

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



March 19, 1999
ALL COUNTY LETTER NO. 99-15

REASON FOR THIS TRANSMITTAL

- State Law Change
 Federal Law or Regulation
 Change
 Court Order
 Clarification Requested by
 One or More Counties
 Initiated by CDSS

TO: ALL COUNTY WELFARE DIRECTORS
 COUNTY IHHS COORDINATORS

SUBJECT: SPECIAL CIRCUMSTANCES PROGRAM (SCP) MONTHLY CASELOAD
 STATISTICAL REPORT (SC 12)

REFERENCE: ACL 98-74

This letter releases the Special Circumstances Program (SCP) Monthly Caseload Statistical Report (SC 12). Assembly Bill 1656, (Chapter 324, Statutes of 1998) requires the California Department of Social Services to reinstate the SCP by supervising the county administered special needs cash assistance program that serves Supplemental Security Income/State Supplementary Payment (SSI/SSP), In-Home Supportive Services (IHSS) and Cash Assistance Program for Immigrants (CAPI) recipients. The purpose of the SC 12 is to identify caseload activity and volume of approved services for the SCP. This monthly report is to assist the state and counties in making budgetary and program policy decisions regarding the SCP.

The enclosed SC 12 collects information from the Application and Verification for Special Circumstances Allowance for (SSP 4A) for the reporting period of September 1, 1998 to February 28, 1999 **only**. The SSP 4A, dated 11/90, is to be used for this reporting period.

Please ensure that reporting staff read and follow the form and instructions (on the reverse side of the form) carefully. Specifically, data are only required in the 13 white, unshaded cells for the report period. In addition, please note that a cumulative count is required for this six-month reporting period. For example, counties should count the number of applications received between September 1, 1998 and February 28, 1999 and report one figure in Part A, Item 1, column (a), applications received in the report month. This retroactive report is due no later than March 30, 1999. Please mail the report to:

California Department of Social Services
 Data Operations Branch, Report Unit M.S. 19-81
 P.O. Box 94423
 Sacramento, CA 94244-2430
 FAX (916) 322-9254

A revised SC 12 and instructions will be used for ongoing reports and will be distributed in a separate All County Letter to be released in the next few weeks.

If you have questions regarding completion of the SC 12, please contact Katie Girimonte of the Data Systems and Survey Design Bureau at (916) 322-9819. Program related questions should be directed to your Adult Programs Operations Analyst at (916) 229-4000.

Sincerely,

***Original Document Signed By
Donna L. Mandelstam on 3/19/99***

DONNA L. MANDELSTAM
Deputy Director
Disability and Adult Programs Division

Enclosures

Special Circumstances Program Monthly Caseload Movement Statistical Report

Send one copy of this form to:
 California Department of Social Services
 Data Operations Branch, M.S. 19-81
 P. O. Box 944243
 Sacramento, CA 94244-2430
 Fax # (916) 322-9254

COUNTY NAME					COUNTY CODE			REPORT MONTH/YR September 1998 - February 1999		
Part A. CASELOAD ACTIVITY	TOTAL (a)	SSI/SSP			IHSS			CAPI		
		AGED (b)	BLIND (c)	DISABLED (d)	AGED (e)	BLIND (f)	DISABLED (g)	AGED (h)	BLIND (i)	DISABLED (j)
1. Applications received in the report month.	1	2	3	4	5	6	7	8	9	10
2. Applications brought forward from previous report month. (Item 4 from previous report month)	11									
3. Applications disposed of during the report month. (The sum of Items 3a.+ 3b.+ 3c. below)	12									
a. Applications approved in the report month.	13	14	15	16	17	18	19	20	21	22
b. Applications denied in the report month.	23	24	25	26	27	28	29	30	31	32
1) Applications denied in the report month due to lack of SCP funds.	33	34	35	36	37	38	39	40	41	42
c. Other dispositions in the report month.	43	44	45	46	47	48	49	50	51	52
4. Applications carried forward to next report month. (Items 1 + 2 minus 3 above)	53									
5. Number of Approved Applicants who were kept from being institutionalized due to the SCP.	54	55	56	57	58	59	60	61	62	63
Part B. APPROVED SERVICES (Items 6 - 15 below)										
6. Catastrophe (Sum of 6a. + 6b.)	64				10. Supplemental Repair (Sum of 10a.+ 10b.)	72				
a. Household furniture and equipment	65				a. Housing	73				
b. Clothing	66				b. Essential appliances	74				
7. Repairs (Sum of 7a. + 7b.)	67				11. Securing Rental Housing	75				
a. Housing	68				12. Home Purchase	76				
b. Essential appliances	69				13. Home Modification	77				
8. Moving Expense	70				14. Payment to Prevent Foreclosure	78				
9. Supplemental Moving Expense	71				15. Total Approved Services (Sum of 6 thru 14 above)	79				
REPORT PREPARED BY:					TELEPHONE					DATE
					()					

THIS FORM AND INSTRUCTION PAGE COVER THE REPORTING PERIOD FOR SEPTEMBER 1, 1998 THROUGH FEBRUARY 28, 1999 ONLY

CONTENT - The Budget Act of 1998/99 reinstated the Special Circumstances Program (SCP) to assist clients in a non-recurring emergency situation. This one SCP Monthly Caseload Movement Statistical Report collects information from the Special Circumstances Program Application, SSP 4A, dated 11/90 and covers only the reporting period for 9/1/98 – 2/28/99. Counties shall report a cumulative total in each white unshaded cell (13 cells only).

PURPOSE – This monthly report is to assist the state in making budgetary and program policy decisions regarding the SCP.

DUE DATE AND SUBMITTAL INSTRUCTIONS – Reports are to be received in Sacramento on or before March 30, 1999. Counties should send their report to:

California Department of Social Services
Data Operations Branch, Reports Unit, M.S. 19-81
P.O. Box 944243, Sacramento, CA 94244-2430
Fax # (916) 322-9254

DEFINITIONS

Application: When an individual has applied for aid and it has been date received and recorded by the county on an intake form SSP 4A. One application equals one case. When more than one member of a family applies for aid, each individual has their own application, own case.

Applications Approved: The Notice of Intended Action, SSP 4B, which is completed and mailed to the applicant for SCP benefits between 9/1/98 – 2/28/99.

Applications Denied: The Notice of Intended Action, SSP 4B, which is sent to notify the applicant that he/she is not eligible for SCP benefits between 9/1/98 – 2/28/99.

Applications Denied Due to Lack of SCP Funds: The Notice of Intended Action, SSP 4B, Section "B"-Other category, must have the language, "The funding under the current Fiscal Year Budget Act for this program is no longer available." This notice is sent to the applicant denying benefits due to the unavailability of funds.

Approved Services: For reporting purposes, Approved Services are considered to have been approved the same date that the application was approved. An application may have more than one service approved.

For definitions of Catastrophe, Repairs, Moving Expense, Home Purchase, Home Modification, and Payment to Prevent Foreclosure, please refer to CDSS ACL 98-74, dated 9/21/98 or EAS 46-425.2.

INSTRUCTIONS

Fill out the information requested on the top and bottom of the retroactive reporting form that covers the reporting period for September 1, 1998 through February 28, 1999, such as, county name, county code, contact person, telephone and date. This information is helpful for communication purposes. Information for this section can be taken from the Application and Verification For Special Circumstances Allowance, SSP 4A (11/90). Please enter counts in each of the white/unshaded cells for Items 1, 3, 3a, 3b, 3b1, and 4. If there is nothing to report on a line item or cell column, please insert a zero(0) in the applicable line(s) and/or cell(s) of the reporting document. Do not leave a cell blank.

Column (a): This column total must represent an unduplicated count.

1. **Applications received in the report month:** Enter the number of applications received in the reporting period of 9/1/98 – 2/28/99.
3. **Applications disposed of during the report month:** Only enter the sum of Items 3a. and 3b. below.
 - a. **Applications approved in the report month:** Enter the number of applications that were **approved** in the reporting period of 9/1/98 – 2/28/99.
 - b. **Applications denied in the report month:** Enter the number of applications that were **denied** in the reporting period of 9/1/98 – 2/28/99. **Note:** This number is an unduplicated count.
 - 1) **Applications denied in the report month due to the lack of SCP funds:** Item 3b1) is a subset of Item 3b. above. Enter the number of applications denied due to the lack of SCP funds in the reporting period of 9/1/98 – 2/28/99. [Refer to the definition above]
4. **Applications carried forward to next report month:** The sum of applications received in the reporting period of 9/1/98 – 2/28/99 (Item 1) minus Applications disposed (Item 3) within the reporting period of 9/1/98 – 2/28/99. (Item 1 minus 3 above).

For items 6, 7, 8, 12, 13, 14 and 15, please enter the number of approved services in the reporting period of 9/1/98 – 2/28/99. Information for this section can be taken from the Application and Verification For Special Circumstances Allowance, SSP 4A (11/90). **For definitions in this section refer to All County Letter 98-74, dated 9/21/98, or to EAS 46-425.**

6. **Catastrophe:** Enter the total number of approved services that have been lost, damaged or destroyed through catastrophe (natural disaster) in the reporting period of 9/1/98 – 2/28/99. [EAS 46-425.61 or SSP 4A, Item 9a]
7. **Repairs:** Enter the total number of approved services for home repairs necessary to provide safe and healthful housing in the reporting period of 9/1/98 – 2/28/99. [EAS 46-425.63 or SSP 4A, Item 9b(1)]
8. **Moving Expense:** Enter the number of approved services for packing, storage and moving allowances in the reporting period of 9/1/98 – 2/28/99. [EAS 46-425.65 or SSP 4A, Item 9b(2)]
12. **Home Purchase:** Enter the number of approved services for home purchases in the reporting period of 9/1/98 – 2/28/99. [EAS 46-425.663 or SSP 4A, Item 9b(4)]
13. **Home Modification:** Enter the number of approved services for home modifications in the reporting period of 9/1/98 – 2/28/99. [EAS 46-425.67 or SSP 4A, Item 9b(5)]
14. **Payment to Prevent Foreclosure:** Enter the number of approved services towards the payments to prevent foreclosure in the reporting period of 9/1/98 – 2/28/99. [EAS 46-425.68 or SSP 4A, Item 9b(6)]
15. **Total Approved Services:** Enter the sum of Items 6, 7, 8, 12, 13 and 14 above in the reporting period of 9/1/98 – 2/28/99.

County Comments: If a county is unable to provide final counts in one or more data cells, transmit a report by the due date containing all current information. Indicate in the comments on the reverse side of the SC 12 (retroactive report) or submit as an attachment which data cells will be revised or updated and when the department can expect to receive the final report.