

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



March 13, 2001

ALL-COUNTY LETTER NO. 01-21

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

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: QUARTERLY REPORT OF OVERPAYMENTS AND COLLECTIONS FOR THE CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI)

REFERENCE: ACL 00-73 DATED OCTOBER 17, 2000
OVERPAYMENTS/UNDERPAYMENTS IN THE
CASH ASSISTANCE PROGRAM FOR IMMIGRANTS

The purpose of this letter is to transmit the Quarterly Report of Overpayments and Collections for the Cash Assistance Program for Immigrants (CAPI), form SOC 808, as referenced in All County Letter 00-73, dated October 17, 2000. The attached form collects data on notices sent, overpayment cases transferred to and from other counties as well as cases waived, not pursued, and fully recovered. This data is essential for tracking overpayments and overpayment recoveries.

The department must receive a monthly SOC 808 reporting document for each county. This includes counties that are within a consortium. If a county elects to join a consortium, that county and consortium will decide which party will consistently submit the reporting document for that county.

Implementation of the Quarterly Report of Overpayments and Collections for CAPI is effective January 2001. This quarterly report is due by the 15th day of the month following the report quarter. The first report (January-March 2001) is due April 15, 2001.

Enclosed is a camera ready copy of the SOC 808 and instructions for duplication purposes. Please mail or fax the report to:

California Department of Social Services
Data System and Survey Design Bureau, M.S. 9-081
P.O.Box 944243
Sacramento, CA 94244-2430
Fax: (916) 657-2074

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If you have any questions regarding completion of the SOC 808, please contact Traci Waters, Data Systems and Survey Design Bureau at (916) 657-0292. Program related questions should be directed to the policy analyst in the Adult Programs Management Bureau at (916) 229-4000.

Sincerely,

***Original Document Signed By
Lois VanBeers on 3/13/01***

LOIS VANBEERS
Deputy Director
Research and Development Division

Attachment

Send or fax one copy of this form to:
California Department of Social Services
Data Systems and Survey Design Bureau, M.S. 9-081
P.O. Box 944243
Sacramento, CA 94244-2430
Fax # (916) 657-2074

Quarterly Report of Overpayments and Collections for the Cash Assistance Program for Immigrants (CAPI)

County	Consortium	Quarter ending: (month/year)
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Section A. Caseload Movement - Additions	CLAIMS	AMOUNT
1. Balance of overpayments at the beginning of the quarter (ending balance last quarter)	1	2 \$
2. New overpayment notices sent	3	4 \$
3. Transferred from other counties	5	6 \$
4. Other (explain in comments)	7	8 \$
5. Total (line 5 = lines 1 through 4)	9	10 \$

Section B. Caseload Movement - Subtractions	CLAIMS	AMOUNT
6. Overpayments transferred to other counties	11	12 \$
7. Overpayments not pursued	13	14 \$
8. Overpayments waived	15	16 \$
9. Overpayments fully recovered	17	
10. Other (explain in comments)	18	19 \$
11. Total (line 11 = lines 6 through 10)	20	21 \$

12. Balance of Overpayment Claims (line 12 = line 5 minus line 11)	22	23 \$
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Section C. Overpayment Recovery	CLAIMS	AMOUNT
13. Cash collections	24	25 \$
14. Grant reductions	26	27 \$
15. Underpayments offset	28	29 \$
16. Total recoveries (line 16 = lines 13 through 15)	30	31 \$
17. Net unrecovered balance at the end of the quarter (outstanding) (line 17 = line 12 minus line 16)		32 \$

Comments:

REPORT PREPARED BY:	TELEPHONE:	DATE:
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INSTRUCTIONS
QUARTERLY REPORT OF OVERPAYMENTS AND COLLECTIONS
FOR THE CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI)

CONTENT

The Quarterly Report of Overpayments and Collections for the Cash Assistance Program for Immigrants (CAPI) provides data on the quarterly net caseload movement and the county collection activity.

PURPOSE

This quarterly report tracks caseload and the dollar amount recovered in overpayment claims.

GENERAL INSTRUCTIONS

Enter county name and consortium, if applicable, and quarter ending/year at the top of the report. Enter name of person preparing report, phone number and date at the bottom. If there is nothing to report on an item, enter "0". Do not leave an item blank.

DUE DATE

Reports are to be received in Sacramento on or before the 15th calendar day of the month following the report quarter. For example: January-March is due on April 15th. Counties send or fax their reports to:

California Department of Social Services
Data Systems and Survey Design Bureau, M.S. 9-081
P.O. Box 944243
Sacramento, CA 94244-2430
Fax: (916) 657-2074

DEFINITIONS

CLAIM An individual claim equals an overpayment notice. If more than one overpayment notice exists on a CAPI recipient, each notice is counted as a separate claim.

AMOUNTS These are the overpayment dollar amounts for each corresponding claim.

COMMENTS Use this space to explain any adjustments from the previous month.

NET UNRECOVERED BALANCE Outstanding balance not yet recovered or otherwise disposed of, waived, or not pursued.

INSTRUCTIONS

Section A. Caseload Movement - Additions

1. Balance of overpayments at the beginning of the quarter
Claims: Enter the balance of overpayment claims from the previous quarter's report (**line 12**). If this figure differs from last quarter's ending balance, explain in the comments section.
Amount: Enter the net unrecovered balance at the end of the quarter from the previous quarter's report (**line 17**).
2. New overpayment notices sent
Enter the number of overpayment notices (NA 1217) sent during the quarter. Enter the corresponding overpayment amount for notices sent.
3. Overpayments transferred from other counties
Enter the number of claims and corresponding overpayment amount that were transferred from other counties during the quarter.
4. Other
Enter any other overpayment additions. These additions must be explained in the comments section.
5. Total
Enter the sum of lines one (1) through four (4).
Line 5 = lines 1 through 4.

Section B. Caseload Movement – Subtractions

6. Overpayments transferred to other counties
Enter the number of cases and the corresponding overpayment amount that were transferred to other counties during the quarter.
7. Overpayments not pursued
Enter the number of claims and the corresponding overpayment amount for closed claims determined during the quarter to be uncollectable according to state and county policy.
8. Overpayments waived
Enter the number of claims and corresponding overpayment amount for which the overpayment recovery has been waived.
9. Overpayments fully recovered
Enter the number of claims that have been fully recovered.
10. Other
Enter any other subtractions. These subtractions must be explained in the comments section.
11. Total
Enter the sum of lines six (6) through ten (10).
Line 11 = lines 6 through 10.
12. Balance of overpayment claims
Subtract line 11 from line 5 and enter total in line 12. This claim figure will be used for Section A line 1, claims column, on the next quarter's report.
Line 12 = line 5 minus line 11.

Section C. Overpayment Recovery

13. Cash Collections
Enter the number of claims and corresponding overpayment amount for which recovery was obtained through cash collections during the quarter. If records show a cash collection on a CAPI claim for more than one month in the quarter, count this as one claim.
14. Grant reductions
Enter the number of claims and corresponding amount collected by reduction of the CAPI grant during the quarter. If records show a grant reduction on a CAPI claim for more than one month in the quarter, count this as one claim.
15. Underpayments offset
Enter the number of claims and corresponding overpayment amount collected by balancing underpayments against the existing overpayments. The full amount of the underpayment that is applied against the overpayment balance is reported as a collection in the amount column.
16. Total recoveries
Enter the number of claims and corresponding amount of overpayments recovered during the quarter.
Line 16 = line 13 through 15.
17. Net unrecovered balance at the end of the quarter (outstanding)
Enter the net balance for the quarter. This amount figure will be used for Section A line 1, amount column, on the next quarter's report.
Line 17 = line 12 minus line 16.