



CDSS

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DEPARTMENT OF SOCIAL SERVICES
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GOVERNOR

June 12, 2008

ALL-COUNTY INFORMATION NOTICE NO: I-46-08

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

**SUBJECT: REVISIONS TO IAR FORMS: SSP 14 (IAR AUTHORIZATION) AND
SSP 18 (NOTICE AND RIGHT TO REQUEST STATE HEARING FOR
IAR PAYMENT PENDING CASES)**

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

This notice is to inform counties that the Interim Assistance Reimbursement (IAR) authorization form SSP 14 has been revised to reflect changes in federal requirements, add language that speaks to retroactive payments restricted by law (payment pending cases), and provide clarification regarding the IAR reimbursement process. Additionally, this notice is to inform counties that the IAR form SSP 18 State Hearing Notice for IAR payment pending cases has been revised. The revision to the form SSP 18 amends federally required language regarding the distribution of an IAR client's retroactive Supplemental Security Income/State Supplementary Payment (SSI/SSP) benefits.

BACKGROUND

A revised IAR Agreement between the Social Security Administration (SSA) and the California Department of Social Services (CDSS) was executed on August 10, 2006. It requires that the State's Interim Assistance (IA) agencies (counties) use SSA's revised authorization form to obtain an SSI/SSP applicant's written permission for SSA to reimburse the IA agency from either the applicant's initial SSI/SSP payment or initial SSI/SSP post eligibility payment. The IAR authorization form must include specific language and be approved by CDSS and SSA.

**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

The following provides a summary of the revisions made to the SSP 14:

- In the past SSA typically sent an applicant's entire initial SSI/SSP payment to the applicable IA agency as a lump sum. The IA agency then reimbursed itself pursuant to IAR rules and sent the balance of the retroactive SSI/SSP payment to the applicant. An exception to this process would occasionally occur when an applicant's initial retroactive benefit amount exceeded twelve times the maximum monthly SSI/SSP payment amount. In these cases, the applicant's retroactive benefits were paid in installments. *These occasions were rare and the previous SSP 14 form did not speak to them.* A federal law change in 2006 (Public Law 109-171) requires that any past due monthly SSI/SSP benefits that exceed *three* times, instead of twelve times, the maximum monthly SSI/SSP payment must be paid in installments. As a result, IAR retroactive payments are now more likely to be issued under SSA's payment pending procedure. The revised SSP 14 form now includes language that speaks to the alternate IAR procedure for these cases.
- Language has been added that clarifies that an IA agency cannot use the same signed IAR authorization form for both an initial and a post-eligibility payment of SSI/SSP benefits.
- Definitions regarding the use of the terms "state" and "SSI/SSP benefits" have been added to the form.
- Language that clarifies that the IA agency can reimburse itself for the months up to and *including* the month the individual's SSI/SSP benefits begin has been added. Current language is unclear in that it appears to say that the IA agency cannot reimburse itself for the first month that the applicant's payments began.
- Language has been added that clarifies how the form serves as a protective filing for SSI/SSP benefits and provides information regarding protective filing.
- Language has been added that specifies that the authorization will be void if it is not received by SSA from the IA agency within a specific time period and that it must be signed and dated.
- Language has been added that clarifies applicants' appeal rights by informing them that the IA agency must send them a notice explaining the IA agency's reimbursement decisions and the applicant's right to a State Hearing.

Regarding the SSP 18, SSA has revised their language in the form's first paragraph to clarify their procedure for the disbursement of retroactive benefits for IAR payment pending cases. Specifically, SSA has clarified that instead of immediately disbursing any balance owed to the recipient, it will send the recipient a notice that will explain how the individual will receive the balance of their retroactive benefit amount.

Camera ready copies of the new SSP 14 IAR authorization form and the new SSP 18 State Hearing Notice for IAR payment pending cases are now available. IA agencies can download the form SSP 14 from CDSS' Internet Web Site at <http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/SSP14.pdf>. The form SSP 18 can be downloaded from CDSS' Internet Web Site at <http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/ssp18.pdf>

COUNTY IA AGENCY RESPONSIBILITIES

- Effective immediately, all IA agencies must use the new attached IAR authorization form SSP 14 and the new attached SSP 18 IAR State Hearing Notice for IAR payment pending cases. SSA will no longer accept the previous versions of these forms.
- Manual IA agencies must forward their completed SSP14 IAR authorization forms to SSA within thirty (30) calendar days of the date they are signed by the applicants. If this requirement is not met, the authorization is not binding and SSA will not forward the applicants' initial payments to the IA agency. Instead, SSA would release the money, as appropriate, to the SSI/SSP applicant and the IA agency would have to recoup any money owed to it directly from the applicant without SSA's assistance.
- Automated IA agencies must notify SSA about the authorizations electronically within thirty (30) days. The thirty (30) calendar day time limitation will not begin until the day of the month that SSA requires the IA agency to transmit the electronic notification that it has obtained a signed authorization. Failure to notify SSA in a timely manner will result in SSA's release of the retroactive payments directly to the applicants, as explained above.

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Any questions regarding these policy instructions should be directed to the current IAR Specialist, Operations and Technical Assistance Unit or to Marshall Browne, Manager, Operations and Technical Assistance Unit, at (916) 229-3494.

Sincerely,

Original Document Signed By:

EVA L. LOPEZ
Deputy Director
Adult Programs Division

c: CWDA

Attachments

AUTHORIZATION FOR REIMBURSEMENT OF INTERIM ASSISTANCE INITIAL PAYMENT OR INITIAL POSTELIGIBILITY PAYMENT

NAME	SOCIAL SECURITY NUMBER
ADDRESS	CITY
ZIP CODE	

For the purposes of this authorization form:

The term "State" means the _____, which is the California county Interim Assistance (IA) agency that the California Department of Social Services has an interim assistance reimbursement agreement with and that paid you public assistance.

The term "SSI/SSP benefits" means Supplemental Security Income benefits under Title XVI of the Social Security Act and State Supplementary Payment benefits, also under Title XVI of the Social Security Act.

What am I authorizing by signing this authorization form if I checked the block called Initial Payment Only?

Initial Payment Only

If I am found eligible to receive SSI/SSP benefits, I understand that I am authorizing the Commissioner of the Social Security Administration (SSA) to send to the State:

- The first retroactive payment of SSI/SSP benefits on my initial claim, or
- An amount equal to the amount of reimbursable public assistance the State and any other California IA agency paid me when law restricts the manner in which my SSI/SSP money can be released to me.

What am I authorizing by signing this authorization form if I checked the block called Initial Posteligibility Payment Only?

Initial Posteligibility Payment Only

If I am found eligible to receive SSI/SSP benefits, I understand that I am authorizing the Commissioner of SSA to send to the State:

- The first retroactive posteligibility payment of SSI/SSP benefits following a suspension or termination of my SSI/SSP benefits, or
- An amount equal to the amount of reimbursable public assistance the State and any other California IA agency paid me when law restricts the manner in which my SSI/SSP money can be released to me.

How will the State be paid for the reimbursable public assistance it gave me if I checked the block called Initial Payment Only?

If I am found eligible to receive SSI/SSP money, SSA will send the State my first retroactive SSI/SSP payment or an amount equal to the amount of reimbursable public assistance the State paid me when law restricts the manner in which my SSI/SSP money can be released to me. The State may:

- Deduct from my first retroactive SSI/SSP payment an amount equal to the amount of reimbursable public assistance the State paid to me, or on my behalf, when law does not restrict the manner in which my SSI/SSP money can be released to me, or
- Have SSA send the State an amount equal to the amount of reimbursable public assistance the State paid to me, or on my behalf, when law restricts the manner in which my SSI/SSP money can be released to me,

for months beginning with:

- the first month for which I am eligible to receive an SSI/SSP payment

and ending with, and including:

- the month my SSI/SSP payments begin, or
- the following month if the State cannot promptly stop making its last public assistance payment to me.

The State cannot be reimbursed for public assistance it paid me if that public assistance was financed wholly or partly from Federal dollars.

How will the State be paid for the reimbursable public assistance it gave me if I checked the block called Initial Posteligibility Payment Only?

If I am found eligible to receive SSI/SSP money, SSA will send the State my first retroactive posteligibility SSI/SSP payment or an amount equal to the amount of reimbursable public assistance the State paid me when law restricts the manner in which my SSI/SSP money can be released to me. The State may:

- Deduct from my first retroactive posteligibility SSI/SSP payment an amount equal to the amount of reimbursable public assistance the State paid to me, or on my behalf, when law does not restrict the manner in which my SSI/SSP money can be released to me, or
- Have SSA send the State an amount equal to the amount of reimbursable public assistance the State paid to me, or on my behalf, when law restricts the manner in which my SSI/SSP money can be released to me,

for months beginning with:

- the day of the month I again become eligible to receive an SSI/SSP payment following a period of suspension or termination,

and ending with, and including:

- the month my SSI/SSP payments resume, or
- the following month if the State cannot promptly stop making its last public assistance payment to me.

The State cannot be reimbursed for public assistance it paid me if that public assistance is financed wholly or partly from Federal dollars.

Can the State use this authorization for an Initial Payment of SSI/SSP benefits and an Initial Posteligibility Payment of SSI/SSP benefits?

No. I am authorizing the State to use this form for **only one payment event**. If both payment blocks are checked, this form is not binding on me or the State. If both blocks are checked, the State and I must sign a new form with only one of the payment blocks checked.

Does this authorization serve as a protective filing for SSI/SSP benefits?

Yes. If I checked the Initial Payment Block, signing this form serves as a signed statement of my intention to claim SSI/SSP benefits if I have not filed an SSI/SSP application as of the date this authorization is received by the State. My eligibility for SSI/SSP benefits may begin as early as the date the State receives this signed form if I file an application for SSI/SSP benefits at a social security office within sixty (60) days after that date. This form also serves as a notice from SSA that I have sixty (60) days from the date the State receives this form to file for SSI/SSP benefits. However, if I do not file an application for SSI/SSP benefits at a social security office within sixty (60) days after that date, then I understand that I cancel my intention to claim SSI/SSP benefits and this authorization no longer protects my filing date for SSI/SSP benefits.

How long is this authorization binding on me and the State if I checked the Initial Payment Block?

If I checked the Initial Payment Block, this authorization is binding on me and the State for 12 months beginning with the date SSA received the signed authorization provided that SSA receives the authorization within thirty (30) calendar days of the date I sign it. If the interim assistance agency does not notify SSA within thirty (30) calendar days of the date that I sign this authorization, the authorization is not binding on me or the State. However, if it notifies SSA about this authorization electronically, the thirty (30) calendar days do not begin until the day of the month that SSA requires the State to transmit the electronic notification that it has obtained a signed authorization. Also, this form must be signed and dated by both a State representative and me to be a valid agreement that authorizes the State to receive interim assistance reimbursement from my SSI/SSP payments. Furthermore, if I applied for SSI/SSP before the State received this authorization or I apply for SSI/SSP within 12 months of the date described above or I file a timely request for an administrative or judicial review within the time permitted under SSA's regulations, this authorization will remain in effect, even if beyond the 12 month period until such time as:

- SSA makes the first retroactive payment of SSI/SSP benefits on my initial claim; or
- SSA makes a final determination on my claim; or
- The State and I both agree to terminate this authorization.

How long is this authorization binding on me and the State if I checked the Initial Posteligibility Payment Block?

If I checked the Initial Posteligibility Payment Block, this authorization is binding on me and the State for 12 months beginning with the date SSA receives the signed authorization provided that SSA receives the authorization within thirty (30) calendar days of the date I sign it. If the interim assistance agency does not notify SSA within thirty (30) calendar days of the date that I sign this authorization, the authorization is not binding on me or the State. However, if it notifies SSA about this authorization electronically, the thirty (30) calendar days do not begin until the day of the month that SSA requires the State to transmit the electronic notification that it has obtained a signed authorization. Also, this form must be signed and dated by both a State representative and me to be a valid agreement that authorizes the State to receive interim assistance reimbursement from my SSI/SSP payments. Furthermore, if I file a timely request for an administrative or judicial review within the time permitted under SSA's regulations, this authorization will remain in effect, even if beyond the 12 month period, until such time as:

- SSA makes the first retroactive posteligibility payment of SSI/SSP benefits following a suspension or termination of my SSI/SSP benefits; or
- SSA makes a final determination on my appeal; or
- The State and I both agree to terminate this authorization.

What rights and appeals are available to me under this authorization?

The State is required to:

1. Pay me any balance due from the retroactive SSI/SSP payment within 10 working days of their receipt of my SSI/SSP payment.
2. Give me a written notice explaining:
 - How much SSA repaid the State for interim assistance it paid me;
 - The balance, if any, due me unless the Social Security Act requires SSA to pay me such balance. (In such an event, SSA will notify me of the manner in which the balance will be paid to me.); and
 - That I will have an opportunity for a hearing with the California Department of Social Services if I disagree with its actions regarding repayment of interim assistance or any action the IA agency took regarding this authorization.

SIGNATURE OF APPLICANT		DATE
SIGNATURE OF STATE REPRESENTATIVE		DATE
		GR CODE

If the applicant signs this form with a mark, the signature must have two witnesses who provide their signatures, addresses, and the dates they signed below:

WITNESSED BY:			WITNESSED BY:		
ADDRESS (#, STREET):			ADDRESS (#, STREET):		
CITY	STATE	ZIP	CITY	STATE	ZIP

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

<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	State No.: County No.: Worker No.: District: Date: Case Name: Interpreter Needed: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Language Dialect </div>
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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. SSA will notify you of the manner in which the balance will be paid to you.

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:	

YOUR HEARING RIGHTS

To Ask For a State Hearing

The right side of this sheet tells how.

- You only have 90 days to ask for a hearing.
- The 90 days started the day after we mailed this notice.

To Get Help

You can ask about your hearing rights or free legal aid at the state information number.

Call toll free: 1-800-952-5253
 If you are deaf and use TDD call: 1-800-952-8349

If you don't want to come to the hearing alone, you can bring a friend, an attorney or anyone else. You must get the other person yourself.

You may get free legal help at your local legal aid office of welfare rights group.

Other Information

The information you provide on this form is needed to process your request for a hearing, and processing may be delayed if your request is incomplete. A case file will be set up by the State Hearing Officer. You have a right to examine the materials that make up the file. Any information you provide may be shared with the departments whose action you are appealing and the U.S. Department of Health and Human Services. Authority: W&IC 10950.

I will bring this person to the hearing to help me (name and address, if known):

I need an interpreter at no cost to me. My language or dialect is: _____

My name: _____

Address: _____

Phone: _____

My signature: _____

Date: _____

HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page and send or take it to :

You may also call 1-800-952-5253.

HEARING REQUEST

I want a hearing because of an action by _____ about the interim assistance said department deducted from my SSI/SSP payment.

Here's why: _____
