

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



June 17, 1993

ALL COUNTY INFORMATION  
NOTICE NO. I-25-93

<u>REASON FOR THIS TRANSMITTAL</u>	
<input type="checkbox"/>	State Law Change
<input type="checkbox"/>	Federal Law or Regulation Change
<input type="checkbox"/>	Court Order or Settlement Agreement
<input type="checkbox"/>	Clarification Requested by One or More Counties
<input checked="" type="checkbox"/>	Initiated by CDSS

TO: ALL COUNTY WELFARE DIRECTORS  
ALL COUNTY MENTAL HEALTH DIRECTORS

SUBJECT: UPDATE OF INTERIM ASSISTANCE REIMBURSEMENT AGENCY CONTACTS

The California Department of Social Services is in the process of updating Interim Assistance Reimbursement (IAR) informational documents. This letter is to request your assistance with the provision of information regarding your agency's pertinent IAR personnel, addresses, and FAX/telephone numbers.

Your prompt response to this letter is requested. Several IAR agencies have informed us that they rely upon the current addresses and phone numbers of other IAR agencies to assist them in the recoupmnt of reimbursement monies when more than one county has paid General Assistance to an SSI/SSP applicant. Consequently, we are requesting that we receive your updated information no later than June 30, 1993.

We appreciate your assistance in this matter and have enclosed a chart for use in providing the updated information. If you have not changed any information since our last update in 1989, we still request that you submit the requested data. Please mail all completed charts to:

California Department of Social Services  
SSI/SSP Unit  
744 P Street M.S. 6-555  
Sacramento, CA 95814

Attn: Ms. Jan Darvas

(Please note that effective May 3, 1993, the SSI/SSP Unit's Mail Station was changed to 6-555.)

A description of the required information is as follows:

#### **IAR PROGRAM CONTACT**

Please provide the name, address, and FAX/telephone numbers for the staffperson performing the function of "IAR Program Contact." This would be the person considered to be your agency's primary liaison between the Social Security Administration's (SSA) District Offices (DOs) which serve your agency, other IAR personnel employed by your agency, and the CDSS IAR liaison. This person should possess a knowledge of the program's regulations, procedures, and contract provisions.

#### **IAR FISCAL CONTACT**

Please provide the name, address, and FAX/telephone numbers for the staffperson performing the function of the "IAR Fiscal Contact." This would be the person who is responsible for the IAR-related accounting duties and, possibly, the IAR-related statistical duties for your agency.

#### **IAR DATA PROCESSING CONTACT**

For automated agencies, please provide the name, address, and FAX/telephone numbers for the staffperson considered to be the "IAR Data Processing Contact." This would be the person who works with the IAR tape transmissions and either programs or understands the programming and processes of your agency's automated IAR system.

#### **IAR MONTHLY ACTIVITY REPORT**

Please provide the name, address, and FAX/telephone numbers for the staffperson who is to receive the IAR Monthly Activity Report. This is the report, issued by the SSA, which provides an accounting of actions related to SSI/SSP applicants/recipients during a month. "Actions" include, but are not limited to, denials, payments, suspensions, etc. This report also provides the dollar amounts of SSI/SSP recipients' initial benefit payments.

#### **IAR MONTHLY EDIT REPORT**

For automated agencies, please provide the name, address, and FAX/telephone numbers for the staffperson who is to receive the monthly IAR Edit Report. This report lists the SSI/SSP applicants who were submitted via tape to the SSA in Baltimore, but were not accepted by SSA's computer in Baltimore.

**IAR PAYEE CHECK LEGEND**

Please provide the current IAR payee check legend for your agency. The payee check legend contains the name of the agency and the address where the agency wants initial SSI/SSP benefit payments to be sent. This information may consist of no more than four lines of data and no more than 22 spaces per line. Please note that it is imperative that the CDSS liaison be informed, in writing, of any change to a payee check legend. It usually takes the SSA at least two months to process such changes.

In the future, should you have changes to any of the above-requested information, please ensure that you immediately provide us with a written confirmation of the new information.

Should you have any questions regarding this letter or the IAR Program in general, please contact Ms. Jan Darvas at (916) 654-1864.



FRED MILLER  
Deputy Director  
Adult Services Division

Enclosure

c: Rodger Lum, Chairman  
County Welfare Directors Association -  
General Relief Committee

# CURRENT IAR INFORMATION

IAR Agency Name: \_\_\_\_\_

GR Code: \_\_\_\_\_

	NAME	ADDRESS	PHONE/FAX NO.
IAR PROGRAM CONTACT			
IAR FISCAL CONTACT			
IAR DATA PROCESSING CONTACT			
IAR MONTHLY ACTIVITY REPORT			
IAR MONTHLY EDIT REPORT			
IAR PAYEE CHECK LEGEND			

Completed by: \_\_\_\_\_ Title: \_\_\_\_\_