data for PVS is the MEDS Monthly Medi-Cal Extract File.

PVS DP Modifications

The non-assistance FS population, obtained from the MEDS data base, will be added to PVS by DSS. All PVS information will be available either by data tape, print image tape, or paper effective July, 1987. The paper format will be the same as that used for PVS prior to IEVS. Data tape formats will be available in August 1987.

Those counties that receive a data tape from DSS will need to print a response form identical to the copy attached (see Attachment D) for State tracking/key entry purposes.

3. Asset Match System (AMS)

The Asset Match System is a statewide automated system that matches the welfare recipient file against the State Franchise Tax Board's (FTB) interest and dividend file. FTB's file contains interest and dividend information from financial/ investment institutions in California. Until 6-30-87, the initial case reviews were being performed by DSS staff for AFDC and FS cases. For cases where the asset which generated the interest has not been previously reported by the recipient, they are referred to the county Special Investigative Unit (SIU) for further investigation.

Effective 7-1-87, the counties will be responsible for conducting the initial case review to determine if the asset has been reported. The county staff will refer the unreported AFDC and FS asset cases to the county SIU.

Under IEVS, the Asset Match System has been expanded to include MCO cases. The county will also do the initial case review for MCO asset cases but the referrals will be sent to DHS Audits and Investigations instead of the county SIU. Addition of the MCO Recipient System will coincide with each county's implementation schedule for the Applicant System.

Asset Clearance Match (ACM) DP Modifications

Input data for the Asset Match System is the same input data used for the IFD System.

Initially, the ACM output will only be available in a printed form. See Attachment E for print format and Attachment F for response format. A tape format for ACM is expected to be available to counties in early 1988. The tape format will be made available to counties upon request.

Section II

INSTRUCTIONS FOR COMPLETING THE IEVS COST WORKSHEET

Instructions for completing the IEVS Recipient System Cost
Worksheet follow. The three worksheets in Section V will be used
by the Department to estimate both one-time development and
ongoing annual maintenance and operations costs associated with
the IEVS project. Please note that these costs should reflect
the recipient system costs only.

Each line of the worksheet must be completed. For those items
not applicable to your county, enter "N/A". The numbering system
of these instructions parallels the numbering system used on the
IEVS Cost Worksheets in Section V.

RECIPIENT SYSTEM ONE-TIME DEVELOPMENT/IMPLEMENTATION COSTS

A. EDP STAFF RESOURCES

These costs are broken down into three categories:

1. Vendor/outside consultant fees. Include such fees as
    programming by Alpha Beta Associates for Welfare Case
    Data System counties or temporary clerical fee for data
    entry related to system conversion.

2. County central data processing charges (Non-CWD).
    Include any charges that a county data center would bill
    to the county welfare department.

3. County welfare department EDP staff. Include staff costs
    for positions working on the development and
    implementation of the Recipient System of IEVS. Staff
    must meet the CWD-EDP requirements of All-County Letter
    (ACL) 86-73 dated August 11, 1986 and ACL 86-130 dated
    December 18, 1986.

B. SITE PREPARATION

Include any environmental changes such as cable pulling,
carpentry and electrical work needed for installation of
terminals and CPU links and/or printers.

For those counties selecting the on-line alternative, this
would include only environmental changes other than line
installation.

C. SUPPLIES

Include cost of general supplies such as magnetic tapes,
paper, etc. Only those costs necessary for testing or
implementation should be included in this item.

D. IMPLEMENTATION OPERATING COSTS

Include any data processing implementation charges related to testing and implementation activities such as printing and CPU costs.

E. TRAINING COSTS

Include only those costs incurred in training selected CWD staff who will, in turn, train other staff. Costs include salaries, benefits, travel, training materials, etc. Training costs for the IEVS Recipient System will be reimbursed through and subject to the controls of the project approval. These training costs will not be applied against the county's staff development allocation.

F. EQUIPMENT

Include both hardware and software costs here. If your agency plans to purchase equipment, report the total cost of the purchase. If your agency plans to lease equipment, include only those costs associated with the initial testing and conversion phase.

G. OTHER COSTS

Include and describe in detail any development related costs not mentioned above.

H. SUMMARY OF ONE-TIME DEVELOPMENT/IMPLEMENTATION COSTS

Carry item subtotals from previous detail costs forward and total these costs for one-time development implementation costs.

ONGOING ANNUAL MAINTENANCE AND OPERATING COSTS

There are worksheets enclosed in Section V which begin on Page 17 to detail estimated costs for ongoing maintenance and operation costs under the proposed IEVS system. Also there are Summary Worksheets so that the detailed costs by system can be captured.

Amounts must reflect county costs for the proposed Recipient System (IEVS). Use annualized costs. Compute these costs in the same manner as you are required to claim costs on the quarterly administrative expense claim.

A. EDP STAFF RESOURCES

Detail the projected annual maintenance and operation costs
for the Proposed Recipient System (IEVS). The EDP staff
resources are those costs associated with performing EDP
functions only. This includes vendors, central data
processing staff and CWD-EDP personnel as outlined in
ACL 86-73 dated August 11, 1986 and ACL 86-130 dated
December 18, 1986.

B. SUPPLIES

Include supplies needed for the Proposed Recipient System.
Refer to ACL 82-10 for examples.

C. DATA PROCESSING COSTS

This section should include:

-   Lease charges, depreciation expenses and maintenance
    contracts should be included only if the CWD is the party
    to the contract.

-   Whatever charges county data processing invoices include
    should be listed under the "direct bill" item for IEVS
    activities only. Charges related to any access of the
    related county file should be included.

-   Include any county data processing charges related to
    ongoing maintenance and operations activities. (For
    example: CPU time and printing costs.) Detail each
    cost.

D. OTHER COSTS

Describe in detail any ongoing costs which have not already
been identified.

If you have any questions concerning the completion of these
documents, please contact your analyst in the County
Approvals Section at (916) 323-4305.

SECTION III

INSTRUCTIONS FOR COMPLETING THE IEVS RECIPIENT SYSTEM
IMPLEMENTATION PLAN

Instructions and comments regarding each form of the
Implementation Plan follow. Each form must be completed. If a
particular item is not applicable to your county, enter "N/A".
The forms are included in Section VI of this package.

SITE PREPARATION INFORMATION

Include by site address/location the type of equipment you will
need to operate the IEVS Recipient System in your county. Also
include the requested time frame information for lead time before
site preparation can begin.

WORK PLAN

Identify the months and draw a line through the appropriate weeks
like a Gantt chart in the enclosed work plan.

Most of the required tasks of implementation are included.
Additional pages of blank Gantt charts are attached for your use.

The charts begin with February 1987. The months on the Gantt
charts may be changed to reflect your county's circumstances more
accurately - months and tasks.

SECTION IV

INSTRUCTIONS FOR COMPLETING CBA/IP COST STATEMENT

Section VIII contains a CBA/IP Preparation Cost Statement which must be completed and submitted to the County Approvals Section of the DSS. Their address is on the cover page of this package. This statement will capture those estimated costs associated with the preparation of the CBA/IP document for implementation of the IEVS Recipient System.

Questions concerning the preparation of this Cost Statement should be directed to your analyst in the County Approvals Section at (916) 323-4305.

SECTION V
INCOME AND ELIGIBILITY VERIFICATION SYSTEM (IEVS)
COST WORKSHEET
ONE-TIME DEVELOPMENT/IMPLEMENTATION COSTS OF RECIPIENT SYSTEM

A. EDP STAFF RESOURCES

1. VENDOR/OUTSIDE CONSULTANT FEE

Name of Consultant _____

____hours x $____/hour   Subtotal - A.1 $_____

2. COUNTY CENTRAL DATA PROCESSING CHARGES (NON-CWD) FOR DEVELOPMENT

Analysis and Design Personnel

Class	Cost/Hr	Total Hrs	Total $
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	
		Subtotal	$_____

Programming Personnel

Class	Cost/Hr	Total Hrs	Total $
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	
		Subtotal	$_____

Documentation Personnel (Clerical/Tech Writers)

Class	Cost/Hr	Total Hrs	Total $
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	
		Subtotal	$_____

EDP Operations Personnel

Class	Cost/Hr	Total Hrs	Total $
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	
		Subtotal	$_____

Other Personnel (identify)

Class	Cost/Hr	Total Hrs	Total $
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	
		Subtotal	$_____

Subtotal - A.2 $_____

INCOME AND ELIGIBILITY VERIFICATION SYSTEM (IEVS)
COST WORKSHEET
ONE-TIME DEVELOPMENT/IMPLEMENTATION COSTS OF RECIPIENT SYSTEM (CONT.)

3. County Welfare Department (CWD) EDP Staff for Development
(Refer to All-County Letter (ACL) 86-73)

Analysis and Design Personnel

Class	Cost/Hr	Total Hrs	Total $
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	Subtotal $_____

Programming Personnel

Class	Cost/Hr	Total Hrs	Total $
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	Subtotal $_____

Documentation Personnel

Class	Cost/Hr	Total Hrs	Total $
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	Subtotal $_____

EDP Operations Personnel

Class	Cost/Hr	Total Hrs	Total $
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	Subtotal $_____

3.   (Continued)

Eligibility Personnel

Class	No. of Hours	Task1/	Cost/Hr	Total $
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	

Subtotal $_____

Administrative/Clerical Personal

Class	No. of Hours	Cost/Hr	Total $
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	

Subtotal $_____

Subtotal - A.3 $_____

Subtotal - A $_____*

FOOTNOTE:
1/ Recipient

INCOME AND ELIGIBILITY VERIFICATION SYSTEM (IEVS)
COST WORKSHEET
ONE-TIME DEVELOPMENT/IMPLEMENTATION COSTS OF RECIPIENT SYSTEM (CONT.)

B. SITE PREPARATION (Cable pulling, carpentry, wiring, etc.) $_____ *

C. SUPPLIES (One time only)

         _____ $_____
         _____   _____
         _____
                                    Subtotal - C $_____ *

D. IMPLEMENTATION OPERATING COSTS
                    # Units   Unit Cost

         CPU Time   _____ _____ $_____
         Printing   _____ _____   _____
         Other _____
                                    Subtotal - D $_____ *

E. TRAINING COSTS $_____

F. EQUIPMENT 1/

   1.   Central Processing Site

        Description (L)(P)/(S)(H)2/   # Units   Unit Cost   Total

        a. _____ _____/_____ _____ _____ $_____
        b. _____ _____/_____ _____ _____ _____
        c. _____ _____/_____ _____ _____ _____
        d. _____ _____/_____ _____ _____ _____
        e. _____ _____/_____ _____ _____ _____
        f. SUBTOTAL CENTRAL PROCESSING SITE $_____
        g. VOLUME DISCOUNT   (_____)
        h. SALES TAX   _____
        i. TOTAL CENTRAL PROCESSING SITE $_____

1/ Indicate whether competitive bid or sole source process used.
2/ L = Lease, P = Purchase, S = Software, H = Hardware.

INCOME AND ELIGIBILITY VERIFICATION SYSTEM (IEVS)
COST WORKSHEET
ONE-TIME DEVELOPMENT/IMPLEMENTATION COSTS OF RECIPIENT SYSTEM (CONT.)

2.   CWD District Offices

Description (L)(P)/(S)(H)2/   # Units   Unit Cost   Total

a. _____ _____/_____   _____ _____ $_____
b. _____ _____/_____   _____ _____ _____
c. _____ _____/_____   _____ _____ _____
d. _____ _____/_____   _____ _____ _____
e. _____ _____/_____   _____ _____ _____
f.   SUBTOTAL CWD DISTRICT OFFICES $_____
g.   VOLUME DISCOUNT   (_____)
h.   SALES TAX   _____
i.   TOTAL CWD DISTRICT OFFICE EQUIPMENT $_____

3.   Other Equipment
      Please specify location: _____

Description   # Units   Unit Cost   Total

a. _____ _____ _____ $_____
b. _____ _____ _____ _____
c. _____ _____ _____ _____
d. _____ _____ _____ _____
e. _____ _____ _____ _____
f.   SUBTOTAL OTHER EQUIPMENT
g.   VOLUME DISCOUNT   (_____)
h.   SALES TAX   _____
i.   TOTAL OTHER EQUIPMENT $_____
                                        Subtotal - F $_____

G. OTHER COSTS (identify)

      1. _____ $_____
      2. _____   _____
      3. _____
                                        Subtotal - G $_____

2/ L = Lease, P = Purchase, S = Software, H = Hardware.

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INCOME AND ELIGIBILITY VERIFICATION SYSTEM (IEVS)
SUMMARY OF
ONE-TIME DEVELOPMENT/IMPLEMENTATION COSTS OF RECIPIENT SYSTEM

Bring * figures forward from Pages 13, 14 and 15.

    A.   STAFF RESOURCES $_____

    B.   SITE PREPARATION   _____

    C.   SUPPLIES   _____

    D.   OPERATING COSTS   _____

    E.   TRAINING COSTS   _____

    F.   EQUIPMENT   _____

    G.   OTHER COSTS   _____

                    TOTAL COSTS (Items A - G) $_____

INCOME AND ELIGIBILITY VERIFICATION SYSTEM (IEVS)
COST WORKSHEET
ONGOING ANNUAL MAINTENANCE AND OPERATIONS COSTS (ESTIMATES)
FOR PROPOSED SYSTEM - IEVS RECIPIENT SYSTEM

A. EDP STAFF RESOURCES

1. VENDOR/OUTSIDE CONSULTANT FEE

    Name of Consultant _____

    _____hours x $_____/hour   Subtotal - A.1 $_____

2. COUNTY CENTRAL DATA PROCESSING CHARGES (Non-CWD)

    Analysis and Design Personnel

Class	Cost/Hr	Total Hrs	Total $	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	Subtotal	$_____

    Programming Personnel

Class	Cost/Hr	Total Hrs	Total $	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	Subtotal	$_____

    Documentation Personnel (Clerical/Tech Writers)

Class	Cost/Hr	Total Hrs	Total $	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	Subtotal	$_____

    EDP Operations Personnel

Class	Cost/Hr	Total Hrs	Total $	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	Subtotal	$_____

INCOME AND ELIGIBILITY VERIFICATION SYSTEM (IEVS)
COST WORKSHEET
ONGOING ANNUAL MAINTENANCE AND OPERATIONS COSTS (ESTIMATES)
FOR PROPOSED SYSTEM - IEVS RECIPIENT SYSTEM (CONT.)

2.   (Continued)

Other Personnel (Identify)

Class	Cost/Hr	Total Hrs	Total $
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	Subtotal $_____

Subtotal - A.2 $_____

3.   CWD EDP STAFF (Refer to ACL 86-73 & ACL 86-130)

Analysis and Design Personnel

Class	Cost/Hr	Total Hrs	Total $
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	Subtotal $_____

Programming Personnel

Class	Cost/Hr	Total Hrs	Total $
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	Subtotal $_____

Documentation Personnel (Writers)

Class	Cost/Hr	Total Hrs	Total $
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	Subtotal $_____

INCOME AND ELIGIBILITY VERIFICATION SYSTEM (IEVS)
COST WORKSHEET
ONGOING ANNUAL MAINTENANCE AND OPERATIONS COSTS (ESTIMATES)
FOR PROPOSED SYSTEM - IEVS RECIPIENT SYSTEM (CONT.)

3.   (Continued)

EDP Operations Personnel

Class	Cost/Hr	Total Hrs	Total $
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	Subtotal $_____

Other Personnel (Identify)

Class	Cost/Hr	Total Hrs	Total $
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	Subtotal $_____

Subtotal - A.3 $_____ *
Subtotal - A $_____ *

B. SUPPLIES (detail)

_____ $_____
_____
_____   Subtotal - B $_____ *

C. DATA PROCESSING COSTS

(This section is not applicable to the
counties selecting the on-line alternative.)

1.   On-line and Batch Prosessing $_____
     Data Storage   _____
     Other EDP Costs   _____

                         # Units   Unit Cost

2.   CPU Time   _____   _____   _____
     Printing   _____   _____   _____
     Other _____   _____   _____

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C.   (Continued)

   3.   Lease Charges

       a.   EDP Equipment $_____
       b.   Data Communication Lines
       c.   _____
       d.   TOTAL LEASE CHARGES $_____

   4.   Maintenance Contracts (if not included in Lease Charges)

       a.   Software $_____
       b.   Hardware
       c.   TOTAL MAINTENANCE CONTRACTS

   5.   Direct Bill $_____

   6.   Overhead (if not included in Direct Bill) $_____

                                             Subtotal - C $_____ *

D. OTHER COSTS (detail)

_____ $_____
_____
_____
_____
_____ Subtotal $_____
                                            Subtotal - D $_____ *

Bring * figures forward from Pages 19 and 20.

A.   STAFF RESOURCES $_____

B.   SUPPLIES   _____

C.   DATA PROCESSING COSTS   _____

D.   OTHER COSTS   _____

                                    TOTAL COSTS (Items A - D) $_____

INCOME AND ELIGIBILITY VERIFICATION SYSTEM (IEVS)
IMPLEMENTATION PLAN
ESTIMATED EQUIPMENT NEEDS FOR RECIPIENT SYSTEM

List all sites where additional equipment would be needed. Please provide
justification for this equipment. Also indicate whether printers and/or
terminals are needed. Please attach a separate sheet with appropriate
justification(s).

Site Address *1/   Equipment Needed

1. _____   _____
2. _____   _____
3 _____   _____
4. _____   _____
5. _____   _____
6. _____   _____
7. _____   _____
8. _____   _____
9. _____   _____
10. _____   _____

Please indicate how much lead time your county needs before each selected
site can begin preparation for such additional equipment.

_____
_____
_____
_____
_____
_____
_____

*1/ Indicate application area R = Reception, I = Intake, C = Continuing,
     O = Other and explain.

SECTION VII
IEVS RECIPIENT SYSTEM IMPLEMENTATION PLAN

INCOME AND ELIGIBILITY VERIFICATION SYSTEM (IEVS)
COST BENEFIT ANALYSIS/IMPLEMENTATION PLAN DOCUMENT PREPARATION
STATEMENT OF ESTIMATED COSTS FOR RECIPIENT SYSTEM

County: _____   Date: _____

Person responsible for preparation of the Cost Statement:

Name: _____

Title: _____

Address: _____

_____

Telephone: (___) _____

Total Estimated Cost for Completing CBA/IP:

Staff Resources

Classification	Welfare/ EDP	No. of Hours	Hourly Rate	Cost
$_____	$_____	$_____	$_____	$_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	Subtotal $_____

Other Costs (detail)

Type	Comments	Cost
_____	_____	$_____
_____	_____	_____
_____	_____	_____
_____	_____	Subtotal $_____

TOTAL COSTS $_____

Methodology Used to Estimate Costs: (i.e., on-line entry, CPU link, etc.)

(Attach additional sheets as necessary.)

PROPOSED IEVS APPLICANT IMPLEMENTATION SCHEDULE

(October 1987 – September 1988)

Alameda	October 1987****	Orange	December 1987
Alpine	September 1988	Placer	May 1988
Amador	December 1987	Plumas	September 1988
Butte	October 1987	Riverside	November 1987
Calaveras	January 1988	Sacramento	July–Sept.1987
Colusa	June 1988	San Benito	August 1988
Contra Costa	January 1988	San Bernardino	December 1987
Del Norte	July 1988	San Diego	July–Sept. 1987***
El Dorado	May 1988	San Francisco	May 1988
Fresno	June 1988	San Joaquin	May 1988
Glenn	June 1988	San Luis Obispo	July 1988
Humboldt	July 1988	San Mateo	January 1988
Imperial	November 1987	Santa Barbara	July 1988
Inyo	September 1988	Santa Clara	February 1988
Kern	February 1988*	Santa Cruz	January 1988
Kings	June 1988	Shasta	June 1988*
Lake	September 1988	Sierra	September 1988
Lassen	September 1988	Siskiyou	August 1988
Los Angeles	March–April 1988	Solano	August 1988
Madera	November 1987	Sonoma	October 1987
Marin	May 1988	Stanislaus	January 1988
Mariposa	November 1987	Sutter	May 1988
Mendocino	September 1988	Tehama	June 1988
Merced	July–Sept. 1987	Trinity	July 1988
Modoc	August 1988	Tulare	July–Sept. 1987
Mono	September 1988	Tuolumne	December 1987**
Monterey	August 1988	Ventura	February 1988**
Napa	August 1988	Yolo	June 1988
Nevada	May 1988	Yuba	January 1988

*Implementation date extended to September 1988 per county request.
**Implementation date extended to July 1988 per county request.
***Implementation date extended to November 1987 per county request.
****Implementation date changed to July–September 1987.

IEVS MCO Recipient Match Production Schedule

MATCH TYPE

Month of Implementation	PVS	IFD	ASSET
October 1987	Nov. 1987	Dec. 1987	Jan. 1988
November 1987	Dec. 1987	Dec. 1987	Jan. 1988
December 1987	Jan. 1987	Dec. 1987	Jan. 1988
January 1988	Feb. 1988	March 1988	Feb. 1988
February 1988	March 1988	March 1988	March 1988
March 1988	April 1988	March 1988	April 1988
April 1988	May 1988	June 1988	May 1988
May 1988	June 1988	June 1988	June 1988
June 1988	July 1988	June 1988	July 1988
July 1988	Aug. 1988	Sept. 1988	Aug. 1988
August 1988	Sept. 1988	Sept. 1988	Sept. 1988
September 1988	Oct. 1988	Sept. 1988	Oct. 1988

Shown above is a schedule of when a county will receive and initiate processing of the various MCO recipient match data based on their specific month of implementation.

ATTACHMENT D

STATE OF CALIFORNIA   DEPARTMENT OF SOCIAL SERVICES   ROUTE:
PVS040   IEVS/PAYMENT VERIFICATION SYSTEM   CO   DS   EW
                                  RUN DATE   PAGE 02

CASE INFORMATION   CASE NAME
CO   CASE NO.   FBU   --------------------

--------------------------------COUNTY RESPONSE--------------------------------

PLEASE ANSWER ALL APPLICABLE QUESTIONS AND RETURN   A. CASE:
THE FORM TO THE ADDRESS BELOW, ONLY IF THE IEVS
INFORMATION IMPACTED THE GRANT, ISSUANCE AMOUNT,   B. RUN DATE:
SHARE OF COST, OR ELIBILITY.

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

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

'X' ALL THAT APPLY:

2. WHAT TYPE(S) OF UNREPORTED INCOME WAS   G. UI...........|__| 1
   THE REASON FOR THE ACTUAL/POTENTIAL
   OVERPAYMENT/OVERISSUANCE OR MONTHLY   H. DI...........|__| 2
   SHARE OF COST INCREASE?
                                                I. RSDI........|__| 3

'X' ONE:

3. DID THE IEVS MATCH INFORMATION RESULT   J. YES.........|__| 1
   IN THE CASE BEING DISCONTINUED?
                                                K. 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

STATE OF CALIFORNIA
AMS 1

DEPARTMENT OF SOCIAL SERVICES
RUN DATE

DEPARTMENT OF SOCIAL SERVICES
IEVS-ASSET MATCH
INTEREST AND DIVIDEND AMOUNTS FOR TAX YEAR 1985

COUNTY OF:
CASE I.D.:

SSN	WELFARE NAME	DATE OF BIRTH	SEX
	,HENRIETT	10/06/00	F

CUSTOMER NAME/ADDRESS	PAYOR NAME/ADDRESS	DOLLAR AMOUNT
,HENRIETTA	GREAT WESTERN S & L	$ 148.95
	1900 CAMINO DEL RIO NO	
DEERHORN VALLE	SAN DIEGO , CA 92108	
JAMUL , CA 00000	ACCOUNT NO. BRANCH	

TOTAL CASE AMOUNT $ 148.95

STATE OF CALIFORNIA   DEPARTMENT OF SOCIAL SERVICES
AMS 1   RUN DATE

IEVS/ASSET MATCH IDENTIFICATION SYSTEM

1. CASE IOENTIFICATION 2. CASE NAME   3. DIST. 4. WORKER
   CO AID CASE NO FBU
                                             5. CO. USE 6. PRIO

------------------------------------ COUNTY RESPONSE--------------------------------------

PLEASE ANSWER ALL APPLICABLE QUESTIONS AND RETURN   A. CASE:
THE FORM TO THE ADDRESS BELOW, ONLY IF THE IEVS
INFORMATION IMPACTED THE GRANT,ISSUANCE AMOUNT,   B. RUN DATE:
SHARE OF COST, OR ELIGIBILITY.
_____

1. WHAT PROGRAMS(S) WERE AFFECTED AND WHAT WAS THE

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

ACTUAL/POTENTIAL AMOUNT OF THE OVERPAYMENT/
OVERISSUANCE OR MONTHLY SHARE OF COST INCREASE?

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:

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