

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



March 10, 1988

ALL-COUNTY INFORMATION NOTICE 1-13-88

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: PAYMENT VERIFICATION SYSTEM CHANGES

REFERENCE:

The purpose of this letter is to notify users of the Payment Verification System (PVS) of three changes that have been made to the PVS. The changes to PVS were made to eliminate confusion and reduce the processing of unnecessary documents in conjunction with the requirements of the Income and Eligibility Verification System (IEVS). All of these changes should be effective in the printouts/tape(s) you will be receiving in March 1988.

In addition, this letter transmits the PVS schedule for the remainder of 1988 and asks counties if they would like to receive PVS information on Foster Care cases.

The following is a description of the changes. Attached are corresponding examples.

- 1) Reduction in Retirement Survivors Disability Insurance (RSDI) Messages.

The number of communication and payment status messages that appear on RSDI printouts have been reduced. They have been edited to provide only RSDI printouts that are of value to eligibility, grant determination, share of cost, and/or amount of Food Stamp issuance. The messages that have been retained are on Attachment 1.

With this reduction in messages, counties should expect to receive only information on persons that are currently receiving an RSDI benefit or relevant information on why they are not.

2) Elimination of Unemployment Insurance (UI) "Check Cleared Date".

With the automation of EDD's UI system, the meaning of the section on the UI print-out that applies to "check cleared" has changed to something that is not useful and therefore, has been eliminated. An empty space on the print-out, that may be used at a future date for additional UI information, marks the former location of the "check cleared" block. An example of the new format is on Attachment 2.

3) Disability Insurance (DI) Issue Date Change.

Currently, when a DI check clears EDD's accounting system, it goes from a "not cleared" status to "cleared" status in the check status column. Correspondingly, the date in the "check issued" column changes. A change has been instituted that will show the date the DI check clears EDD's accounting process. This date will appear in the column to the right of the "check status" column.

The check issued date will disappear when the new date is added to the new "check cleared EDD" column. Unfortunately, the state is unable to retain the original check issue date once the check goes to "cleared" status. An example of the new format is on Attachment 3.

The following is the PVS processing schedule for 1988. PVS reports depend upon the monthly update of the Meds Monthly Extract File (MMEF). This usually occurs around the 24th of any given month. The dates below will be the dates the PVS will be sent if the county receives a data or print tape. Counties that receive paper print outs of PVS could expect to see them two days later. Most PVS mailings are now being sent via Purolator Courier overnight delivery.

DEPARTMENT OF SOCIAL SERVICES PVS PROCESS FOR 1988
SEND REPORTS (DATES)

1-27-88	7-27-88
2-29-88	8-31-88
3-30-88	9-28-88
4-27-88	10-31-88
5-31-88	11-30-88
6-28-88	12-29-88
	1-30-89


As a final item, we would like to know if you are interested in receiving PVS information on Foster Care. When PVS became part of the Income and Eligibility Verification System (IEVS) Foster Care was dropped because the program is not mandated under federal law. Since that time, some counties have requested that Foster Care PVS be reinstated because the information it contained, especially regarding the receipt of RSDI by children placed in Foster Care, was often of great value. If SDSS were to include Foster Care cases on PVS, it would have to be transmitted to all counties. Financial constraints prohibit the selective transmittal of this information only to counties that request Foster Care data. This is the reason for the survey.

It is important to note that Foster Care PVS would not be subject to IEVS guidelines. It would not need to be processed within 30 days or have a transmittal of the results of the match sent to the state.

If your county would or would not like to receive PVS Foster Care information, please contact Bill Schmidt of the SDSS Fraud Program Management Bureau by phone or in writing by April 1, 1988 at:

State Department of Social Services
744 P Street, M.S. 19-26
Sacramento, CA 95814
(916) 445-2757

Questions regarding any of the items covered in this letter should be directed to Bill Schmidt of the Fraud Program Management Bureau at (916) 445-2757.



ROBERT A. HOREL
Deputy Director

Attachments

cc: CWDA

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL SERVICES

ATTACHMENT 1

IEVS/PAYMENT VERIFICATION SYSTEM
11/25/87

PAYMENT STATUS CODES

1. THIS INDIVIDUAL IS RECEIVING THE MONTHLY BENEFIT AMOUNT SHOWN.
2. THIS INDIVIDUAL IS ELIGIBLE BUT IS NOT NOW RECEIVING BENEFITS, BECAUSE BENEFICIARY IS RECEIVING WORKER'S COMPENSATION.
3. THIS PERSON'S CLAIM HAS BEEN DISALLOWED BECAUSE (S)HE HAS NOT BEEN DETERMINED AS DISABLED.
4. THIS PERSON'S CLAIM HAS BEEN DENIED BECAUSE (S)HE IS NOT DISABLED.
5. THIS PERSON'S BENEFITS ARE SUSPENDED BECAUSE THERE IS NO CHILD IN THE HOME.
6. THIS PERSON'S BENEFITS ARE SUSPENDED BECAUSE (S)HE IS AN ALIEN NOT ENTITLED TO BENEFITS.
7. THIS PERSON'S BENEFITS ARE SUSPENDED BECAUSE (S)HE REFUSED SSA PAYMENTS.
8. THIS PERSON'S BENEFITS ARE SUSPENDED BECAUSE (S)HE IS RECEIVING WORKER'S COMPENSATION PAYMENTS.
9. THIS PERSON'S BENEFITS WERE TERMINATED BECAUSE (S)HE DIED.
10. THIS PERSON'S BENEFITS WERE TERMINATED BECAUSE (S)HE TURNED 18, OR 22 AND WASN'T DISABLED, OR IN SCHOOL, OR THE MOTHER OR FATHER'S ENTITLEMENT ENDED WHEN LAST ENTITLED CHILD REACHED 18.
11. THIS PERSON'S BENEFITS WERE TERMINATED BECAUSE PRIMARY BENEFICIARY IS NO LONGER DISABLED, OR THE MOTHER OR FATHER'S ENTITLEMENT ENDED WHEN THE LAST ENTITLED CHILD RECOVERED.
12. THIS PERSON'S BENEFITS WERE TERMINATED.

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL SERVICES

IEVS/PAYMENT VERIFICATION SYSTEM
11/25/87

COMMUNICATION CODES

1. THIS PERSON'S RECORD IS FULLY PROCESSED WITH NO PROBLEMS.
2. THIS PERSON'S BENEFITS, IF PAYABLE, ARE PAID TO A REPRESENTATIVE PAYEE INSTEAD OF THE BENEFICIARY.
3. THIS PERSON HAS BEEN DISCONTINUED (TERMINATED) EFFECTIVE MM/YY.
4. THIS SOCIAL SECURITY NUMBER DOES NOT AGREE WITH SSA RECORDS. PLEASE CHECK ON THIS PERSON'S SSN AND ENTER IT INTO THE MEDS FILE IF APPROPRIATE.
5. THIS PERSON DIED IN MM/YY. BENEFITS STOPPED.
6. THE DATE OF BIRTH, MONTH AND YEAR, INPUT TO MEDS IS DIFFERENT FROM SSA'S. PLEASE RESOLVE SINCE UNTIL THE DATE MATCHES, INFORMATION WILL NOT BE RECEIVED FROM SSA.
7. THIS PERSON'S FIRST NAME AS SHOWN ON MEDS IS DIFFERENT FROM SSA'S. PLEASE CHECK AND RESOLVE.
8. THIS PERSON'S LAST NAME AS SHOWN ON MEDS IS DIFFERENT FROM SSA'S. PLEASE CHECK AND RESOLVE.

STATUS MESSAGES

1. EMPLOYMENT STATUS HAS NOT BEEN DETERMINED.
2. ON THE DATE DISABILITY BEGAN, THE INDIVIDUAL WAS NOT EMPLOYED.
3. ON THE DATE DISABILITY BEGAN, THE PERSON HAD NOT BEEN TERMINATED FROM HIS/HER EMPLOYMENT.

STATE OF CALIFORNIA
PVS040

DEPARTMENT OF SOCIAL SERVICES
IEVS/PAYMENT VERIFICATION SYSTEM
RUN DATE 12/29/87

ROUTE:07- -3 1
CO DS EW
PAGE 01

CASE INFORMATION
CO CASE NO. FBU
0348746 0

CASE NAME

BORGEN , EDGAR

MATCH-FOUND

CASE INFORMATION AS REPORTED THROUGH MEDS INPUT								SSN	VERF.	AID	PER	MATCH-FOUND		
-----NAME-----								DATE OF	CODE	CODE	NO.	I	I	I
LAST	FIRST	M	SEX	BIRTH	SSN	CODE	CODE	NO.						
BORGEN	EDGAR		F	06/06/55	549-52-6674	J	30	01						X
BORGEN	MORGAN		M	05/12/79	593-24-6881	J	30	11						
BORGEN	SCHMORGA		M	11/15/80	593-24-8298	J	30	12						
BORGEN	ERNEST		F	01/25/83	593-24-7513	J	30	13						

----- UI INFO. REPORTED BY EDD AS OF 12/28/87 -----

INFORMATION SENT TO EDD

NAME		SEX	DATE OF	SSN	PERSON
LAST	FIRST	M	BIRTH		NUMBER
BORGEN	EDGAR	F	06/06/56	549-52-6674	01

INFORMATION RETURNED BY EDD

NAME			CLAIMANTS
LAST	F.I.	M	SSN
BORGEN	E	J	549-52-6674

DATE LAST CLAIM	BEGIN DATE	MAXIMUM BENEFITS	\$1154
ENTERED EDD FILE	OF CLAIM	WEEKLY BENEFITS	\$ 77
08/13/87	08/09/87	REMAINING BENEFITS	\$ 384

CHECK	AMOUNT	CHECK	FOR WEEK	FIELD	REPORTED
ISSUED		NUMBER	ENDING	OFFICE	EARNINGS
11/23/87	\$ 77	13698192	10/24/87	0960	\$ 0
11/06/87	\$ 77	13405413	10/17/87	0960	\$ 0

STATE OF CALIFORNIA
PVS040

DEPARTMENT OF SOCIAL SERVICES
IEVS/PAYMENT VERIFICATION SYSTEM
RUN DATE 01/27/88

ROUTE: 10- -0911
CO DS EW
PAGE 01

CASE INFORMATION			CASE NAME	
CO	CASE NO.	FBU	-----	
10	0328621	0	MCFARLIN	FANNY

MATCH-FOUND

CASE INFORMATION AS REPORTED THROUGH MEDS INPUT										SSN	MATCH-FOUND				
-----NAME-----										VERF.	AID	PER	I	I	I
LAST	FIRST	M	SEX	DATE OF BIRTH	SSN	CODE	CODE	NO.							
MCFARLIN	FANNY	E	F	10/29/86	567-15-6201	3	30	01							
MCFARLIN	DEE DEE	R	F	11/19/67	558-00-6614	A	30	50							
MCFARLIN	MARLIN	W	M	03/12/66	568-11-8514	A	30	60							X

----- DI INFO. REPORTED BY EDD AS OF 01/28/88 -----

INFORMATION SENT TO EDD

NAME		SEX	DATE OF BIRTH	SSN	PERSON NUMBER
LAST	FIRST	M			
MCFARLIN	MARLIN	W	03/12/66	568-11-8514	60

INFORMATION RETURNED BY EDD

NAME			CLAIMANTS	
LAST	F.I.	M	SSN	
MC FARLIN	M	W	568-11-8514	

CHECK ISSUED	AMOUNT	CHECK NUMBER	FIELD OFFICE	STATUS CODE	CHECK STATUS	CHECK CLEAR DATE
12/14/87	\$ 174.00	850194	21	0	NOT CLEARED	
12/01/87	\$ 174.00	839854	21	0	NOT CLEARED	
	\$ 174.00	830578	21	0	CLEARED	11/19/87
	\$ 174.00	821246	21	0	CLEARED	11/09/87

STATUS CODE MESSAGE-

(0) EMPLOYMENT STATUS HAS NOT BEEN DETERMINED.