

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



May 11, 1999

ALL-COUNTY LETTER NO. 99-31

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
 ALL COUNTY SPECIAL CIRCUMSTANCES PROGRAM MANAGERS
 ALL COUNTY FISCAL OFFICERS
 ALL COUNTY AUDITOR CONTROLLERS

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

REFERENCE: ACL 98-74, ACL 99-15 and ACL 99-30

This letter releases the ongoing Special Circumstances Program (SCP) Monthly Caseload Movement Statistical Report (SC 12). As stated in the All County Letter (ACL 99-15), the Assembly Bill (AB) 1656, (Chapter 324, Statutes of 1998) requires the California Department of Social Services to reinstate the SCP. 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 data source to use to complete Part A of the enclosed SC 12 is the recently revised Application and Verification For Special Circumstances Program form (SSP 4A), dated 1/99 that was distributed in ACL 99-30. Please ensure that reporting staff use the 1999 version of the SSP 4A to complete the SC 12.

The completion of Part B of the enclosed SC 12 will require counties to capture approved services data. This data must be tracked by category. Three categories must also be tracked by subsets: Catastrophe, Repairs and Supplemental Repair. Following are reporting examples.

In the Catastrophe category, the approved services on one application could include replacement of a cook stove, a bed and clothing. The approved services for this application are counted and recorded on the SC 12 as follows:

- Item 6. Catastrophe – Total of 2
- Item 6a. Household Furniture and Equipment – Total of 1
- Item 6b. Clothing – Total of 1

In the Repair category, the approved services on one application could include a housing repair and an essential appliance repair. The approved services for this application are counted and recorded on the SC 12 as follows:

- Item 7. Repairs – Total of 2
- Item 7a. Housing – Total of 1
- Item 7b. Essential Appliances – Total of 1

In the Supplemental Repair category, the approved services on one application could include only a housing repair. The approved services for this application are counted and recorded on the SC 12 as follows:

- Item 10. Supplemental Repair – Total of 1
- Item 10a. Housing – Total of 1
- Item 10b. Essential Appliances – Total of 0

Please note that the count for subsets a and b, Items 6, 7, and 10, will always be either zero (0) or one (1). The total counts for Items 6, 7, 10 will never be more than two (2).

Please also note that the counts for all other Approved Services (8, 9, 11 through 14) will be either one (1) or zero (0). If the application has been approved for a service category regardless of the number of services approved within that category, then the count is one (1). If there are no approved services in a category, then the count is zero (0).

Enclosed is a camera-ready copy of the SC 12 and instructions for duplication purposes. This monthly report is due by the 20th calendar day of the month following the report month. Implementation of the ongoing SC 12 report is effective the month of March 1999. However due to delays in the release of this ACL, the report for the month of March is due on or before May 20, 1999. The regular reporting schedule will resume with the reporting month of April 1999, which will also be due on or before May 20, 1999. Please mail the reports to:

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

If you have questions regarding completion of the SC 12, please contact the assigned analyst of the Data Systems and Survey Design Bureau at (916) 445-7258. Program related questions should be directed to your Adult Programs Operation Analyst at (916) 229-4000.

Sincerely,

**Original Document Signed by
Leonard L. Tozier on 5/11/99**

DONNA L. MANDELSTAM
Deputy Director
Disability and Adult Programs Division

Attachment

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			
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	

SC 12 (3/99) - SPECIAL CIRCUMSTANCES PROGRAM MONTHLY STATISTICAL REPORT

CONTENT - The Budget Act of 1998/99 reinstated the Special Circumstances Program (SCP) to assist clients in a non-recurring emergency situation. The SCP Monthly Caseload Movement Statistical Report collects information from the Special Circumstances Program Application, SSP 4A (dated 1/99) (Reference: EAS 46-425) on the number of applications received, approved and denied for the report month; the number of approved applicants that were kept from being institutionalized due to SCP; the number of applications denied due to the lack of SCP funds; and the number of services approved for the report month. Counties shall report the status of a case at the end of the report month.

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 the 20th calendar day of the month following the report month. 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.

Report Month: The county shall use the calendar month or the fiscal month consistently. The term "report month" used throughout the instructions refers to the reporting period used by the County Welfare Department (CWD).

Applications Approved: The Notice of Intended Action, SSP 4B, which is completed and mailed to the applicant for SCP benefits within the report month.

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 within the report month.

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.

Supplemental Security Income/State Supplementary Payment (SSI/SSP): This federal/state cash assistance program is intended to help low-income aged, blind and disabled persons to meet their basic needs.

In-Home Supportive Services Program (IHSS): This program provides assistance to eligible aged, blind and disabled individuals who are

unable to remain safely in their own homes without this assistance. IHSS is an alternative to out-of-home care.

Cash Assistance Program for Immigrants (CAPI): This program establishes a 100 percent state-funded cash assistance program for immigrants who are no longer eligible for SSI/SSP and are aged, blind and/or disabled.

SCP Categories: The eligibility categories for SCP are SSI/SSP, IHSS and CAPI.

Aged: An individual age 65 or older. Age has been verified by birth certificate, baptismal record or INS documents.

Blind: An individual who has statutory (legal) blindness.

Disabled: An individual who has a verified disability.

Institutionalized: When a recipient must be removed from an unsafe, unhealthful situation and placed in an institution, e.g. board and care facility, hospital, etc.

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, Supplemental Repair, Moving Expense, Supplemental Moving Expense, Securing Rental Housing, 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 report form, such as, county name, county code, report month/year, contact person, telephone and date. This information is helpful for communication purposes. Information for the section below can be taken from the Application and Verification For Special Circumstances Allowance, SSP 4A (1/99). Please enter counts in each of the nine columns (b-j) for Items 1, 3a-3c, and 5. 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 must represent an unduplicated count. Count each person only once even if the person is eligible under more than one program (e.g. IHSS and CAPI).
Columns (b), (e), and (h): Enter the number of the "aged" individuals in the appropriate program categories.
Columns (c), (f), and (i): Enter the number of the "blind" individuals in the appropriate program categories.
Columns (d), (g), and (j): Enter the number of the "disabled" individuals in the appropriate program categories.
Columns (b) through (j): One individual may be counted as aged, blind or disabled under more than one program category (SSI/SSP, IHSS, and CAPI) depending on their eligibility.

1. **Applications received in the report month:** Enter the number of applications received in the report month.
2. **Applications brought forward from previous report month:** Enter the number of applications carried forward from Item 4 from previous report month.
3. **Applications disposed of during the report month:** Enter the sum of Items 3a, 3b, and 3c below.
 - a. **Applications approved in the report month:** Enter the number of applications that were **approved in the report month**. (The applications may or may not be approved in the same month they are received). [Refer to SSP 4A, Item 3a, page 4]
 - b. **Applications denied in the report month:** Enter the number of applications that were **denied in the report month**. (The applications may or may not be denied in the same month they are received). [Refer to SSP 4A, Item 3b, page 4] **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 report month. [Refer to the definition above]
 - c. **Other dispositions in the report month:** Other dispositions in the report month would be those applications withdrawn or cancelled due to death or other circumstances. [Refer to SSP 4A, Item 3c, page 4]
4. **Applications carried forward to next report month:** The sum of applications received (Item 1) plus Applications brought forward from last report month (Item 2) minus Applications disposed (Item 3) within the report month. (Items 1 + 2 minus 3 above).
5. **Number of Approved Applicants who were kept from being institutionalized due to the SCP:** Enter the number of approved applicants who were kept from being institutionalized due to SCP in the report month. [Refer to SSP 4A, Item 4, page 4]

For items 6 through 15, please enter a count of the approved services by category for the report month. Count each approved service category (or subsets for Items 6, 7, and 10) only once for each approved application. For an example of counting services by category, refer to All County Letter (ACL) 99-31. **For definitions in this section refer to ACL 98-74, dated 9/21/98, or to EAS 46-425.**

6. **Catastrophe:** Enter the sum of 6a. + 6b. below for the report month. [EAS 46-425.61]
 - a. **Household furniture and equipment:** Enter the count of approved services for household furniture and equipment for the report month.
 - b. **Clothing:** Enter the count of approved services for clothing for the report month.
7. **Repairs:** Enter the sum of 7a. + 7b. below for the report month. [EAS 46-425.63]
 - a. **Housing:** Enter the count of approved services for housing repairs for the report month.
 - b. **Essential appliances:** Enter the count of approved services for repair of essential appliances for the report month.
8. **Moving Expense:** Enter the count of approved services for packing, storage and moving expenses for the report month. [EAS 46-425.65]
9. **Supplemental Moving Expense:** Enter the count of approved services for securing suitable housing due to eviction or unsafe/unhealthful housing for the report month. [EAS 46-425.66]
10. **Supplemental Repair:** Enter the sum of 9a. + 9b. below for the report month. [EAS 46-425.64]
 - a. **Housing:** Enter the count of approved services for supplemental housing repairs for the report month.
 - b. **Essential appliances:** Enter the count of approved services for supplemental essential appliance repairs for the report month.
11. **Securing Rental Housing:** Enter the count of approved services for secured rental housing for the report month. [EAS 46-425.6622]
12. **Home Purchase:** Enter the count of approved services for home purchases for the report month. [EAS 46-425.663]
13. **Home Modification:** Enter the count of approved services for home modifications. [EAS 46-425.67]
14. **Payment to Prevent Foreclosure:** Enter the count of approved services towards the payments to prevent foreclosure for the report month. [EAS 46-425.68]
15. **Total Approved Services:** Enter the sum of Items 6 through 14 above for the report month.

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 (3/99) or submit as an attachment which data cells will be revised or updated and when the department can expect to receive the final report.