

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814
(916) 324-2655



June 30, 1986

ALL COUNTY LETTER NO. 86-57

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: PLAN FOR IMPLEMENTATION OF TURNER v. McMAHON CONSENT DECREE REGARDING
AFDC NOTICES OF ACTION (NOAs)

REFERENCE: ALL COUNTY WELFARE DIRECTORS LETTER, JUNE 11, 1986 AND ACL 86-52

On June 11, 1986 every county was sent an initial copy of the Turner Implementation Plan. The purpose of this letter is to transmit to counties a second copy of the Plan. As noted in the June 11, 1986 letter, counties must maintain a copy in the county administrative offices for public review and comment and must begin initial review and planning activities. The Department is transmitting a second copy of the plan at this time so that counties might be better able to accomplish both these required activities.

Also please note there have been minor corrections made to the NOA messages found on pages 71, 73, 75, 88-95 and 97-100. Counties should make certain they are using the message language dated 6/20/86 when programming their automated equipment or otherwise preparing for implementation. In addition, there are alignment and clerical errors on the NOA forms which will be corrected prior to distribution to counties in November 1986.

The Department currently anticipates no other changes to the plan or to the planned time frames (shown in Section VB at page 126). If future changes are necessary, we will notify counties with as much lead time as possible.

If you have any questions or need further information, please call Doris Keller at (916) 324-2655.

Robert A. Horel
for ROBERT A. HOREL
Deputy Director

Attachment

cc: CWDA

PLAN FOR IMPLEMENTATION OF TURNER v. McMAHON CONSENT DECREE

REGARDING AFDC NOTICES OF ACTION

California Department of Social Services
LINDA S. McMAHON, Director
Health and Welfare Agency
JAMES S. STOCKDALE, Acting Secretary

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744 P Street, Sacramento, Ca 95814

ALL COUNTY LETTER, DRAFT

ALL COUNTY WELFARE DIRECTORS

SUBJECT: APPROVED TURNER V. McMAHON NOTICE OF ACTION (NOA) IMPLEMENTATION PLAN
FOR AFDC

REFERENCE: ACL , TURNER V. McMAHON CONSENT DECREE

Attached is a copy of the Turner v. McMahon Implementation Plan approved by the Turner court on . Portions of the plan have effective dates over a period of time ranging from the present through January 1, 1992. The Department is transmitting the entire plan to the counties at this time so you might begin their individual review and planning.

Within the plan, the state has made an interim decision to develop a two column NOA format. A final decision for implementation of the two column format will be made by the end of September 1986 after county cost estimates and the results of the recipient field study are available. Following the final decision, the state will prepare camera ready copies in all languages and transmit them to counties as well as place print orders for those stocked in the warehouse.

The Turner messages, the NA Back 6, the NA 990, and all the new manual NOA forms in all the languages are mandated for use as of May 1, 1987 to affect the June 1, 1987 grants in continuing cases. This means all manual NOAs must be prepared in the two column format by May 1, 1987.

All counties are also required to implement the "immediate" County Standards for AFDC NOAs on May 1, 1987 (see the County Standards section at III.C. of the plan). In addition to the "immediate" county standards there are "long term" standards which counties must meet at various times, depending upon their individual circumstances.

The "long term" county standards and the two column NOA format are to be implemented simultaneously within a county. Manual NOAs must meet the "long term" county standards and be printed in two column format as of May 1, 1987. NOAs produced by automated equipment are required to meet the long term standards and to be printed in the two column format by January 1, 1992. Many counties will have two effective dates for the "long term" county standards and the two column format; May 1, 1987 for the manual NOAs and a later date for the automated NOAs.

The attached plan consists of:

- 1) A discussion of the administrative concerns when implementing major NOA changes;
- 2) The message language as required by Exhibit C of the Consent Decree;
- 3) Standards the counties must maintain in their production of NOAs;
- 4) Standards future EDP equipment and software must meet before state approval for purchase;
- 5) Triggers (major EDP events) requiring counties to begin using the two column format for automated NOAs;
- 6) Plans for monitoring and maintaining the new NOA procedures;
- 7) A calendar showing the critical dates and time frames; and
- 8) Summaries of the county NOA questionnaires completed in November 1985.

In addition to this mailing, the state will transmit enhanced portions of the plan to counties as indicated in the schedule and as stages of completion are reached.

Counties are advised to review the entire plan immediately and begin their preparations for conversion to the new forms, messages, standards and procedures.

Please call Doris Keller (916) 324-2655 for clarification or help with questions.

ROBERT A. HOREL
Deputy Director

Attachments

cc: CWDA

I.

INTRODUCTION

After a court challenge in Turner v. Woods, concerning the manner in which AFDC notices of action were written, the state agreed to take steps to change then current policies regarding the development of notices. It is in everyone's interests that clients be able to read and understand Notices of Action sent to them concerning their case. By changing notice formats and using nontechnical and uniform language, worker time should be saved, clients' questions and confusion should be lessened and there should be fewer state hearing requests resulting from lack of understanding of county action. After hiring a consultant to review current notices and language, SDSS developed, with plaintiff's counsel review, understandable message language, a streamlined NOA format and NOA standards to help meet our basic goals. The results of those efforts are detailed in this plan.

The plan consists of:

- 1) A discussion of the concerns surrounding the implementation of major changes to the AFDC Notice of Action (NOA) format, language and procedures,
- 2) The NOA message language as required by exhibit C of the consent decree as well as standards for client NOAs.
- 3) An outline of the procedures the state will use to maintain the new NOA system,
- 4) A discussion of the time frames necessary for proper implementation, and
- 5) The results of a county survey conducted in October and November, 1985 to determine the current NOA procedures and capabilities within the fifty-eight counties.

The Implementation Plan as presented has been agreed to by the Turner plaintiff's counsel on May 19, 1986. It has also been approved for use by Judge Henderson on .

State and county actions described by the plan are mandated according to the details set out.

II

IMPLEMENTATION CONCERNS

The major concerns associated with the implementation plan as required by the Turner v McMahon consent decree are:

- 1) Statewide standardization of NOAs;
- 2) Two column NOA format; and
- 3) Distribution of the approved NOA materials to the counties.

All of these concerns have several associated issues as discussed in the following sections of Part II.

II.A.

STATEWIDE STANDARDIZATION OF NOAs

At the time the Turner v. McMahon suit was filed against the State of California, there was little statewide standardization of the AFDC NOAs. Among the fifty-eight counties several NOA forms were being used and they were prepared by all methods: handwriting, typewriters and computers. The AFDC program has determined that regardless of the final NOA format or language, county NOA production standards must be developed and mandated for county use. The county standards at Section III. C. of this implementation plan were developed after examining sample NOAs, reviewing the Turner consultant's advice on readability, and discussing with counties their client reactions to current NOAs. State and county administrative constraints and the requirements of the Turner consent decree were also considered in developing the standards.

Counties producing NOAs by automated equipment are concerned that there will not be enough time to implement the standards.

Counties producing manual NOAs have concerns with the number of new forms, messages and standards.

The major county concerns are found in Section II.C. See Section V. for a graphic representation of all the dates and time frames mentioned here.

II.B.

TWO-COLUMN NOA FORMAT

Development

Historically California's AFDC NOA messages have been written across the width of an 8 1/2" X 11" NOA form. The Department's consultant, hired under the terms of the Turner Consent Decree, has advised that formatting the messages into two columns is more readable. To that end, he redesigned the NOA forms with two columns; the width of the left column was two thirds of the page and the right was one third of the page. In addition, the right column contained all the standard budget and eligibility computations and the left was left blank for the counties to insert the case specific NOA message language.

During the development of the uneven two column format, counties indicated that though it was designed to solve the NOA readability problem, it would intensify some of the existing NOA production problems and create many others. In October and November 1985, the Department prepared a questionnaire designed to collect specific county reactions to the new format. The questionnaire was followed up with a meeting between the department staff and 15 representative counties. (See Section VI.A.1. for the questionnaire.)

The results of the questionnaire and the meeting clearly showed the unevenly divided format would cause the counties more problems than it would solve. (See Attachment VI.A.2.). It became apparent that an evenly split columnar format is more logical.

The counties generally agreed an evenly split columnar format with no preprinted computations would be easier and cheaper to implement and maintain than any format with all the computations preprinted. The department developed an evenly split two column format and applied specific computations to the manual NOA forms. The form used in automated NOA production does not have any preprinted computations. To accommodate the statewide standardization concern, mandated county standards were developed (Section IIIC) for both manually and automatically prepared NOAs.

County Implementation

Some counties (that are partially automated or are not automated at all) need or wish to change their NOA automated systems or are preparing to implement automated NOAs for the first time. A new or modified system in these counties will fairly easily accommodate any new format, provided it does not require extremely fine programming such as filling-in the computation blanks. (The NOA format upon which the questionnaire was designed consisted, in part, of a "complete" preprinted computation section with blanks to be filled in with dollar amounts).

Most counties using automated equipment have systems and procedures established over a period of years and have no current plans to make major changes. These counties will find it more difficult to make a format change although they stated on the questionnaire that a change is possible. The format that is adopted will also make a difference in that some requirements will be more difficult to accommodate or reprogram than others.

Counties using manual procedures for NOA production are able to make format changes with less effort than automated counties. Their major concerns are acquisition of new stock, destruction of old stock and training workers.

Final Decision

The state has decided to continue development of the two column NOA format. The state will make a final decision on the format issue following: 1) the completion of precise county estimates of cost and time needed to implement and 2) the completion of the field test of the two column format (see Section I.B.1). Counties have not estimated the conversion costs because the exact details of the format are not known. If the final estimates are prohibitive the state will reexamine the issue.

II.B.1

FIELD STUDY OUTLINE

The Department has designed and developed:

- a) a two column NOA format to be used for all NOAs prepared statewide;
- b) a series of NOA forms to help standardize NOAs whether handwritten or printed by mainframe computer driven laser printers; and
- c) a system of instructions and guidelines to help ease county administrative problems in producing timely and adequate NOAs.

During the design and development stages the state relied on the consultant's advice on readability, worked with counties concerning form design and their administrative limits and accepted comments on the plan and the NOA forms from plaintiff's representatives.

To date clients have not provided direct input on the understandability of the final product. There were two very casual tests of client reactions to a draft two column NOA format independently conducted by counties in late 1985. It is unknown how the clients were chosen, which draft format was used, how the compared formats were presented and how the data was collected. The reportedly unfavorable client response could not be analyzed.

Therefore, the Department is proposing a more formal study of client reaction to the two column format. It is anticipated the study will be conducted in at least two volunteer counties during July and August 1986. The study will be conducted as outlined below unless otherwise agreed to by the two parties.

Client population Choose counties from volunteers. (The size of the test and control groups is still undetermined. The final number will be chosen to ensure a statistically valid sample.)

- 1) At least two counties who prepare at least some NOAs manually. The total target population size is at least 4000 cases. Preferably these counties will be within two to three hours commute time of Sacramento for worker training.
- 2) Within each county all the workers (intake and continuing) will be assigned to either the test or control group. For the study, the control group of workers will use the current NOAs and the test group will use two column NOAs. Cases which receive NOAs written in a language other than English will be eliminated from both the test and control groups.

NOA forms to be used

- 1) The test group of clients will receive only the new NA 290, NA 200, NA 210, NA 211 and NA 270 as appropriate for the case situation. If the case requires another NOA form in one of the study months, the old forms will be used and the case will not be a part of the test for that month only.
- 2) The control group of clients will receive only the current NA 290, and NA 291 forms as appropriate for the case situation. If the case requires any other NOA form in one of the study months it will not be a part of the control group for that month.

Client procedures

- 1) Neither test nor control clients will be informed of the test or their role. All clients in both groups will receive any NOAs to which they are entitled.
- 2) Those clients who receive a test or control NOA during the study period will receive a follow-up questionnaire and/or telephone call from the county asking specific questions about their understanding of the NOA they received that month. If the client calls in with questions of the worker they will be asked the questions at that time.
- 3) Workers will record the number and types of questions asked by each client, the client's responses to specific questions about the tested format, and the number of hearing requests received. The workers' completed notes will be forwarded to the State for analysis.
- 4) The questions asked and the categories for client responses will be the same for both the control and test groups of clients.
- 5) The message language used for both groups in the study shall be the standard current NOA language used by the county.

Worker procedures

- 1) The study workers will work their cases as usual and determine which NOA the client should receive, if any.
- 2) Control group workers will determine if the client falls under the criteria of the group and will then write the appropriate NOA. The file copy of the NOA shall be marked "Format Study Group."

- 3) The control group client name and case number shall be recorded on the response summary sheet. If the client calls the worker or comes into the office to see the worker, both the sheet and the file may be used to remind the worker to record the client's questions by number and type. If the client does not call the county, there shall be an attempt to call the client and ask the specific questions. If a call cannot be completed, a questionnaire will be sent with instructions for completing and mailing directly to the state in a supplied prepaid envelope.
- 4) The test group workers will determine if the client falls under the criteria of the test group and will then write the appropriate new NOA. The file copy of the NOA shall be marked "Format Study Group."
- 5) The test group client name and case number shall be recorded on the response summary sheet. If the client calls the worker or comes into the office to see the worker, both the response sheet and the file may be used to remind the worker to record the client's questions by number and type and to ask the test questions. If the client does not call, there shall be an attempt to call the client to ask the specific test questions. If a call cannot be completed, a questionnaire will be sent with instructions for completing and mailing directly to the state in a prepaid envelope.
- 6) The study workers will transmit their response sheets to the state for analysis at the end of the study period.

Proposed time period

- 1) Choose counties, choose workers, prepare and distribute study materials (to be finished by June 1, 1986).
- 2) Train workers in the use of study materials and the new forms (to be finished by June 30, 1986).
- 3) Use test and control material and procedures for two NOA cycles or two complete months (approximately July 1, 1986 through August 31, 1986).
- 4) Transmission of materials to the state and final analysis (to be finished by September 15, 1986).

State procedures

- 1) Choose the counties
- 2) Assist in choosing the test and control group workers in each county.

- 3) Assist in training the workers in the use of the new NOA forms and in the test procedures.
- 4) Receive the questionnaires directly from the clients.
- 5) Receive the response summary sheets from the workers.
- 6) Analyze all the results and develop a written report.
- 7) Transmit the report and data upon which the report is based to Turner plaintiff's attorneys and the counties.
- 8) Participate in making the final decision for the NOA format.

See Section V. for a graphic representation of all the dates and time frames mentioned here.

II.B.2

IMPLEMENTATION COSTS

TWO-COLUMN FORMAT COSTS, AUTOMATED NOAs

A list of cost categories for counties with automated equipment to implement a NOA two-column format was developed from the responses to the NOA questionnaire. The list was transmitted to San Bernardino, Solano, Riverside, Los Angeles and Butte Counties for their comments on additional costs. These counties were chosen because they generally represent most of the state's automated NOA systems. They were also asked to identify the costs as long term, short term and those associated exclusively with the implementation of a two-column NOA format.

There were no costs eliminated from the list. The counties indicated most of the costs would not be as high as originally estimated because the final format will not have preprinted computations. (The NOA format transmitted with the questionnaire had a "complete" preprinted computation section with blanks to fill in the dollar amounts.) In automated counties the reproduction of the computation section(s) needed for specific cases costs less than to fill in blanks on a preprinted form.

The short and long term implementation costs are identified as follows:

<u>Short Term Increases</u> <u>With Two Column</u>	<u>Long Term Increases</u> <u>With Two Column</u>
Design of the changes	Run Time (minimal)
Reprogramming/testing	Maintenance
County conversion program	Mailing and handling
County time and travel	Cost of preparation of more 2nd pages
County conversion costs to rewrite all NOA messages in existing NOA tables	Handling delays
Installation of modifications	Meet and confer issues which result in continuing costs
Meet and confer issues which result in short term costs	

TWO-COLUMN FORMAT COSTS, MANUAL NOAs

Manual counties have indicated they will have reasonably minimal costs associated with destruction of old NOA stock and training workers. They will also have the cost of initially purchasing the new NOA stock from the state or printing their own supply.

STANDARDS COSTS, AUTOMATED AND MANUAL NOAs

The AFDC and Food Stamp Policy Implementation Bureau has also developed a listing of standards to be met by counties in their production of NOAs (see Section II.C.). The draft standards have been shared with counties for review.

Counties (both automated and manual) indicate there will be costs associated with the implementation of the county NOA standards especially those implemented at a different time than the format changes. Estimates of the anticipated costs have not been prepared.

COUNTY ESTIMATES OF COSTS

The state will ask counties for precise estimates of implementation costs for both the two column format and the county standards following interim court approval of the new NOA forms. The interim approval is expected by July 1, 1986. The request of the counties will be made by July 7, 1986 and the due date for the estimates will be September 12, 1986.

A final analysis of the county costs to implement the new format will be made after all the estimates are received. A final decision on the two column format will be made utilizing both the results of the field test (see Section I.B.1) and the county cost estimate.

See Section V. for a graphic representation of all the dates and time frames mentioned here.

II.C.

COUNTY TIMING ISSUES

Assumptions

This entire implementation plan is based on these assumptions:

- 1) The Turner court will approve the plan (including the NOA message language, the NOA forms and the format) by July 1, 1986, and
- 2) The analysis of the field test results (see Section II.B.1) and the county cost estimates of the two column format (see Section II.B.2) will not change the interim decision to implement the two column format.

County Requests

A. Counties have asked the state to:

- 1) Transmit the state approved English Turner messages on the new format and as soon as possible after the approval.
- 2) Transmit camera ready copies of the English NOA forms and the NA Back 6 as soon as possible after approval.
- 3) Transmit the entire package (approved message language, NOA forms and the NA Back 6) for each of the five translated languages at one time.
- 4) Transmit the English and Spanish NOA materials at the same time for more efficient worker training and implementation procedures.

Time Frames

A. Field Test

The Department will conduct a three month field test of the two column format with AFDC clients. This test will use the new format for two cycles of notices and aid payments after which the data will be gathered and analyzed (see Section II.B.1).

The field test will commence after 1) The Department and plaintiff's counsel agree upon the column format. (The state anticipates this will occur by May 1, 1986), and 2) the distribution of test materials and the training of the workers conducting the test. (The state anticipates this will occur by June 30, 1986.)

B. Translations

The Department's Language Services Unit estimates the following time frames for translating the entire package of 53 messages, thirteen forms and the NA Back into each of the five standard languages.

Spanish	Eight weeks
Chinese	Nine weeks
Laotian	Eleven weeks
Cambodian	Eleven weeks
Vietnamese	Eight weeks

The translation times will occur simultaneously. The translators may begin work when the language has been approved, however, the NOA forms cannot be finalized in camera ready quality until after the final format decision is made, by the first week of October, 1986.

C. Printing

Counties require up to eight weeks to preprint their own stock of manual NOA forms in tablet stock. Before most counties can preprint the manual NOA forms in three part carbon sets, they must go out to bid. The bidding and printing process can take up to four months. The state requires up to twelve weeks to preprint the manual NOA forms in three part carbon sets and stock them in the warehouse. They are then available to the counties that do not do their own preprinting. The state does not preprint NOA forms in tablet stock.

Counties preprinting their own stock of the NA 990 (Automated NOA form) in three part carbon sets on continuous, perforated, pinfed stock require up to six months for both the bidding and printing processes. The state does not preprint the NA 990.

D. State NOA Training

By December 31, 1986 the state will prepare and distribute a handbook of all AFDC NOA materials including those prepared in response to the Turner consent decree. The state will provide general county training on the NOA handbook and the materials contained in it. This training will be completed by February 28, 1987.

E. County NOA Training

There are major conceptual changes in the use of the new forms, as well as the change in format. Workers preparing manual NOAs must be thoroughly trained in their use. This training will be provided by county staff using county prepared materials. The county training is in addition to the general state NOA training at D above. Total time = up to three weeks.

F. Distribution, State

The state requires two weeks to prepare for a general distribution to the counties. This also allows for possible minor mail delays.

G. Distribution, County

When the preprinted forms are received by the counties, they must be distributed to all the offices and workers. Total time = up to three weeks.

H. Final Format Decision

The state will request, by July 7, 1986, that the counties estimate the costs of implementing the two column format and will make the final format decision after the estimates and the results of the field test have been analyzed. The state expects the decision to be made by September 30, 1986.

I. Destruction of Stock

Counties are concerned with having excess old NOA stock on hand at the time of implementing the two column format. To help reduce the amount of stock to be destroyed, the state will notify the counties of the planned implementation date as soon as possible after the approval of the plan.

See Section V. for a graphic representation of all the dates and time frames mentioned here.

III.

ITEMS TO BE IMPLEMENTED

The NOA items in this section are those which will be implemented by the counties under the state's supervision. Included here are:

- 1) The new and amended NOA forms in two column format and the mandated NOA message language as directed by the Turner consent decree,
- 2) The revised (standardized) NOA message language to replace that previously approved through the Turner process and released for use,
- 3) The newly created statewide AFDC NOA standards,
- 4) The standards which county welfare department automated data processing (DP) systems must meet if counties use those systems to produce NOAs, and
- 5) A listing of the major DP system events (triggers) which also require a county to convert to the new NOA format.

This section also shows the dates or time frames for implementing the above items.

III.A

ALL COUNTY LETTER, DRAFT

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: REQUIRED AFDC NOTICE OF ACTION (NOA) FORMS

REFERENCE: ACL , APPROVAL OF TURNER V. McMAHON IMPLEMENTATION PLAN

Attached are reproducible copies of Notice of Action (NOA) forms: NA 200, NA 201, NA 210, NA 211, NA 270, NA 271, NA 273, NA 274, NA 275, NA 290, NA 960 X, NA 960 Y, NA 990, NA Back 6 in English, Spanish, Chinese, Vietnamese, Cambodian and Laotian. Counties must use these forms in notifying applicants/recipients when specific circumstances exist as outlined in the Turner v. McMahon Consent Decree, Item IV, (Attachment I).

The NOA forms have been approved under the terms of the Turner Consent Decree and are mandated for use effective May 1, 1987 affecting the June 1, 1987 grants for continuing cases. All Current NOA forms will be obsolete on May 1, 1987 and must not be used after that date.

NA BACK 6 (3/87)

The new universal NA Back 6 will be printed on the reverse side of all the NA forms listed above except the NA 270 - NA 275 series (continuation pages). This new back outlines, in simplified language, the client's hearing rights and has space to be completed for a hearing request. It is appropriate for use in the AFDC, Food Stamps and other related programs.

MANUAL NOA's

All the NA forms except the NA 990 (see below) and the NA Back 6 (see above) are considered manual forms. These forms are to be used when preparing NOAs by hand or by typewriter. As noted above, the NA Back 6 is printed on the reverse side of all the manual forms except those in the NA 270 - NA 275 series.

First Pages

The forms designed as first pages are all in the two column format as mandated by the Turner implementation plan transmitted by ACL . A county which preprints a message on a form for shelf stock, must use the appropriate manual form attached.

The NA forms have been designed to more specifically describe the action being taken. The basic budget computation is no longer combined with the eligibility computation and is now found on both the NA 200 and the NA 201. The net income eligibility computations (lump sum and financial eligibility) are on the NA 210 and the gross income eligibility computation is on the NA 211. The NA 290, 960 X and 960 Y have been modified only for the two column format and language simplification.

Continuation Pages

The NA 270 and NA 273 have also been modified for the two column format and language simplification. New continuation pages were developed for computation of excluded person's income (NA 274), computation of overpayments (NA 274) and computation of overpayment adjustments (NA 275). These last three continuation pages do not adhere to the new two column format due to the subject matter involved.

NA 990

The NA 990 is to be used by all counties using programable automated equipment to produce NOAs. This form will have messages printed on it by the automated equipment. The messages may be written by the county or provided by the state in the form of either prepared messages or the manual forms. (For instance, a county may "automate" the NA 201 by programming all the information on it and reproducing it onto the NA 990 when needed.)

Those manual NA forms which are not automated must be completed manually when appropriate. Multi-page NOAs may consist of both "manually" and "automatically" completed pages.

NOAs prepared by automated equipment must be printed in two column format no later than January 1, 1992 as mandated by the Turner Implementation Plan, ACL .

Supplies of the state printed forms will be available from the DSS Warehouse after January 15, 1987. Orders should be submitted on the GEN 727B, County Forms Order, following normal procedures. The state will not print or stock supplies of the NA 990.

Attachment II lists the instructions for the use of each NOA form. Attachment III lists obsoleted NOA forms.

If you have any questions please call Doris Keller at (916) 324-2655 of the AFDC and FS Compliance Unit.

ROBERT A. HOREL
Deputy Director

Attachments

cc: CWDA

III A
NOTICE OF ACTION FORMS
INSTRUCTIONS

NA200 - Change, Approval
(Manual form, first page)

Use to approve all regular cash aid cases and to change the grant of continuing cases. Show the computation and amount for the first month's or the new grant.

NA201 - Approval, AFDC-EA & AFDC State-U
(Manual form, first page)

Use to approve EA and/or State-U.

Check the Medi-Cal box if the necessary Medi-Cal information is not included on the same NOA.

Indicate the beginning and the LAST date of aid on the left. Indicate the first and last month's prorated grant amounts. Also show the complete grant computation on which the prorated grants are based.

Compute the grant on the right.

NA210 - Deny, Discontinue, Suspend - Financial Eligibility and Lump Sum
(Manual form, first page)

Use to deny, discontinue, or suspend when net income exceeds MBSAC for Financial Eligibility or the Lump Sum rule.

Check the box for the appropriate computation and complete the Family Needs and the Net Income sections.

Check the Medi-Cal box if the necessary Medi-Cal information is not included on the same NOA.

NA211 - Deny, Discontinue, Suspend - 185%
(Manual form, first page)

Use to deny, discontinue or suspend when gross income exceeds 185% of MBSAC.

Complete the entire computation section. Check the Medi-Cal box if the necessary Medi-Cal information is not included on the same NOA.

NA270 - BLANK
(Manual form, continuation page)

Use to continue a message or a series of messages from a previous page. May be used with any NA form which is indicated in the lower right corner as "Page 1 of ___".

NA271 - Deemed Income Computations
(Manual form, continuation page)

Use to show how the income of an unaided person or persons in the home has been deemed available for use to the AFDC family. Use with the NA200, NA210, or NA211.

Name the individual and the month in which his/her income is being deemed. Complete the entire appropriate computation.

NA273 - Deny Federal AFDC
(Manual form, continuation page)

Use as the second page to the NA201 to explain the denial of Federal AFDC. Name the principal earner on the blank. In the chart, indicate the year (1982, 1983, etc.) and place a mark on each of the other appropriate blanks. The quarter of application must be one of the first four listed and it does not count in the computation of quarters.

NA274 - Overpayment Computation
(Manual form, continuation page)

Use as a second page to the NA200 when it is used to notify a case of an overpayment. The entire computation must be completed for each month of overpayment. Attach additional NA274s as needed to show all the months of overpayment.

Show the total overpayment (for all months) on the last line. This form is used only when the client is first notified of the overpayment. Another NA274 must be used when a subsequent overpayment is discovered and the client is notified.

NA275 - Overpayment Adjustment Computation
(Manual form, continuation page)

Use as a second or third page to the NA200 only when showing or changing the amount of the grant adjustment to recoup an overpayment. When the grant adjustment amount has been established, the NA275 does not need to be used again unless or until that amount changes.

NA290 - BLANK
(Manual form, first page)

Use to deny, discontinue, change or suspend cases which do not require an eligibility computation. Use for any other notice for which a specific manual form has not been provided. Check the Medi-Cal box if the necessary Medi-Cal information is not included on the same NOA.

NA960X - CA-7 Missing
(Manual form, first page)

Use to discontinue when a timely CA7 has not been received. Check the appropriate AFDC and Food Stamp box(es).

Check the Medi-Cal box if the necessary Medi-Cal information is not included on the same NOA.

NA960Y - CA-7 Incomplete
(Manual form, first page)

Use to discontinue when a timely CA7 has been received; but it is incomplete. Check the appropriate AFDC and Food Stamp box(es).

Check the Medi-Cal box if the necessary Medi-Cal information is not included on the same NOA.

NA990 - Blank
(Automated form)

Use in automated NOA counties for all first and subsequent pages of notices. May be attached to a manual first page or have a manual continuation page attached to it.

Medi-Cal information and regulations cites must be included as appropriate.

NA Back 6 - Back

Use on the back of all NA forms indicated as first pages. This is a universal back to be used by all programs.

NOTE: These Notice of Action (NOA) forms are subject to change for alignment, typewriter compatability and other clerical errors that may be found. The forms have also been photocopied leading to results which are not appropriate for use as master copies. When the forms are printed for county use they will have a 1/4" margin all around, the white spaces will be clear and the alignment and clerical errors will be corrected.

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date _____
 Case Name _____
 Number _____
 Worker Name _____
 Number _____
 Telephone _____
 Address _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

DRAFT

Monthly Cash Aid Amount

Your Countable Income in _____ (MONTH)

Total Earned Income	\$ _____
Work Expense Disregard	- _____
Dependent Care Disregard	- _____
\$30 Disregard	- _____
\$60 and 1/3 Disregard	- _____
Other Countable Income (list sources)	_____
	+ _____
	+ _____
	+ _____
Court Ordered Support Paid	- _____
Net Countable Income	= _____

Your Cash Aid in _____ (MONTH)

Basic Aid for _____ Persons	\$ _____
Special Needs	+ _____
Subtotal	= _____
Net Countable Income	- _____
Cash Aid Subtotal	= _____
Overpayment adjustment (separate page)	- _____
Monthly Cash Aid Amount	\$ _____

Rules: These rules apply; you may review them at your welfare office.

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date _____
 Case Name _____
 Number _____
 Worker Name _____
 Number _____
 Telephone _____
 Address _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

At this time your family does not meet the rules for (AFDC-U) Federal AFDC Unemployed Parent Aid Program. This program has no time limit.

Read the rules about AFDC-U on Page 2. If something changes you may be able to get AFDC-U. Contact your worker if something does change.

The county has approved your application for short-term cash aid. This short-term cash aid will be EA (AFDC Emergency Assistance) or State-U (State AFDC Unemployed Parent Aid Program).

A family can get in any 12 month period:

- a) EA for up to 30 days only one time and
- b) State-U for two months.

Your Cash Aid will begin: _____
 It will end: _____

This is the only notice you will get that your cash aid will stop.

Monthly Cash Aid Amount

Your Countable Income in _____ (MONTH)

Total Earned Income	\$ _____
Work Expense Disregard	- _____
Dependent Care Disregard	- _____
\$30 Disregard	- _____
\$66 and 1/3 Disregard	- _____
Other Countable Income (list sources)	_____
	+
	+
	+
Court Ordered Support Paid	- _____
Net Countable Income	= _____

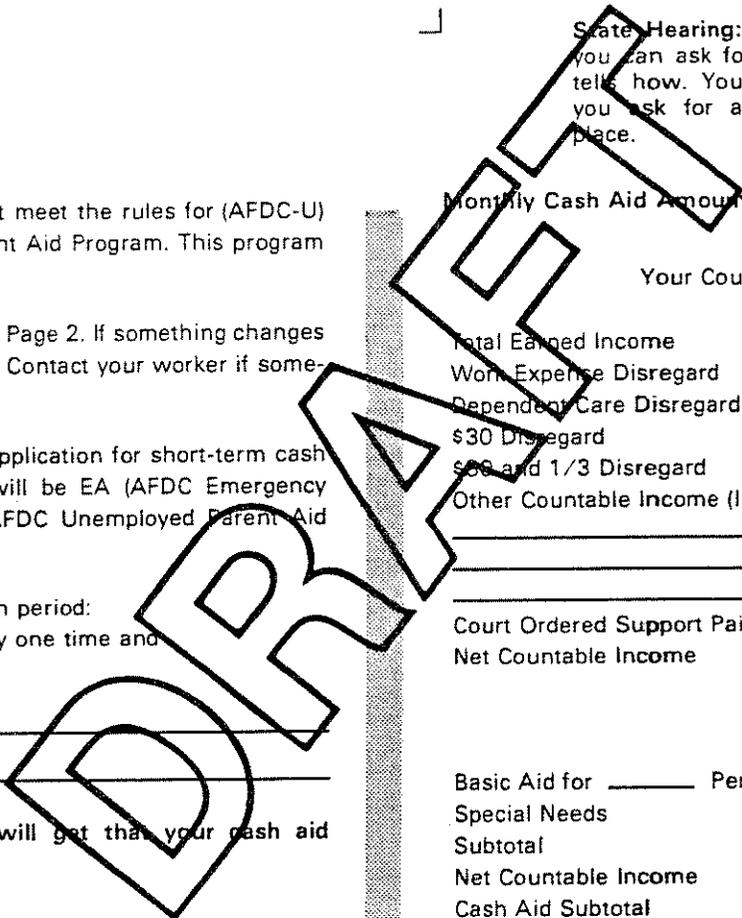
Your Cash Aid in _____ (MONTH)

Basic Aid for _____ Persons	\$ _____
Special Needs	+ _____
Subtotal	= _____
Net Countable Income	- _____
Cash Aid Subtotal	= _____
Overpayment adjustment (separate page)	- _____
Monthly Cash Aid Amount	\$ _____

During the first month you will get: \$ _____
 During the last month, if nothing changes, you will get: \$ _____

You will get another notice about your Medi-Cal.

Rules: These rules apply; you may review them at your welfare office: MPP 41-440.12, 41-440.4, 41-500.



NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)



Questions? Ask your Worker.

State Hearing: If you think this action is wrong you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

DRAFT

Net Countable Income	
Total Earned Income	\$ _____
Work Expense Disregard	- _____
Dependent Care Disregard	- _____
\$30 Disregard	- _____
\$30 and 1/3 Disregard	- _____
Other Countable Income (list sources)	_____
	+
	+
	+
Child Support Collected by the County (financial eligibility only).	+ _____
Court Ordered Support Paid	- _____
(A) Net Countable Income	= _____

Family Needs	
Basic Need for _____ Persons	\$ _____
Special Needs	+ _____
(B) Family Needs	= _____

Lump Sum Ineligibility
Your net countable income (A) divided by your family needs (B) equals the number of ineligible months: _____
There is a remainder of \$ _____
It counts against your grant in _____ (MONTH)

You are not financially eligible in _____ (MONTH)

You will get another notice about your Medi-Cal.

Rules: These rules apply; you may review them at your welfare office:

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date _____
Case Name _____
Number _____
Worker Name _____
Number _____
Telephone _____
Address _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

Family Gross Income in _____ (MONTH)	\$ _____
_____	+ _____
_____	+ _____
_____	+ _____
Total Gross Income	= _____
Family Needs in _____ (MONTH)	
Basic Need for _____ Persons	\$ _____
Special Needs	+ _____
Total Needs	= _____
	x 1.85
185% of Needs	= _____

DRAFT

You will get another notice about your Medi-Cal.

Rules: These rules apply; you may review them at your welfare office: MPP 44-207.2

NOTICE OF ACTION

(Continued)

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____

DRAFT

Rules: These rules apply; you may review them at your Welfare Office.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of page 1 tells how.

NOTICE OF ACTION
(Continued)

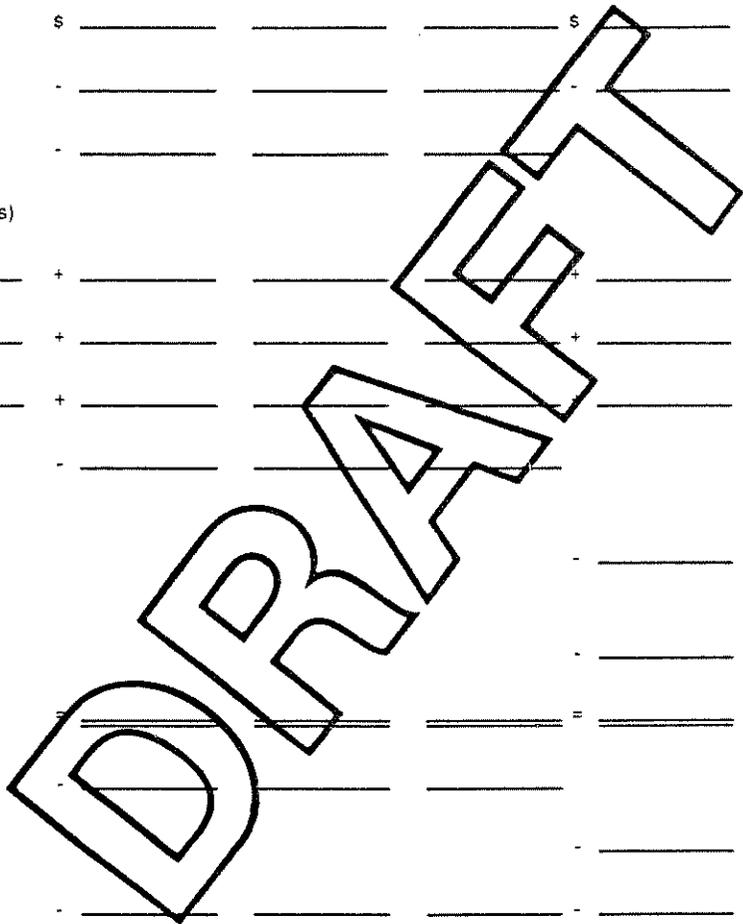
COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date: _____
Case Name: _____
Number: _____

Deemed Income

	Income of an Unaided Parent, Child or Spouse of an Aided Child		Income of an Unaided Stepparent, Senior Parent or Guardian	
Name of Unaided Person:	_____	_____	_____	_____
Month:	_____	_____	_____	_____
Total Earned Income	\$ _____	_____	\$ _____	_____
Work Expense Disregard	- _____	_____	- _____	_____
Dependent Care Disregard	- _____	_____	- _____	_____
Other Countable Income (List Sources)				
_____	+	_____	+	_____
_____	+	_____	+	_____
_____	+	_____		_____
Court Ordered Support Paid	- _____	_____		_____
Support Paid to Child or Former Spouse			- _____	_____
Support Paid to Other Dependents Not in the Home			- _____	_____
Countable Income	= _____	_____	= _____	_____
Living Allowance for One Person	- _____	_____		_____
Basic Need for _____ Persons	- _____	_____	- _____	_____
Special Needs	- _____	_____	- _____	_____
Income to the Aided Family Members	\$ _____	_____	\$ _____	_____



State Hearing: If you think this action is wrong, you can ask for a hearing. The back of Page 1 tells how.

NOTICE OF ACTION

(Continued)

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date: _____
Case Name: _____
Number: _____

FEDERAL RULES

Here's why you cannot get Federal AFDC Unemployed Parent Aid (AFDC-U) now.

When both parents are in the home, at least one of them must be either disabled or a principal earner.

A disabled parent is one who cannot work or care for their children for at least 30 days due to a physical or mental condition. Neither parent in your home is disabled.

The principal earner is the parent who earned the most money during the 24 months before application for AFDC-U. That person is _____

To get AFDC-U the principal earner must meet either condition A or B below.

A. Unemployment Insurance Benefits (UIB)

The principal earner now gets UIB, can get UIB, or could have gotten UIB during the last 12 months.

B. Earnings or Training

The principal earner must have earned at least \$50 or have been in certain training programs during 6 recent calendar quarters. These 6 quarters had to be during 3 quarters in a row in the last 4 years. The quarter you applied for AFDC does not count.

The earnings could have been cash or something worth at least \$50. For example, the quarter counts if the principal earner worked for the value of room, board, clothing, or other things worth at least \$50. Working odd jobs such as lawnmowing and babysitting also counts. Work done by a refugee before coming to the United States or in a refugee camp also counts.

The training had to have been with one or more of these programs: Work Incentive Program (WIN), Community Work Experience Program (CWEP), WIN Demonstration Program, or Greater Avenues for Independence (GAIN).

Based on the facts you gave us, the principal earner has had earnings or training in fewer than 6 out of 13 quarters in a row during the last 4 years. The table below shows the quarters the principal earner meets the rules.

QUARTER	YEAR	APPLY	EARN	TRAIN
Oct-Dec	_____	_____	_____	_____
Jul-Sep	_____	_____	_____	_____
Apr-Jun	_____	_____	_____	_____
Jan-Mar	_____	_____	_____	_____
Oct-Dec	_____	_____	_____	_____
Jul-Sep	_____	_____	_____	_____
Apr-Jun	_____	_____	_____	_____
Jan-Mar	_____	_____	_____	_____
Oct-Dec	_____	_____	_____	_____
Jul-Sep	_____	_____	_____	_____
Apr-Jun	_____	_____	_____	_____
Jan-Mar	_____	_____	_____	_____
Oct-Dec	_____	_____	_____	_____
Jul-Sep	_____	_____	_____	_____
Apr-Jun	_____	_____	_____	_____
Jan-Mar	_____	_____	_____	_____

If the principal earner has earnings or training in future quarters, you may be able to get AFDC-U. You will have to reapply.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of page 1 tells how.

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

(Continued)

Notice Date: _____
Case Name: _____
Number: _____

Overpayment Amount Owed

Overpayment Month and Year: _____

Total Earned Income	\$	_____	_____	_____	_____	_____
Work Expense Disregard	-	_____	_____	_____	_____	_____
Dependent Care Disregard	-	_____	_____	_____	_____	_____
\$30 Disregard	-	_____	_____	_____	_____	_____
\$30 and 1/3 Disregard	-	_____	_____	_____	_____	_____
Other Countable Income (List Sources)		_____	_____	_____	_____	_____
_____	+	_____	_____	_____	_____	_____
_____	+	_____	_____	_____	_____	_____
_____	+	_____	_____	_____	_____	_____
Court Ordered Support Paid	-	_____	_____	_____	_____	_____
Net Countable Income	=	_____	_____	_____	_____	_____

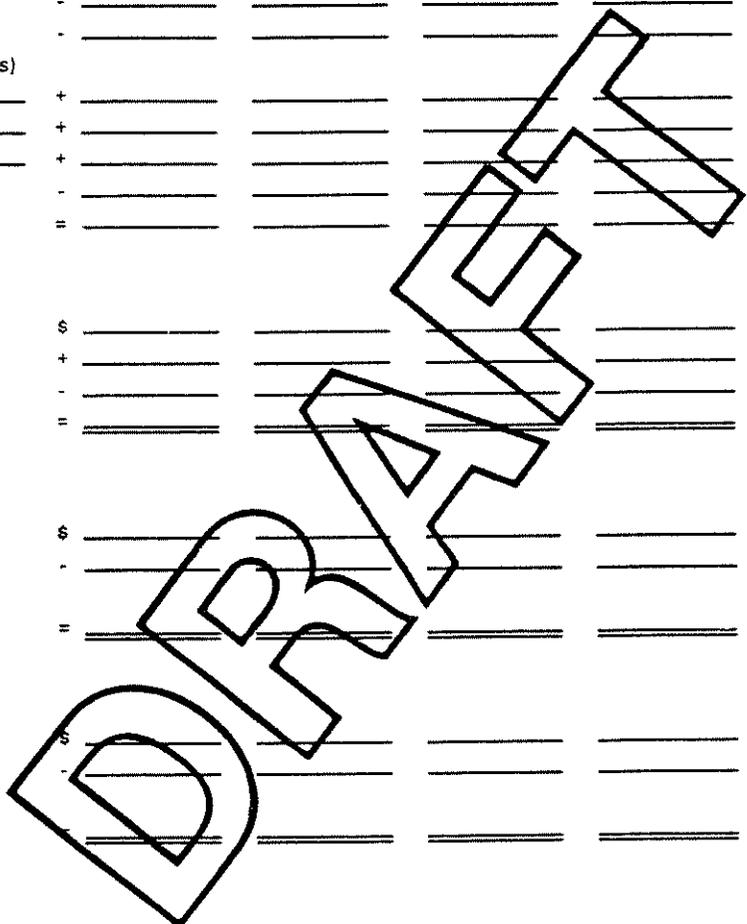
Basic Aid for _____ Persons	\$	_____	_____	_____	_____	_____
Special Needs	+	_____	_____	_____	_____	_____
Net Countable Income	-	_____	_____	_____	_____	_____
Correct Cash Aid Amount	=	_____	_____	_____	_____	_____

Cash Aid Actually Received	\$	_____	_____	_____	_____	_____
Support Payments Collected for You	-	_____	_____	_____	_____	_____
Subtotal A	=	_____	_____	_____	_____	_____

Correct Cash Aid Amount	\$	_____	_____	_____	_____	_____
Support Payments Collected for You	-	_____	_____	_____	_____	_____
Subtotal B	=	_____	_____	_____	_____	_____

Amount of Overpayment (Subtotal A minus Subtotal B) = _____

Total Overpayment (All Months) \$ _____



Rules: These rules apply; you may review them at your Welfare Office: MPP 44-352.41
State Hearing: If you think this action is wrong, you can ask for a hearing. The back of Page 1 tells how.

NOTICE OF ACTION

(Continued)

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date: _____
Case Name: _____
Number: _____

	Overpayment not Caused by County Error	Overpayment Caused by County Error
	(PAYMENT MONTH)	(PAYMENT MONTH)
Overpayment Adjustment Amount to be Taken From Aid Payment:		
Cash Aid Subtotal (from Page 1)	\$ _____	\$ _____
Total Earned Income	+ _____	+ _____
Work Expense Disregard	_____	- _____
Dependent Care Disregard	_____	- _____
Other Countable Income	+ _____	+ _____
Liquid Resources (list)	_____	_____
_____	+ _____	+ _____
_____	+ _____	+ _____
Subtotal A	= _____	= _____
Basic Aid Amount	\$ _____	\$ _____
Special Needs	+ _____	+ _____
	= _____	= _____
Adjustment Factor	x .90	x .95
Subtotal B	_____	_____
Highest Adjustment Allowed (A minus B)	\$ _____	\$ _____
Overpayment Adjustment Amount This is the smaller of: the Highest Adjustment Allowed or the Total Overpayment Owed or the Cash Aid Subtotal (from page 1)	_____	\$ _____
Overpayment Still Owed		
Total Overpayment Owed at the First of the Month	\$ _____	
Overpayment Adjusted Amount	- _____	
Overpayment Owed after Adjustment	\$ _____	

DRAFT

Rules: These rules apply; you may review them at your Welfare Office: MPP 44-352.12 and 44-352.41

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of Page 1 tells how.

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date _____
Case Name _____
Number _____
Worker Name _____
Number _____
Telephone _____
Address _____

(ADDRESSEE)

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Questions? Ask your Worker.

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State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

DRAFT

You will get another notice about your Medi-Cal.

rules: These rules apply. You may review them at your welfare office:

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)



Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

The county has not received your monthly report (CA 7) due this month.

Your Food Stamps Cash Aid will stop as of

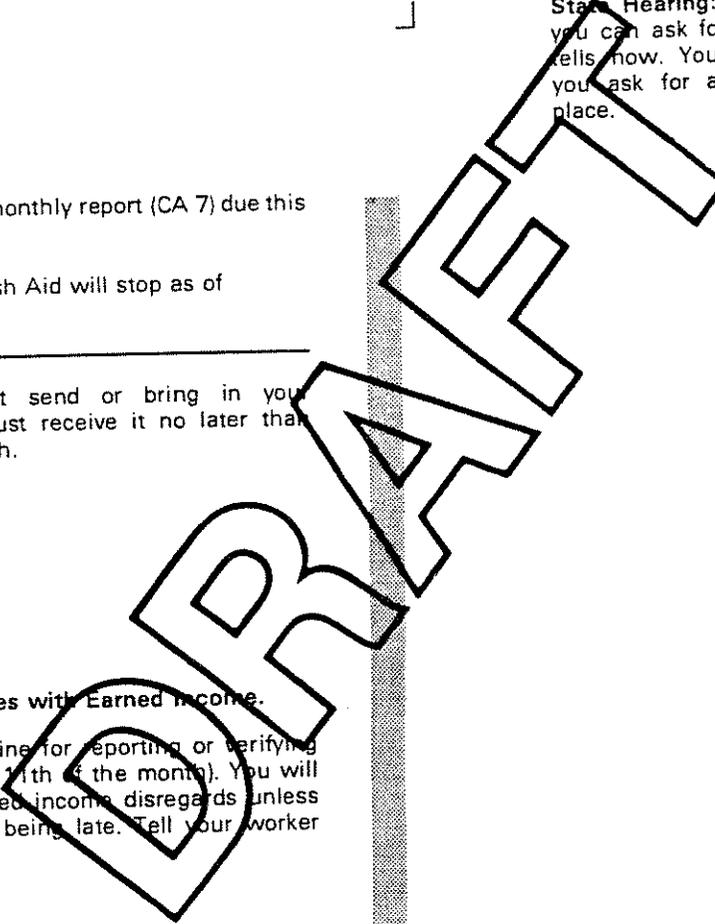
To stop this action, you must send or bring in your complete CA 7. The county must receive it no later than the first working day of next month.

Cash Aid Penalty for Families with Earned Income.

You have not met the deadline for reporting or verifying all your earned income (the 1st of the month). You will not get credit for your earned income disallows unless you had a good reason for being late. Tell your worker the reason.

You will get another notice about your Medi-Cal.

Rules: These rules apply. You may review them at your welfare office: MPP 40-105.1, 40-181.22, 44-113.2 (Cash Aid); 63-504.27, 63-504.3 (Food Stamps).



NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICE

Notice Date _____
Case Name _____
Number _____
Worker Name _____
Number _____
Telephone _____
Address _____

(ADDRESSEE)

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Questions? Ask your Worker.

State Hearing: If you think this action is wrong you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

The monthly report (CA 7) you sent in this month is not complete.

Your Food Stamps Cash Aid will stop as of _____

Food Stamps - Additional Information Needed.

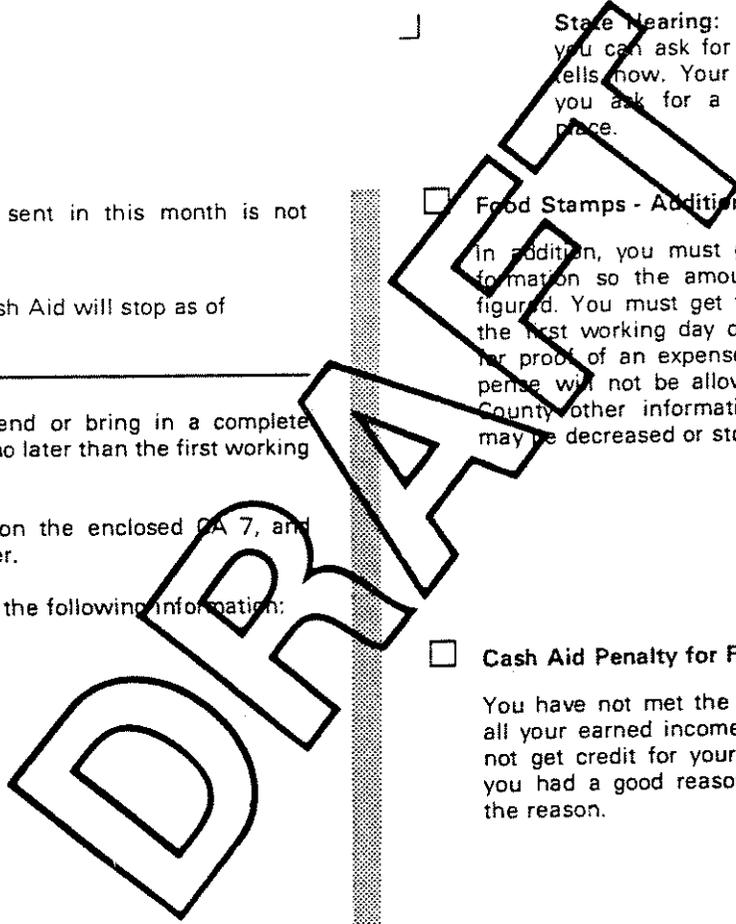
In addition, you must give the county the following information so the amount of your food stamps can be figured. You must get this information to the county by the first working day of next month. If you were asked for proof of an expense and you do not give it, the expense will not be allowed. Also, if you do not give the County other information asked for, your food stamp may be decreased or stopped.

To stop this action, you must send or bring in a complete CA 7. The county must receive it no later than the first working day of next month. You must:

- Complete the circled items on the enclosed CA 7, and send or bring it to your worker.
- Send or bring to your worker the following information:

Cash Aid Penalty for Families with Earned Income.

You have not met the deadline for reporting or verifying all your earned income (the 11th of the month). You will not get credit for your earned income disregards unless you had a good reason for being late. Tell your worker the reason.



You will get another notice about your Medi-Cal.

Rules: These rules apply. You may review them at your welfare office: MPP 40-105.1, 40-181.22, 40-181.24, 44-113.2 (Cash Aid); 63-504.27, 63-504.3 (Food Stamps).

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date _____
Case Name _____
Number _____
Worker Name _____
Number _____
Telephone _____
Address _____

(ADDRESSEE)

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Questions? Ask your Worker.

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State Hearing: If you think this action is wrong you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

DRAFT

III.B.1.

ALL COUNTY LETTER

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: AFDC NOTICES OF ACTION TO IMPLEMENT TURNER V. McMAHON COURT ORDER

REFERENCE:

This letter transmits copies of AFDC Notice of Action (NOA) messages in English, Spanish, Chinese, Vietnamese, Cambodian and Laotian. Counties must use this language to notify applicants/recipients of specific circumstances as outlined in the Turner v. McMahon Consent Decree, Exhibit C (Attachment I). Attachment II is an index of the NOA messages transmitted by this letter.

The message language has been approved under the terms of the Turner Consent Decree and is mandated for use May 1, 1987 to affect the June 1, 1987 grants for continuing cases. Any message language previously provided by the state for use in similar case situations will be obsolete as of May 1, 1987. Likewise, any county prepared message language for use in similar case situations cannot be used under the terms of the Turner Consent Decree after May 1, 1987.

Each NOA message has been placed on the appropriate manual NOA form. Each complete NOA may be preprinted by counties in its entirety for "shelf stock" or the message portion may be reproduced in its entirety for each case as needed. Whether preprinting or reproducing message language, counties must adhere to all the appropriate standards at Part III.C. of the Turner Implementation Plan transmitted by ACL .

Attachment III lists the instructions for use of each message in the AFDC program. Specific instructions for the Refugee Cash Assistance (RCA) and the Refugee Demonstration Project (RDP) are also included. Some of these messages are also applicable to the Foster Care (AFDC-FC) program.

If you have any questions, please contact Doris Keller at (916) 324-2655 in the AFDC and Food Stamps Policy Implementation Bureau.

ROBERT A. HOREL
Deputy Director

Attachments

cc: CWDA

III.B.

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M41-440B	48	Principal Earner is Full-Time Employed/State-U -Discontinue
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NOTICE OF ACTION MESSAGE INSTRUCTIONS

ELIGIBLE CHILD

Use M42-101B Age & School Requirements to decrease the AFDC grant when a child in the assistance unit (AU) turns 18 and therefore does not meet the age requirement. Specify the name of the child in the space provided. Use to decrease the RCA and RDP grant when a child does not meet the age rule and does not register for work.

Use M42-101C Age & School Requirements to discontinue when the only child turns 18 and does not meet the age requirement. Use to discontinue an RDP-FG case when the only child also does not work register.

Use M42-625D Child Not in School to decrease an AFDC, RCA or RDP-U grant when a child in the assistance unit (AU) is 16 or 17 years old, is not in school and (in a WIN county) has not WIN registered. Specify the name of the child in the space provided.

Use M42-625E Child Not in School/Not Work Registered to discontinue an AFDC or RDP-FG case when the only child is 16 or 17 years old, is not in school and (in a WIN county) has not WIN registered.

Use M44-203E Eligible Child Left Home to discontinue an AFDC or RDP case when there is no longer an eligible child in the home.

Use M44-203F Eligible Child Left Home to decrease a grant when a child in the assistance unit (AU) leaves the home. Specify the name of the child in the space provided.

FAILURE TO PROVIDE INFORMATION

Use M40-181A CA-2 Reverification/Other Essential Information to discontinue when necessary evidence or information required during redetermination or that is essential at another time is not provided. Specify what the recipient was required to do and the additional regulation citations.

Example: "We asked you to have your sponsor fill out a CA 22, Alien Sponsor Statement of Facts on November 15." 40-128.13

Use M40-181B CA-2 Reverification/Other Essential Information to decrease when necessary evidence or information about a member of the assistance unit (AU) is required during redetermination or is essential at another time and is not provided. Specify the name of the person in the space provided. Specify what the recipient was required to do and the additional regulations citations. Example: "We asked you to show us the social security number for _____ on July 8." 40-105.21

PRINCIPAL EARNER

Use M41-440A Principal Earner Fails to Maintain EDD-JS Registration/State-U to sanction for 30 days when the P.E. does not have good cause for the action specified. Check the box that explains the action. Specify the name of the principal earner in the space provided.

Use M41-440B Principal Earner, Full-Time Employed/State-U to discontinue when the principal earner is working full-time. Specify the name of the principal earner in the space provided. This message is not appropriate for RCA and RDP NOAs.

Use M41-440C Principal Earner, Full-Time Employed/Federal-U to discontinue when the principal earner is working full-time. Specify the name of the principal earner in the space provided. This message is not appropriate for use with RCA and RDP NOAs.

Use M41-440K Principal Earner Fails to Maintain EDD-JS Registration/Federal-U to sanction for 30 days when the principal earner who is exempt from WIN Demo because of remoteness does not have good cause for the action specified. Check the box that explains the action. Specify the name of the principal earner in the space provided.

Use M41-440L Principal Earner will be Full-Time Employed/State-U to discontinue when the principal earner anticipates working 100 hours or more next month. Specify the name of the principal earner.

Use M41-440N Principal Earner will be Full-Time Employed/Federal-U to discontinue when the principal earner anticipates working 100 hours or more next month. Specify the name of the principal earner.

Use M41-440U Principal Earner Eligible for EA, then Federal-U to approve EA then Federal-U for a case when the principal earner is eligible for federal-U except for completing the 30 day waiting period. Specify the name of the principal earner. Show the dates for EA and Federal-U.

Use M41-441A Principal Earner Not Registered with EDD, State-U to discontinue when the P.E. has not maintained contact with EDD.

Use M41-441B Principal Earner Not Registered with EDD, Federal-U to discontinue when the P.E. has not maintained contact with EDD.

185% INCOME TEST

Use M44-207D Applying the 185% Income Limit to discontinue when gross income exceeds 185% of the MBSAC.

Use M44-207E Applying the 185% Income Limit to suspend aid in the payment month when the reported gross income exceeded 185% of the MBSAC in the budget month and the excess income is not expected to continue.

FINANCIAL ELIGIBILITY TEST

Use M44-207J, Financial Eligibility Test, to deny when the AU's income is more than MBSAC (Minimum Basic Standard of Adequate Care).

Use M44-207K, Financial Eligibility Test, to discontinue when the AU's income is more than MBSAC (Minimum Basic Standard of Adequate Care).

Use M44-207L, Financial Eligibility Test, to suspend the AFDC grant when the AU's income is more than MBSAC (Minimum Basic Standard of Adequate Care).

PROPERTY LIMIT

Use M42-207B \$1,000 Property Limit to discontinue when the property value exceeds \$1,000.

\$10 MINIMUM PAYMENT

Use M44-315A \$10 Minimum Payment to reduce the grant to zero when another change in the case reduces the grant to less than \$10. This message will always be used with another which explains the change in the monthly grant. Specify the additional regulations citations.

CHANGES IN NONEXEMPT INCOME

Use M44-113F Changes in Child Care Expenses Due to Change in Working Hours to change the grant amount when a member of the assistance unit (AU) changes working hours which changes the dependent care disregard. May use when changing from full-time to part-time or vice versa. Specify the name of the person in the space provided.

Use M44-113G Changes in Income to change the grant amount when an assistance unit (AU) reports a change in income.

REASONS RELATED TO PREGNANCY OR UNBORN BENEFITS

Use M44-205G No Longer Pregnant to discontinue a one person AU when there has been a termination of the pregnancy and there is no newborn or the newborn is not eligible.

Use M44-211K Pregnancy to change the grant effective the end of the month the child is born, or when the mother is no longer pregnant. This message will often be used with another which will add the newborn to the AU.

OVERPAYMENTS

Use M44-350A Overpayment Adjustment to notify of an overpayment and subsequent grant adjustment. Specify the amount owed and the reason for the overpayment. Check the correct box.

Use M44-352A Notice of Overpayment and Demand to notify the client of an overpayment and demand repayment when the assistance unit (AU) is no longer on aid.

Specify the amount owed and the reason for the overpayment.

Specify the date a payback plan must be received by the county.

Insert the name of the county person or office and the address for direct payback.

Specify the worker name and phone number in the space provided.

Use M44-352C Overpayment Recovery, New AU to begin grant adjustment for an overpayment from another case. In the space provided for the name:

1. Specify the name of the AU member responsible for an overpayment in another assistance unit or
2. Specify the name of an AU member who was a member of another assistance unit with an outstanding overpayment, the responsibility for which cannot be assigned.

Specify the amounts and the reason for the overpayment in the spaces provided.

Attach an NA 274 showing the overpayment computation.

Use M44-352G Demand Overpayment, to demand repayment of the balance of an overpayment that was being recouped when the case went off aid.

Specify the balance owed.

Specify the date a payback plan must be received by the county.

Insert the name of the county person or office and the address for direct payback.

Specify the worker name and phone number in the space provided.

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

Here's why:

We needed certain facts to check
your eligibility. You did not help
get them. We asked you to:

40-181.311, 40-181.2, 40-105.1

M40-181A

6/20/86

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

Here's why:

We're stopping cash aid for
_____.

We needed certain facts to check
that person's eligibility. You did
not help get them. We asked you
to:

Your new cash aid amount is figured
on this notice.

40-181.311, 40-107.4, 40-105.1,
40-181.2

M40-181B

6/20/86

As of _____, the County is
stopping your cash aid for 30 days

Here's why:

The principal earner in your family
without a good reason:

Refused a job referral.

Refused or left a job.

Did not answer EDD's
call-in.

Did not go to EDD's
training.

Other:

The principal earner named by
you or the county is:

41-440.12, 41-440.24, 41-440.26,
41-441.21, 41-441.3, 41-442.1

M41-440A

6/20/86

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

Here's why:

You can't get cash aid because your
family's principal earner is
working 100 hours or more a month.

The principal earner named by you
or the county is:

If this person works less than 100
hours a month, your cash aid may
not have to stop. If so, call your
worker.

41-440.71, 41-440.11, 41-440.12

M41-440B

6/20/86

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

Here's why:

You can't get cash aid because your
family's principal earner is
working 100 hours or more a month.

The principal earner is the parent
who has earned the most money in
the 24 months before your
application for the Federal AFDC
Unemployed Parent program.

The principal earner in your family
is: _____.

If this person works less than 100
hours a month, your cash aid may
not have to stop. If so, call your
worker.

41-440.71, 41-440.11, 41-440.4

M41-440C

6/20/86

As of _____,
the County is stopping your cash
aid for 30 days.

Here's why:

The principal earner in your family
without a good reason:

- Failed to participate
in Job Search.
- Refused a job referral.
- Refused or left a job.
- Did not answer EDD's
call-in.
- Did not go to EDD's
training.
- Other:

The principal earner is the parent
who earned the most money in the
24 months before your application
for the Federal AFDC unemployed
parent program. The principal
earner in your family is:

_____.

41-440.4, 41-440.2, 42-625.21
42-636, 41-441.3, 41-442.1

M41-440K

6/20/86

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

Here's why:

You can't get cash aid because your
family's principal earner is
expected to work 100 hours or more
next month.

The principal earner named by you
or the County is _____.

If this person's hours change, call
your worker.

41-440.11, 41-440.12

M41-440L

6/20/86

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

Here's why:

You can't get cash aid because your
family's principal earner is
expected to work 100 hours or more
next month.

The principal earner is the parent
who has earned the most money in
the 24 months before your
application for the Federal AFDC
Unemployed Parent program.

The principal earner in your family
is _____.

If this person's hours change, call
your worker.

41-440.11, 41-440.4

M41-440N

6/20/86

The county has approved your application for cash aid dated _____.

Your cash aid amount is figured on this notice.

You will be able to get Federal AFDC Unemployed Parent Aid (AFDC-U) because your family's principal earner is not working over 100 hours a month.

The principal earner is the parent who earned the most money in the 24 months before application for AFDC-U. That person in your family is _____.

To get AFDC-U, the principal earner must either have been off work or working less than 100 hours a month for at least 30 days. Your family's principal earner has not yet met this 30 day rule.

Therefore, your cash aid will first come from the Emergency Assistance (EA) program and then from the AFDC-U program when EA stops. You can get EA for up to 30 days only one time in a 12-month period. You will get EA from _____ to _____.

Your AFDC-U will start _____.

There is no time limit to the AFDC-U program.

41-440.45, 41-500

M41-440U

6/20/86

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

Here's why:

The principal earner in your family
is no longer registered for work
because he or she has not done what
EDD asked.

The principal earner named by you
or the County is _____.

41-441.32

M41-441A

6/20/86

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

Here's why:

The principal earner in your family
is no longer registered for work
because he or she has not done what
EDD asked.

The principal earner is the parent
who earned the most money in the 24
months before your application for
the Federal AFDC Unemployed Parent
program. The principal earner in
your family is: _____.

41-441.32

M41-441B

6/20/86

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

Here's why:

Cash aid will stop for
_____. He or she
does not meet all parts of the age
rule below.

Age Rule:

18 year old children can get
cash aid only if:

- 1) They are full-time students
in high school or in a high
school level job or
technical training program,
and
- 2) They are expected to finish
school before they are 19.

19 year old children cannot get
cash aid.

Your new cash aid amount is figured
on this notice.

42-101

M42-101B

6/20/86

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

You have no eligible children
living with you.

Here's why:

The child who was getting cash aid
no longer meets all parts of the
age rule below:

Age Rule:

18 year old children can get
cash aid only if:

- 1) They are full-time students
in high school or in a high
school level job or
technical training program,
and
- 2) They are expected to finish
school before they are 19.

19 year old children cannot get
cash aid.

42-101

M42-101C

6/20/86

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

Here's why:

You can't get cash aid if your
total countable property is more
than \$1,000.

Here's how we figured your
countable property:

Property	Countable Value
_____	\$ _____
_____	_____
_____	_____
_____	_____
	Total Countable Value \$ _____

42-207.1

M42-207B

6/20/86

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

Here's why:

Your 16 or 17 year old child must
be enrolled in a vocational,
technical or high school full-time,
or must register for work.

This child hasn't done so:

Cash aid is being stopped for this
child.

Your new cash aid amount is figured
on this notice.

42-625.1, 42-625.4, 42-625.5,
42-632.1, 42-101.11

M42-625D

6/20/86

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

Here's why:

Your 16 or 17 year old child must
be enrolled in a vocational,
technical or high school full-time,
or must register for work.

Your child hasn't done so, and you
have no other eligible children
living with you.

42-625.1, 42-632.1, 42-101.11

M42-625E

6/20/86

As of _____, the County
is changing your monthly 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 \$160 for
each dependent when you work at
least 100 hours and at least 13
days in a month.

You get a disregard up to \$159 for
each dependent when you work less
than 100 hours in a month.

Your new cash aid amount is figured
on this notice.

44-113.215

M44-113F

6/20/86

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

Here's why:

Your family income has changed.

When your income changes, your cash
aid amount also changes.

Your new cash aid amount is figured
on this notice.

44-113, 44-100

M44-113G

6/20/86

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

Here's why:

You no longer have an eligible
child living with you.

To get aid, you must have a child
living with you who is eligible for
cash aid or who is getting
Supplemental Security Income (SSI).

44-203.1, 44-205.41

M44-203E

6/20/86

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

Here's why:

Some of the aid you got was for
_____.

That person no longer lives with
you.

Your new cash aid amount is figured
on this notice.

44-203.1

M44-203F

6/20/86

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

Here's why:

You are no longer pregnant.

You have not applied for cash aid
for any eligible child.

44-205.6, 40-118

M44-205G

6/20/86

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

Here's why:

You can't get cash aid if your
family's monthly gross income is
more than 185 percent of the basic
need standard set by the State plus
any special needs.

Your family's needs and income are
figured on this notice.

44-207.221(b)

M44-207D

6/20/86

The County is stopping your cash aid for the month of _____.

Here's why:

You can't get cash aid if your family's monthly gross income is more than 185% of the basic need standard set by the State plus any special needs. Your gross income was more than your needs for only one month so your cash aid will stop for only one month.

You must turn in your Monthly Report (CA 7) in the month you are not aided.

If you are eligible, your cash aid will begin again _____.

You do not need to reapply.

Your family's needs and income are figured on this notice.

44-207.221(c), 40-181.22
and 44-315.61

M44-207E

6/20/86

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

Here's why:

You can't get cash aid if your
family's net countable income is
more than the need standard set by
the State.

Your family's needs and income are
figured on this notice.

44-207.3

M44-207J

6/20/86

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

Here's why:

You can't get cash aid if your
family's net countable income is
more than the need standard set by
the State.

Your family's needs and income are
figured on this notice.

44-207.3

M44-207K

6/20/86

The County is stopping your cash aid for the month of _____.

Here's why:

You can't get cash aid if your family's net countable income is more than the need standard set by the State.

Your income was more than your needs for only one month so your cash aid will stop for only one month.

You must turn in your Monthly Report (CA 7) in the month you are not aided.

If you are eligible, your cash aid will begin again in _____.
You do not need to reapply.

Your family's needs and income are figured on this notice.

44-207.3

M44-207L

6/20/86

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

Here's why:

_____ is
no longer pregnant.

She no longer can get a \$70 special
need payment for pregnancy.

Your new cash aid amount is figured
on this notice.

44-211.412

M44-211K

6/20/86

As of _____, the
County is changing your monthly
cash aid from \$_____ to \$ 0.00.

Here's why:

The monthly cash aid amount figured
on this notice is less than \$10.

We can't pay aid for an amount less
than \$10.

Although you won't get cash aid,
you must continue to send your
Monthly Report (CA 7) by the 11th
of each month. You must do this to
keep getting cash based Medi-Cal
and to see if you can get a cash
aid payment.

44-315.432, 40-181.22

M44-315A

6/20/86

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

Here's Why:

Your monthly aid will be reduced
until the amount you owe is paid
back. We will take less money out
of your monthly aid payment when an
overpayment is caused by a county
mistake.

We have decided your
overpayment was caused by
the county.

We have decided your
overpayment was not caused
by the county.

If you go off cash aid before your
overpayment is paid back, the
county can take action to collect.

The next pages show how much cash
aid you should have had for each
month you were overpaid, the total
amount you owe, and how much will
be taken out of each month's aid
amount.

Your new cash aid amount is figured
on this notice.

44-350.13, 44-352.411

M44-350A

6/20/86

While you were aided, you were overpaid. Though the County stopped your cash aid, you still owe us for your overpayment. The amount of your overpayment is due now.

You owe: \$ _____

Here's Why:

The next pages(s) shows the aid you were paid and what you should have been paid for each month of overpayment. It also shows your total overpayment.

You must pay back the money or show the County your plan for paying it back before _____. If you do not, the County can take action to collect.

If you pay by check or money order, send or bring it to:

If you pay by cash, pay in person. Be sure to ask for a numbered receipt with the County name on it.

If you have any questions call _____.

44-352.43

M44-352A

6/20/86

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

This person was overpaid in another
case: _____

That overpayment amount was:
\$_____

Here's why there was an
overpayment:

Because the person is now a member
of your family, the amount owed
must be taken out of your aid
payment.

The next page(s) shows the amount
owed and what will be taken out of
your aid payment.

Your new cash aid amount is figured
on this notice.

44-352.313, 44-352.314

M44-352C

6/20/86

While you were aided, you were overpaid. Though the County stopped your cash aid, you still owe us for your overpayment. The amount of your overpayment is due now.

Before your aid was stopped, you were paying back what you owe. The amount you still owe is \$_____.

You must pay back the money or show the County your plan for paying it back before _____. If you do not, the County can take action to collect.

If you pay by check or money order, send or bring it to:

If you pay by cash, pay in person. Be sure to ask for a numbered receipt with the County name on it.

If you have any questions call _____.

44-352.43

M44-352G

6/20/86

III.B.2.

ALL COUNTY LETTER, DRAFT

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: AFDC NOTICES OF ACTION TO IMPLEMENT TURNER V. McMAHON COURT ORDER

REFERENCE: ACL 84-41, 4/3/84; ACL 84-107, 10/18/84; ACL 85-20, 2/5/85; and
ACL 85-106, 10/15/85.

This letter transmits copies of revised AFDC Notice of Action (NOA) messages in English, Spanish, Chinese, Vietnamese, Cambodian and Laotian. Counties must use this language to notify applicants/recipients of the specific circumstances described. The message language has been approved under the terms of the Turner Consent Decree and is mandated for use May 1, 1987 to affect the June 1, 1987 grants for continuing cases.

The attached NOA message language was originally transmitted to counties as part of the Defra I and II, MR/RB and RDP packages. The previously provided language will be obsolete as of May 1, 1987. Only the language from those packages intended for continued use has been revised. The remaining messages were intended for use on limited-term basis and should no longer be sent to clients.

Each NOA message has been placed on the appropriate manual NOA form. Each complete NOA may be preprinted by counties in its entirety for "shelf stock" or the message portion may be reproduced in its entirety for each case as needed. Whether preprinting or reproducing message language, counties must adhere to all the appropriate standards at Part III.C. of the Turner Implementation Plan transmitted by ACL .

Attachment III lists the instructions for use of each message in the AFDC program. Specific instructions for the Refugee Cash Assistance (RCA) and the Refugee Demonstration Project (RDP) are also included. Some of these messages are also applicable to the Foster Care (AFDC-FC) program.

If you have any questions, please contact Doris Keller at (916) 324-2655 in the AFDC and Food Stamps Policy Implementation Bureau.

ROBERT A. HOREL
Deputy Director

Attachments

cc: CWDA

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NOTICE OF ACTION MESSAGE INSTRUCTIONS

NOA messages originally released
with MR-RB, ACL #84-41, 4/3/84

Use M40-125A Restoration After a Break in Aid to approve cash aid that has been restored after discontinuance for failure to provide a CA-7 for the report month.

Use only when the action being taken is for a break in aid of less than one calendar month and it is due to the failure of the recipient to provide a CA-7 for the report month.

Use M44-113A Disallowance of Deduction(s)/Disregard(s) to change the monthly grant because of disallowance of the earned income deduction(s)/disregard(s). Check the appropriate box(es) that applies to the case. For the self-employment expenses box be sure to indicate the specific expense that is being disallowed.

NOA messages originally released
with DEFRA 1, ACL #84-107, 10/18/84

30 & 1/3 Disregard

Use M44-111B 1/3 Disregard to change a grant when the 4 month limit for the 1/3 earned income disregard has expired.

Use M44-111C \$30 Disregard to change a grant when the 8 month period for the additional \$30 disregard has expired.

Use M44-111N 1/3 Disregard to discontinue a case when net income exceeds MBSAC because the 1/3 earned income disregard has expired.

Use M44-111P \$30 Disregard to discontinue a case when net income exceeds MBSAC because the \$30 earned income disregard has expired.

Student Earnings/JTPA

Use M44-111K Student Earnings to discontinue a case when the earnings of a full-time student or earnings from a child's JTPA job have been disregarded for 6 months and now will cause the AU's income to exceed the 185% income eligibility limit.

Use M44-111L JTPA to change the grant when a child's earnings from a JTPA job will cause the AU's net income to exceed MBSAC after the earnings have been disregarded for 6 months per calendar year.

Use M44-111R JTPA to discontinue a case when the earnings from a child's JTPA job have been disregarded for 6 months and now will cause the AU's income to exceed MBSAC.

NOA messages originally released
with DEFRA II, ACL #85-20, 2/5/85

Use M42-213E 6 Month Approval, Sale of Property to approve aid for six months when an applicant owns real property other than the home, has agreed to put it up for sale and has signed a lien agreement.

Use M42-213F Property Not Sold to discontinue a case at the end of the exemption period when they have not sold the excess property.

Use M43-119A Sponsored Alien, Failure to Report to discontinue a sponsored alien's case when the sponsor(s) has failed to complete the CA 24 form for any of the recipients.

Use M43-119B Sponsored Alien, Failure to Report to deny a sponsored alien's application when the sponsor(s) has failed to complete the CA 24 form for any of the applicants.

Use M43-119C Sponsored Alien, Needs Met to discontinue when the alien's sponsoring agency or organization reports it is able to meet the entire needs of the alien family.

Use M43-119E Sponsored Alien, Some Members Needs Met to change a sponsored alien's grant when the alien's sponsor(s) report they are able to meet the entire need of some of the family members. Fill in the blank with the name or names of person(s) whose needs are met.

Use M44-133M Senior Parent Income, 185% to discontinue a case when a minor parent reports new senior parent income which causes the minor parents income to exceed 185%. The new senior parent income could be the result of a new job, increased hours and/or pay, the return of a senior parent to the home or the return of the minor parent to the senior parent home. Use the NA 271, Continuation page to show senior parent income.

Use M44-133N Senior Parent Income, 185% to suspend a case when a minor parent reports new senior parent income which causes the minor parent's income to exceed 185%, but the excess income is not expected to continue. The new senior parent income could be the result of a new job, increased hours and/or pay, the return of a senior parent to the home or the return of the minor parent to the senior parent home. Use the NA 271, Continuation page to show senior parent income.

Use M44-133-0 Senior Parent Income, Financial Eligibility to discontinue a case when a minor parent reports new senior parent income which causes the minor parent's income to exceed MBSAC. The new senior parent income could be the result of a new job, increased hours, and/or pay, the return of a senior parent to the home or the return of a minor parent to the senior parent home. Use the NA 271, Continuation page to show senior parent income.

Use M44-133P, Senior Parent Income, Financial Eligibility to ZBG a case when a minor parent reports new senior parent income which causes the minor parent's income to exceed MBSAC. The new senior parent income could be the result of a new job, increased hours and/or pay, the return of a senior parent to the home or the return of a minor parent to the senior parent home. Use the NA 271, Continuation page to show senior parent income.

NOA messages originally released
with RDP, ACL #85-106, 10/15/85

Use RDP-1, Transfer from RDP to AFDC to approve an entire case for AFDC at the end of 36 months of RDP or to change the grant when only a portion of the case is eligible for AFDC. Check the box, fill in the name(s) and explain the reasons for ineligibility for AFDC if appropriate.

Use RDP-2, Transfer from RDP to AFDC to deny AFDC at the end of 36 months of RDP. Explain the reason(s) for denial of AFDC.

As of _____, the county has approved your cash aid.

Your first day of cash aid is _____.
Your first month cash aid amount is \$ _____.

This amount is based on the full monthly cash aid amount figured on this notice. We used your monthly report (CA-7) from the last month you were on cash aid to figure your monthly cash aid amount.

You will not get any earned income disregards this month because your cash aid was stopped for not completing your CA-7.

40-125.9, 44-113, 44-313

M40-125A

6/20/86

As of _____, the County has approved your cash aid for up to six months. Your monthly cash aid amount is figured on this notice.

During the next six months, you must keep trying to sell the real property you own that is not your home. You may have to pay back the aid you got when you sell it.

We may stop your aid after six months if you still own the property.

Please contact your worker when you sell it.

42-213.12

M42-213E

6/20/86

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

Here's why: You own property that is worth more than the \$1,000 limit. We must count the value of all the real property you own other than your home. You have not sold real property that is available to you and is not your home. The value of this property now counts against you.

We counted the value of your property as follows:

<u>Property</u>	<u>Countable Value</u>
1. _____	\$ _____
2. _____	_____
3. _____	_____
4. _____	_____
	Total
	Countable
	Value \$ _____

42-213.12

M42-213F

6/20/86

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

Here's why: You are a sponsored
alien and did not turn in a
complete Form CA 24 from your
sponsoring group. The deadline for
turning in this form is past. If
your sponsoring group fills it out,
please call your worker right away.

43-119

M43-119A

6/20/86

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

Here's why: You are a sponsored
alien and you did not turn in a
complete Form CA 24 from your
sponsoring group. The deadline for
turning in this form is past. If
your sponsoring group fills it out,
please call your worker right away.

43-119

M43-119B

6/20/86

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

Here's why: You are a sponsored
alien, and your sponsoring group
says it can pay for your needs.

43-119

M43-119C

6/20/86

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

Here's why: You have sponsored
aliens in your family . The
sponsoring group says it can pay
for the needs of _____.

We must stop cash aid for everybody
whose needs can be met. When the
cash aid for part of your family
stops, your total cash aid goes
down.

Your new cash aid amount is figured
on this notice.

43-119

M43-119E

6/20/86

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

Here's why:

For four months, we disregard
one-third of all earned income
after other disregards are allowed.

_____ 's four months for
the one-third disregard ends on
_____.

Your countable family income goes
up and your cash aid goes down when
you lose this disregard.

Your new cash aid amount is figured
on this notice.

44-111.24

M44-111B

6/20/86

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

Here's why:

For 12 months only, we disregard up
to \$30 a month of each earners'
income. The 12 months started in
_____ and each month counts
even if you didn't work or didn't
get cash aid.

_____ 's 12 months ends
on _____.

Your countable family income goes
up and your cash aid goes down when
you lose this disregard.

Your new cash aid amount is figured
on this notice.

44-111.24

M44-111C

6/20/86

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

Here's why:

You can't get cash aid when your family's monthly gross income is more than 185% of the need standard set by the state. After six months of work in any one year, we must count the earnings of

a full-time student.

a child in a JTPA job (Job Training Partnership Act).

We did not count _____'s earnings in:

_____, _____,

_____, _____,

_____, and _____.
We must now start counting that person's income.

With these earnings, your family's total income is more than the limit and your cash aid must stop.

Your family needs and income are shown on this notice.

44-111.224

M44-111K

6/20/86

As of _____, the County is changing your cash aid from

\$ _____ to \$ _____.

Here's why:

We must count as income the JTPA (Job Training Partnership Act) earnings after the first six months each year. We did not count

_____ 's JTPA earnings in:

_____, _____,

_____, _____,

_____, and _____.

We must now start counting that person's income.

With these earnings, your family income goes up and your cash aid amount goes down.

Your new cash aid amount is figured on this notice.

44-111.3(c)

M44-111L

6/20/86

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

Here's why:

You can't get cash aid if your family's net countable income is more than the need standard set by the state.

For four months we disregard one-third of all earned income after other disregards are allowed.

_____ 's four months for the one-third disregard ends on _____.

When you lose this disregard, your countable family income is more than the limit and your cash aid must stop.

Your family needs and income are shown on this notice.

44-111.24

M44-111N

6/20/86

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

Here's why:

You can't get cash aid when your
net countable income is more than
the need standard set by the state.
For 12 months we disregard up to
\$30 a month of each earners'
income. The 12 months started in
_____ and each month counts
even if you didn't work or didn't
get cash aid.

_____ 's 12 months ends on
_____.

When you lose this disregard your
countable family income is more
than the limit and your cash aid
Must stop.

Your family needs and income are
shown on this notice.

44-111.24

M44-111P

6/20/86

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

Here's why:

You can't get cash aid if your family's net countable income is more than the need standard set by the state. We must count as income the JTPA (Job Training Partnership Act) earnings after the first six months each year.

We did not count _____'s JTPA earnings in

_____, _____,
_____, _____,
_____, and _____.

We must now start counting that person's income.

With these earnings your countable family income is more than the limit and your cash aid must stop.

Your family needs and income are shown on this notice.

44-111.3(c)

M44-111R

6/20/86

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

Here's why:

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

the days and hours worked

your Child or Adult Care
Expenses

the Child or Spousal Support
you paid

your 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.

44-133.212B, 40-181.244

M44-113A

6/20/86

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

Here's why: You can't get cash aid if your family's monthly gross income is more than 185% of the need standard set by the state.

You are a parent under 19 and live with your parent or legal guardian.

Since you are a minor parent, some of your parent's or legal guardian's income is counted to figure your cash aid. When we count part of their income, your total income goes over the limit.

We figured your parent's or legal guardian's countable income on the next page.

Your family needs and income are shown on this notice.

44-133.7, 44-207.2

M44-133M

6/20/86

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

Here's why: You can't get cash aid when your family's monthly gross income is more than 185% of the need standard set by the State.

Since you are a minor parent, some of your parent's or legal guardian's income is counted to figure your cash aid. When we count part of their income, your total income goes over the limit.

You may get cash aid again if your gross income goes below the 185% limit. For us to know this, you must turn in a complete Monthly Eligibility Report (CA 7) during the month your aid is stopped.

We figured your parent's or legal guardian's countable income on the next page.

Your family needs and income are shown on this notice.

44-133.7, 44-207.2

M44-133N

6/20/86

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

Here's why: You can't get cash aid
if your family's net countable
income is more than the need
standard set by the state.

You are a parent under 19 and live
with your parent or legal guardian.
Since you are a minor parent, some
of your parent's or legal
guardian's income is counted to
figure your cash aid. When we
count part of their income, your
total income goes over the limit.

We figured your parent's or legal
guardian's countable income on the
next page.

Your family needs and income are
shown on this notice.

44-133.7, 44-207.3

M44-133-0

6/20/86

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

Here's why: You can't get cash aid
when your net countable income is
more than the need standard set by
the state.

You are a parent under 19 and live
with your parent or legal guardian.
Since you are a minor parent, some
of your parent's or legal
guardian's income is counted to
figure your cash aid. When we
count part of their income, your
income goes over the limit.

You may get cash aid again if your
countable income is less than the
need standard. For the County to
know this, you must turn in a
complete monthly Eligibility Report
(CA 7) during the month your aid
stops.

We figured your parent's or legal
guardian's countable income on the
next page.

Your family needs and income are
shown on this notice.

44-133.7, 44-207.3

M44-133P

6/20/86

As of _____ the county will change your cash aid from the Refugee Demonstration Project (RDP) to AFDC.

Here's why:

You have lived in the United States for at least 36 months. The Refugee Demonstration Project can not pay cash aid for more than 36 months.

[] _____ can not get AFDC because:

Those changed to AFDC will still get Medi-Cal.

Your new AFDC amount is figured on this notice.

69-206.21

RDP-1

6/20/86

As of _____ the county is
stopping your cash aid.

Here's why:

You have lived in the United States
for at least 36 months. The
Refugee Demonstration Project can
not pay cash aid for more than 36
months.

No one in your family can get AFDC
because:

You and your family may still get
cash from other programs. Phone
your worker at

_____.

69-213.3

RDP-2

6/20/86

III.C.

COUNTY STANDARDS

FOR AFDC NOTICES OF ACTION (NOA), STUFFER MESSAGES, INFORMING NOTICES, ETC.

GENERAL

The following standards shall apply to all AFDC NOAs, stuffer messages, informing notices, etc. produced by any automated or manual means, statewide.

Imm = Immediate, standard to be implemented by all counties on May 1, 1987.

L.T. = Long Term, standard to be implemented when the two column NOA format is implemented May 1, 1987 or later and prior to or on January 1, 1992.

DEFINITIONS

Notice of Action (NOA) or "notice" = The entire page(s) sent to an AFDC client. It contains all the state, county and worker identification, the date of the notice the specific message, the regulations citation(s), the state hearing information, etc.

Form or NOA form = The state approved "blank" NOA form which contains only the standard unchanging items which may be preprinted because they apply to all NOAs prepared. Examples of NOA forms are the NA 200, NA 210, NA 990, etc.

Continuation Pages = The state approved NOA forms designed to be attached to a manual or automated NOA first page. The continuation pages may be used as preprinted by the state or the counties or may be reproduced by automated equipment. The continuation pages may be "blank" or be preprinted with specific message language and/or computation(s).

Message, NOA message = The specific information applied to a "blank" NOA form. There are two general types of messages: 1) The message language which informs the client of the action to be taken by the county; and 2) the computation which informs the client of the dollar amounts affecting their eligibility, aid payment, etc. unless otherwise specified all standards referring to NOA messages incorporate both message language and computations. Not all messages are state approved. Several of the state provided manual NOA forms contain preprinted NOA message language and/or computations.

Stuffer/Informing notices = The general messages sent to all clients in a county. These messages may be required by litigation, rule changes or they may inform client of possible aid level changes due to children reaching a certain age, etc.

State approved = NOA messages or forms designed and/or written by the state and approved for county use through the Turner v. McMahan consent decree or State AFDC program management. These items are mandated for county use until replaced by subsequent state approved items.

County written = NOA messages written by counties for use in situations for which there is no state approved message. State approval prior to use is not required.

Manual (NOA production) = Those NOAs prepared or completed by hand writing or hand typing the specific message onto a preprinted NOA form.

Manual (NOA) forms = Those state approved preprinted forms designed to be completed by hand writing or hand typing.

Automated (NOA production) = Those NOAs prepared or completed by means of a word processor or computer driven printer. The printer may use pinfed or individually fed preprinted forms, individual sheets or continuous "blank" stock.

Automated (NOA) forms = The blank form(s) such as the NA 990 designed to be completed by automated equipment. To create a complete NOA on the blank automated form, both the pertinent parts of the appropriate manual form and the NOA messages will be reproduced.

Automated (NOA) equipment = The printers and computers or word processors, etc. used to produce automated NOAs.

Preprinted (by state or counties) = Those NOA items preprinted prior to the application of a specific message. The state "preprints" NOA forms for county manual use. Counties may "preprint" NOA forms for their own use in either manual or automated production.

Reproduced (by counties) = The state approved NOA items which are copied by the county onto a NOA. For instance most counties "reproduce" NOA messages on (either state or county) preprinted stock; counties using laser printers "reproduce" in one step both the NOA form and the specific message on blank stock.

STANDARDS

I. AFDC Notice of Action (NOAs), General Format

A. Automated and Manual NOAs

(These standards apply to all NOAs whether completed manually or by automated equipment.)

- (Imm) 1. The state provided NOA forms are mandated for use. The state NOA forms may be preprinted or reproduced by counties according to the following appropriate standards.
- (Imm) 2. Margins shall be at least 1/4 inch wide on each side of the page.
- (Imm) 3. Areas printed in a two column format must have at least 3/8" total center margin. (The center shading stripe provided by the state is 1/6" wide which allows for some white space on each side of the stripe.)
- (Imm) 4. All margin areas are to be left blank with no printed characters as spacers except for the center margin shading as provided by the state.
- (Imm) 5. Counties must insure only the client's name and address appear in the window of the mailing envelope. The recipient address must be printed only within the space described: left edge is 3/4" from left edge of the page; right edge is 4 1/2" from left edge of page; top edge is 2 1/2" below top of the page; and bottom edge is 3 3/8" below the top edge of the page. This space is marked by angular brackets on the manual NOA forms designed as first pages.
- (Imm) 6. The area that could show through the window of an envelope must be free of written material or symbols except those printed by the state. The window space is all that directly left of the State Hearing information, above the fold line and below an imaginary line drawn directly above the word "addressee" parallel to the top of the page.
- (Imm) 7. Completed individual NOAs shall be a minimum of 8 1/2 x 11 inches in size.
- (L.T.)8. State approved NOA forms which are preprinted by the counties shall be as similar to the state approved forms as possible.
 - a) All lines, symbols, etc. provided by the state shall be in the same location except the lines provided in the upper right for "notice date", "case name" etc. need not appear on those NOA forms which will be completed by automated equipment.

- b) All message language and computation items provided by the state on the manual NOA forms shall be preprinted or reproduced by counties in the same location, in the same order and in the same print style as on the state NOA forms.

(L.T.) 9. The return address space provided in the upper left section of the NOA form must be used for some form of return address or a required civil rights statement. Any other use will require prior state approval.

(Imm) 10. The latest NA Back shall be used by the counties with no alterations except to show:

- a) The individual county hearings office address, and
- b) The contact for a local recipient advocate if the county includes this information.

(L.T.) 11. Continuation or additional pages shall be mailed with page 1; carbon sets need not be separated and recollated.

B. Automated NOAs

(These standards apply only to NOAs produced or completed by automated equipment.)

(L.T.) 1. Counties which reproduce the manual NOA forms must do so verbatim, except that:

- a) The check box items not applicable to a case need not be reproduced.
- b) The computation items which would show a zero need not be reproduced.
- c) The lines indicating blanks to be filled in need not be reproduced.
- d) Nonessential information and county directions, such as "Other Countable Income (list sources)" need not be reproduced.

(Imm) 2. NOA format and appearance shall be as similar to the state approved forms as possible. All lines, symbols, etc. provided by the state shall be in the same location except for those items in I.A.8.a and I.B.1 above.

(L.T.) 3. Counties must be able to reproduce the complete computation portion of NOAs as provided by the state. This standard does not apply to the specific computation(s) which a county elects not to automate.

(Imm) 4. Counties must reproduce the computation portion of the NOAs following the message language portion. (This is an interim standard; it will apply only until the county converts to the two column format for its automated NOAs.)

C. AFDC NOA Messages, General

(These standards apply to: 1) the NOA message language or computations specifically, as indicated and 2) all NOAs whether produced or completed manually or by automated equipment, unless otherwise indicated.)

(Imm) 1. State approved NOA message language which is mandated for statewide use shall be reproduced by the counties verbatim except for the exemptions listed in I.B.1. above.

(Imm) 2. Individual state approved NOA message language shall be reproduced by counties in the same (wording) sequence as provided.

(Imm) 3. The print type, size and style as provided on the state approved messages shall be reproduced as closely as possible within current county NOA production capabilities. (See ACL in Section III E at page 112 of this plan regarding the enhancement of automated NOA production.)

(Imm) 4. When no appropriate NOA message has been provided by the state, counties shall write their own NOA messages. These county written NOA messages shall follow the written guidelines for message writing provided by the state and must include the appropriate regulation citation(s). State approval of these county written messages is not required prior to use.

This standard does not apply to the implementation of court cases, emergency regulations, etc. where the state has clearly indicated messages are being developed and will be transmitted.

(Imm) 5. NOA message language reproduced by counties shall retain the state's format as closely as possible. The message language shall be divided into sentences and paragraphs in the same places, indents shall appear in the same places, etc.

- (Imm) 6. Manual NOAs shall show and use all the computation items provided by the state.
- (Imm) 7. The counties may add information to state approved NOA message language and computations only for purposes of:
- a) Completing the blanks, and/or
 - b) Adding connecting words or phrases between two or more state approved NOA messages or between state approved and county written NOA messages following the written guidelines for message writing provided by the state.

The additional language used in (a) and (b) above does not require state approval prior to use but shall be written following the written guidelines provided by the state.

- (Imm) 8. Future state approved NOA message language automatically supersedes county written and/or previously state approved NOA messages for the same policy area.
- (L.T.)9. Future state approved NOA computations automatically supersede county written and/or previously state approved computations for the same area.
- (L.T.)10. When more than one NOA message will apply to a case, all the language shall be printed on one NOA, which may be one or more pages in length. The county may combine state approved and county written language and may add connecting phrases if needed.

D. AFDC NOA Message Locations

(Applicable only to the two column format for both manual and automated NOAs)

- (L.T.)1. Computation Portion
- a) The starting point for the standard budget or eligibility computation portion of a NOA message shall be at the top of the right column of page 1.
 - b) If the standard budget or eligibility computation will not fit in the right column it shall continue to the right column of page 2.
 - c) Following the end of the standard budget or eligibility computation, counties shall leave at least one blank line; and then reproduce a line of hyphens or a broken solid line to represent the end of that section.

(L.T.)2. Message Language Portion

- a) The standard starting point for the message language portion of the NOA shall be at the top of the left column of page 1.
- b) In situations where the entire message language will not fit in the left column it shall continue to:
 - i) The top of the right column if there is no computation needed for the NOA, or
 - ii) The right column following the line of hyphens (see standard I.C.1.c) at the end of the computation, provided the balance of the message will fit on the page 1, or
 - iii) The top of the left column on page 2.

II. Other Notices

A. Stuffer and Informing notices

- (Imm) 1. Standards I.A.2, 3, 4, 8 & 9 must be met.
- (Imm) 2. State approved message language shall be used verbatim except those exceptions in I.B.1.
- (Imm) 3. County written messages shall follow the format and language pattern established by the state. State approval of these county written messages is not required prior to use.

Deviations from any of the county standards after the implementation date may be allowed. Counties must request individual deviations in writing, explaining the technical problems with implementing the standard(s). Included in the request shall be a plan to solve the problem(s) if possible and samples of the NOAs the county will produce in the interim. State response to a county request will be transmitted within 30 days of receipt by the State (see ACL at page 110 of this plan).

III.D.

ALL COUNTY LETTER, DRAFT

SUBJECT: IMPLEMENTATION OF COUNTY STANDARDS FOR AFDC NOTICES OF ACTION (NOAs)

REFERENCE:

Attached is a copy of the county standards for AFDC Notices of Action (NOAs), stuffer messages, informing notices, etc. These county NOA standards were compiled in partial response to the requirements in the Turner v. McMahon consent decree.

Implementation

The standards have been approved for use and are mandated effective the following dates: 1) "Immediate" standards to be implemented by all counties for all NOAs on or before May 1, 1987; and 2) "Long Term" standards to be implemented with the two-column format no later than January 1, 1992. The "long term" standards will be implemented on May 1, 1987 for manually prepared NOAs and no later than January 1, 1992 for "automatically" prepared NOAs. Those counties preparing both manual and automated NOAs may have two effective dates for the mandated county standards.

"Immediate" Waiver Statement

Any "immediate" standard which cannot be met in a county by May 1, 1987 must be reported to the state AFDC/FS Implementation Bureau by February 1, 1987 in an immediate waiver statement. This statement must indicate the standard(s) which cannot be met by May 1, 1987, the reason(s) the standard(s) cannot be met and the county plan for meeting the standards(s) including the proposed date. The statement is in addition to any request for equipment or software submitted to the Department for approval. However, if such a request has been submitted or will be in the future, the waiver statement must refer to it.

Waivers will be approved for only very exceptional circumstances.

"Long Term" Waiver Statement

Counties must adopt the "long term" county standards at the same time they implement the two column format. Any long term standard which cannot be met by a county preparing manual NOAs by May 1, 1987 must submit a Long Term Waiver Statement by February 1, 1987. Any long term standard which cannot be met by a county preparing NOAs by automated equipment must submit a Long Term Waiver Statement by January 1, 1991.

Long Term Waiver Statements must indicate the standard(s) which cannot be met by January 1, 1992, the reason(s) the standard(s) cannot be met and the county plan for meeting the standard, including the proposed date.

Waivers will be approved for only very exceptional circumstances.

Compliance Reports

Any county which has submitted a waiver statement (either Immediate or Long Term) must also submit a compliance report within 30 days of implementing the standard(s). The compliance report must indicate the actual implementation date and must include sample copies of the NOAs sent to clients.

Monitoring

The state AFDC and Food Stamp Compliance Unit will be continuing the NOA monitoring procedures implemented by the Turner consent decree. Samples of the county messages in state hearings cases will be monitored and reviewed for compliance with the county NOA standards. Noncompliance with any of the standards will be examined with the county and corrected according to standard corrective action procedures.

All waiver statements and compliance reports required by this letter should be sent to:

AFDC/Food Stamp Implementation Bureau
AFDC/Food Stamp Compliance Unit
744 P Street, Mail Station 16-31
Sacramento, California 95814

Please contact Doris Keller at (916) 324-2655 if there are any additional questions.

ROBERT A. HOREL
Deputy Director

Attachment

cc: CWDA

III.E.

ALL COUNTY LETTER, DRAFT

SUBJECT: AUTOMATED SYSTEMS STANDARDS FOR AFDC NOAs
(Systems Standards)

REFERENCE: ACL APPROVED TURNER V. McMAHON NOTICE OF ACTION
(NOA) IMPLEMENTATION PLAN FOR AFDC

This letter transmits to counties the Systems Standards for Automated equipment used to produce AFDC Notice of Action (NOAs). The systems standards have been approved by the Turner Court as a part of the Turner Implementation Plan. The entire plan was earlier transmitted with ACL .

As of August 1, 1986, the Automated Systems Standards will become part of the review and approval criteria used for county data processing (DP) requests. Only those requests for printers or for new or expanded systems to be used in the production of AFDC NOAs will be affected. The "Statement of Problem" and "Feasibility Study/Advance Planning Document" portions of these county requests must both address all the standards as appropriate.

The automated Systems Standards as approved are:

- 1) DP equipment must be capable of printing AFDC NOAs in the format currently approved for the manual AFDC NOA forms;
- 2) DP equipment must be capable of producing AFDC NOAs according to the "County Standards for AFDC Notices of Action (NOA), Stuffer Messages, Informing Notices, etc."; and
- 3) Counties planning to purchase automated printers to produce AFDC NOAs must purchase equipment capable of printing both upper and lower case letters if it is system compatible and cost effective.

The implementation plan (ACL# _____) requires automatically produced NOAs to meet the first two standards (above) no later than January 1, 1992. The third standard must be met whenever it is cost effective and system compatible in light of overall system needs including upper and lower case letters.

County requests for new printers must specifically address the third standard above by:

- 1) Proposing to purchase a printer capable of printing both upper and lower case letters; or
- 2) Provide documentation that supports another compatible selection that is more cost effective.

If counties have any questions regarding their requests for automated equipment, please call your county contact person in The County Approvals Unit at _____. If there are questions concerning the AFDC program requirements for Notices of Action call Doris Keller of the AFDC and Food Stamps Compliance Unit at (916) 322-5330.

ROBERT A. HOREL
Deputy Director

Attachments

cc: CWDA

III.F.

AUTOMATED TRIGGERS

EVENTS TO TRIGGER IMPLEMENTATION OF A TWO COLUMN FORMAT FOR AFDC AUTOMATED NOAs

Implementing a format change along with other major data processing (DP) changes will minimize the conversion costs by combining similar steps. When counties reprogram for a changed format while programming for another major change, the costs of reprogramming are reduced to those additional steps, if any, not required by the first task. In addition, the costs of the steps required by both changes are shared by both.

Major DP events that occur in a county will also serve as triggers for implementing the two column NOA format. Major DP events are described as those involving a major portion of the DP system and can be events associated with hardware, software and/or county programming.

Counties using DP systems (automated equipment) to produce NOAs as of the approval date for this implementation plan shall convert to the two column NOA format no later than January 1, 1992. This five year period is allowed for automated counties to thoroughly plan for the change and to coordinate it with any anticipated trigger events. If a county does not expect a trigger event to occur prior to the mandated implementation date (January 1, 1992) that county shall submit a plan of implementation to the state prior to January 1, 1991. The plan must show the anticipated date of implementation of the two column format as well as the time frames allowed for the interim steps. This plan is in addition to the DP requests filed with other divisions of DSS but it must mention any requests already filed or expected to be filed.

Counties may make the conversion at anytime within the time frames outlined above, but are mandated to change no later than January 1, 1992, affecting the February 1, 1992 grants.

Automated Triggers

1. Conversion to automated NOAs. This includes both:
 - a) The reprogramming of an existing county automated system to include NOA production for the first time, or
 - b) The significant expansion of an existing automated system that increases the types of NOAs produced. (A trigger would occur when a computation is automated but not when just one more message is added to the table), or

- c) The implementation of a new system, a significant part or all of which is dedicated to NOAs. (A trigger will not necessarily occur when a county joins an existing DP consortium.)
2. The implementation of a Statewide Automated Welfare Systems (SAWS) module that involves NOAs. (A trigger does not occur when a county implements the SAWS Central Data Base module.)
 3. A change in the type of printer(s) used for NOA production. For instance, a trigger would occur when a county changes from line printers to laser printers as this would require significant programming involving NOA production capabilities. A trigger would not occur when a county replaces a line printer with a compatible model as this change would require only minor adjustments.
 4. A change in the type of computer or computer system, used for NOA production when that change establishes new systems capabilities.

IV.

MAINTENANCE PROCEDURES

In order to assure that county NOAs continue to meet standards developed through the Turner process, the state has established a procedure for monitoring NOAs and correcting problems as they become apparent. A discussion of this procedure follows.

Also included here is a plan for establishing (as directed by the consent decree) a group of AFDC recipient advocates to review future state prepared NOA materials.

IV.A.

SAMPLING PLAN

AFDC and Food Stamp Implementation Bureau Compliance Unit will expand the current NOA monitoring and sampling procedures to include transmission of NOAs which generate hearing requests from the Office of the Chief Referee (OCR). Starting in August 1986, OCR will send the Compliance Unit a copy of the NOA sent in the first out of every 25 hearing requests received statewide. These copies will be routed to the AFDC/Food Stamp Implementation Bureau, Compliance Unit on the first day of each month.

The compliance unit staff will review each NOA for compliance with all the NOA standards, to determine if there are policy or regulations areas for which state approved messages should be prepared and to note the time an individual county converts to the two column format. Errors will be noted and corrective action shall be started when patterns of noncompliance become apparent.

The counties represented by the sample of NOAs will also be recorded. If a county is not represented by a sample NOA for two months or more, the Compliance Unit shall request OCR to transmit approximately five NOAs from that county. If no hearings have been requested from that county the Compliance Unit shall contact the county directly and request at least one sample NOA for each type of action taken by the county.

At any time in this procedure, the state may contact a county for sample NOAs for clarification of an issue or a question.

IV.B.

NOA CORRECTIVE ACTION PLAN

A corrective action procedure will be implemented when state AFDC and FS Policy Implementation Bureau staff become aware of a pattern of nonconformance with county NOA standards, state mandated language or program inaccuracies. State staff will monitor the county NOA activities as outlined in the sampling plan at IV.A. The procedure will consist of the following steps:

1. A telephone contact will be made with county personnel responsible for NOAs. The two parties will discuss the problem and attempt to resolve the issue.
2. If the problem persists beyond a reasonable time or beyond the agreed upon time, a letter will be sent from the AFDC and FS Policy Implementation Bureau Chief to the CWD. The letter will explain the problem, the previous steps taken and the results. The letter will request a county response with an outline of the problem solving steps planned and a projected date of correction. Also requested will be additional samples of the county's NOAs submitted directly by the county for a limited period of time.
3. If the problem persists beyond the agreed upon time, a letter will be sent from the Director, SDSS requesting immediate action to resolve the problem.

IV.C.

RECIPIENT REVIEW GROUP

Requirement

The Department has been directed in paragraph #36 of the Turner Consent Decree to propose a plan to establish a Recipient Review Group (RRG) to review Notice of Action (NOA) forms and messages.

Summary

The proposed plan outlines the procedures to:

1. Establish a RRG consisting of AFDC recipient advocate representatives;
2. Initiate an organizational meeting between the RRG and the department;
and
3. Allow for the department to receive the RRG's comments on NOA materials in the future.

In the future AFDC will continue to develop NOA forms and messages which are legally, technically and programmatically adequate and accurate while utilizing the concepts of readability and clarity learned from the Turner consultant. Reviews by the counties and other branches within the Department will continue. The recipient representative group will provide comments only on the readability, clarity, understandability and accuracy of the NOA forms and messages. The Department will provide verbal feedback to and discuss reactions with members of the group.

Comments from the RRG will be evaluated and incorporated by amending the proposed NOAs to the extent that all the NOA standards, concepts and requirements continue to be met.

Procedures for Establishing The Group

1. By April 11, 1986 the Department will send an All-County Welfare Director's letter (ACWD) to each County Welfare Director requesting a list of the welfare recipient rights groups who represent clients and are active in his/her community. The counties will also be asked to indicate which of the organizations are considered to be or have statewide affiliations.
2. By May 2, 1986 the Department will send a letter to the named organizations requesting a list of their nominees to serve as a part of the review group.

3. The Department will select one person and one alternate from those nominated by the coalition of California Welfare Rights Organizations (CCWRO). If CCRWO ceases to be operational, then a statewide organization whose primary interests is promoting the interests of recipient rights will be selected. The Department will select six people and up to six alternates nominated by local organizations. The selections will occur after input and suggestions from the California Welfare Directors Association and CCRWO.
4. Currently there is no public assistance recipient advisory council from which to draw additional group members.
5. By May 30, 1986 the Department will send a letter to the selectees (not the alternates) outlining the review requirements for NOA forms and messages and the method by which the requirements will be met. The letter will also solicit their agreement to serve as a member of the group.

If potential group members decline serving on the group, letters to alternates will be sent until there are seven group members, at least one of which represents a statewide organization.

The Department will maintain a list of alternates not selected in order to replace RRG members in the future. Potential names will be added as groups or individuals make themselves known. The RRG shall recommend names to replace those persons who fail to participate in the RRG.

6. By June 20, 1986 the Department will send a cover letter to the individual group members listing the members' names and inviting them to attend a group organizational meeting. The letter will also explain the review procedure, the legal, program and policy standards to be maintained by the department and examples of the type of input needed from the RRG.

Attached to the letter will be a package of NOA messages along with the instructions for use and the draft cover letter to the counties. The package will include the reasons for developing the messages and any other related information necessary for review and an explanation of the reviews the NOAs have had in earlier stages of development.

7. The department will arrange for an organizational meeting and will pay the transportation costs of the members to attend. The purpose of the meeting will be to define the NOA preparation roles of the department and the group, to share the knowledge gained from the Turner consultant and to establish a workable procedure for providing comments to the department.
8. The Western Center on Law and Poverty, Inc. will be sent the NOA materials submitted for group review.

Procedures for Group Review

1. Future reviews will follow the review and response procedure selected. The Department will provide the reviewers 30 days review time prior to the proposed date of release to the counties except in cases of emergency implementation, court cases or other similar urgent situations. In emergency situations, the Department will provide the reviewers ten days review time or as much time as possible in the given situation.
2. Individual reviewers will submit their comments to either: 1) the RRG representative who will submit them to the department, or 2) directly to the department in writing.
3. At the end of the RRG review period, the Department will make final changes and release the materials to the counties.
4. The RRG will be sent copies of the NOA forms or messages at the same time they are released to the counties.

See Section V. for a graphic representation of all the dates mentioned here.

V.

IMPLEMENTATION TIME FRAMES

When a major change in county procedures is proposed, such as in the changes for NOAs mandated by the Turner consent decree, many details must be examined and issues must be resolved. The state's survey of NOA production in the counties revealed most of the county details and issues. Further research within the state administration has revealed others.

The facts resulting from this information have been discussed elsewhere in this plan but have been combined and summarized in this section.

V.A.

COORDINATION OF DATES

Given all the assumptions, facts, and requests, a probable implementation date for the manual NOA forms, the messages (manual and automated) and the NA Back 6 is May 1, 1987 provided there is no change from the two column format.

A. Manual Forms, English

1. Turner interim approval of the NOA format by July 1, 1986.
2. A final NOA format decision will be reached by October 1, 1986.
3. The state will produce camera ready copies and place its print order by October 24, 1986.
4. The state will distribute camera ready copies to the counties by November 7, 1986.
5. The counties will begin bidding and/or print ordering by November 10, 1986.
6. The state will distribute preprinted forms by January 16, 1986.
7. The county printed forms will be printed by February 27, 1987.
8. Counties will distribute forms among their offices by March 20, 1986.
9. Counties will train their staff by April 10, 1987.
10. Counties will begin to use the new forms on May 1, 1987 to affect grants on June 1, 1987.

B. Manual Forms, Translated

1. Turner interim approval of the NOA format by July 1, 1986.
2. Translations of the language on all the forms will be complete by September 26, 1986.
3. A final NOA format decision will be reached by October 1, 1986.
4. The state will produce camera ready copies for each of the translated forms in each language and place its print orders for Spanish by October 24, 1986.