

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814

August 10, 1993

ALL-COUNTY INFORMATION NOTICE I-29-93

TO: All County Welfare Directors
IEVS Coordinators

Reason- for-this-Transmittal

- State Law Change
- Federal Law or Regulation

- Change
- Court Order or Settlement Agreement
- Clarification Requested by One or More Counties
- Initiated by CDSS

SUBJECT: Payment Verification System (PVS) Response Document

In order to streamline the Income and Eligibility Verification System (IEVS) monthly PVS process, and after discussion with counties, the PVS response document will no longer be printed in conjunction with the PVS abstract. This will save paper, shipping, handing charges and time at both the state and county levels.

However, when a discrepancy is found and an overpayment is identified, workers will need to complete the attached response document. A completed sample is attached.

Please note that the aid type is no to be included in the case number on the response document. Response documents are not to be completed and returned unless there is an overpayment or ineligibility identified.

An initial supply of the non-automated PVS response documents has been sent to the county IEVS coordinators. Additional supplies of the DPS 526 (5/93) PVS 040 can be ordered on the forms order, GEN 727-B, from the California Department of Social Services Warehouse. Send forms order requests to:

California Department of Social Services
Warehouse
P. O. Box 22429
Sacramento, C A . 95822-3799

If you have any questions regarding this change to the PVS, please contact Ms. Maureen Paizs, Fraud Bureau, at (916) 445-3417

Original Signed by
MICHAEL C. GENEST
Deputy Director
Welfare Programs Division

Attachment

c: CWDA

DEPARTMENT OF SOCIAL SERVICES
IEVS/PAYMENT VERIFICATION SYSTEM

COUNTY RESPONSE DOCUMENT

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: Co. **02** case number **0011111** F8U **0**

B. Run Date: Mo. Day Year **07 25 93**
(From Abstract)

1. What program(s) was affected and what was the actual amount of the overpayment/over issuance or monthly share of cost increase?

List Whole Dollars Only	C. AFDC	\$	121
	D. FS	\$	50
	E. MCO	\$	
	F. Other	\$	

2. What type(s) of unreported income was the reason for the actual overpayment/over issuance or monthly share-of-cost increase?

"X" all that apply:

- G. UI..... 1
- H. DI 2
- I. RSDI 3

3. Did the IEVS Match information result in the case being discontinued?

"X" one:

- J. Yes..... 1
- K. No 2

4. Completed by:

MO.
Name

526B
Worker Number

8/10/93
Date

When response Document is complete. mail the original form to-

California Department of Social Services
Fraud Bureau
744 P Street, MS 9-26
Sacramento, CA 95814

'File in the case.