

**DEPARTMENT OF SOCIAL SERVICES**

744 P Street, Sacramento, CA 95814



October 25, 2007

ALL-COUNTY INFORMATION NOTICE NO. I-62-07

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

**REASON FOR THIS TRANSMITTAL**

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

**SUBJECT: FORM SSP18: NOTICE OF ACTION AND RIGHT TO REQUEST A STATE HEARING ON INTERIM ASSISTANCE FOR PAYMENT PENDING CASES**

This notice is to inform counties of a new Interim Assistance Reimbursement (IAR) Program form that is to be used as a result of a change in federal law. Additionally, this notice provides information regarding the use of this form.

**BACKGROUND:**

In the past the Social Security Administration (SSA) typically sent a client's entire retroactive Supplemental Security Income/State Supplementary Program (SSI/SSP) payment to the applicable Interim Assistance (IA) agency as a lump sum. The IA agency then reimbursed itself and sent the balance of the retroactive SSI/SSP payment to the client along with a completed current form SSP 17, Notice of Action and Right to Request a State Hearing on Interim Assistance for Payment Pending Cases.

Public Law 109-171, The Deficit Reduction Act of 2005, was enacted by the federal government on February 1, 2006. One of this Act's provisions addresses the mechanism by which certain initial SSI/SSP benefits are paid directly from the Social Security Administration (SSA) to IAR clients in installments, rather than in lump sums, as discussed above. Prior to this Act, any past-due monthly benefits that exceeded 12 times the maximum monthly SSI plus State Supplementary Program (SSP) payment amount owed to an individual were to be paid in 3 installment payments, six months apart. This Act changed the law so that any past-due monthly benefits that exceeded three times, instead of 12 times, the maximum monthly SSI plus SSP payment must be paid in these same installment increments.

As a result of this new public law, IAR payments are now more likely to be issued under SSA's payment pending procedure. Under this payment procedure, the retroactive SSI/SSP payment is not forwarded to the IA agency for disbursement. Rather, it remains pending and SSA sends an IAR accounting form notice (SSA 8125/L8125/L8125-6/L8125-F6) to the IA agency advising them of the IAR case and requesting the IA agency to return the form indicating the amount of IA to be reimbursed. Upon receipt of the completed IAR accounting form from the IA agency, SSA will send the IA agency the total requested IA amount and will forward the balance to the client in installments.

Consistent with the new procedures, the California Department of Social Services (CDSS) has developed the new form SSP 18: Notice of Action and Right to Request a State Hearing on Interim Assistance for Payment Pending Cases (attached). In addition to language that provides the client with initial SSI/SSP IAR amounts and IAR time periods; this form provides information regarding procedures for clients who wish to appeal their initial SSI/SSP benefit amounts and/or the amounts SSA sends to the county IA agencies from their initial SSI/SSP benefit payments.

A camera ready copy of the new form SSP 18 is now available and can be downloaded from the CDSS' Internet Web Site at: <http://www.dss.cahwnet.gov/Forms/English/ssp18.pdf>. Please feel free to make copies of the new form.

#### COUNTY IA AGENCY RESPONSIBILITIES

When SSA elects to use the payment pending procedure, IA agencies are to use the new IAR form SSP 18 (12/06), NOTICE OF ACTION AND RIGHT TO REQUEST A STATE HEARING ON INTERIM ASSISTANCE.

The completed SSP 18 notice must be mailed to the client within 10 working days from the date the IA agency receives the IAR payment.

When SSA elects not to use the payment pending procedure, IA agencies are to use the existing form SSP 17 (4/99), Notice of Action and Right to Request a State Hearing on Interim Assistance.

Any questions regarding these policy instructions should be directed to John A. Mason, Analyst, Operations and Technical Assistance Unit at (916) 229-4000.

Sincerely,

***Original Document Signed By:***

EVA L. LOPEZ  
Deputy Director  
Adult Programs Division

c: CWDA

Attachment

**NOTICE OF ACTION AND  
RIGHT TO REQUEST A STATE HEARING  
ON INTERIM ASSISTANCE FOR PAYMENT PENDING CASES**

<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	State No.: County No.: Worker No.: District: Date: Case Name: Interpreter Needed: <u>          </u> <u>          </u> <span style="margin-left: 150px;">Language</span> <span style="margin-left: 50px;">Dialect</span>
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This office was notified of your initial SSI/SSP payment in the amount of \$\_\_\_\_\_, for the period \_\_\_\_\_ through \_\_\_\_\_. As per your agreement, we billed the Social Security Administration (SSA) in the amount of \$\_\_\_\_\_ to repay the Interim Assistance you received for that same period while SSA completed your application for Supplemental Security Income payments. This leaves a balance owed you of \$\_\_\_\_\_ for this period. The balance will be forwarded to you or your representative payee by SSA.

**SSI/SSP PAYMENT**

If you disagree with the amount of the initial 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:

