

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



June 11, 1996

ALL COUNTY INFORMATION NOTICE I-31-96

TO: ALL COUNTY WELFARE DIRECTORS

REASON FOR THIS TRANSMITTAL

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

SUBJECT: NOTICES OF ACTION (NOA) MESSAGES FOR RECENT
REGULATION CHANGES IN THE AID TO FAMILIES WITH DEPENDENT
CHILDREN (AFDC) PROGRAM

The purpose of this letter is to transmit the attached NOA messages affected by past changes to the AFDC regulations. As a result of these changes, the CDSS developed one new NOA message and revised six current NOA messages. The following is a synopsis of the regulation changes and the applicable All-County Letter/All-County Information Notice (ACL/ACIN). Attachment I is a cover sheet listing each NOA message and whether it is new or revised.

CHILD CARE DISREGARD-NET INCOME ACL 95-78 Dated 12/18/95

The child care disregard section of the AFDC regulations was simplified by establishing a \$175 limit for each child or incapacitated adult and a \$200 limit for each child under the age of two. This revision eliminated the one dollar (\$1.00) difference in disregards for less than 100 hours and 13 days of work per month.

SUPPLEMENTAL CHILD CARE (SCC) PROGRAM ACL 95-19 Dated 5/10/95

The requirement that SCC eligibility be based on the receipt of the child care disregard was eliminated.

**ASSISTANCE UNIT (AU) COMPOSITION ACL 94-91 Dated 10/31/94,
ACIN I-45-94 Dated 12/7/94**

A new federal policy changed AFDC regulations for determining AFDC-Family Group (FG) eligibility of a caretaker relative when a dependent child is eligible for foster care benefits. This policy added clarifying language to the "Included Persons" section of the regulations.

OVERPAYMENT RECOUPMENT ACL 95-55 Dated 9/20/95

A federal policy clarification changed AFDC regulations and created a priority order for counties to use when collecting overpayments. Now counties must first seek recoupment from the caretaker relative recipient. Furthermore, collection from the other members of the overpaid AU is not initiated until all efforts to collect from the caretaker relative recipient are exhausted.

Camera-ready copies of the NOA messages in Cambodian, Chinese, Spanish and Vietnamese will be available upon request through the Language Services Bureau approximately 30 days from the date of this letter.

CONTACTS

NOAs: Pam Kian - AFDC Policy Implementation Bureau (916) 654-1801/
CALNET 464-1801.

Translations: Language Services Bureau (916) 654-1282/CALNET 464-1282 or
FAX (916) 657-3429/CALNET 437-3429.

SCC: Mike Fishel - Child Care Programs: (916) 654-3825/CALNET 464-3825.

Child Care Disregard Net Income/AU Composition: Julie Lopes - AFDC Policy
Implementation Bureau (916) 654-1786/CALNET 464-1786.

Overpayments: Joelyn Walters - AFDC Policy Implementation Bureau (916) 654-1803/
CALNET 464-1803.

Sincerely,



BRUCE WAGSTAFF
Deputy Director
Welfare Programs Division

Enclosure

ATTACHMENT I

NOTICE OF ACTION (NOA) MESSAGES

M44-113F - Child Care Disregard - Change

The M44-113F message is obsolete because the section of the regulations which had the \$1 difference in disregards based on work hours/days was eliminated.

M44-113A (5/96) - Disallowance - Change

The M44-113A message was revised to take out language from the second check box indicating the Supplemental Child Care payment is dependent on receiving the child care disregard.

M40-118A (5/96) - Application Processing - Deny

The M40-118A message was revised to add language regarding the caretaker relative of a dependent foster care child.

M82-820A (5/96) - AU Composition - Deny

The M82-820A message was revised to add language regarding the caretaker relative of a dependent foster care child.

M82-820B (5/96) - Application Processing - Discontinue

The M82-820B message was revised to add language regarding the caretaker relative of a dependent foster care child.

M82-820C (5/96) - AU Composition - Discontinue

The M82-820C message was revised to add language regarding the child getting foster care.

M44-352D (2/96) - Overpayment Recovery - Change

The M44-352D message was developed to accomodate the starting and stopping of grant adjustment depending on the disposition of the caretaker relative.

FOR HOLDERS OF THE AFDC NOA HANDBOOK

- o M44-113F OBSOLETE - Remove from AFDC NOA Handbook.
- o M44-113A (5/96) Replace (10/93) version and insert into the AFDC NOA Handbook.
- o M40-118A (5/96) Replace (8/91) version and insert into the AFDC NOA Handbook.
- o M82-820A (5/96) Replace (8/91) version and insert into the AFDC NOA Handbook.
- o M82-820B (5/96) Replace (8/91) version and insert into the AFDC NOA Handbook.
- o M82-820C (5/96) Replace (8/91) version and insert into the AFDC NOA Handbook.
- o M44-352D (2/96) Insert into the AFDC NOA Handbook.

State of California
Department of Social Services

Noa Msg Doc No.: M44-113F Page 1 of 1
Action : Change
Issue: Disregard
Title: Change in Child Care Expenses
Due to Change in Working Hours

Auto ID No. :
Source :
Issued by :
Reg Cite : 44-113.217

Use Form No. : NA 200
Original Date : 05/01/87
Revision Date : **OBSOLETE**

MESSAGE:

As of _____, the County is changing your
cash aid from \$_____ to \$_____.

Here's why:

There has been a change in the number of
hours worked by _____. The change of
hours affects the dependent care disregard
for your cash aid.

You get a disregard up to \$175 (\$200 for
child under 2) for each dependent when you
work at least 100 hours and at least 13 days
in a month.

You get a disregard up to \$174 (\$199 for
child under 2) for each dependent when you
work less than 100 hours in a month.

Your new cash aid amount is figured on this
notice.

**THIS NOTICE OF ACTION IS OBSOLETE EFFECTIVE 3/1/96 PURSUANT TO THE REGULATION
CHANGE.**

file : pkian/MSERIES/cc.44113F

State of California
Department of Social Services

Noa Msg Doc No.: M44-113A Page 1 of 1
Action : Change
Issue: Disallowance
Title: Disallowance of Deductions/
Disregards

Auto ID No.:
Source : MR-RB, ACL 93-84
Issued by :
Reg Cite : 40-181.244, 44-113.212b,

Use Form No. : NA 200
Original Date : 05/01/87
Revision Date : 05/01/96

MESSAGE:

As of _____, the County is changing
your monthly cash aid from \$_____ to
\$_____.

Here's why:

We did not allow the disregard or deduction
you usually get because you did not give us
the required information or written proof
about:

- Days and hours worked.
- Child or Adult Care Expenses.
- Child or Spousal Support you paid.
- Self-Employment Expenses.

Your cash aid amount goes down when we don't
allow all your disregards or deductions.

Send or bring us the proof or information so
that we can refigure your cash aid amount.

Your new cash aid amount is figured on this
notice.

INSTRUCTIONS: Use to change the monthly grant when certain deductions or
disregards are disallowed because required information or written proof was not
provided. Use only for situations where the lack of information does NOT result in
a determination that the CA 7 or SAWS 7 monthly report is incomplete. Fill in the
blanks and check the appropriate box(es). If you check the Self-Employment box,
show the specific expense(s) being disallowed.

This message replaces M44-113A dated 10/01/93

file : pkian/MSERIES/cc.44113A

Auto ID No. :
Source :
Issued by :
Reg Cite : 40-105, 40-118, 40-126.342,
40-128, 40-171.221(d), 82-820.2

Use Form No. : NA 290
Original Date : 02/05/85
Revision Date : 05/01/96

MESSAGE:

The County has denied your application for cash aid dated _____.

Here's why:

You did not give us a completed Statement of Facts form. You must complete the Statement of Facts form and give it to us if you want cash aid.

- You did not give us the Statement of Facts form.
- You gave us the Statement of Facts form, but it isn't complete because _____.

You must include the following person(s) on the Statement of Facts:

- All of the brothers, sisters, half-brothers and half-sisters under 19 living with the child you want aided. You must also include those children's parents who live with you.
- Yourself if you are a pregnant woman and have no children in the home.
- The caretaker relative, the second parent and stepparent if living with an SSI/SSP child when the caretaker relative asks to be aided.
- The caretaker relative if living with a dependent foster care child when the caretaker relative asks to be aided.
- The caretaker relative, the second parent and stepparent if living with a child who is sanctioned by the GAIN program.
- You did not apply for:

(Name)

(Name)

INSTRUCTIONS: Use to deny cash aid to a Filing Unit when the applicant fails or refuses to complete the applicable Statement of Facts.

In the action line, enter the date of application. Check the first box if the denial involves a failure to supply the applicable Statement of Facts form. Check the second box if the denial involves an incomplete Statement of Facts form and enter a statement of why the form is incomplete. If any person was not included on the Statement of Facts form check the appropriate box (3 - 7) and fill in the person's name after the eighth box.

This message replaces M40-118A dated 08/01/91

file : pkian/MSERIES/au.40118a

State of California
Department of Social Services

Noa Msg Doc No.: M82-820A Page 1 of 1
Action : Deny
Issue: AU Composition
Title: No Eligible Person

Auto ID No.:
Source :
Issued by :
Reg Cite : 82-820.2

Use Form No. : NA 290
Original Date : 08/01/91
Revision Date : 05/01/96

MESSAGE:

The County has denied your application for
cash aid dated _____.

Here's why:

To get aid, there must be at least one of the
following persons living in the home:

An eligible child, or

A caretaker relative of an SSI/SSP
child, or

A caretaker relative of a dependent
foster care child, or

A pregnant woman, or

A parent of a child who is sanctioned by
the GAIN program.

INSTRUCTIONS: Use to deny AFDC when there is no eligible person in the home. In
the action line, enter the date of application.

This message replaces M82-820A dated 08/01/91

file : pkian/MSERIES/au.82820a

State of California
Department of Social Services

Noa Msg Doc No.: M82-820B Page 1 of 1
Action : Discontinue
Issue: Application Processing
Title: Application for Mandatory
AU Members

Auto ID No.:
Source :
Issued by :
Reg Cite : 40-118, 82-820.2

Use Form No. : NA 290
Original Date : 08/01/91
Revision Date : 05/01/96

MESSAGE:

As of _____, the County is stopping
your cash aid.

Here's why:

You must apply for:

- [] All of the brothers, sisters, half-
brothers and half-sisters under 19
living with the child you want aided.
You must also include those children's
parents who live with you.
- [] The caretaker relative and the second
parent if living with an SSI/SSP child
when the caretaker relative asks to be
aided.
- [] The caretaker relative if living with a
dependent foster care child when the
caretaker relative asks to be aided.
- [] The caretaker relative and the second
parent if living with a child who is
sanctioned by the GAIN program.
- [] You did not apply for:

(Name)

(Name)

INSTRUCTIONS: Use to discontinue a case when a mandatory AU member moves into the home or a child in the home becomes eligible (e.g. parent becomes unemployed) and the family fails or refuses to request aid for the person. In the action line, enter the date of the discontinuance. In the body of the message, check the appropriate box. On the appropriate line, fill in the person's name.

This message replaces M82-820B dated 08/01/91

file : pkian/MSERIES/au.82820b

State of California
Department of Social Services

Noa Msg Doc No.: M82-820C Page 1 of 1
Action : Discontinue
Issue: AU Composition
Title: Eligible Child Left Home

Auto ID No.:
Source :
Issued by :
Reg Cite : 82-820.2

Use Form No. : NA 290
Original Date : 08/01/91
Revision Date : 05/01/96

MESSAGE:

As of _____, the County is stopping
your cash aid.

Here's why:

You no longer have a child living with you.

To get aid, you must have a child living with
you who is:

Eligible for cash aid, or

Getting Supplemental Security Income
(SSI), or

Getting foster care, or

Being sanctioned by the GAIN program.

INSTRUCTIONS: Use to discontinue an AFDC case when there is no longer an eligible
or otherwise eligible child in the home. In the action line, enter the date of the
discontinuance.

This message replaces M82-820C dated 08/01/91

file : pkian/MSERIES/au.82820c

State of California
Department of Social Services

Noa Msg Doc No.: M44-352D Page 1 of 1
Action : Change
Issue: U/O Payment
Title: Overpayment Recovery

Auto ID No.:
Source :
Issued by :
Reg Cite : 44-350.13, 44-352.3,
44-352.4

Use Form No. : NA 200
Original Date : 02/01/96, New
Revision Date :

MESSAGE:

As of _____, the County is changing your cash aid from \$_____ to \$_____.

Here's why:

_____ was the caretaker relative when the assistance unit was overpaid.

[] This person is no longer in your assistance unit. At this time we are stopping collection of the amount owed.

If we can not collect from this person, we may start taking out the amount owed from your cash aid again.

[] The amount owed is being taken from your cash aid because the County can no longer collect from this person. The next page(s) shows the amount owed and what will be taken out of your cash aid.

Your new cash aid amount is figured on this notice.

WARNING: If you think this overpayment is wrong, this is your last chance to ask for a hearing. The back of this page tells how. If you stay on aid, the County can collect an AFDC overpayment by lowering your monthly grant. It can lower your food stamps to collect an overissuance unless it was the County's fault. If you go off aid before the overpayment or overissuance is paid back, the County may take what you owe out of your state income tax refund.

INSTRUCTIONS: Use to stop/start grant adjustment for an overpayment when the caretaker relative is no longer in the AU and **EITHER** the overpayment can still be recouped from the caretaker relative, **OR** cannot be recouped from the caretaker relative.