STATE OF CALIFORNIA-HEALTH AND WELFARE AGENCY

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



February 22, 1991

ALL COUNTY LETTER NO. 91-18

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: CHANGE IN THE TREATMENT OF STATE DISABILITY INSURANCE PAYMENTS IN THE AFDC PROGRAM - NOTICES AND PROSPECTIVE IMPLEMENTATION INSTRUCTIONS

REFERENCE: MPP 44-111.2 AND 44-113.2 ACL No. 91-14

This letter is to provide County Welfare Departments (CWDs) with instructions regarding the prospective implementation of the <u>Sallis</u> consent decree and to transmit Notices of Action (NOA) related to this policy change. In accordance with All County Letter (ACL) No. 91-14, State Disability Insurance (SDI) benefits will be counted as earned income effective with the April 1, 1991 payment month. Please refer to ACL No. 91-14 for the authority for this policy change and in order to review the consent decree.

Treatment of \$30 AND 1/3 EARNED INCOME DISREGARD

MPP 44-111.232(b) precludes the allowance of the \$30 & 1/3 disregard for any individual who received this disregard in any Assistance Unit (AU) for four consecutive months without an intervening twelve-consecutive-month period when he/she was not an AFDC recipient. In order to avoid potential overpayments when implementing the <u>Sallis</u> court case prospectively, Counties should review the case to determine if the individual will be eligible to the \$30 and 1/3 disregard for four consecutive months during the retroactive period (June 1, 1987 through March 1991). Individuals who will receive four consecutive months of the \$30 and 1/3 disregard prior to April 1, 1991 or who have previously exhausted this disregard should only receive the \$30 disregard (MPP 44-111.24) during the prospective period as otherwise eligible.

Standard Work Expense (SWE) and Dependent Care Disregard

Recipents are entitled to receive the SWE and Dependent Care Disregards if the conditions in MPP 44-113.214, 44-113.217 and 44-113.218 are met.

NOTICE OF ACTION MESSAGES

Attached are two NOA messages to be used to notify clients with SDI benefits of a change in cash aid based on earned income disregards. The NOA message M44-113B will be used when there are no earned income disregards for SDI benefits. The NOA message M44-113C will be used when the earned income disregards for SDI benefits are counted.

These NOA messages are provided in both typeset and language only formats. Translated copies in Spanish and the four Indo-Chinese languages will follow under separate cover.

IMPORTANT NOTICE

The Important Notice is a temporary reminder to inform clients that SDI benefits will be counted as earned income and that they can get disregards. This notice is to be sent at the same time and in the same situation as the NA 960X or NA 960Y is sent for the March CA 7. This notice is to go to those clients with SDI benefits but can be sent to all clients receiving a NA 960X or NA 960Y.

Because of the short timeframe, this notice will not be translated.

If you have any questions regarding the treatment of the \$30 and 1/3 disregard or regarding implementation of the policy change of treating SDI as earned income, please contact Ms. Sandra Poole-Taylor of the Welfare Policy Implementation Bureau (WPIB) at (916) 324-2661 or ATSS 8-454-2661. If you have any questions regarding the notices, please contact Mr. Dennis Ragasa of WPIB at (916) 324-2658 or ATSS 8-454-2658. If you have any general questions regarding the <u>Sallis</u> consent decree or the upcoming retroactive implementation, please contact Mr. Vincent Toolan of the AFDC Policy Bureau at (916) 324-2007 or ATSS 8-454-2661.

ROBERT M. HOREL

Deputy Director

Attachments

cc: CWDA

IMPORTANT NOTICE

On April 1, 1991, State Disability Insurance (SDI) benefits will be counted as earned income due to the <u>Sallis</u> Court Case. If you get SDI benefits, you can get disregards and may get more cash aid. But you won't get more cash aid if you don't turn in a complete CA 7 form by the 11th of the report month. If there is a good reason for missing this deadline, tell your worker.

TEMP 1788 (4/91) SALLIS COURT CASE

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NOTICE OF ACTION

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COUNTY OF

	Notice Date	· · · · · · · · · · · · · · · · · · ·	
	Case Name	:	
	Number Worker	:	
	Name	:	
	Number		
	Teiephone		
	Address	•	· · · · · · · · · · · · · · · · · · ·
(ADDRESSEE)			
		Questions? Ask your Wor	ker.
			· · · · · · · · · · ·
		State Hearing: If you th you can ask for a hearing	
		tells how. Your benefits m	av not be changed if you
		ask for a hearing before th	his action takes place.
As of, the County is	Monthly Cash Aid Amount		
changing your cash aid from <u>\$</u>	-		
to \$			
		Your Countable Inco	me in
Here's why:			(MONTH)
Your State Disability Insurance (SDI) benefits are now counted as	Total Earno	ed Income	\$
		ense Disregard	
means you may get more cash aid.	\$30 Disreg	gard	•••
Your new cash aid amount is figured on this notice.		/3 Disregard	-
		Dependent Care Disregard	
	Other Cou	ntable Income (list sources)	
		· · · · · · · · · · · · · · · · · · ·	<u>+</u>
		·······	_ +
	Court Orde	ered Support Paid	_ +
		table Income	
		Your Cash A	Aid In
			(MONTH)
		or Persons	\$
	Special Ne	eds	+
	Subtotal	able Income	≖
	Cash Aid S		-
		ent adjustment (separate page	
		ash Aid Amount	\$
			T
Rules: These rules apply; you may review them at your welfare		<i>i</i>	
office.			
viive.			

MPP 44-113.21, 44-101

OTICE OF ACTION COUNTY OF		STATE OF CALIFORNIA HEALTH AND WELFARE AGENCY DEPARTMENT OF SOCIAL SERVICES			
	Case Name : Number : Worker Name : Number : Telephone :		· · · · · · · · · · · · · · · · · · ·		
(ADDRESSEE)		<u> </u>			
	–	Questions? Ask your W	orker.		
		you can ask for a hear	think this action is wrong, ing. The back of this page may not be changed if you this action takes place.		
As of, the County is changing your cash aid from <u>\$</u>	Monthly Ca	ish Aid Amount			
to \$		Your Countable Inc	come in		
Here's why: We didn't allow the earned income disregards you could get for your State Disability Insurance (SDI) benefits. You didn't give us a complete CA 7 by the 11th of with your SDI benefit information. Your cash aid amount goes down when we don't allow your disregards. Your new cash aid amount is figured on this notice.	e us Work Exper our \$30 Disrega \$30 and 1/3 Dependent Other Coun	Total Earned Income \$ Work Expense Disregard - \$30 Disregard - \$30 and 1/3 Disregard - Dependent Care Disregard - Other Countable Income (list sources) + + -			
		red Support Paid able Income			
•	Special Nee Subtotal Net Counta Cash Aid S Overpayme	er Persons eds ble Income	h Aid In		
Rules: These rules apply; you may review them at your we office.	olfare				
MPP 44-113.218, 40-181.22		·			