



CDSS

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STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES

744 P Street, MS 9-7-96, Sacramento, CA 95814



ARNOLD SCHWARZENEGGER
GOVERNOR

November 10, 2010

REASON FOR THIS TRANSMITTAL

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

ALL-COUNTY INFORMATION NOTICE NO.: I-92-10

TO: ALL-COUNTY WELFARE DIRECTORS
ALL-COUNTY IAR PROGRAM MANAGERS
ALL-COUNTY CAPI PROGRAM MANAGERS

SUBJECT: **REVISIONS TO INTERIM ASSISTANCE REIMBURSEMENT (IAR) FORMS: SSP 14 (AUTHORIZATION FOR REIMBURSEMENT OF INTERIM ASSISTANCE INITIAL CLAIM OR POSTELIGIBILITY CASE) AND SSP 18 (NOTICE OF ACTION AND RIGHT TO REQUEST A STATE HEARING ON INTERIM ASSISTANCE) AND DISCONTINUANCE OF THE SSP 17 (NOTICE OF ACTION AND RIGHT TO REQUEST A STATE HEARING ON INTERIM ASSISTANCE)**

REFERENCE: ALL-COUNTY INFORMATION NOTICE NO. I-62-07
ALL-COUNTY INFORMATION NOTICE NO. I-46-08

The purpose of this All-County Information Notice (ACIN) is to provide counties with information regarding revisions to the above mentioned Interim Assistance Reimbursement (IAR) forms. These revisions were necessary to reflect the method in which Interim Assistance (IA) agencies and the client receive the retroactive benefit, to clarify language and improve readability for the client using the SSP 14 authorization form. IA agencies will no longer receive the full retroactive benefit. IA agencies will only be reimbursed for what they claim through the new electronic process. The Federal Social Security Administration (SSA) will determine the manner in which the remaining funds will be disbursed to the client. SSA's language changes did not affect the overall use of the document nor the process in which IA agencies transmit the SSP 14 authorization form to SSA.

Additionally, this notice is to inform counties that the SSP 17 Notice of Action and Right to Request a State Hearing Interim Assistance form will be obsolete effective November 20, 2010. The SSP 18 Notice of Action and Right to Request a State Hearing on IAR is intended to replace the SSP 17 after November 20, 2010, and can currently be used for payment pending cases.

The new SSP 14 is effective upon receipt of this notice. Counties can use the new or old versions until November 20, 2010, but must begin using the new version at that time.

BACKGROUND

The SSA is reengineering the current manual IAR process to a new electronic process called e-IAR. The e-IAR process is scheduled to be implemented effective November 20, 2010. As a result, our current agreement with SSA, SSP 14 authorization and SSP 18 notice of action forms have been revised to reflect the new automated function and counties will no longer issue payments to recipients and the SSP 17 can no longer be used.

The current manual process requires an immense amount of effort on the part of the state/county IA agencies, as well as SSA field offices. Presently, IA agencies receive paper checks and SSA-L8125 accounting report forms. Upon full implementation, the e-IAR program will provide the following improvements:

- An electronic notification and response process between SSA and the IA agency for approved IAR claims.
- A new electronic web-based IAR process and support system for the IAR accounting and reimbursement functions.
- SSA will compute and pay all benefits due the claimant after the IA agency has been reimbursed.
- An expedited reimbursement process which should get payment to the IA agency and claimant more quickly.
- A new capability to send IAR payments to the IA agency via direct deposit which will eliminate lost checks.
- Detailed accounting to the IA agency, which will be available via the secure website.
- Direct regional online update of your agency data, thus eliminating the need to send the SSA-L8125's to the SSA regional office or field offices.

CAMERA-READY COPIES AND TRANSLATIONS

SSA has required that IA agencies participating in the e-IAR program use the revised SSP 14 authorization form and SSP 18 notice of action form containing the revised language upon receipt of this All-County Information Notice. Camera ready copies of the new SSP 14 authorization form and SSP 18 notice of action form are now available on the California Department of Social Services' internet website at: <http://www.cdss.ca.gov/cdssweb/PG19.htm>.

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If you have any questions regarding these policy instructions, please contact the IAR Specialist, Beatriz Sanchez, or Marshall Browne, Manager, Operations and Technical Assistance Unit, at (916) 229-3494.

Sincerely,

Original Document Signed By:

EILEEN CARROLL
Deputy Director
Adult Programs Division

Attachments

AUTHORIZATION FOR REIMBURSEMENT OF INTERIM ASSISTANCE INITIAL CLAIM OR POSTELIGIBILITY CASE

NAME		SOCIAL SECURITY NUMBER
ADDRESS	CITY/TOWN	ZIP CODE
COUNTY IA AGENCY	GR CODE	

For the purpose of this Authorization Form:

The term "State" means the California county interim assistance (IA) agency (s) that the California Department of Social Services has an interim assistance reimbursement agreement with and that paid you public assistance.

The term "SSI/SSP benefits" means "Supplemental Security Income/State Supplementary Payment" benefits under Title XVI of the Social Security Act.

What actions am I authorizing when I sign this authorization and I check the "Initial Claim Only" block?

Initial Claim Only

You are authorizing the Commissioner of the Social Security Administration (SSA) to reimburse the State for some or all of the money the State gives you while SSA decides if you are eligible to receive SSI/SSP benefits. If you become eligible, SSA pays the State from the retroactive SSI/SSP benefits due you. The reimbursement covers the time from the first month you are eligible to receive SSI/SSP benefits through the first month your monthly SSI/SSP benefit begins.

If the State cannot stop the last payment made to you, SSA can reimburse the State for this additional payment amount.

What actions am I authorizing when I sign this authorization and I check the "Posteligibility Case Only" block?

Posteligibility Case Only

You are authorizing the Commissioner of the Social Security Administration (SSA) to reimburse the State for some or all of the money the State gives you while SSA decides if your SSI/SSP benefits can be reinstated after being terminated or suspended. If your SSI/SSP benefits resume, SSA pays the State from the retroactive SSI/SSP benefits due you. The reimbursement covers the time from the day of the month the reinstatement is effective through the first month your monthly SSI/SSP benefit resumes.

If the State cannot stop the last payment made to you, SSA can reimburse the State for this additional payment amount.

How can the State use this form when blocks for initial claims and posteligibility cases are part of the form?

The State can use this form for one case situation at a time, either an initial claim or a posteligibility case. If both blocks are checked the form is not valid. You and the State must sign and date a new form with only one block checked.

What kind of State payment qualifies for reimbursement by SSA?

SSA can reimburse a State for a payment that is paid only from State or local funds. The State cannot be reimbursed for payments made wholly or partially from Federal funds.

How does SSA determine how much of my SSI/SSP money to pay the State?

SSA decides the amount of payment based on two considerations. First, SSA looks at the amount of money claimed by the State, and second, SSA looks at the amount of your retroactive SSI/SSP money available to pay the State. SSA can reimburse the State for a payment made in a month only when you receive a State payment and an SSI/SSP payment for the same month. SSA will not pay the State more money than you have for the SSI/SSP retroactive period.

How long is this authorization effective for the State and me if I checked the "Initial Claims Only" block?

This authorization is in effect for you and the State for twelve (12) months. The 12 months begin with the date SSA receives the authorization from the State and end 12 months later. However, for a State using an electronic system, the 12 months begin with the date the State notifies SSA through an electronic system that the State has received the authorization and end 12 months later. You and a State representative must sign and date the authorization for the authorization to be valid.

Exceptions apply to this rule. The State must send SSA the authorization within a certain time frame. SSA must receive the form within 30 calendar days of the date you signed the authorization. If the form is late, SSA will not accept the form as a valid authorization. For the State using an electronic system, SSA must receive the authorization information within 30 calendar days of the state matching your SSI record with your state record. If the information is late, SSA will not accept the information sent by the State. SSA will not pay any of your retroactive SSI/SSP benefits to the State. SSA will send you any SSI/SSP money that may be due you, based on SSA's regular payment rules.

Can the authorization stay effective longer than the 12-month period? Can the authorization end before or after the 12-month period ends?

The authorization can stay effective longer than the 12-month period, if you

- apply for SSI/SSP benefits before the State has the authorization form, or
- apply within the 12-month period the authorization is effective, or
- file a valid appeal of SSA's determination on your initial claim.

The period of the authorization can end before the 12-month period ends, or end after the 12-month period ends when any of these actions take place:

- SSA makes the first SSI/SSP payment on your initial claim; or
- SSA makes a final determination on your claim; or
- the State and you agree to terminate this authorization.

The authorization period will end with the day of the month any of these actions take place.

How long is this authorization effective for the State and me if I check the "Posteligibility Case Only" block?

This authorization is in effect for you and the State for twelve (12) months. The 12 months begin with the date SSA receives the authorization from the State and end 12 months later. However, for a State using an electronic system, the 12 months begin with the date the State notifies SSA through an electronic system that the State has received the authorization and end 12 months later. You and a State representative must sign and date the authorization for the authorization to be valid.

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Can the authorization stay effective longer than the 12-month period? Can the authorization end before or after the 12-month period ends?

The authorization can stay in effect longer than the 12-month period if you file a valid appeal. You must file your appeal within the time frame SSA requires.

The period of the authorization can end before the 12-month period ends, or can end after the 12-month period ends when any of these actions take place:

- SSA makes the first SSI/SSP payment on your posteligibility case after a period of suspension or termination; or
- SSA makes a final determination on your appeal; or
- the State and you agree to terminate this authorization.

The authorization period will end with the day of the month any of these actions take place.

Can SSA use this authorization form to protect my filing date for SSI/SSP benefits?

SSA can use this form to protect your filing date if you checked the "Initial Claims Only" block. When you sign this form, you are saying that you have the intention of filing for SSI/SSP benefits if you have not already applied for benefits.

You have sixty (60) days from the date the State receives this form to file for SSI/SSP benefits. Your eligibility to receive SSI/SSP benefits can be as early as the date you sign this authorization if you file within the 60-day time period. If you file for SSI/SSP benefits after the 60-day time period, this form will not protect your filing date. Your filing date will be later than the date you sign this form.

How do I appeal the State's decision if I do not agree with the decision?

You can disagree with a decision the State made during the reimbursement process. You will receive the State notice telling you how to appeal the decision. You cannot appeal to SSA if you disagree with any State decision.

Within 10 working days after the State receives the reimbursement money from SSA, the State must send you a notice. The notice will tell you three things: (1) the amount of the payments the State paid you; (2) that SSA will send you a letter explaining how SSA will pay the remaining SSI/SSP money (if any) due you, and (3) about your right to a hearing with the State, including how to request the State hearing.

SIGNATURE OF INDIVIDUAL RECEIVING INTERIM ASSISTANCE	DATE
SIGNATURE OF STATE REPRESENTATIVE	DATE

If the applicant signs this application with a mark, the signature must have two witnesses who provide their signatures, addresses, and the dates they signed below.

WITNESSED BY:			WITNESSED BY:		
ADDRESS (#, STREET):			ADDRESS (#, STREET):		
CITY	STATE	ZIP	CITY	STATE	ZIP

**NOTICE OF ACTION AND
RIGHT TO REQUEST A STATE HEARING
ON INTERIM ASSISTANCE**

<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	State No.: County No.: Worker No.: District: Date: Case Name: Interpreter Needed: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Language Dialect </div>
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This office was notified of your initial Supplemental Security Income/State Supplementary Payment (SSI/SSP) for the period _____ through _____. As per your agreement, we billed the Social Security Administration (SSA) in the amount of \$_____ to repay the amount of Interim Assistance you received for that same period while SSA completed your application for Supplemental Security Income payments. SSA will notify you about how the remaining SSI money (if any) due you will be released by SSA.

SSI/SSP PAYMENT

If you disagree with the amount of SSI/SSP payment of \$_____, contact your local Social Security Office. The amount of the initial SSI/SSP payment is subject to the SSA appeal process. Request for reconsideration must be filed within 60 days after the date the notice of the initial determination is received by you.

INTERIM ASSISTANCE PAYMENT

If you disagree with the amount billed to the SSA, please contact the California Department of Social Services. This action is subject to the state hearing provision described on the reverse side of this form.

COMMENTS:

The law and/or regulations governing this action are:

Department of Social Services/Eligibility Assistance Standards Manual Section (EAS) 46-337
 42 U.S. Code, Section 1383(g)
 20 CFR 416.1910

If you have any questions please contact me.

COUNTY/STATE REPRESENTATIVE	AGENCY
TELEPHONE	DATE:

YOUR HEARING RIGHTS

To Ask For a State Hearing

The right side of this sheet tells how.

- You only have 90 days to ask for a hearing.
- The 90 days started the day after we mailed this notice.

To Get Help

You can ask about your hearing rights or free legal aid at the state information number.

Call toll free: 1-800-952-5253
 If you are deaf and use TDD call: 1-800-952-8349

If you don't want to come to the hearing alone, you can bring a friend, an attorney or anyone else. You must get the other person yourself.

You may get free legal help at your local legal aid office of welfare rights group.

Other Information

The information you provide on this form is needed to process your request for a hearing, and processing may be delayed if your request is incomplete. A case file will be set up by the State Hearing Officer. You have a right to examine the materials that make up the file. Any information you provide may be shared with the departments whose action you are appealing and the U.S. Department of Health and Human Services. Authority: W&IC 10950.

I will bring this person to the hearing to help me (name and address, if known):

I need an interpreter at no cost to me. My language or dialect is: _____

My name: _____

Address: _____

Phone: _____

My signature: _____

Date: _____

HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page and send or take it to :

You may also call 1-800-952-5253.

HEARING REQUEST

I want a hearing because of an action by _____ about the interim assistance said department deducted from my SSI/SSP payment.

Here's why: _____
