



CDSS

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GOVERNOR

May 17, 2017

ALL-COUNTY LETTER (ACL) No.: 17-49

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
ALL INTERIM ASSISTANCE REIMBURSEMENT (IAR) PROGRAM MANAGERS
ALL CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI) MANAGERS

SUBJECT: **GUIDANCE FOR PROCESSING INTERIM ASSISTANCE REIMBURSEMENT (IAR) TRANSMISSION OF REVISED SSP 18 FORM**

REFERENCE: [UNITED STATES CODE \(USC\) SECTION 1383;](#)
[DYMALLY-ALATORRE BILINGUAL ACT \(GOVERNMENT CODE SECTION 7290 *et seq.*\);](#)
MANUAL OF POLICIES AND PROCEDURES (MPP) SECTIONS [\(MPP\) 21-115](#), [MPP 46-337](#);
[ALL-COUNTY LETTER NO. 16-41 \(MAY 5, 2016\)](#);
[20 CODE OF FEDERAL REGULATIONS \(CFR\) §416.1901 *et seq.*;](#)
[ALL-COUNTY INFORMATION NOTICE NO. I-92-10, \(NOVEMBER 10, 2010\)](#);
[IAR State Handbook](#) (ACCESSED BY AUTHORIZED eIAR USERS)

THIS ALL-COUNTY LETTER SUPERSEDES AND REPLACES ALL-COUNTY LETTER (ACL) 16-41, DATED MAY 5, 2016.

The purpose of this All County Letter is to clarify who is authorized to sign the Interim Assistance Reimbursement (IAR) authorization form (SSP 14), as well as to provide recommendations regarding how to avoid Social Security Administration (SSA) audit findings by correctly completing and processing the SSP 14 and the IAR apportionment form (SSP 18).

As a condition for participation in the IAR program, SSA regularly conducts audits of participating county agencies that operate under agreements with the California Department of Social Services (CDSS). The CDSS assists SSA in auditing the participating county agencies as part of the IAR program. These audits revealed a pattern of procedural errors and minor infractions involving record retention and use of forms. This All County Letter instructs counties in how to improve compliance with SSA's regulations and policies in order to support continued IAR participation.

This ACL also transmits a revised [SSP 18](#), to be used by Interim Assistance (IA) agencies moving forward. The revised version of the SSP 18 removes language not required by SSA.

BACKGROUND

Code of Federal Regulations (CFR), Title 20, [§416.1901 et seq.](#) authorizes SSA to reimburse the state or participating county agencies for IA payments made to Supplemental Security Income/State Supplementary Payment (SSI/SSP) individuals whose applications are subsequently approved or whose eligibility is reinstated.

The CDSS regulations for IAR are found in the Manual of Policies and Procedures (MPP) §46-337.

The eIAR authorized users can access an electronic copy of the [IAR State Handbook](#) at https://www.ssa.gov/gso/eiar/eIAR_InternetHandbook.pdf. The IAR State Handbook provides IAR procedural details.

COMMON INFRACTIONS WITHIN THE IAR PROGRAM

Among the most common errors made by participating IA agencies are deficiencies in completion, filing and submission of IAR program forms. Additionally, SSA audits have identified incidents of incorrect use, retention and transmission of program documents, usually involving the IAR authorization and apportionment forms.

AVOIDING ERRORS IN PROGRAM FORMS

The following reminders about program form instructions may assist counties in avoiding common SSA audit findings:

SSP 14, Authorization Form (Refer to IAR State Handbook, Section 3)

- IA agencies must ensure that they are using the most recent version of the SSP 14. This version provides the minimum approved language necessary for IAR authorization under the agreement between the SSA and CDSS.

- Do not substitute or attach non-CDSS-approved supplemental forms. Do not modify approved forms by adding county-specific or other types of information (including headers and footers).
- The SSI individual's name, Social Security number and address (including zip code) must be entered in the appropriate fields on the SSP 14 form.
- The full social services agency name and grant reimbursement (GR) code must be entered into the "County IA Agency" and "GR Code" fields (third field down from the top of the page). Please do not abbreviate. Example: Adams County Department of Social Services. The GR code is your county's assigned 5-digit code.
- Either the "Initial Claim Only" box or "Post-Eligibility Case Only" box must be checked. If both boxes are marked or neither box is marked, the form is not valid and the IAR authorization may not be binding.
 - If the individual has never received SSI or was last eligible more than 12 months ago, check the "Initial Claim Only" box.
 - If the individual's eligibility was suspended less than 12 months ago, check the "Post-Eligibility Case Only" box.
- The SSI individual and the state representative (county staff) must sign and date the SSP 14 form. This is important to establish the receipt of a valid authorization, as well as to protect the filing date for SSI eligibility. Please note that the SSP 14 must be signed by the SSI individual.
- To ensure that your county maintains eligibility to obtain reimbursement through the IAR program, SSI individuals must apply for SSI/SSP prior to the SSP 14 expiration date. Please be aware that the life of an IAR authorization is 12 months from the date it was received by SSA, unless an SSI application is filed sooner.
- The county IA agency must notify SSA that it has a signed authorization within a 30-day timeframe.
 - For manual county IAR agencies, the county must forward the original SSP 14 to the local SSA field office within 30 days of the date that the SSP 14 was signed. When the SSA field office receives the authorization, it will input the GR code to the individual's Supplemental Security Record (SSR).

- For certain designated automated county IAR agencies, CDSS sends the authorization data to SSA through an electronic State Data Exchange (SDX) interface with the SSI systems record. When SSA receives the electronic authorization from the county, the GR code will be recorded on the individual's SSR.
- All counties must retain physical copies of signed SSP 14s for a minimum of three years from the end of the federal fiscal year in which the form was signed. A county's inability to produce a physical copy of the signed SSP 14 in any case audited by SSA will result in a finding requiring the county to refund to the claimant all IAR collected in that case.

SSP 18, Apportionment Form (Refer to the IAR State Handbook, Section 9)

- The IA agencies must ensure that they are using the most recent version of the SSP 18. Currently, this is the version dated April 2015 and is being transmitted with this ACL.
- Within 10 working days of IAR reimbursement from SSA (not within 10 days of notification of SSI approval) the participating agency must:
 - Indicate on the SSP 18 the amount of IAR that the participating agency billed to SSA.
 - Have the state representative (county staff) complete the bottom of the form.
 - Send a completed SSP 18 to the SSI individual.
- Counties must retain physical copies of signed SSP 18s for a minimum of three years from the end of the federal fiscal year in which the notices were sent.

REVISION TO THE SSP 18

The CDSS has revised the SSP 18 to remove language not required by SSA. The old version read as follows: "*If you disagree with the amount of SSI/SSP payment of \$_____, contact your local Social Security Office . . .*" Please notice that the revised SSP 18 now reads: "*If you disagree with the amount of SSI/SSP payment, contact your local Social Security Office.*" The dollar amount has been removed based on recommendations of participating agencies and the SSA. To date, verification of such data has caused additional work not required by the agreement between CDSS and SSA.

AVAILABILITY OF FORMS

[SSP 14 - Authorization for Reimbursement of Interim Assistance Initial Claim or Posteligibility Case](#)

[SSP 18 - Notice of Action and Right to Request a State Hearing on Interim Assistance](#)

Camera Ready Copies and Translations

[For camera-ready copies in English](#), contact the Forms Management Unit at fmudss@dss.ca.gov. If your office has internet access you may obtain this form from the CDSS webpage at: <http://www.cdss.ca.gov/inforesources/Forms-Brochures/Forms-by-Program>.

When translations are completed per MPP Section 21-115.2, including Spanish form, they are posted on our website. [Copies of the translated forms](#) can be obtained at: <http://www.cdss.ca.gov/inforesources/Forms-Brochures/Forms-by-Program>.

For questions on translated materials, please contact Language Services at (916) 651-8876. Until translations are available, recipients who have elected to receive materials in languages other than English should be sent the English version of the form or notice along with the GEN 1365-Notice of Language Services and a local contact.

The CWDs shall ensure that effective bilingual services are provided. This requirement may be met through utilization of paid interpreters, qualified bilingual employees, and qualified employees of other agencies or community resources. These services shall be provided free of charge to the applicant/recipient.

In the event that CDSS does not provide translations of a form, it is the county's responsibility to provide the translation if an applicant or recipient requests it. More information regarding translations can be found in MPP Section 21-115.

Camera-ready copies of the SSP 14 and SSP 18 forms in Spanish, Armenian and Chinese translation are posted on the [CDSS Translated Forms and Publications web page](#) at <http://www.cdss.ca.gov/inforesources/Translated-Forms-and-Publications>.

The IA agencies must *not* use agency translated IAR forms that have not been CDSS approved. If an IA agency requires translation of an IAR form into a language not listed above, the proposed translation must be submitted to CDSS for approval before it can be authorized for use.

The designated forms coordinator for your county must distribute translated forms to each program and location. Each county shall provide bilingual/interpretive services

and written translations to non-English or limited-English proficient populations, as required by the [Dymally-Alatorre Bilingual Services Act \(Government Code §7290 et seq.\)](#) and/or by state regulation MPP §21-115.

Questions about accessing the forms may be directed to the Forms Management Unit at fmudss@dss.ca.gov. Questions about translations may be directed to the Language Services Unit at LTS@dss.ca.gov.

Should you have questions regarding the policies contained in this All-County Letter, please contact the CDSS Adult Programs Policy and Quality Assurance Branch at (916) 651-2774, or by email to steven.koebler@dss.ca.gov.

Sincerely,

Original Document Signed By:

DEBBI THOMSON
Deputy Director
Adult Programs Division

c: California Welfare Directors Association