

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



January 30, 1995

ALL-COUNTY LETTER NO. 95-05

TO: ALL COUNTY WELFARE DIRECTORS
ALL IAR AGENCY IAR PROGRAM CONTACTS
ALL IAR AGENCY IAR FISCAL CONTACTS

REASON FOR THIS TRANSMITTAL

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

SUBJECT: PROCEDURES FOR RECOUPING INTERIM ASSISTANCE REIMBURSEMENT (IAR)
RETROACTIVE SUPPLEMENTAL SECURITY INCOME/STATE SUPPLEMENTARY PAYMENT
(SSI/SSP) BENEFITS FOR DRUG ADDICT AND ALCOHOLIC (DA&A) RECIPIENTS

REFERENCE: PUBLIC LAW (P.L.) 103-296

Effective February 10, 1995 P.L. 103-296 imposes restrictions on the payment of retroactive Supplemental Security Income/State Supplementary Payment (SSI/SSP) benefits to some disabled individuals where drug addiction or alcoholism is material to the determination of their disability (i.e., they would not be disabled if they were not drug addicts or alcoholics). These individuals are referred to as DA&A recipients. P.L. 103-296 mandates that the Social Security Administration (SSA) pay any retroactive benefits due a DA&A recipient in installments to the recipient's representative payee.

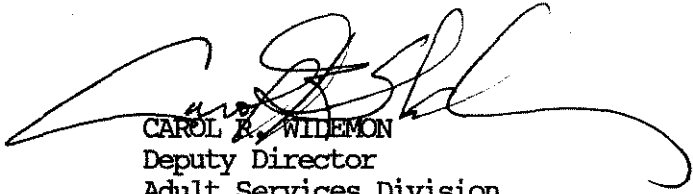
IAR agencies are able to receive reimbursement for state and locally funded assistance provided to an individual for meeting his/her basic needs during the period beginning with the first day for which such individual was eligible for SSI/SSP benefits; or beginning with the first day for which the individual was subsequently found to have been eligible for such benefits, and ending with (and including) the month payment is made. Under current IAR processing procedures, SSA releases the first retroactive SSI/SSP payment to the IAR agency. The IAR agency then deducts the amount of interim assistance provided to the recipient during the above-described time period and releases any remainder to the recipient or his/her designated representative payee within 10 working days of the receipt of the retroactive payment.

Beginning February 1995, SSA will change the process for IAR cases involving DA&A recipients in order to assure that the IAR agency does not send a residual IAR payment to the DA&A recipient. SSA will no longer release retroactive SSI/SSP checks for DA&A recipients to the IAR agencies. Instead, SSA will send a billing form (SSA-L8125-U3-DAA) to the IAR agency at the time the recipient's award or

reinstatement is processed. This billing form will contain a monthly breakdown of the recipient's payments for the retroactive period and clearly identify the case as IAR/DA&A. The IAR agency will be required to complete and return the billing form to the SSA field office which serves the recipient within 10 working days. When the SSA field office receives the billing form from the IAR agency, SSA will issue an IAR check to the IAR agency as soon as possible in the amount shown on the billing form. (Although the new federal law contains no mandated time frame for SSA's issuance of the check to the IAR agency, SSA has indicated that this will be a priority action.) SSA will be responsible for distributing any retroactive balance due the DA&A recipient in accordance with the new federal mandates. The IAR agency is responsible for sending the Notice of Action and Right to Request a State Hearing form (SSP 14) to the recipient upon receipt of the IAR check from the SSA field office. A summary of SSA's new process and a sample of the new billing form (SSA-L8125-U3-DAA) are attached.

In order to minimize paperwork, SSA has determined there is no need to modify the current IAR agreements or the current IAR authorizations. However, it is possible that these new requirements will be included in the IAR agreement when SSA next modifies the agreement.

Questions regarding this new procedure may be directed to the Adult Services Operations and Evaluation Branch at (916) 387-4600. Your cooperation is greatly appreciated.



CAROL E. WIDEMON
Deputy Director
Adult Services Division

Attachments

IAR/DA&A PROCESSING SUMMARY

1. All SSI/SSP DA&A retroactive payments will no longer be sent to the IAR agencies.
2. SSA will transmit a unique computer-generated IAR/DA&A alert for each initial claim/posteligibility transaction case involving DA&A to the servicing field office on a daily basis.
4. The SSA field office will establish a 15 working day diary for each IAR/DA&A alert. This diary will be used to follow up on automated or manual billing forms not received from the IAR agency within 15 working days.
5. SSA will send a computer-generated automated billing form with retroactive payment data to the IAR agency for each IAR/DA&A case when the servicing field office processes an IAR/DA&A initial claim/posteligibility transaction.
6. The billing form advises the IAR agency to record the amount of IAR it is due.
7. The IAR agency is required to return the billing form to the servicing field office shown on the billing form within 10 working days.
8. The SSA field office will use the automated one-time payment process to release an IAR check to the IAR agency in the amount of IAR claimed on the billing form.
9. The IAR agency will send its apportionment notice to the recipient upon receipt of the IAR check from the servicing field office.
10. The SSA field office sends the recipient the new IAR/DA&A notice.
11. The SSA field office will process any residual amount of the retroactive benefit under DA&A installment procedures.
12. The SSA field office will send a copy of the billing form to the Regional Office for monitoring.
13. The SSA field office will follow up on billing forms not received from the IAR agency within 15 working days of the date the field office received the corresponding IAR/DA&A alert. The field offices will follow up by either sending a follow up manual billing form or calling the servicing welfare office. (A copy of the manual billing form is attached)

Social Security Administration

Supplemental Security Income
Notice of Interim-Assistance Reimbursement

Date:

Claim Number:

GR CODE:

Action Required By The State

Complete the State's Account of Reimbursement Claimed section by using the information in the "Retroactive Amount Due Summary." Return all but this page within 10 working days to:

LAR-DA&A
Social Security Administration

Things To Remember When Determining Your Amount of Reimbursement

- o Federally Reimbursable Interim Assistance (IA) is assistance from State or local funds to an individual for meeting basic needs during the period beginning with the first day for which such individual was eligible for SSI benefits; or beginning with the first day for which the individual was subsequently found to have been eligible for such benefits, and ending with (and including) the month payment is made.
- o You may recoup the assistance you paid for any month in a period as defined above for which both SSI and IA payments were made. You may not recoup for any months prior to the month in which you began paying IA in this period. If a month is not listed in the "Retroactive Amount Due Summary" you cannot recoup the assistance you paid for that month.
- o In cases where SSI payments were prorated, you must prorate the amount you recover for that month. You may only recoup the prorated amount of the full IA payable for that month. A month's amount is prorated if the day is other than the first of the month.
- o Assistance payments financed in whole or part from Federal funds (e.g., AFDC) do not come within the meaning of interim assistance.

DRUG ADDICTION & ALCOHOLISM (DA&A) CASE
STATE DUE PAYMENT*****PRIORITY HANDLING

COMPLETE & RETURN WITHIN 10 WORKING DAYS:

*****CLAIMANT INFORMATION*****

Initial Claim _____ Posteligibility Claim _____

Date of SSI Eligibility:
Amount of SSI Retroactive Benefits Due:
Amount and Month of Recurring SSI Payment:

*****STATE'S ACCOUNT OF REIMBURSEMENT CLAIMED*****

AMOUNT

1. Amount of interim assistance paid to the individual

2. Amount of reimbursement claimed by the State

MONTH /

YEAR

3. First month for which State paid IA during the interim period

I certify that the above is an accurate statement of the amount of assistance paid and the amount of reimbursement claimed in accordance with our agreement negotiated pursuant to P. L. 93-368, as amended.

Signature

Title and Agency

Date

To Be Completed by SSA:

SSA Telephone Number _____

Amount of reimbursement check released to the State _____

Date _____ By _____

