

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814
(916) 322-1019



November 12, 1986

ALL-COUNTY LETTER NO. 86-113

ALL COUNTY WELFARE DIRECTORS
ALL COUNTY AUDITORS
ALL COUNTY FISCAL OFFICERS
ALL COUNTY ADMINISTRATIVE SERVICES OFFICERS

SUBJECT: REDUCTION OF FEDERAL FUNDING FOR REFUGEE DEMONSTRATION PROJECT
PARTICIPANTS FROM 36 TO 31 MONTHS

The State has been notified by the Federal Office of Refugee Resettlement (ORR) that the Balanced Budget and Emergency Deficit Control Act of 1985 (Gramm-Rudman-Hollings/Public Law 99-177) does apply to funds available for the Refugee Demonstration Project (RDP). Therefore, effective October 1, 1986, ORR will reimburse the State for RDP costs for the first 31 months that a refugee is in the United States rather than the first 36 months. This policy decision was effective for Aid to Families with Dependent Children (AFDC), California Medical Assistance (Medi-Cal), Supplemental Security Income/State Supplementary program (SSI/SSP), and General Assistance (GA) Programs effective March 1, 1986 (ACIN I-09-86 and ACL 86-27).

The purpose of this letter is to provide program, fiscal claiming, and statistical reporting instructions necessary to implement the time eligibility reduction to 31 months in the RDP.

I. Program Instructions

Counties were instructed in All-County Information Notice I-89-86 to identify all RDP cases in which the Principal Earner or Caretaker Relative (PE/CR) met the 31-month cut-off as of October 1, 1986. Refugee cases terminated from RDP shall be transferred to Federal AFDC-FG/U via interprogram transfer if the RDP assistance unit is otherwise eligible. A new application is not required, but a Notice of Action (NOA) must be sent. Counties must also notify the Central Intake Unit that the PE/CR is no longer a mandatory participant within 15 days of the change in mandatory status.

- A. Notice of Action. The RDP Termination/Transfer to AFDC NOA and the RDP Termination/Denial of AFDC NOA contained in All-County Letter 85-106 have been revised to reflect the reduction from 36 to 31 months. Copies are enclosed.
- B. Eligibility. Refugee cases terminated from the RDP must be reevaluated for AFDC eligibility. If the PE is working 100 hours or more a month under RDP-U, he/she would not meet AFDC-U Federal eligibility criteria. RDP recipients converting back to AFDC must also be evaluated for eligibility for the \$30 and one-third or the \$30 earned income disregard (MPP 69-204.331) and connection with the labor force (MPP 69-204.332). The Assistance Unit (AU) will also be required to comply with AFDC employment and work registration requirements.
- C. Overpayments. Overpayments incurred while the case was in RDP may not be recouped by grant adjustment of the AFDC grant.
- D. New Applicants. All new refugee applicant cases must have at least six months of time eligibility remaining as of the date of application to be eligible for RDP (i.e., the PE/CR must have been in the United States 25 months or less).
- E. Food Stamps. Under RDP, the assistance unit was considered to be a Nonassistance Food Stamp (NAFS) case. When the case is transferred back to AFDC, the food stamp portion of the case must be transferred to Public Assistance Food stamps (PAFS).
- F. Mixed Cases. Those cases in which the PE/CR has time-expired, shall be evaluated for AFDC eligibility. If the AU is found to be AFDC eligible, the case would be aided under aid codes 30 for FG cases and 35 for U cases. Any time-eligible persons in the AFDC AU would still be eligible for Refugee Resettlement Program (RRP) funding and must be claimed as such.
- G. Sanctions. An RDP sanction does not follow the AU back to AFDC. Therefore, the AU may reapply for assistance (and be granted aid if otherwise eligible) during the three- or six-month sanction period if the PE/CR has time-expired before the end of the sanction period.

II. Fiscal Claiming Instructions

A. Administrative Time Reporting

Effective with the November 1986 time study period, time spent performing eligibility activities for refugees in the RDP will be limited to the refugee's first 31 months of United States residency.

Detailed time study/claiming instructions will be issued for the October - December 1986 quarter.

B. Assistance Claiming Instructions

To ensure proper claiming, effective with the October 1986 payroll, it will be necessary for counties to verify the date of entry (DOE) for each member of the RDP AU. Those time eligible persons (one of whom must be the PE/CR) in the RDP AU who have not exceeded the 31-month time eligibility period as of October 1, 1986 will continue to be claimed on Form DFA 844 RDP. These cases must continue to be coded with Aid Code 77 for FG cases and Aid Code 78 for U cases. Those cases in which the caretaker relative or the principal earner has time expired (31 months) are no longer eligible for the RDP. Therefore, these cases should not appear on the RDP payroll.

III. Statistical Reporting Instructions

Beginning October 1, 1986, and continuing until further notice, the 31-month time eligibility limitation for 100 percent Federal reimbursement will also apply to the Refugee Demonstration Project statistical reporting requirement for time eligible cases and persons.

The Office of Refugee Resettlement has instructed the State to collect information consistent with the new Federal reimbursement policy.

Therefore, it will be necessary for all County Welfare Departments to make the appropriate adjustments to the time eligibility reporting requirement on the following report form:

Refugee Demonstration Project (RDP) - Cash Grant Caseload Movement Report (Form RS 237 RDP)

All counts reported on this form will reflect the 31-month limitation for time eligibility. For example, on lines 8a, 8a(1), and 8a(2), "time eligible persons and cases," counties should report refugees who have resided in the United States from 1 through 31 months; on lines 9a and 9b, counties should report the number of cases and persons that were terminated because they became time expired after 31 months. Please note that there is a possibility that Federal funds may become available later this fiscal year for the full 36-month time eligibility for reimbursement. Therefore, counties must footnote the RS 237 report with the number of AFDC cases and persons that would have remained time eligible (for 36 months) for that report month.

All-County Letter 35-49, dated June 11, 1986, provides instructions for all other statistical reports impacted by the March 1, 1986, implementation of the 31-month time eligibility limitation for all other refugee assistance programs.

Questions concerning refugee program requirements should be directed to Mr. Fred C. Schack, Chief of the Refugee Support Management Bureau at (916) 323-2131. Questions regarding fiscal claiming should be directed to Ms. Janet Sandlin (Administration) or Ms. Stephanie Davis (Assistance) at (916) 445-7046. Questions concerning statistical reporting should be referred to Ms. Pat Proschold at (916) 920-7375.

Carl B. Williams

CARL B. WILLIAMS
Deputy Director
Employment and Community Services

Enclosure

cc: CWDA
Sharon Fujii, Ph.D., ORR, Region IX

Notice of Action

If you have questions or want more information about this action, please contact your worker.

Case Name :
Case Number :
Worker :
Phone :
Date :

Description of the Action, Amount, Reason(s), Comments. Effective _____, the following action is being taken:

Because you've lived in the United States for more than thirty-one months, the Refugee Demonstration Project must stop your cash aid. You will continue to get your cash-based Medi-Cal.

The county will now send you AFDC.

But please note: _____ can't get AFDC because:

Your AFDC is figured below:

Computation of: Financial Eligibility
 Aid Payment

_____ for _____ persons _____
Special Needs (specify) _____ + _____
_____ + _____
Net Non-exempt Income _____ - _____
Child/Spousal Support Collected by the County
(for eligibility computation only) _____ - _____
Total Grant _____ = _____
Overpayment Adjustment (see page _____) _____ - _____
Aid Payment _____ = _____

Net Nonexempt Income Computation

	Name	Name	Name
Total Earned Income			
Inc. Tax, Soc. Sec. and Disab. Ins.	-		
Standard Work Expense Disregard	-		
Dependent Care Expense Disregard	-		
Disregard: \$30	-		
Subtotal	=		
Disregard: 1/3 of Subtotal	-		
Other Countable Income: _____	+		
_____	+		
_____	+		
Court Ordered Child/Spousal Support Paid	-		
• Net Nonexempt Income	=		
• Net Nonexempt Income Total (columns 1 + 2 + 3)	=		

Regulations. This action is required by State regulations which are available for review at the county welfare department: Manual of Policies and Procedures (MPP) Section(s) 69-206.21

Medi-Cal: California Administrative Code Title 22, Section(s) 50179, 50179.5, 50183, 50227

Child Support. The District Attorney can help you locate an absent parent, legally establish your child's paternity, and collect child support. To obtain these services, or to continue them if aid is discontinued, you must contact the District Attorney's office.

Family Planning Services. Information is available from the County Welfare Department on request.

State Hearing. If you are dissatisfied with this action, your aid may continue unchanged if you ask for a State Hearing before the effective date of the action. Read the back for important information about your right to appeal this action.

Your Right to Appeal This Action

How to Request a State Hearing

The best way to request a hearing is to fill in and send this entire notice to:

If you are dissatisfied with the action described on the other side, or any other county action, you may request a state hearing before a Hearing Officer of the State Department of Social Services. This hearing will be conducted in an informal manner to assure that everyone present is able to speak freely. Your county or adoption worker can help you request a hearing. If you decide to request a hearing you must do so WITHIN 90 DAYS OF THE MAILING DATE OF THIS NOTICE.

FOOD STAMPS AND CASH AID: If this action stops or reduces your food stamps or cash aid and you ask for a hearing before the effective date of the action, your benefits may continue unchanged under certain circumstances until the hearing or until you receive your hearing decision. **Food Stamps** will not continue past the end of your current certification period.

Authorized Representative

You can represent yourself at the state hearing. You can also be represented by a friend, attorney or any other person, but you are expected to arrange for the representative yourself. You can get help in locating free legal assistance by calling the toll-free number of Public Inquiry and Response.

The State Public Inquiry and Response Unit can provide you with further information about your hearing rights or files or other welfare-related matters. Assistance is also available in some languages other than English, including Spanish. You may phone, write or come in.

Public Inquiry and Response
State Department of Social Services
744 P Street, Mail Station 16-23
Sacramento, CA 95814

Request for a State Hearing

Name _____

Address _____

City _____ State _____ Zip Code _____

I am requesting a state hearing because of an action by the welfare department of _____ county related

to my family's: Cash Aid Food Stamps Medi-Cal Adoption Assistance Program Payments

Reasons for my request:

I speak a language other than English and need an interpreter for my hearing. (The state will provide the interpreter at no cost to you.)

Language _____

Dialect _____

If you request a state hearing and your benefits continue unchanged, the county can recover as an overpayment the cash aid and value of food stamps the hearing decision finds you were not eligible for. If you remain eligible to receive cash aid after the hearing, and you have no other income or resources, your grant will be reduced by 10% each month until the full amount of such overpayment is collected. If you do have other income or available property, the amount your grant will be reduced each month will be greater.

Check here if you want your benefits reduced or discontinued now, as described in this Notice of Action.

Cash Aid Food Stamps

If you checked the box(es) and the hearing decision is in your favor, any lost benefits will be made up.

Signature _____

Date _____

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 Chief Referee. You have a right to examine the materials that make up the file and may NA Back 5 (Cash Aid FS)

Department of Agriculture, Authority W&IC 10950.

Department of Health and Human Services, or the U.S. Department of Agriculture, Authority W&IC 10950.

Notice of Action

If you have questions or want more information about this action, please contact your worker.

Case Name :
Case Number :
Worker :
Phone :
Date :

Description of the Action, Amount, Reason(s), Comments. Effective _____, the following action is being taken:

Because you've lived in the United States for more than thirty-one months, the Refugee Demonstration Project must stop your cash aid. You will get a separate notice for Medi-Cal.

You and your family may still get cash aid under other programs. Phone your worker at _____.

Neither you or your family can get AFDC because: _____

Regulations. This action is required by State regulations which are available for review at the county welfare department: Manual of Policies and Procedures (MPP) Section(s) 69-213.3

Medi-Cal — California Administrative Code Title 22, Section(s) 50179, 50179.5, 50183, 50227

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Your Right to Appeal This Action

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State Department of Social Services
744 P Street, Mail Station 6-100
Sacramento, CA 95814

You may also request a hearing by calling the toll-free number of Public Inquiry and Response.

Public Inquiry and Response (Public Information)

Toll-Free Number: (800) 952-5253*

For the Deaf Only TDD (800) 952-8349*

*You may have to dial "1" first.

The State Public Inquiry and Response Unit can provide you with further information about your hearing rights or files or other welfare-related matters. Assistance is also available in some languages other than English, including Spanish. You may phone, write or come in.

Public Inquiry and Response
State Department of Social Services
744 P Street, Mail Station 16-23
Sacramento, CA 95814

If you are dissatisfied with the action described on the other side, or any other county action, you may request a state hearing before a Hearing Officer of the State Department of Social Services. This hearing will be conducted in an informal manner to assure that everyone present is able to speak freely. Your county or adoption worker can help you request a hearing. If you decide to request a hearing you must do so WITHIN 90 DAYS OF THE MAILING DATE OF THIS NOTICE.

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Address _____

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Check here if you want your benefits reduced or discontinued now, as described in this Notice of Action.

Cash Aid Food Stamps

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Signature _____ Date _____

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 Chief Referee. You have a right to examine the materials that _____ up the file and may

do so by contacting Public Inquiry and Response. Any information you provide may be shared with the county welfare department, with the U.S. Department of Health and Human Services, or the U.S. Department of Agriculture. Authority W&IC 10950