



CDSS

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DEPARTMENT OF SOCIAL SERVICES

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EDMUND G. BROWN JR.
GOVERNOR

May 5, 2016

ALL-COUNTY LETTER NO. 16-41

TO: ALL COUNTY WELFARE DIRECTORS;
ALL INTERIM ASSISTANCE REIMBURSEMENT (IAR) PROGRAM MANAGERS;
ALL CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI) MANAGERS

SUBJECT: **GUIDANCE FOR PROCESSING INTERIM ASSISTANCE REIMBURSEMENT (IAR); TRANSMISSION OF REVISED SSP 18 FORM**

REFERENCE: [UNITED STATES CODE \(USC\) SECTION 1383;](#)
[DYMALLY-ALATORRE BILINGUAL ACT \(GOVERNMENT CODE SECTION 7290 *et seq.*\);](#)
[MANUAL OF POLICY AND PROCEDURE \(MPP\) DIVISION 21, CIVIL RIGHTS NONDISCRIMINATION, SECTION 115;](#)
[ALL- COUNTY INFORMATION NOTICE \(ACIN\) NO. I-46-08,](#) DATED JUNE 12, 2008;
[ACIN NO. I-46-08E,](#) DATED AUGUST 13, 2008;
[ACIN NO. I-92-10,](#) DATED NOVEMBER 10, 2010

<u>REASON FOR THIS TRANSMITTAL</u>	
<input type="checkbox"/>	State Law Change
<input type="checkbox"/>	Federal Law or Regulation Change
<input type="checkbox"/>	Court Order
<input type="checkbox"/>	Clarification Requested by One or More Counties
<input checked="" type="checkbox"/>	Initiated by CDSS

This All-County Letter (ACL) describes correct Interim Assistance Reimbursement (IAR) procedures to help counties avoid Social Security Administration (SSA) audit findings and possible disqualification from the IAR program. As a condition for participation in the IAR program, SSA regularly conducts audits of participating county agencies that operate under agreements with the California Department of Social Services (CDSS). In the past, SSA has proposed suspension or termination of county agencies participating in the IAR program due to consistent failure to follow IAR requirements. This ACL instructs counties in methods of record retention and use of forms to improve compliance with SSA's regulations and policies in order to support continued IAR participation.

This ACL also transmits a revised [SSP 18](#), the IAR apportionment form, to be used by interim assistance (IA) agencies moving forward. The revised version of the SSP 18 removes language not required by SSA.

BACKGROUND

[42 United States Code §1383\(g\)](#) authorizes SSA to reimburse the State or participating county agencies for interim assistance payments made to Supplemental Security Income/State Supplementary Payment (SSI/SSP) applicants whose applications are subsequently approved. Individual authorizations must be signed by the applicants or their representatives and forwarded either manually or electronically to SSA. Reimbursement is made by means of an agreement between SSA and CDSS and agreements between CDSS and participating counties. CDSS assists SSA in auditing participating county agencies as part of the IAR program. These audits have revealed a pattern of procedural errors and minor infractions. This ACL instructs counties in preventative actions to avoid future errors that could lead to problems with obtaining reimbursements and possible disqualification from the IAR program.

IAR AGENCY RESPONSIBILITIES

CDSS regulations for IAR are found in the Manual of Policy and Procedures (MPP) section 46-337.

Pursuant to [MPP §46-337.4](#), interim assistance (IA) agencies are required to, among other things:

- Obtain required signatures on the completed authorization and apportionment forms (per instructions provided in All-County Information Notices (ACIN) [I-46-08](#), [I-46-08E](#) and [I-92-10](#)). Signatures must be on file before providing any confidential or personal information to anyone other than the applicant/recipient.
- Use only the most recent revisions of approved forms. Do not substitute or attach non-CDSS-approved supplemental forms.
- Forward completed program forms to the SSA field office (“manual” counties only) or make appropriate entries in eIAR (“automated” counties).

COMMON INFRACTIONS WITHIN THE IAR PROGRAM

Among the most common errors made by participating IA agencies are deficiencies in completion, filing and submission of IAR program forms. Additionally, SSA audits have identified incidents of incorrect use, retention and transmission of program documents, usually involving program forms such as the IAR authorization form ([SSP 14](#)) and the IAR apportionment form ([SSP 18](#)).

AVOIDING ERRORS IN PROGRAM FORMS

The following reminders about program form instructions may assist counties in avoiding common SSA audit findings:

SSP 14, Authorization Form

- IA agencies must ensure that they are using the most recent version of the SSP 14. This version provides the minimum approved language necessary for IAR authorization under the agreement between the SSA and CDSS.
- The full social services agency name must be entered into the “County IA Agency” field (third field down from the top of the page). Please do not abbreviate. Example: XYZ County Department of Social Services.
- Either the “Initial Claim Only” box or “Post-eligibility Case Only” box must be checked. If both boxes are marked or neither box is marked, the form is not valid and the IAR authorization may not be binding.
 - If the applicant has never received SSI or last received an SSI payment more than 12 months ago, check the “*Initial Claim Only*” box.
 - If the applicant last received an SSI payment less than 12 months ago, check the “*Post-Eligibility Case Only*” box.
- An applicant/recipient and the state representative (county staff) must sign and date the SSP 14 form. This is important to establish the receipt of a valid authorization, as well as to protect the filing date for SSI eligibility.
- To ensure that your county maintains eligibility to obtain reimbursement through the IAR program, claimants must apply for SSI/SSP prior to the SSP 14 expiration date. Please be aware that the life of an IAR authorization is one year from the date it was received by SSA, unless an SSI application is filed sooner.
- Counties must retain physical copies of signed SSP 14s for a minimum of three years from the end of the federal fiscal year in which the form was signed. A county’s inability to produce a physical copy of the signed SSP 14 in any case audited by SSA will result in a finding requiring the county to refund to the claimant all IAR collected in that case.

SSP 18, Apportionment Form

- IA agencies must ensure that they are using the most recent version of the SSP 18. Currently, this is the version dated April 2015, and is being transmitted with this ACL.
- The SSP 18 must list the amount of IAR that the participating agency billed to SSA.
- Within 10 working days of IAR reimbursement from SSA, the participating agency must:
 - Send a completed SSP 18 to the SSI recipient or authorized representative, and
 - Forward the excess of the IAR check (if any) to the SSI recipient or authorized representative.
- IAR apportionment instructions are listed on the SSP 18 apportionment form and in the IAR Handbook. The electronic copy of the IAR State Handbook may be found at http://www.ssa.gov/gso/eiar/eIAR_InternetHandbook.pdf. Refer to “section 9 – Preparation of the Apportionment Notice to Recipient,” page 32.

REVISION TO THE SSP 18

CDSS has revised the SSP 18 to remove language not required by SSA. The old version read as follows: “*If you disagree with the amount of SSI/SSP payment of \$_____, contact your local Social Security Office . . .*” Please notice that the revised SSP 18 now reads: “*If you disagree with the amount of SSI/SSP payment, contact your local Social Security Office.*” The dollar amount has been removed based on recommendations of participating agencies and the SSA. To date, verification of such data has caused additional work not required by the agreement between CDSS and SSA.

AVAILABILITY OF FORMS

The English versions of the SSP 14 and SSP 18 forms are available as camera-ready copy on the CDSS Forms/Brochures web page at:

[SSP 14 - Authorization For Reimbursement Of Interim Assistance Initial Claim Or Posteligibility Case](#)

[SSP 18 - Notice Of Action And Right To Request A State Hearing On Interim Assistance](#)

Camera-ready copies of the SSP 14 and SSP 18 forms in Spanish, Armenian and Chinese translation are posted on the CDSS Translated Forms and Publications web page at:

http://www.cdss.ca.gov/cdssweb/FormsandPu_274.htm.

IA agencies must *not* use agency translated IAR forms that have not been CDSS approved. If an IA agency requires translation of an IAR form into a language not listed above, the proposed translation must be submitted to CDSS for approval before it can be authorized for use.

The designated Forms Coordinator for your county must distribute translated forms to each program and location. Each county shall provide bilingual/interpretive services and written translations to non-English or limited-English proficient populations, as required by the [Dymally-Alatorre Bilingual Services Act \(Government Code section 7290 et seq.\)](#) and/or by state regulation ([MPP Division 21, Civil Rights Nondiscrimination, section 115](#)).

Questions about accessing the forms may be directed to the Forms Management Unit at fmudss@dss.ca.gov. Questions about translations may be directed to the Language Services Unit at LTS@dss.ca.gov.

Should you have questions regarding the policies contained in this All-County Letter, please contact the CDSS Adult Programs Division, Policy and Quality Assurance Branch, Policy and Operations Bureau at (916) 651-5350, or by email to Steven.Koehler@dss.ca.gov.

Sincerely,

Original Document Signed By:

EILEEN CARROLL
Deputy Director
Adult Programs Division