

November 1, 2018

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

EXECUTIVE SUMMARY

ALL COUNTY WELFARE DIRECTOR LETTER

This letter informs County Welfare Departments participating in the Housing and Disability Advocacy Program (HDAP) of the HDAP 18 aggregate monthly status report. This report will be effective starting with the November 2018 report month.



CDSS

WILL LIGHTBOURNE
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
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EDMUND G. BROWN JR.
GOVERNOR

November 1, 2018

ALL COUNTY WELFARE DIRECTOR LETTER

TO: ALL COUNTY WELFARE DIRECTORS

FROM: M. AKHTAR KHAN, Chief
Research Services Branch
Administrative Division

SUBJECT: IMPLEMENTATION OF HOUSING AND DISABILITY ADVOCACY
PROGRAM AGGREGATE MONTHLY STATUS REPORT HDAP 18
(11/18)

REFERENCE: [ASSEMBLY BILL \(AB\) 1603 \(CHAPTER 25, STATUTES OF 2016\);](#)
[WELFARE AND INSTITUTIONS CODE \(WIC\) SECTION 18999; ALL](#)
[COUNTY WELFARE DIRECTORS LETTER DATED JULY 27, 2017;](#)
[COUNTY FISCAL LETTER \(CFL\) NO. 17/18-74](#)

The purpose of this letter is to inform County Welfare Departments participating in the Housing and Disability Advocacy Program (HDAP) of the HDAP 18 aggregate monthly status report. During 2018, the California Department of Social Services (CDSS) Housing and Homelessness Bureau (HHB) and Data Systems and Survey Design Section (DSSDS) have worked with HDAP counties and the County Welfare Directors Association to create the HDAP 18 report. The report will be effective starting with the November 2018 report month.

ALL COUNTY WELFARE DIRECTORS LETTER

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Background

On June 27, 2016, Assembly Bill 1603 (Chapter 25, Statutes of 2016) established HDAP. The HDAP is a county administered program that assists individuals who are likely eligible for disability benefits who are experiencing homelessness, apply for disability benefit programs while also providing housing assistance. The HDAP requires that counties offer outreach, case management, advocacy, and housing assistance to all program participants. The HDAP funds are available over a three-year period, from July 1, 2017 through June 30, 2020. Counties are required to have a dollar-for-dollar match and all funds were allocated on June 22, 2018, per County Fiscal Letter NO. 17/18-74.

The HDAP 18 report was created to fulfill some of the data requirements as outlined in the Welfare and Institutions Code (WIC) Section 18999.6. The report captures data regarding referrals, approvals, denials, disability application, temporary housing, permanent housing, expenditures, Interim Assistance Reimbursements and exits.

Additional data will be collected via individual-level data collection tools and ad hoc written reports to satisfy the requirements as described in WIC Section 18999.6. More information about these additional data requirements will be communicated via email to individual counties.

Completion and Submission

All counties that are participating in HDAP are required to use the HDAP 18 report form beginning with the November 2018 report month. The report is due on or before the 20th calendar day of the month following the report month. For example, the report for the November 2018 report month will be due on December 20, 2018.

To complete the electronic form, HDAP counties are to download a copy of the accessible HDAP 18 report from the [DSSDS website](#). The electronic form contains links to the instructions and validations. All participating counties are required to submit the report via e-mail to DSSDS using the designated HDAP 18 report inbox at admHDAP18@dss.ca.gov. The HDAP 18 report, instructions, and validations are attached in PDF as reference material.

Contacts

If you have any questions regarding the completion of this report, please contact DSSDS at (916) 651-8269 or email the HDAP 18 report inbox admHDAP18@dss.ca.gov. Any program related questions should be directed to HHB at (916) 651-5155 or the HHB inbox at housing@dss.ca.gov.

Attachments

**Homeless and Disability Advocacy Program
Monthly Statistical Report
HDAP 18 (11/18)**

DOWNLOAD REPORT FORM FROM:

<http://www.cdss.ca.gov/inforesources/Research-and-Data/DSSDB>

E-MAIL COMPLETED REPORT FORM TO:

admHDAP18@dss.ca.gov

COUNTY NAME Select County	VERSION Initial	REPORT MONTH Select Month	REPORT YEAR Select Year			
PART A. REFERRALS			Number of Clients			
1. HDAP referrals received			1			
2. HDAP referrals denied			2			
a. Does not meet state eligibility criteria			3			
1. Already receiving disability benefits			4			
b. Does not meet prioritization criteria			5			
c. County has insufficient funds			6			
d. Lost contact with the client			7			
e. Other (Explain in Item 2e Explanation box)			8			
3. HDAP referrals approved			9			
PART B. DISABILITY BENEFITS		SSI	SSDI	CAPI	Veteran's Benefits	Total
4. Initial applications submitted		10	11	12	13	14
5. Reconsiderations submitted		15	16	17	18	19
6. Appeals submitted		20	21	22	23	24
7. Applications approved		25	26	27	28	29
8. Applications receiving final denials		30	31	32	33	34
PART C. HOUSING			Number of Clients			
9. Clients in temporary housing			35			
10. Clients newly placed in permanent housing			36			
PART D. EXPENDITURES				Amount	Number of Clients	
11. Temporary housing expenditures				37	38	
12. Permanent housing expenditures				39	40	
13. Other housing related expenditures				41	42	
PART E. INTERIM ASSISTANCE REIMBURSEMENT (IAR)				Amount	Number of Clients	
14. IAR sought				43	44	
15. IAR received				45	46	
16. IAR reinvested into general assistance/general relief				47		
17. IAR reinvested into housing assistance				48		
PART F. EXITING HDAP		In Permanent Housing	Not in Permanent Housing	Housing Status Unknown	Total	
18. Total exits		49	50	51	52	
a. Received disability benefits (approved)		53	54	55	56	
b. Final denial of disability benefits/client withdraws		57	58	59	60	
c. Disability benefits unknown		61	62	63	64	
COMMENTS						
Item 2e Explanation						
Revised Report Explanation						

CONTACT PERSON	TELEPHONE	EXTENSION
JOB TITLE/CLASSIFICATION	E-MAIL	
SUPERVISOR	TELEPHONE	EXTENSION
JOB TITLE/CLASSIFICATION	E-MAIL	
		DATE SUBMITTED

**HOUSING AND DISABILITY ADVOCACY PROGRAM
AGGREGATE MONTHLY STATUS REPORT
HDAP 18 (11/18)**

INSTRUCTIONS

CONTENT

The monthly HDAP 18 report provides the Housing and Disability Advocacy Program (HDAP) data collected by local agencies (county welfare or social services departments) to the California Department of Social Services (CDSS). Information is collected on the following: The HDAP referrals and approvals, disability advocacy, housing, expenditures, Interim Assistance Reimbursement (IAR), and exit types.

PURPOSE

The HDAP was established by Assembly Bill 1603, Chapter 25, Statutes of 2016. The HDAP is a county administered program that assists individuals likely eligible for disability benefits who are experiencing homelessness, to apply for disability benefit programs while also providing housing assistance. The HDAP requires that counties offer outreach, case management, advocacy, and housing assistance to all program participants. The HDAP funds are available over a three-year period, from July 1, 2017 through June 30, 2020. The purpose of this report is to provide CDSS with the HDAP data needed to track caseloads, services, direct expenses, and provide technical assistance. The report provides county and state entities with information needed for budgeting, staffing, program planning, and other purposes.

COMPLETION AND SUBMISSION

The County Welfare Department is responsible for ensuring that this report is fully and accurately completed. Reports are to be received on or before the 20th calendar day of the month following the report month. If the report's due date is on a Saturday, Sunday, or state holiday, the report is due on the next business day.

If the county determines that a revision is needed to its previously submitted report, the county shall submit a revised report for the applicable month(s) and provide an explanation for the revision in the Revised Report Explanation box. The CDSS policy requires counties to revise current State Fiscal Year (FY) reports, and two prior FYs, if needed. Revisions involving additional FYs will be evaluated by CDSS and the county to determine the corrections needed. When sending revisions, only include one report per email. **Emails containing multiple reports will not be accepted.**

Download an Excel version of the report form from [CDSS, Data Systems and Survey Design Section \(DSSDS\)](#), complete the downloaded form, and e-mail to the designated HDAP 18 report inbox at admHDAP18@dss.ca.gov. The electronic submission process contains automatic computations of some cells and provides for the e-mail transmission of completed forms to DSSDS. The website contains specific instructions and guidance. For questions regarding policy and reporting, contact the Housing and Homelessness Bureau (HHB) at (916) 651-5155 or email the Housing inbox at housing@dss.ca.gov. For questions regarding the completion or submission of this report, contact DSSDS at (916) 651-8269 or email the HDAP 18 report inbox. For technical assistance with the automated form, email the DSSDS tech unit inbox at ADMDSSBTechUnit@dss.ca.gov.

GENERAL INSTRUCTIONS

Enter the county name, version (Initial or Revised), and the report month and year in the boxes provided near the top of the form. Enter the data required for each item. Enter "0" if there is nothing to report for an item. **Do not leave any items blank unless otherwise noted.**

Enter in the boxes at the bottom of the form: the name, job title or classification, telephone number, extension (if applicable), and e-mail address of the person to contact if there are questions about the report. This contact person may or may not be the person who completed the report. Enter the same information for the contact person's supervisor. Enter the date the report is submitted; this is the date when the report is e-mailed to DSSDS.

Data reported in the HDAP 18 report should include cases that are supported by state HDAP funds and/or HDAP match funds. Counties who received HDAP funding are required to match the state HDAP funding on a dollar-for-dollar basis. Both state and match funding expended on housing assistance need to be recorded in the HDAP 18. For example, if the county was awarded \$500,000 in state HDAP funds and committed \$500,000 in matching funds, then the county would have \$1,000,000 in HDAP funds. The \$1,000,000 in HDAP funds will be used to support the core elements of HDAP (outreach, advocacy, case management, and housing). The housing elements supported by any portion of the \$1,000,000 in HDAP funds will need to be tracked in the HDAP 18 report. For questions about what to track, please contact HHB.

DEFINITIONS

Appeals Submitted (Disability Benefits): When a client's application for a desired benefit program has been denied and the applicant disagrees with the decision and therefore requests another level of review. There may be several levels of appeal for a disability benefit. For a full description of the Supplemental Security Income (SSI) application and appeals processes, refer to the [Social Security Administration \(SSA\) application process](#) and the [SSA appeals process](#).

Applications Approved (Disability Benefits): Client has been approved for disability benefits by the disability benefit authority (e.g., SSA).

Applications Receiving Final Denial (Disability Benefit): The disability benefit application has been denied by the disability benefit authority (e.g., SSA) and either the applicant chooses not to continue the appeal process or all appeals have been exhausted.

Client: The individual who is receiving HDAP services.

Example: A married couple applies for HDAP, they are both homeless and likely eligible for disability benefits. Based on of their individual circumstances, they are separately approved for HDAP. Even though the couple will be housed together, they should be reported as two separate clients in HDAP.

Example: A married couple applies for HDAP. They are both homeless, but only one of them is likely eligible for disability benefits and therefore eligible for HDAP services. The eligible spouse is approved for HDAP and should be reported as one client even though the ineligible spouse will be living with the eligible spouse.

Continuum of Care (CoC): A regional or local planning body that coordinates housing services for homeless families and individuals.

Coordinated Entry System: A CoC-wide process for facilitating access to all resources designated for homeless individuals and families, identifying and assessing needs in a transparent and consistent way, and referring clients to the most appropriate service strategy or housing intervention.

Exiting HDAP: A client is no longer receiving HDAP case management, disability advocacy, and/or housing assistance.

HDAP Referral: When an individual or family is recommended/referred for HDAP services and the application is sent to the county for HDAP determination.

HDAP Referrals Approved: Client has met eligibility and prioritization criteria set by the state and county and will be receiving HDAP case management, disability advocacy, and housing assistance.

HDAP Referrals Denied: When an applicant is denied acceptance into HDAP and therefore not granted HDAP case management, disability advocacy, and housing assistance. All denied applicants who are homeless should be referred to the CoC or Coordinated Entry System.

Initial Applications Submitted (Disability Benefit): The first step/application submitted for disability benefit. The client may have applied previously but may be revising or submitting a new initial application due to a change in circumstances.

Interim Assistance Reimbursement (IAR): A payment SSA makes to reimburse a county that has provided interim assistance to an individual for meeting basic needs (e.g., general assistance, general relief).

Lost Contact With Client: A type of disengagement or exit from HDAP. This occurs when the county has made multiple attempts to reengage or make contact with the client but has been unsuccessful (e.g., client is unreachable, client moves).

Permanent Housing: Housing that is meant to be long-term. Typically, there is a written agreement (e.g., lease, written tenant protections). Permanent housing may be subsidized or unsubsidized. It does not necessarily need to be funded by a HDAP/HDAP match dollar. Examples of permanent housing could include: client moves into a home with HDAP rental subsidy; client moves into a home paid for through a combination of voucher and HDAP funds; client moves in with a family member typically with a written agreement in place and no HDAP funds assisted with the housing; or client moves into a board and care facility.

Prioritization Criteria: Prioritization criteria is outlined in [WIC Section 18999.2](#), and includes chronicity of homelessness, high utilizers of state- and county-funded services, and target population. Counties also have the ability to further prioritize based off of the needs of their community.

Reconsiderations Submitted (Disability Benefit): If an applicant disagrees with the initial denial made by the disability benefit authority (e.g., SSA), he/she may request a number of appeals, the first of which is a reconsideration. A reconsideration is a complete review of a claim by someone who did not take part in the first decision. All evidence will be reassessed, plus any new evidence. Not all disability benefit types have a reconsideration process; some may only have an initial application and then appeal.

State Eligibility Criteria: State guidelines per [All County Welfare Directors Letter dated July 27, 2017](#) for who can or cannot participate in HDAP. All participants of HDAP must meet the state eligibility criteria.

Temporary Housing: Housing that is intended to be short term (e.g., motels, shelter).

ITEM INSTRUCTIONS

PART A. HDAP REFERRALS

Part A collects the number of referrals received in a month and the number of approvals and denials.

1. HDAP referrals received: Enter the number of HDAP referrals received during the report month. [Cell 1]
2. HDAP referrals denied: **Item 2 is automatically calculated and is the sum of Items 2a through 2e.** This is the total number of HDAP referrals that were denied during the report month. [Cell 2]
 - 2a. Does not meet state eligibility criteria: Enter the number of referrals that were denied during the report month because the client did not meet state eligibility criteria. [Cell 3]
 - 2a1. Already receiving disability benefits: Enter the number of referrals that were denied in Item 2a during the report month because the applicant was already receiving disability benefits, and there were no additional benefits the applicant could apply for. [Cell 4]
 - 2b. Does not meet prioritization criteria: Enter the number of referrals that were denied during the report month because the client did not meet prioritization criteria. [Cell 5]
 - 2c. County has insufficient funds: Enter the number of referrals that were denied during the report month because the county did not have sufficient funding. [Cell 6]
 - 2d. Lost contact with client: Enter the number of referrals that were denied during the report month because the county was unable to make contact with the client after multiple attempts to reengage (e.g., client is unreachable, client moved). [Cell 7]
 - 2e. Other: Enter the number of referrals that were denied during the report month due to a reason not listed above. **If Item 2e is not zero, then the Item 2e Explanation box must be completed.** [Cell 8]
3. HDAP referrals approved: Enter the number of HDAP referrals that were approved during the report month. [Cell 9]

PART B. DISABILITY BENEFITS

Part B collects information about the disability benefit application process including number of applications, reconsiderations, appeals, approvals, and final denials received during the month.

In Items 4 through 8, enter the number of cases applying for SSI, Social Security Disability Insurance (SSDI), Cash Assistance Program for Immigrants (CAPI), or Veteran's Benefits as applicable. If the application/reconsideration/appeal was made by an entity prior to the client's enrollment in HDAP, then do not count that application/reconsideration/appeal. Only report applications/reconsiderations/appeals submitted on behalf of the client while enrolled in HDAP.

4. Initial applications submitted: Enter the number of applications submitted during the report month. ***The Total column (Cell 14) is automatically calculated.*** [Cells 10 to 14]
5. Reconsiderations submitted: Enter the number of reconsiderations submitted during the report month. ***The Total column (Cell 19) is automatically calculated.*** [Cells 15 to 19]
6. Appeals submitted: Enter the number of appeals submitted during the report month. ***The Total column (Cell 24) is automatically calculated.*** [Cells 20 to 24]
7. Applications approved: Enter the number of applications approved for disability benefits during the report month. This includes initial applications, reconsiderations, and appeals that are approved. ***The Total column (Cell 29) is automatically calculated.*** [Cells 25 to 29]
8. Applications receiving final denials: Enter the number of applications that received final denials during the report month. This includes initial applications, reconsiderations, and appeals that are denied. ***The Total column (Cell 34) is automatically calculated.*** [Cells 30 to 34]

PART C. HOUSING

Part C collects information regarding the client's housing situation.

9. Clients in temporary housing: Enter the number of clients in temporary housing during the report month. **Note: If a client is in temporary housing for multiple months, then they will be counted in each month that they were in temporary housing.** [Cell 35]

Example: John is in temporary housing from March through June. John will be counted in Item 9 for the March, April, May, and June reports.

10. Clients newly placed in permanent housing: Enter the number of clients who were newly entered into permanent housing during the report month. **Note: Clients are only counted in Item 10 in the report month that they move into permanent housing, not the entire duration that they are in permanent housing.** [Cell 36]

Example: Susie moves into permanent housing in April and continues to receive HDAP support (both financial support and additional wrap around services) for permanent housing from April to December. Susie will only be reported in Item 10 in the April report.

PART D. EXPENDITURES

Part D summarizes the types and amounts of housing financial assistance that were issued to HDAP clients during the month. An approved client/active case may not necessarily incur expenses or receive financial assistance every month.

In Items 11 through 13, enter the dollar amount of expenditures in the Amount column and the number of clients receiving those expenditures in the Number of Clients column. If "0" is entered in a cell in one column, then the corresponding cell of the other column must also be "0".

11. Temporary housing expenditures: Enter the dollar amount of temporary housing assistance issued during the report month in the Amount column. Enter the number of clients that were issued temporary housing costs during the report month in the Number of Clients column. [Cells 37 to 38]
12. Permanent housing expenditures: Enter the dollar amount of permanent housing assistance issued during the report month in the Amount column. Enter the number of clients that were issued permanent housing costs during the report month in the Number of Clients column. [Cells 39 to 40]
13. Other housing related expenditures: Enter the dollar amount of other housing related assistance issued during the report month in the Amount column (e.g., deposits, utilities, making the home habitable, minor repairs, etc.). **Note: This should not include temporary or permanent housing payments.** Enter the number of clients that were issued other housing related assistance costs during the report month in the Number of Clients column. [Cells 41 to 42]

PART E. INTERIM ASSISTANCE REIMBURSEMENT (IAR)

Part E collects the expenses related to IAR.

14. IAR sought: Enter the dollar amount of IAR sought during the report month in the Amount column. Enter the number of clients on whose behalf IAR was sought during the report month in the Number of Clients column. [Cells 43 to 44]
15. IAR received: Enter the dollar amount of IAR the county received during the report month in the Amount column regardless of where the money was reinvested to. Enter the number of clients on whose behalf IAR was issued during the report month in the Number of Clients column. [Cells 45 to 46]
16. IAR reinvested into general assistance/general relief: Enter the dollar amount of IAR that the county reinvested into general assistance/general relief during the report month. [Cell 47]
17. IAR reinvested into housing assistance: Enter the dollar amount of IAR that the county reinvested into housing assistance during the report month. [Cell 48]

PART F. EXITING HDAP

Part F collects data on the total exits that occurred during the report month by exit type.

18. Total exits: **Item 18 is automatically calculated and is the sum of Items 18a through 18c.** [Cells 49 to 52]
 - 18a. Received disability benefits (approved): Enter the number of clients who exited HDAP during the report month who had been approved for disability benefits (either in the current month or previous months). **The Total column (Cell 56) is automatically calculated.** [Cells 53 to 56]
 - 18b. Final denial of disability benefits/client withdraws: Enter the number of clients who exited HDAP during the report month who received a final denial of disability benefits (either in the current month or previous months) by the time of exit. This can include those who chose not to further pursue disability benefits. **The Total column (Cell 60) is automatically calculated.** [Cells 57 to 60]

- 18c. Disability benefits unknown: Enter the number of clients who exited HDAP during the report month prior to a final disability benefit determination. This can include benefits that were of pending status. ***The Total column (Cell 64) is automatically calculated. [Cells 61 to 64]***

COMMENTS

Use the Comments section to:

- Explain any "0" data entry for an item if the county does not provide the service or if the county is unable to collect or track the data.
- Explain any major fluctuations in data, including major changes in procedures, programming or staffing that have affected the data.
- Provide any other comments the county determines necessary.
- Explain the other reasons that a request/application was denied in the Item 2e Explanation box.
- If submitting a revised report, explain the reason for revision in the Revised Report Explanation box.

**Housing and Disability Advocacy Program (HDAP)
Aggregate Monthly Report
HDAP 18**

VALIDATION RULES AND EDITS

All data cells in this report must be greater than or equal to 0. Enter whole numbers only: no decimals. No data cell should be left blank.

Initial reports: If Initial is selected, the Revised Report Explanation box must be left blank.

Revised reports: If Revised is selected, enter the reasons for the revision in the Revised Report Explanation box.

PART A. REFERRALS

Item 2a must be greater than or equal to Item 2a1

Cell 3 must be greater than or equal to Cell 4

Item 2a1 must be less than or equal to Item 2a

Cell 4 must be less than or equal to Cell 3