

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



March 14, 1985

ALL-COUNTY INFORMATION NOTICE I-27-85

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: STEPHENS V. McMAHON

REFERENCE: ACIN 1-106-84
ACIN 1-12-85
ACL 84-125
ACL 85-13
ACL 85-24

This is to transmit to you a replacement Stephens v. McMahon worksheet and to inform you that the Stephens v. McMahon stuffer was inadvertently mailed to the aged, blind and disabled aid codes.

It has come to our attention that the Stephens v. McMahon worksheet transmitted in All-County Letter No. 85-24 had a typo that needed correction. Question #5 should read "...terminated or reduced on or after October 1, 1984?" instead of "...on or before October 1, 1984?" We have also added information to Column F that makes clear that special needs are to be included in the computation of benefits. Counties may use the corrected replacement worksheet attached or make the correction to the worksheet received with ACL 85-24.

Additionally, the Stephens v. McMahon stuffer scheduled to be mailed to AFDC recipients with the March Medi-Cal cards was inadvertently mailed to aged, blind and disabled individuals. The stuffer has been remailed by the Department of Health Services in a separate mailing to AFDC recipients.

We apologize for any inconvenience this may cause. If you have any questions, please contact Kathy Layne at (916) 324-0097.


ROBERT A. HOREL
Deputy Director

Attachment

**STEPHENS v. McMAHON
WORKSHEET**

INSTRUCTIONS: Answer the following questions and check the appropriate box. If the answer to any one of the questions below is "No" the claim shall be denied and an appropriate Notice of Action mailed to the claimant. Once a "No" answer is recorded, the remaining questions need not be answered.

Case Name:
Case Number:
Claimant's EW:
Date:

- | | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| 1. Did claimant receive a lump-sum payment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the lump-sum payment meet the windfall definition? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Did claimant receive lump-sum payment after April 1, 1982? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Did the receipt of the lump-sum payment after April 1, 1982 result in the claimant's AFDC benefits being suspended, denied, terminated or reduced? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Did the claimant's AFDC benefits remain suspended, denied, terminated or reduced on or after October 1, 1984? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Was the claimant's application for back benefits received by April 30, 1985? | <input type="checkbox"/> | <input type="checkbox"/> |
7. If the answer to all of the above questions is "yes" the claimant's **Stephens v. McMahon** CA 2 and CA 7's shall be examined to determine eligibility for AFDC from October 1, 1984 forward. The amount of the claimant's **Stephens** back payment shall be computed using the information taken from the **Stephens** CA 2 and CA 7's and the following table:

A.	B.	C.	D.	E.	F.	G.	H.
Period Month/Year	Available Resources ¹	Family Size	MAP	Nonexempt Income	Grant That Should Have Been Paid *	Grant Amount Actually Paid	Amount of Stephens Payment Owed ²
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10. Total Owed ³							

II. If the claimant has an existing overpayment due the county, the following computations will be used to balance the **Stephens** underpayment against the outstanding overpayment.

- a. If the amount of the **Stephens** back benefits is greater than the overpayment due complete the following:
- Stephens** back benefits owed (amount from "Total Owed", Line 10, in Table I.) _____
 - Less amount of overpayment due. _____
 - Equals amount of **Stephens** back benefits still owed. _____

An appropriate **Stephens** Notice of Action, and a warrant for the amount of the **Stephens** back benefits owed, shall be sent to the claimant.

- b. If the amount of the overpayment due to the county is greater than the **Stephens** back benefits complete the following:
- Overpayment due _____
 - Less amount of **Stephens** back benefits owed (amount from "Total Owed", Line 10, in Table I.) _____
 - Equals amount of overpayment still due. _____

An appropriate **Stephens** Notice of Action shall be sent to the claimant.

- If the amount COLUMN B exceeds \$1,000.00, the claimant is ineligible for AFDC and a **Stephens** back payment for the corresponding period. The appropriate **Stephens** Notice of Action should be mailed to the claimant indicating a denial of the claim for this period.
- The amount shown in COLUMN H is the difference between the amount shown in COLUMNS F and G.
- The amount shown on Line 10 is the sum of all amounts in COLUMN H. If the claimant does not have an existing overpayment due the CWD, this is the amount of the **Stephens** back benefits owed to the claimant. A warrant for this amount along with the appropriate **Stephens** Notice of Actions should be sent to the claimant.

* D-E (+ any special needs)