TABLE OF CONTENTS

DIVISION 45 AFDC-FC (FOSTER CARE) **Chapter**

AFDC-Foster Care (FC) Program Purpose 45-100

AFDC-FC Eligibility 45-200

AFDC-FC Payee, Payment and Delivery 45-300

Repealed by Manual Letter No. EAS-90-04, effective 10/1/90 45-400

Adoptions Assistance Program (AAP) 45-800

This page is intentionally left blank.

TABLE OF CONTENTS

CHAPTER 45-100 AFDC-FC PROGRAM PURPOSE

Section

AFDC-Foster Care (FC) Program Purpose 45-100

Definitions 45-101

This page is intentionally left blank.

CHAPTER 45-100 AFDC-FC PROGRAM PURPOSE

The purpose of the Aid to Families with Dependent Children--Foster Care Program is to provide financial assistance for those children who are in need of substitute parenting and who have been placed in foster care.

45-101 DEFINITIONS 45-101

The following definitions shall apply to the terms used in the AFDC-FC Program:

(a) (1) AFDC-FC means Aid to Families with Dependent Children--Foster Care and is the aid provided on behalf of needy children in foster care who meet the eligibility requirements as specified in department regulations and in applicable state and federal laws.

(2) Approved Home means one of the following:

(A) The home of a relative which is approved as meeting the same standards as licensed foster family homes as set forth in Foster Family Home Regulations, California Code of Regulations, Title 22, Division.6, Chapter 9.5, Article 3.

(B) A family home which is the home of a nonrelative extended family member which has been approved as meeting the same standards as licensed foster family homes as set forth in Foster Family Home Regulations, California Code of Regulations, Title 22, Division 6, Chapter 9.5, Article 3.

(C) A family home which is used only for the placement of an Indian child(ren); and which has been licensed, approved or specified by that Indian child's tribe.

(3) Assessment means the written document in the services case record which states the reason necessitating the child's placement into foster care and which identifies the child's problems or needs at the point in time the document is completed.

(4) Authority for Placement means the legal basis under which a child is residing in foster care placement.

45-101 DEFINITIONS (Continued) **45-101**

(b) Reserved

(c) (1) Case Plan means "a written document" as defined in Welfare and Institutions Code Section 11400(b) and 45 CFR 1356.21(d).

HANDBOOK BEGINS HERE

(A) Welfare and Institutions Code Section 11400(b) provides that a case plan means a written document in the services case record which at a minimum specifies how the child's problems or needs identified in the assessment are to be addressed including:

1. The type of home in which the child shall be placed and the appropriateness of the home for meeting the child's needs and

2. The agency's plan for ensuring that the child, the family and foster care provider receive services, and the appropriateness of the services provided to the child, in order to meet the child's needs while in foster care and to reunify the child with his or her family or, when reunification is not possible, to facilitate an alternative permanent plan.

(B) 45 CFR 1356.21(d) provides that the case plan:

1. Be a discrete part of the case record which is available to the parent(s) or guardian of the foster child;

2. Include a discussion of how the plan is designed to achieve a placement in the least restrictive (most family-like) setting available and in close proximity to the home of the parent(s), consistent with the best interest and special needs of the child; and

3. After October 1, 1983, include a description of the services offered and the services provided to prevent the removal of the child from the home and to reunify the family.

HANDBOOK ENDS HERE

45-101 DEFINITIONS (Continued) **45-101**

(2) "Certified Family Home" means a family residence certified by a licensed foster family agency and issued a certificate of approval by that agency as meeting licensing standards, and used only by that foster family agency for placements.

(3) Certified Out-of-State Group Home means a facility:

(a) Which is located outside of the State of California,

(b) Which would meet the definition of group home as defined in Section 45-101(g)(1) were it located within the State of California, and

(c) Which has been certified by the Department as meeting the licensure standards required of group homes operated in California or the Department has granted a waiver to a special licensing standard upon a finding that there exists no adverse impact on health and safety.

(4) Community Care Licensing Agency means the department or a county welfare department authorized by the department to license family homes and group homes in accordance with Title 22, Division 6, of the California Code of Regulations.

(5) Compact Administrator means an individual designated by the governor as the Administrator of the Interstate Compact on the Placement of Children.

(6) Court Order means only the judicial determinations specified in either Sections 45-101(c)(7)(A) or (B) and made by the juvenile court or by an Indian Tribal Court as defined in Section 45-101(i)(6). In California, the filing of a petition commences proceedings in a juvenile court. If the petition is not dismissed, the following two categories of judicial orders apply:

(A) Detention order means the order issued by the juvenile court pursuant to Welfare and Institutions Code Section 319 or 636 which permits detention of a child pending a jurisdictional hearing to determine whether the child is to be made a dependent or ward of the court. A detention order is limited to 15 judicial days unless continued by the court. A judicial day is a day on which the court is in session, i.e., not a weekend or court holiday.

(B) Jurisdictional and Dispositional Orders means the orders issued by the juvenile court which declare the child a dependent or ward of the court and designate to whom the child is to be released.

45-101 DEFINITIONS (Continued) **45-101**

(7) Crisis Nursery means a facility listed in Welfare and Institutions Code Section 11402(h) which is defined as "A licensed crisis nursery as described in Section 1516 of the Health and Safety Code and as defined in subdivision (t) of Section 11400" of the Welfare and Institutions Code.

HANDBOOK BEGINS HERE

11402. Placement requirements for eligibility

"In order to be eligible for AFDC-FC, a child shall be placed in one of the following:

(h) A licensed crisis nursery, as described in Section 1516 of the Health and Safety Code, and as defined in subdivision (t) of Section 11400."

Welfare and Institutions Code Section 11400(t) defines Crisis Nursery as "a facility licensed to provide short-term, 24-hour non-medical residential care and supervision for children under six years of age who are either voluntarily placed for temporary care by a parent or legal guardian due to a family crisis or stressful situation for no more than 30 days or, except as provided in subdivision (e) of Section 1516 of the Health and Safety Code, who are temporarily placed by a county child welfare service agency for no more than 14 days."

Health and Safety Code Section 1516(c) defines the term "voluntary placement," for the purpose of crisis nurseries as follows: "Voluntary placement," for purposes of this section, means a child, who is not receiving Aid to Families with Dependent Children -Foster Care, placed by a parent or legal guardian who retains physical custody of, and remains responsible for, the care of his or her children who are placed for temporary emergency care, as described in subdivision (a)."

HANDBOOK ENDS HERE

(d) (1) Department means the State Department of Social Services.

(2) Detention Order--See definition of "Court Order".

(3) Dispositional Order--See definition of "Court Order".

(e) (1) Eligible Facility means a home that meets the requirements of the AFDC-FC program and in which an eligible child may be placed.

(f) (1) Family Home means the family residence of a licensee in which 24-hour care and supervision are provided for children and which is licensed by the appropriate community care licensing agency, or a family residence which is approved and which provides such care and supervision.

45-101 DEFINITIONS (Continued) **45-101**

(2) Family Reunification Services means services provided to the family and the child in foster care placement for the purpose of safely returning the child to his or her family.

(3) FFP means federal financial participation and is participation by the federal government in sharing the cost of AFDC-FC payments.

(4) Former relative means a person related to the child by birth or adoption by virtue of being one of those persons listed in Section 45-101(r)(1)(A) when legal rights to the child are terminated by the filing of a relinquishment with the Department or by court action.

(5) Foster Care means the 24-hour out-of-home care provided to children whose own families are unable or unwilling to care for them and who are in need of temporary or long-term substitute parenting.

(6) "Foster Family Agency" means any individual or organization engaged in the recruiting, certifying, and training of, and providing professional support to, foster parents, or in finding homes or other places for placement of children for temporary or permanent care who require that level of care as an alternative to a group home. Private foster family agencies shall be organized and operated on a nonprofit basis.

(7) Funding Restriction means either that (a) a ceiling is imposed, in accordance with the Adoptions Assistance and Child Welfare Act of 1980 (P.L. 96-272), on federal matching funds under the AFDC-FC Program due to the federal appropriation in Child Welfare Services; or that (b) Congress has appropriated insufficient funds to cover the full federal match of all audited claims submitted to the federal government for payment.

(g) (1) Group Home shall be defined in accordance with Welfare and Institutions Code Section 11400(h).

HANDBOOK BEGINS HERE

(A) The term group home is defined in Welfare and Institutions Code Section 11400(h) as follows:

"'Group Home' means a nondetention privately operated residential home, organized and operated on a nonprofit basis only, of any capacity, that provides services in a group setting to children in need of care and supervision, as required by paragraph (1) of subdivision (a) of Section 1502 of the Health and Safety Code."

1. Health and Safety Code Section 1502(a)(1) states: "'Residential facility' means any family home, group care facility, or similar facility determined by the director, for 24-hour nonmedical care of persons in need of personal services, supervision, or assistance essential for sustaining the activities of daily living or for the protection of the individual."

HANDBOOK CONTINUES

THIS PAGE IS INTENTIONALLY LEFT BLANK

45-101 DEFINITIONS (Continued) **45-101**

HANDBOOK CONTINUES

(B) U.S. Department of Health and Human Services Child Welfare Policy Manual, Section 8.3A.8a, clarifies that a facility that has locked living units, but which is not operated primarily for the detention of children who are determined to be delinquent, may be considered a group home for purposes of claiming AFDC-FC funds. If a facility is not used primarily for the detention of delinquent children, but the facility has some restrictions for the benefit or safety of the child, then the State may pay AFDC-FC on behalf of an otherwise eligible child placed there. However, adding a treatment component to a facility that is used primarily to secure delinquent children, such as a juvenile hall, does not make the facility eligible for AFDC-FC.

HANDBOOK ENDS HERE

(h) Reserved

45-101 DEFINITIONS (Continued) **45-101**

(i) (1) Indian means a person who is a member of an Indian tribe, or who is an Alaskan native and a member of a Regional Corporation as defined in 43 USC 1606.

(2) Indian child(ren) means an unmarried person under 18 years of age who is a member of an Indian tribe, or who is eligible for tribal membership and is the biological child of a tribe member.

(3) Indian child's parent means a biological parent of an Indian child; or an Indian who has lawfully adopted an Indian child. Lawful adoptions include adoptions under tribal law or custom. The term does not include the unwed father when paternity has not been acknowledged or established.

(4) Indian child's tribe means the Indian tribe in which an Indian child is a member or is eligible for membership; or, in the case of an Indian child who is a member of or is eligible for membership in more than one tribe, the Indian tribe with which the Indian child has the more significant contacts.

(5) Indian tribe means an Indian tribe, band, nation or other organized group or community of Indians recognized as eligible for the services provided to Indians by the Secretary of the Interior because of their status as Indians, including any Alaska native village as defined in 43 USC 1602c.

(6) Indian Tribal Court means a court with jurisdiction over child custody proceedings, as defined under the Indian Child Welfare Act (25 USC Section 1903(12)), and which has been approved by the Secretary of the Interior as meeting the requirements for reassumption of jurisdiction over child custody proceedings, if applicable.

HANDBOOK BEGINS HERE

Most California tribal courts will require approval of the Secretary of the Interior to take jurisdiction over child custody proceedings, regardless of whether the jurisdiction is exclusive or concurrent.

25 USC Section 1903(12) defines "Tribal Court" as a "court with jurisdiction over child custody proceedings, and which is either a Court of Indian Offenses, a court established and operated under the code of custom of an Indian tribe, or any other administrative body of a tribe which is vested with authority over child custody proceedings."

25 USC Section 1918 sets forth the requirements for reassumption of jurisdiction over child custody proceedings.

HANDBOOK ENDS HERE

45-101 DEFINITIONS (Continued) **45-101**

(7) Infant Supplement is the amount paid to an eligible facility in addition to the AFDC-FC payment for the minor parent for a child living with his/her minor parent.

(j) (1) Jurisdictional Order--See definition of "Court Order".

(k) Reserved

(l) (1) Legal Guardian means the individual appointed permanent or temporary guardian of the person or of the person and estate of a child by a California court pursuant to Probate Code Section 1514 or 2250, or Section 1440 if guardianship was established prior to January 1, 1984; or Welfare and Institutions Code Section 360 or 366.25(e).

(m) (1) Multidisciplinary Team means a team consisting of members from the local county social services agency, the county mental health agency, the county probation department, the county superintendent of schools office, and other members identified by the county pursuant to Family Code 7911.1(f).

(n) (1) Nonrelative Extended Family Member means an adult caregiver who has an established familial or mentoring relationship with the child which has been verified by the county welfare department.

(o) Reserved

(p) (1) Periodic Review means a review of the child's status which is conducted by the juvenile court, an Indian Tribal court which has jurisdiction over civil actions on an Indian reservation, or an administrative panel. Such review shall include:

(A) A determination of the continuing need for placement in foster care;

(B) An evaluation of the goals for the placement and the progress towards meeting such goals;

(C) A target date for the child's return home or establishment of an alternate permanent placement;

(D) For children placed out-of-state, whether the out-of-state placement continues to be the most appropriate placement for the child and continues to be in the child's best interest; and

(E) For children placed out-of-state, whether the out-of-state group home continues to meet the requirements of Family Code Section 7911.1(c).

This page is intentionally left blank.

45-101 DEFINITIONS (Continued) **45-101**

(2) Permanent Placement Services means services provided to the child for the purpose of locating and maintaining a placement that can be expected to be permanent, such as adoption, establishment of a legal guardianship or long-term foster care.

(3) Permanency Planning Hearing means a hearing conducted by the juvenile court or an Indian Tribal court which has jurisdiction over civil actions on an Indian reservation. The purpose of the hearing shall be to establish and maintain a plan for the child's permanent living arrangement, including family reunification, adoption, establishment of a legal guardianship, or long-term foster care. For children placed out-of-state, the court must review whether the out-of-state placement continues to be the most appropriate placement for the child, continues to be in the child's best interests, and whether the out-of-state group home continues to meet the requirements of Family Code Section 7911.1(c).

(4) Placement Agency means the agency with responsibility for placement and care of an AFDC-FC eligible child.

(5) Placement and Care means either:

(A) The responsibility for the welfare of a child vested in an agency or organization by virtue of such agency or organization having:

1. Been delegated care, custody, and control of a child by the juvenile court,

2. Taken responsibility pursuant to a relinquishment or termination of parental rights on a child.

3. Taken the responsibility of supervising a child detained by the juvenile court pursuant to Welfare and Institutions Code Sections 319 or 636,

4. Signed a voluntary placement agreement for the child's placement; or

(B) The responsibility designated to an individual by virtue of his or her having been appointed the child's legal guardian.

(6) Placement Worker means the individual(s) within the placement agency responsible for the placement, supervision, services case management and provision of services to an AFDC-FC eligible child. This refers to the county welfare department social services worker, county probation officer, or the adoptions worker of a licensed public or private adoption agency or a district adoptions office of the department.

45-101 DEFINITIONS (Continued) **45-101**

(7) Preplacement Preventive Services means services provided to the child and his or her family prior to placement into foster care for the purpose of preventing or eliminating the need for removal.

(8) Provider means any individual or corporation which provides foster care to a child and can include licensed foster parents, relative caregivers, legal guardians, certified foster parents, and group homes.

(9) Public Child Care Institution means a publicly-operated, nonsecure child care facility which has a licensed capacity not exceeding twenty-five children and is licensed as a residential community care facility by the department.

(10) Public Funds means federal, state, and county funds.

(q) Reserved

(r) (1) A Relative means:

(A) A person related to the child by birth or adoption who is in within the fifth degree of kinship to the child by virtue of being one of the following:

1. The father, mother, brother, sister, half-brother, half-sister, uncle, aunt, first cousin, first cousin once removed, nephew, niece, or any such person of a preceding generation denoted by the prefixes grand-, great-, or great-great-, or great-great-great.

2. The stepfather, stepmother, stepbrother or stepsister.

3. The spouse of any person named in Section 45-101(r)(1)(A)1. or 2. above, even after the marriage has been terminated by death or dissolution.

(B) For AFDC-FC purposes, when a parent's rights to a child are terminated by the filing of a relinquishment with the Department or by court action, that parent and his or her relatives are no longer considered to be the child's relatives.

45-101 DEFINITIONS (Continued) **45-101**

(2) Relinquished Child means a child who has been given up for adoption by one or both parents to a licensed public or private adoption agency or to a district adoptions office of the department.

(s) Reserved

(t) (1) Termination of parental rights and responsibilities with respect to a child as the result of an order of the court issued under Family Code Section 7800 et. seq., Family Code Section 7660 et. seq., or Welfare and Institutions Code Section 366.26.

(2) Transitional Housing Placement Facility means a community care facility licensed by the Department as part of the Transitional Housing Placement Program (THPP) which provides transition housing opportunities to foster youth as specified in Welfare and Institutions Code Section 11400(r)(1).

(u) Reserved

(v) (1) Voluntary Placement is as defined in Welfare and Institutions Code Section 11400. Voluntary placements which meet the criteria of Welfare and Institutions Code Section 11400 and which occurred on or after January 1, 1983 shall be deemed to meet the requirements of this regulation.

HANDBOOK BEGINS HERE

Welfare and Institutions Code Section 11400 states in part:

"Voluntary Placement" means an out-of-home placement of a minor by (1) the county welfare department after the parents or guardians have requested the assistance of the county welfare department and have signed a voluntary placement agreement; or (2) the county welfare department, a licensed public or private adoption agency, or the department acting as an adoption agency, after the parents have requested the assistance of either the county welfare department, the licensed public or private agency, or the department acting as an adoption agency for the purpose of adoption planning, and have signed a voluntary placement agreement.

HANDBOOK ENDS HERE

(2) Voluntary Placement Agreement is as defined in Welfare and Institutions Code Section 11400. Voluntary placement agreements which meet the criteria of Welfare and Institutions Code Section 11400 and which were entered into on or after January 1, 1983 shall be deemed to meet the requirements of this regulation.

45-101 DEFINITIONS (Continued) **45-101**

HANDBOOK BEGINS HERE

Welfare and Institutions Code Section 11400 states, in part:

"Voluntary placement agreement" means a written agreement between either the the county welfare department, a licensed public or private adoption agency, or the department acting as an adoption agency, and the parents or guardians of a minor which specifies the terms of the voluntary placement.

HANDBOOK ENDS HERE

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Sections 1502(a)(1), 1505, and 1516, (Senate Bill 855, Chapter 664, Statutes of 2004), Health and Safety Code; Sections 360, 361.2(g), 361.3 (as amended by Assembly Bill 1544, Chapter 793, Statutes of 1997 and as further amended by AB 2773, Chapter 1056, Statutes of 1998), 309, 362.7, 366, 366.21, 366.26, 366.3, 727.1, 11400(b), 11400(h), 11400(m), 11400(n), 11400(r), 11401(b), 11401(e), 11402, 11404.2, 11466.24, and 16507.5(b), Welfare and Institutions Code; Sections 7660 et seq., 7800 et seq., and 7911.1, Family Code; Section 2250, Probate Code; 45 CFR 1356.21(d); Public Law 95-608; 25 U.S.C. 1915; and 42 U.S.C. 606.

TABLE OF CONTENTS

CHAPTER 45-200 AFDC-FC ELIGIBILITY

Section

AFDC-FC Eligibility 45-200

General AFDC-FC Requirements 45-201

Federal AFDC-FC Program 45-202

Deprivation 1
With Whom Child Must Be Placed 2
AFDC-FG/U Linkage Determination 3
Authority for Placement 4
Eligible Facilities 5
Placement and Care 6

State AFDC-FC Program 45-203

Deprivation 1
With Whom Child Must Be Placed 2
Authority for Placement 3
Eligible Facilities 4
Placement and Care 5
Special Provisions 6

This page is intentionally left blank.

45-200 AFDC-FC ELIGIBILITY 45-200

.1 To be eligible for AFDC-FC, a child shall meet the requirements under either the federal AFDC-FC Program or the state AFDC-FC Program and all requirements in Chapter 45-300 which apply to that child.

.11 Federal AFDC-FC Program

.111 A child shall meet all general requirements specified in Section 45-201 and all federal requirements specified in Section 45-202.

.12 State AFDC-FC Program

.121 A child shall meet all general requirements specified in Section 45-201 and all state requirements specified in Section 45-203.

.2 An infant supplement shall be paid for the care and supervision of a child living with his/her minor parent in the same eligible facility when the minor parent meets either of the requirements in Sections 45-200.11 or .12.

.3 The payment sections MPP Section 44-206 shall be effective February 28, 1989 and MPP Section 45-302.21 shall be effective March 1, 1989.

45-201 GENERAL AFDC-FC REQUIREMENTS 45-201

.1 The child shall meet:

.11 The age requirements of Chapter 42-100;

.111 When a child who is in foster care reaches age 18, the child shall continue to be eligible for AFDC-FC up to age 19, provided all the following conditions are met:

(a) The child was receiving AFDC-FC and attending high school or a vocational-technical training program on a full-time basis prior to reaching age 18;

(b) The child continues to:

(1) Meet the AFDC-FC eligibility requirements of this section;

(2) Reside in foster care;

45-201 GENERAL AFDC-FC REQUIREMENTS (Continued) **45-201**

(3) Attend on a full-time basis either a high school or, if he/she has not completed high school, a vocational-technical training program which cannot result in a college degree as specified in Section 42-101.2 provided he/she is reasonably expected to complete either program before reaching age 19. Full-time attendance must be defined and verified by child's school.

(c) The child and the placement agency have signed a mutual agreement which documents the continued need for foster care placement. The agreement shall be signed prior to or within the month the child reaches age 18. A mutual agreement shall not be required if the placement is due to a court order which remains in effect or if the child is not capable of making an informed agreement. If the court order is dismissed subsequent to the month in which the child reaches age 18, a mutual agreement must be executed within the month the dismissal occurs.

(1) The income maintenance case record shall contain a statement from the placement worker, on the FC 2, which certifies that the mutual agreement or the court order is in the services case record or that the child is not capable of making an informed agreement. This certification shall occur prior to or within the month the child reaches age 18 and at redetermination of the child's AFDC-FC eligibility.

.12 The property requirements in Chapter 42-200;

.121 Up to $10,000 in cash savings is exempt for purposes of determining eligibility and grant amount.

(a) Repealed by Manual Letter No. EAS-91-09, effective 5/28/91.

(b) Repealed by Manual Letter No. EAS-91-09, effective 5/28/91.

(c) Repealed by Manual Letter No. EAS-91-09, effective 5/28/91.

45-201 GENERAL AFDC-FC REQUIREMENTS (Continued) **45-201**

HANDBOOK BEGINS HERE

. 122 See Sections 31-002(i)(1), (i)(1)(A), and 31-525 for the definition and description of ILP.

HANDBOOK ENDS HERE

.13 The residence requirements in Chapter 42-400;

.14 The citizenship and alienage requirements in Subchapter 42-430;

.15 The social security enumeration requirements in Section 40-105.24; and

.16 The income requirements in Chapter 44-100.

.161 Pursuant to Section 44-111.261, income and incentive payments earned by a child 16 years of age or older who is participating in the ILP are exempt as income for purposes of eligibility and grant determination when received as part of the ILP written transitional independent living plan.

(a) Repealed by Manual Letter No. 91-09, effective 5/28/91.

(b) Repealed by Manual Letter No. 91-09, effective 5/28/91.

(c) Repealed by Manual Letter No. 91-09, effective 5/28/91.

.162 There is no limit to the amount exempted under Section 45-201.161.

.163 Repealed by Manual Letter No. 91-09, effective 5/28/91.

HANDBOOK BEGINS HERE

.164 See Sections 31-002(i)(1), (i)(1)(A), and 31-325 for the definition and description of ILP.

HANDBOOK ENDS HERE

45-201 GENERAL AFDC-FC REQUIREMENTS (Continued) **45-201**

.2 The AFDC-FC rate as determined in Chapter 11-400, including amounts for specialized care but not including special need payments, shall constitute the need standard for a child receiving AFDC-FC and shall be greater than the child's net nonexempt income as determined in Chapter 44-100. Income received by the child's parents shall not be used to determine the AFDC-FC aid payment unless the parents make their income and/or income the parents receive on behalf of the child available to meet the child's needs.

.3 The following child support requirements:

.31 The county shall provide the local child support agency with the information specified in .311 through .314 below:

.311 A completed referral form;

(a) If the child's social worker has determined according to Section 31-503.1 that it is not in the best interest of the child to refer the case to the local child support agency for enforcement, the county shall refrain from referring the case for child support enforcement.

.312 Any information the county has which indicates that the local child support agency should not proceed with child support enforcement including at least one of the following reasons for good cause:

(a) an agreement to establish good cause for not cooperating with the local child support agency if one has been completed by either or both of the child's parents; or

(b) documentation from the child's social worker that referral for child support enforcement would not be in the child's best interest in accordance with Section 31-503;

.313 Any information regarding the best interest of the child as it pertains to child support issues upon request of the local child support agency;

.314 Any other forms or information, including a Child Support Questionnaire (CA 2.1), requested by the local child support agency.

.32 The general requirements of Sections 43-200, 43-201.2 and 43-203 shall be met.

.4 The following services requirements shall be met:

.41 The agency with responsibility for placement and care of the child shall:

.411 Provide preplacement preventive services to children placed into foster care on or after October 1, 1983, and document in the services case record why provision of these services was not successful in maintaining the child with his or her family.

45-201 GENERAL AFDC-FC REQUIREMENTS (Continued) **45-201**

(a) The provision of preplacement preventive services shall not be required when the current authority for placement of the child is either:

(1) relinquishment of the child by one or more parents or termination of the parental rights of one or more parents; or

(2) nonrelated legal guardianship.

.412 Develop a written assessment and case plan within 30 days from the date the agency became involved with the child or the date of the child's most recent placement, whichever is later. Where the child is a minor parent and his/her child is living in the same eligible facility, the assessment shall include the minor parent's child.

(a) Such assessment and case plan shall be updated in conjunction with the periodic reviews specified in .42 below.

(b) Such assessment and case plan for a child living with a nonrelated legal guardian shall be updated no less frequently than once every six months.

.413 Provide family reunification services or, when return of the child to his or her own family is documented in the services case record as being inappropriate, provide permanent placement services.

.414 Visitation

(a) For children placed in out-of-state or California group homes, visit the child no less frequently than once a calendar month with at least a two-week period between visits.

(b) For children placed in any other eligible facility, visit the child no less frequently than once every six months.

.42 Except for a child living with his or her nonrelated legal guardian, periodic reviews shall be conducted on behalf of the child no less frequently than once every six months from the date of placement into foster care.

.43 Except for a child living with his or her nonrelated legal guardian, permanency planning hearings shall be conducted on behalf of the child within 18 months of the date of placement into foster care and shall occur no less frequently than once every 12 months following the first hearing throughout the period of foster care placement.

(a) Subsequent permanency planning hearings shall not be required for a child who is free for adoption and placed in the adoptive home identified in the previous permanency planning hearing pending finalization of the adoption.

45-201 GENERAL AFDC-FC REQUIREMENTS (Continued) **45-201**

.44 Assessment and placement recommendation

.441 Effective March 1, 1999, an assessment and placement recommendation must be made by a multidisciplinary team prior to the placement of a child in an out-of-state group home.

.442 For children placed in an out-of-state group home prior to August 19, 1998, an assessment and placement recommendation must be obtained by February 18, 1999.

.443 For children placed in an out-of-state group home between August 19, 1998, and February 28, 1999, an assessment and placement recommendation must be obtained no later than 6 months from the date of placement.

HANDBOOK BEGINS HERE

(a) See Sections 31-066.1 through .6 for guidance on the assessment and placement recommendation process.

HANDBOOK ENDS HERE

.45 The income maintenance case record shall contain a statement from the placement worker, on the SOC 158A form which certifies that the above requirements have been met. This certification shall occur at the time of application, at redetermination of the child's AFDC-FC eligibility, and when there is a change in the authority for placement.

HANDBOOK BEGINS HERE

.46 Division 31 provides further information regarding services requirements.

HANDBOOK ENDS HERE

.5 The application requirements in Section 40-100 shall be met.

.6 A child living with his/her AFDC-FC eligible minor parent in the same eligible facility does not need a separate eligibility determination. The eligibility for the infant supplement is based on the minor parent's AFDC-FC eligibility determination.

.7 A redetermination of all of the foster child's circumstances which are subject to change shall be completed once every six months.

.71 At the time of the six month redetermination, the parent or legal guardian shall complete the "Statement of Facts Supporting Eligibility for Assistance" (CA 2 1/87) or, at county option, the "Statement of Facts Supporting Eligibility for AFDC-Foster Care (FC)" (FC 2). If the parent or legal guardian is unavailable or uncooperative, the placement worker shall complete the "Statement of Facts Supporting Eligibility for AFDC-Foster Care (FC)" (FC 2).

45-201 GENERAL AFDC-FC REQUIREMENTS (Continued) **45-201**

HANDBOOK BEGINS HERE

.72 Examples of a foster child's circumstances which are subject to change include, but are not limited to, deprivation, financial need, authority for placement, eligible facility, etc.

HANDBOOK ENDS HERE

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Sections 361.21, 366.25, 366.3, 727.1, 11008.15, 11155.5, 11400(b), 11401(b), 11402, 11403, and 11404.1, 16516.5, Welfare and Institutions Code; Sections 7911.1 and 17552, Family Code; 42 U.S.C. 672(a); and 45 CFR 1356.21(d).

This page is intentionally left blank.

45-202 FEDERAL AFDC-FC PROGRAM 45-202

.1 Deprivation

.11 The child shall be deprived of parental support or care by the death, physical or mental incapacity, unemployment or absence of the child's parent(s) as specified in Chapter 41-400. This determination shall be made in conjunction with the AFDC-FG/U linkage requirement in .3 below.

.12 For redetermination purposes as specified in Section 45-201.7, continuing deprivation of parental support or care shall be reevaluated based upon the original home of removal.

.121 Continuing deprivation is automatically met in those cases in which deprivation was originally based on the death of either parent, or in which the child has been relinquished following the initial determination of deprivation.

.122 If the whereabouts of the parent(s) cannot be determined by the CWD at the time of the redetermination, documentation in the case record shall demonstrate a good faith effort to locate the parent(s) which shall allow federal linkage to continue.

.123 If the parent(s) refuses to cooperate, the CWD shall document a good faith effort to obtain the required information. If this effort indicates a continued deprivation status or if no information to the contrary is found, federal linkage shall continue.

.124 A subsequent change in the child's circumstances shall not affect the initial determination of deprivation.

HANDBOOK BEGINS HERE

.125 For example, in a two-parent household, if the principal wage earner returns to full-time employment, deprivation would no longer exist for the child in foster care for those months the principal wage earner was employed full-time. However, if the principal wage earner becomes unemployed again, then the child's status would change from ineligible to eligible and federal financial participation would be available for the foster care payment.

HANDBOOK ENDS HERE

45-202 FEDERAL AFDC-FC PROGRAM (Continued) **45-202**

.2 With Whom Child Must be Placed

.21 The child shall be placed with either of the following:

.211 A nonrelative.

.212 A relative, other than the child's birth or adoptive parents, provided the child is otherwise federally eligible.

(a) The caretaker relative of such child shall have the option of selecting either AFDC-FC or the AFDC-FG/U Program.

(1) If AFDC-FC is selected, the case shall be treated in all respects as an AFDC-FC case.

(2) If AFDC-FG/U is selected, the case shall be treated in all respects as an AFDC-FG/U case.

.3 AFDC-FG/U Linkage Determination

.31 (Reserved)

.32 (Reserved)

.33 The child shall have been linked to the federal Aid to Families with Dependent Children - Family Group/Unemployed (AFDC-FG/U) Program as it existed on July 16, 1996, during the month in which the petition was filed with the juvenile court, which led to the child's placement into foster care pursuant to a detention or dispositional order or the month in which the voluntary placement agreement was signed.

.331 This linkage requirement is met if one of the following conditions exists during the month in which the petition was filed or the voluntary placement agreement was signed:

(a) The child was living in the home of the parent or relative from whom removed and would have been eligible for federal AFDC-FG/U had application been made.

(b) The child was no longer living in the home of the parent or relative from whom removed, but would have been eligible for federal AFDC-FG/U based on that parent's or relative's home had he/she been living there and had application been made.

45-202 FEDERAL AFDC-FC PROGRAM (Continued) **45-202**

(1) To meet this condition, the child shall have been living with the parent or relative from whom removed, within any of the six months prior to the month in which the petition was filed with the juvenile court, which led to the child's placement into foster care pursuant to a detention or dispositional order.

.332 **Section 45-202.332 will not become operative unless and until it has been approved by the federal Department of Health and Human Services as part of the California Title IV-E State Plan.**

If the child does not meet the conditions listed in Section 45-202.331, the linkage requirement is met if the following applies:

(a) The county has information that the child resided with any relative as defined in Section 45-101(r)(1)(A)3.a. during the petition month or within any of the six months prior to the month in which the petition was filed or the voluntary placement agreement was signed, and can establish that the child would have been eligible for AFDC-FG/ U, based on that home, had application been made while the child was living there.

.34 Except as provided in Section 45-202.341, the determination that the child met the federal eligibility criteria of linkage to federal AFDC-FG/U specified in Section 45-202.33 shall be a one-time determination. Therefore, subsequent changes in the child's placement or circumstances, except as specified in Section 45-202.341, shall not affect this initial linkage determination. However, if as a result of such change some other general or federal eligibility requirement is not met, FFP shall not be available until the child meets all other federal and general eligibility requirements.

.341 If the child is returned by the court on a nontemporary basis to the home of the parent or relative from whose home the child had been removed, FFP shall not be available unless a new or supplemental petition is filed and a new detention or dispositional order is made to remove the child from the parent's or relative's home and place him/her in foster care again. The month of the new or supplemental petition shall then be used to determine the aid linkage for federal eligibility and the new detention or dispositional order would determine the authority for placement requirement.

.4 Authority for Placement

.41 The child shall meet one of the following criteria for placement in foster care:

.411 Removal by Court Order

(a) The child shall be removed from the home of a parent or relative as the result of a court order which specifies:

45-202 FEDERAL AFDC-FC PROGRAM (Continued) **45-202**

(1) That the responsibility for placement and care be vested in one of the agencies listed in Section 45-202.61; and

(2) That continuance in the home of that parent or relative would be contrary to the child's welfare; and

(3) That, if the child is placed into foster care on or after October 1, 1983, reasonable efforts have been made to prevent or eliminate the need for removal of the child from his or her home and to make it possible for the child to return to his or her home.

(b) The court order shall result in the child's placement in foster care with a nonrelative or with a different relative than the one from whose home he/she was removed.

(1) This requirement shall be determined to be met if the child was absent from the parent's or relative's home in the month the petition, which initiated court action for removal, was filed, provided the child had resided with such parent or relative within any of the six months prior to the month that petition was filed. For example, the child was living with a grandparent for any reason in the month the petition was filed. However, within any of the six months preceding the filing of the petition, which initiated court action, the child lived with the parent from whom the child was removed. This child shall be considered removed from the home of his/her parent and placed with the grandparent. Furthermore, the linkage determination shall be based on that parent's home as provided in Section 45-202.313.

(c) Subsequent dismissal of the jurisdictional and dispositional orders shall not result in the loss of FFP provided all other general and federal AFDC-FC requirements continue to be met; and

(1) The court order was dismissed because the child turned 18 and the child meets the requirements of Section 45-201.111; or

(2) The court order was dismissed because, in accordance with Section 45-203.311, the child was relinquished or a termination of parental rights of one or both parent(s) was granted and placement and care is with one of the agencies specified in Section 45-202.61.

45-202 FEDERAL AFDC-FC PROGRAM (Continued) **45-202**

.412 Removal by Voluntary Placement

(a) The child shall be removed from the home of a parent or guardian as a result of a voluntary placement agreement. This out-of-home placement of a minor without adjudication by the juvenile court shall occur only when both of the following conditions exist:

(1) There is a mutual decision between the child's parent or guardian and the placing agency; and

(2) There is a written binding agreement between either the county welfare department, a licensed public adoption agency or the Department acting as an adoption agency, and the parent or guardian of the minor.

This page is intentionally left blank.

45-202 FEDERAL AFDC-FC PROGRAM (Continued) **45-202**

(b) The voluntary placement agreement shall specify the legal status, rights and obligations of the child; the rights and obligations of the placing agency; the rights and obligations of the parent or guardian; and any other relevant factors.

(c) Time Limitations

(1) A child voluntarily placed shall be eligible for AFDC-FC payments for a period up to 180 days commencing with the date one of the listed agencies in Section 45-202.412(a)(2) assumes responsibility under a voluntary placement agreement and provided all other eligibility requirements are met.

(2) The voluntary placement agreement shall be signed prior to or at the time of placement and shall state the beginning date of placement and planned return date of the child to his/her home. This period shall not exceed 180 days.

(3) A child voluntarily placed shall be eligible for AFDC-FC payments for subsequent voluntary placements. However, a new 180-day period of eligibility for AFDC-FC payments shall commence only if the child's prior voluntary placement was previously terminated and the child was returned to his/her home. Any subsequent placements shall meet the requirements of Sections 45-202.412(c)(1) and (2).

.42 The income maintenance case record shall contain a statement from the placement worker, on the FC 2 form, which certifies that a copy of the court order or voluntary placement agreement is in the services case record. If Section 45-202.411(c)(2) applies, the case record shall also contain a statement from the placement worker, on the FC 2, or a substitute form approved by the Department, which certifies that the child meets the requirements of Section 45-203.311. This certification shall occur at the time of application, at redetermination of the child's AFDC-FC eligibility, and when there is a change in the authority for placement.

.5 Eligible Facilities

.51 Except as provided in Section 45-202.52, the child shall be residing in one of the following eligible facilities:

.511 The approved home of a relative, former relative, or nonrelative extended family member.

45-202 FEDERAL AFDC-FC PROGRAM (Continued) **45-202**

HANDBOOK BEGINS HERE

(a) Former relatives must be approved pursuant to Section 45-101(a)(2)(A) in order to receive federal AFDC-FC.

HANDBOOK ENDS HERE

.512 A family home licensed by the appropriate community care licensing agency.

.513 A certified family home certified as meeting licensing standards by a nonprofit foster family agency that is licensed by the department.

.514 A private, nonprofit group home licensed by the department, provided the placement worker has determined that such placement is necessary to meet the treatment needs of the child and that the facility offers those treatment services.

.515 A Transitional Housing Placement Facility licensed by the Department.

.516 A crisis nursery as defined by Section 45-101(c)(7).

.517 In the case of an Indian child, a facility specified in Section 45-202.511 through .515 or family home as defined in Section 45-101(a)(2)(C).

.518 In the case of a child placed out of the State of California, the child shall be placed in any of the following:

(a) An appropriately licensed child care facility which accords the child the same personal rights accorded children as specified in Title 22 California Code of Regulations, Section 80072.

(b) A certified out-of-state group home; or

(c) An out-of-state group home which has not been certified by the Department but which has been approved by the Compact Administrator.

45-202 FEDERAL AFDC-FC PROGRAM (Continued) **45-202**

HANDBOOK BEGINS HERE

Title 22 California Code of Regulations, Section 80072 provides the following conditions be met:

(a) Each client shall have personal rights which include, but are not limited to, the following:

(1) To be accorded dignity in his/her personal relationships with staff and other persons.

(2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.

(3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to interference with the daily living functions, including eating, sleeping or toileting; or withholding of shelter, clothing, medication, or aids to physical functioning.

HANDBOOK CONTINUES

This page is intentionally left blank.

45-202 FEDERAL AFDC-FC PROGRAM (Continued) **45-202**

HANDBOOK CONTINUES

(4) To be informed and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency, and of information regarding confidentiality.

(5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice.

(A) Attendance at religious services, in or outside of the facility, shall be on a completely voluntary basis.

(6) To leave or depart the facility at any time.

(A) The licensee shall not be prohibited by this provision from setting curfews or other house rules for the protection of clients.

(B) This provision shall not apply to minors and other clients for whom a guardian, conservator, or other legal authority has been appointed.

(7) Not to be locked in any room, building, or facility premises by day or night.

(A) The licensee shall not be prohibited by this provision from locking exterior doors and windows or from establishing house rules for the protection of clients provided the clients are able to exit the facility.

(B) The licensee shall be permitted to utilize means other than those specified in (7)(A) for securing exterior doors and windows only with the prior approval of the licensing agency.

(8) Not to be placed in any restraining device. Postural supports may be used if they are approved in advance by the licensing agency as specified in (8)(A) through (F) below.

HANDBOOK CONTINUES

45-202 FEDERAL AFDC-FC PROGRAM (Continued) **45-202**

HANDBOOK CONTINUES

(A) Postural supports shall be limited to appliances or devices including braces, spring release trays, or soft ties, used to achieve proper body position and balance, to improve a client's mobility and independent functioning, or to position rather than restrict movement including, but not limited to, preventing a client from falling out of bed, a chair, etc.

1. Physician-prescribed orthopedic devices such as braces or casts used for support of a weakened body part or correction of body parts are considered postural supports.

(B) All requests to use postural supports shall be in writing and include a written order of a physician indicating the need for such supports. The licensing agency shall be authorized to require other additional documentation in order to evaluate the request.

(C) Approved postural supports shall be fastened or tied in a manner which permits quick release by the resident.

(D) The licensing agency shall approve the use of postural supports only after the appropriate fire clearance, as required by Section 80020(a) or (b), has been secured.

(E) The licensing agency shall have the authority to grant conditional and/or limited approvals to use postural supports.

(F) Under no circumstances shall postural supports include tying of, or depriving or limiting the use of, a resident's hands or feet.

1. A bed rail that extends from the head half the length of the bed and used only for assistance with mobility shall be allowed with prior licensing approval. Bed rails that extend the entire length of the bed are prohibited.

HANDBOOK CONTINUES

45-202 FEDERAL AFDC-FC PROGRAM (Continued) **45-202**

HANDBOOK CONTINUES

(G) Protective devices including, but not limited to, helmets, elbow guards, and mittens which do not prohibit a client's mobility but rather protect the client from self-injurious behavior are not to be considered restraining devices for the purpose of this regulation. Protective devices may be used if they are approved in advance by the licensing agency as specified below.

1. All requests to use protective devices shall be in writing and include a written order of a physician indicating the need for such devices. The licensing agency shall be authorized to require additional documentation including, but not limited to, the Individual Program Plan (IPP) as specified in Welfare and Institutions Code Section 4646, and the written consent of the authorized representative, in order to evaluate the request.

2. The licensing agency shall have the authority to grant conditional and/or limited approvals to use protective devices.

(9) To receive or reject medical care, or health-related services, except for minors and other clients for whom a guardian, conservator, or other legal authority has been appointed.

(b) All clients, or their authorized representative(s), shall be personally advised of and given at admission a copy of the rights specified in (a)(1) through (9) above and in the applicable Personal Rights sections of Chapters 2 through 7.

(c) The information specified in (b) above shall be prominently posted in areas accessible to such clients and their visitors.

(d) The licensee shall ensure that each client is accorded the personal rights as specified in this section and the applicable sections of Chapters 2 through 7.

HANDBOOK ENDS HERE

45-202 FEDERAL AFDC-FC PROGRAM (Continued) **45-202**

.519 Repealed by Manual Letter No. EAS-03-01 effective 1/18/03.

.52 An otherwise federally eligible child shall be eligible when placed in a public child care institution subject to the following conditions:

.521 AFDC-FC funding for a child placed in public child care institutions shall be limited as specified in (a), (b) or (c) below. AFDC-FC funding may be continued beyond these time limits only when the child is moved to an eligible facility specified in Section 45-202.51 and all other requirements continue to be met.

(a) AFDC-FC funding for emergency shelter care in a public child care institution shall be available for up to thirty days in any consecutive twelve-month period in lieu of Other County Social Services funds; or

(b) AFDC-FC funding for emergency shelter care in public child care institutions identified as crisis nurseries that will provide care to children under the age of six years for up to 14 days in any consecutive twelve-month period unless the Department issues an exception; or

45-202 FEDERAL AFDC-FC PROGRAM (Continued) **45-202**

(c) AFDC-FC funding for nonemergency shelter care in a public child care institution shall be available for up to ninety days within any consecutive twelve-month period when;

(1) the child's placement in one or more eligible facilities has been unsuccessful as a result of the child's behavior and/or treatment needs; and

(2) the agency with placement and care responsibility has determined that no appropriate eligible facility as specified in .51 above, is available.

.522 AFDC-FC funding shall be available under the provisions of .52 only during such federal fiscal year when no funding restriction exists.

.53 The income maintenance case record shall contain a statement from the placement worker, on the SOC 158A form which certifies that the child has been placed in one of the above eligible facilities. This certification shall occur at the time of application, at redetermination of the child's AFDC-FC eligibility, when the child is moved to a different facility and when there is a change in the licensing status of the facility in which the child has been placed.

.6 Placement and Care

.61 Responsibility for placement and care shall be vested in one of the following agencies:

.611 A county welfare department.

.612 A county probation department, provided there is in effect a written agreement with the county welfare department as specified in Chapter 29-400 that the services required in Section 45-201.4 shall be performed by the county probation department.

.613 A licensed public adoption agency which is the same governmental agency as the county welfare department.

.614 A licensed public adoption agency which is a governmental agency separate from the county welfare department, provided there is in effect a written agreement with the county welfare department as specified in Chapter 29-400 that the services required in Section 45-201.4 shall be performed by that adoption agency.

45-202 FEDERAL AFDC-FC PROGRAM (Continued) **45-202**

.615 A district adoptions office of the department, provided the services required in Section 45-201.4 are performed by the adoptions office.

.62 FFP shall not be available for children living with nonrelated legal guardians unless the juvenile court order remains in effect and specifies that responsibility for placement and care is vested in one of the agencies specified in .61 above.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Sections 366.26, 11400(m), 11400(o), 11401(b) and (e), 11401(f), 11402, 11402.1, and 16507.4, Welfare and Institutions Code; Sections 7660 et. seq., 7800 et. seq., and 7911.1, Family Code; Section 1505, Health and Safety Code; Public Law 95-608; 25 USC 1915; Public Law 96-272; 45 CFR 1356.30; 42 U.S.C. 606; 42 U.S.C. 671; 42 U.S.C. 672(a)(2) and (4); Sections 80072, 84072, 84072.1, and 84072.2, Title 22, California Code of Regulations; Capitola Land et al. v. Anderson, 55 Cal. App. 4th 69, 63 Cal.Rptr.2d 717, (1997); and Anderson v. Superior Court, 68 Cal.App. 4th 1240, 80 Cal.Rptr.2d 891, (1998).

45-203 STATE AFDC-FC PROGRAM 45-203

.1 Deprivation

.11 A child shall be considered deprived of parental support or care when placed in foster care in accordance with a court order or a services determination of the need for foster care or when living with a nonrelated legal guardian.

.2 With Whom Child Must Be Placed

.21 The child shall be placed with a nonrelative or be living with a nonrelated legal guardian.

HANDBOOK BEGINS HERE

.211 No aid shall be paid on behalf of a child who is living in the same home as his/her birth or adoptive parent(s) as specified in Section 45-302.2.

HANDBOOK ENDS HERE

.22 In the case of an Indian child, the child may be placed with a relative pursuant to the Indian Child Welfare Act.

.3 Authority for Placement

.31 The child shall meet one of the following criteria:

.311 The child shall either have been relinquished for purposes of adoption by one or both parents to a licensed public or private adoption agency, or to a district adoptions office of the department, or termination of parental rights of one or both parents shall have been granted.

This page is intentionally left blank.

45-203 STATE AFDC-FC PROGRAM (Continued) **45-203**

.312 The child shall be living with a nonrelated legal guardian (see Special Provisions in Section 45-203.61).

.313 The child was placed pursuant to a court order which remains in effect and specifies:

(a) That the responsibility for placement and care be vested in one of the agencies listed in Section 45-203.51; and

(b) That continuance in the home of the parent, guardian, or relative from whom removed would be contrary to the child's welfare; and

(c) That, if the child was placed into foster care on or after January 1, 1986, reasonable efforts have been made to prevent or eliminate the need for removal of the child from his or her home and to make it possible for the child to return to his or her home; or

.314 The child was placed by a parent or guardian under a voluntary placement agreement (see Special Provisions in Section 45-203.63).

.32 The authority for placement as described under .31 shall be considered to continue for a child aged 18, who was in placement under an authority for placement specified in .311 through .314 above prior to reaching age 18, provided the requirements of Section 45-201.111 are met.

.33 The income maintenance case record shall contain a statement from the placement worker, on the SOC 158A (11/88) form which certifies that:

.331 The child meets the authority for placement requirement in .311 above; or

.332 A copy of one of the following documents granting authority for placement is in the services case record:

(a) Letters of Guardianship of the Person or of the Person and Estate.

(b) The court order.

(c) The voluntary placement agreement.

This certification shall occur at the time of application, at redetermination of the child's AFDC-FC eligibility and when there is a change in the authority for placement.

45-203 STATE AFDC-FC PROGRAM (Continued) **45-203**

.4 Eligible Facilities

.41 The child shall be residing in one of the following eligible facilities:

.411 The home of a nonrelated legal guardian, or the home of a former nonrelated legal guardian when the guardianship of a child who is otherwise AFDC-FC eligible has been dismissed due to the child's attaining age 18, which has been determined to be suited to the needs of the child by the social worker or probation officer.

.412 The approved home of a nonrelative extended family member.

.413 A family home licensed by the appropriate community care licensing agency.

.414 A certified family home certified as meeting licensing standards by a nonprofit foster family agency that is licensed by the department.

.415 A private, nonprofit group home licensed by the department, provided the placement worker has determined that such placement is necessary to meet the treatment needs of the child and that the facility offers such treatment services.

.416 In the case of an Indian child, a facility specified in Section 45-203.411 through .415 or family home as defined in Section 45-101(a)(2)(C).

.417 In the case of a child placed out of the State of California, the child shall be placed in either of the following:

(a) An appropriately licensed child care facility which accords the child the same personal rights accorded children as specified in Title 22 California Code of Regulations, Section 80072;

(b) A certified out-of-state group home; or

(c) An out-of-state group home which has not been certified by the Department but which has been approved by the Compact Administrator.

HANDBOOK BEGINS HERE

See Section 45-202.517 for relevant part of Title 22, California Code of Regulations, Section 80072.

HANDBOOK ENDS HERE

.418 A crisis nursery as defined by Section 45-101(c)(7).

45-203 STATE AFDC-FC PROGRAM (Continued) **45-203**

.42 The income maintenance case record shall contain a statement from the placement worker, on the SOC 158A form that the child has been placed in one of the above eligible facilities. This certification shall occur at the time of application, at redetermination of the child's AFDC-FC eligibility, when the child is moved to a different facility and when there is a change in the licensing status of the facility in which the child has been placed.

.5 Placement and Care

.51 Except for children living with nonrelated legal guardians or placed voluntarily prior to January 1, 1982, responsibility for placement and care shall be vested in one of the following agencies:

.511 A county welfare department.

.512 A county probation department, provided there is in effect a written agreement with the county welfare department, as specified in Chapter 29-400, that the services required in Section 45-201.4 shall be performed by the county probation department.

.513 A licensed public adoption agency which is the same governmental agency as the county welfare department.

.514 A licensed private adoption agency provided the services required in Section 45-201.4 are performed by the adoption agency.

.515 A licensed public adoption agency which is a governmental agency separate from the county welfare department, provided there is in effect a written agreement with the county welfare department, as specified in Chapter 29-400, that the services required in Section 45-201.4 shall be performed by that adoption agency.

.516 A district adoptions office of the department, provided the services required in Section 45-201.4 are performed by the adoptions office.

.6 Special Provisions

.61 Children with Nonrelated Legal Guardians

.611 A child living with a nonrelated legal guardian shall be eligible for AFDC-FC provided:

(a) All general AFDC-FC requirements specified in 45-201.1 through 45-201.3 are met.

(b) The state requirements specified in .1 and .4 above are met.

45-203 STATE AFDC-FC PROGRAM (Continued) **45-203**

(c) The legal guardian cooperates with the county welfare department in its provision of the social services specified in Section 45-201.4. When the legal guardian is not cooperating, the provisions of Section 45-302.241 shall apply.

.612 The county welfare department shall provide the social services specified in Section 45-201.4.

.62 (Repealed by Manual Letter No. 84-65.)

.63 Children in Voluntary Placement

.631 After January 1, 1983, the decision regarding the need for a child's voluntary placement shall be made by the county welfare department, a licensed public or private adoption agency, or the department and shall not be delegated to any other individual or agency.

.632 Time Limitations

Except as provided in (a), (b), and (c) below, AFDC-FC funding for voluntarily placed children shall be available for a maximum of six months for each child provided all other eligibility requirements continue to be met. The six months need not be one continuous voluntary placement. If more than one placement occurs, the aggregate AFDC-FC payments for all the voluntary placements of the same child shall not exceed a total of six months.

(a) If placed voluntarily prior to January 1, 1981, the child shall be eligible for AFDC-FC payments provided all other eligibility requirements continue to be met.

(b) If placed voluntarily on or after January 1, 1981 and before January 1, 1982, the child may continue to receive AFDC-FC payments until January 1, 1982, provided all other eligibility requirements continue to be met. After January 1, 1982, the provisions of .632 above shall apply.

(c) If the authority for placement changes from a voluntary placement to another authority for placement specified in Sections 45-202.4 or 45-203.31, the six-month time limitation no longer applies.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Sections 366.26, 11400(g) and (h), 11401(c), 11401(e), 11402, and 11402(c) and (d); Welfare and Institutions Code; Sections 7660 et. seq., 7800 et seq., and 7911.1, Family Code; and Public Law 95-608, 25 U.S.C. 1915.

TABLE OF CONTENTS

CHAPTER 45-300 AFDC-FC PAYEE, PAYMENT AND DELIVERY

Section

AFDC-FC Payee, Payment and Delivery 45-300

Eligible Payees 45-301

Federal AFDC-FC Program 1
State AFDC-FC Program 2

Payment 45-302

SSI/SSP Supplementation 1
Payment Conditions 2
Beginning Date of Aid 3
AFDC-FC Budgeting Methods 4
Last Date of Payment 5
Rate of Payment 6

Payment Delivery 45-303

AFDC-FC Overpayments for Foster Care Providers - General 45-304

Overpayment Recovery for Foster Care Providers, including but not limited to, Group Homes, Foster Family Agencies, Small Family Homes, Foster Family Homes, Relative Homes, Nonrelative Extended Family Members, and Non-related Legal Guardians 1
Investigations of Overpayments 2
Overpayment Recoupment 3
Limitations on Recoupment of Overpayments 4
County Identification and Remittance of Overpayments 5

Collectible AFDC-FC Overpayments for Foster Care Providers; Methods of Overpayment Recovery 45-305

Informal and Formal Hearing Procedures 45-306

This page is intentionally left blank.

CHAPTER 45-300 AFDC-FC PAYEE, PAYMENT AND DELIVERY

45-301 ELIGIBLE PAYEES 45-301

.1 Federal AFDC-FC Program

.11 FFP shall be available for payments made on behalf of a federally eligible child to any one of the following:

.111 A family home in which the child has been placed.

.112 A licensed, private, nonprofit group home in which the child has been placed.

.113 The probation officer.

.114 A cooperating public or nonprofit private child placement or child care agency which is licensed by the department, where required, and which has responsibility for placement and care of the child.

.115 The licensed homefinding agency which certified the exclusive-use home in which the child has been placed.

.116 A crisis nursery as defined by Section 45-101(c)(7).

.2 State AFDC-FC Program

.21 Under the state program, payments shall be made to:

.211 Any one of the payees listed in .1 above.

.212 A licensed, private, non-profit group home in which the child has been placed.

.213 The nonrelated legal guardian with whom the child has been placed.

.214 An eligible child, as his/her own payee, who is temporarily absent from an eligible facility, provided (a) and (b) below are met:

(a) The child is otherwise eligible and:

(1) Aged 16 or 17 and temporarily absent to attend a college, vocational or work and training institution; or

45-301 ELIGIBLE PAYEES (Continued) **45-301**

(2) Aged 18, and temporarily absent to attend a high school or vocational-technical training program as specified in Section 45-201.111(b)(3).

(b) All the following conditions are met:

(1) Payment to the child is necessary to implement the social service plan.

(2) The social worker or probation officer has determined the child is sufficiently mature and responsible.

(3) None of the payees in .211 or .212 above is feasible.

(4) Payment for the same period has not been made to one of the payees in .211 or .212.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Sections 11400(h) and 11402(c), Welfare and Institutions Code.

45-302 PAYMENT **45-302**

.1 SSI/SSP Supplementation

.11 The county shall have the option of supplementing a child's SSI/SSP grant with state AFDC-FC when the child in foster care placement meets all general and state AFDC-FC requirements, and is not otherwise federally eligible. FFP shall not be available in the AFDC-FC supplement to the SSI/SSP grant.

.2 Payment Conditions

.21 Except as specified below, payment shall only be made when the child is not living in the same home as his/her birth or adoptive parent(s) and resides in an eligible facility which is not the same home in which the parent(s), relative, or legal guardian from whom the child was removed makes his/ her home.

.211 An infant supplement shall be paid in addition to a minor parent's AFDC-FC payment for a child who is living in the same eligible facility with a minor parent who is receiving AFDC-FC.

.212 The infant supplement amount shall be determined pursuant to Section 11-415.

45-302 PAYMENT (Continued) **45-302**

.22 AFDC-FC payments shall not be made for any days an otherwise eligible child resides in an unlicensed group home or in an unlicensed or unapproved family home.

.23 Child Absences

.231 When an AFDC-FC eligible child is temporarily absent from an eligible facility such as for school, work or training program, hospitalization, visiting, vacationing, emergency circumstances, the county may make payment to the eligible facility from which the child is absent in order to meet the child's needs. The payment shall be made to one of the payees listed in Section 45-301.1 or 45-301.2.

(a) A child is determined to be temporarily absent when he/she is absent for no more than 14 days in a calendar month.

(b) A child who is in a public hospital, as defined in Section 80-301(p)(3), shall be considered temporarily absent from an eligible facility when, on the first of the month for which the AFDC-FC payment is due, the child has not been in the public hospital for two full calendar months, irrespective of the day on which he or she entered that facility.

HANDBOOK BEGINS HERE

SCENARIO #1: The youth is in a foster home placement and unexpectedly runs away from the placement on January 24th. The child returns to the same home **14** days later on February 7th. Could the county provide two full months of a foster care payment to the provider?

Because the child was not absent in January for more than 14 days and was not absent in February for more than 14 days the county could provide two full months of foster care payments to the provider.

SCENARIO #2: The youth is in a foster home placement and unexpectedly runs away from the placement on January 24th and returns to the same home **18** days later on February 11th. In this scenario could the county pay the provider a full month of IV-E maintenance payment for January?

The county could pay the full months of January AND February since the child was not absent more than 14 days in each month.

HANDBOOK CONTINUES

45-302 PAYMENT (Continued) **45-302**

HANDBOOK CONTINUES

SCENARIO #3: The youth is in a foster home placement and runs away from placement (or is hospitalized) from January 2nd to the 14th and then again from January 20th through 27th. In this scenario could the county pay the provider a full month of IV-E maintenance payment for January?

Because the youth was absent from placement for more than 14 days in the calendar month, the county would have to prorate the maintenance payment to reduce the payment by the number of days exceeding 14 days in the calendar month.

HANDBOOK ENDS HERE

.24 Child Living with Nonrelated Legal Guardian

.241 When the child resides in the home of a nonrelated legal guardian who is not cooperating with the county welfare department in its provision of social services, as required in Section 45-203.611(c), AFDC-FC shall not be paid.

.25 Child Placed in Out-of-State Group Home

.251 No public funds shall be expended on behalf of a child placed in an out-of-state group home unless all of the following conditions are met:

(a) There has been a finding by the court that:

(1) The group home is licensed or certified for the placement of minors by an agency in the state in which the minor will be placed; and

(2) All the requirements specified in Family Code Section 7911.1 have been met.

45-302 PAYMENT (Continued) **45-302**

(b) The court reviews the out-of-state group home placement every six months to ensure that the requirements specified in MPP Sections 45-302.251(a)(1) and (2) continue to be met.

(c) The court reviews the out-of-state group home placement at each periodic review and permanent placement hearing to ensure that the out-of-state placement continues to be the most appropriate placement for the child and continues to be in the best interests of the child.

(d) The assessment and placement recommendation as specified in MPP Section 45-201.44 have been met.

(e) The monthly visit requirements as specified in MPP Section 45-201.414(a) have been met.

(f) The child is placed in an eligible facility as specified in MPP Section 45-202.517 or MPP Section 45-203.417, as appropriate.

(g) There has been an additional finding by the court that in-state facilities or programs have been determined to be unavailable or inadequate to meet the needs of the child.

(h) The court reviews the out-of-state group home placement every six months to ensure that the requirements specified in MPP Section 45-302.251(g) continue to be met.

.3 Beginning Date of Aid

.31 If the child is determined to be eligible, the beginning date of aid for AFDC-FC shall be the date of application if the child meets all eligibility conditions on that date, or the date on which the child meets all eligibility conditions, whichever is later.

.32 For purposes of .31 above:

.321 "The date of application" means the date on which an authorized county employee completes, signs and dates an application on behalf of a child, or the date on which the county receives a signed and dated application from the child's parent or a person other than a county employee.

.322 "The date on which the child meets all eligibility conditions" means the date that the following conditions exist, even though verification or documentation of the condition is received at a later date:

45-302 PAYMENT (Continued) **45-302**

(a) All linking and nonlinking factors of eligibility are met, including deprivation of parental support or care, age, citizenship or alienage status, residence, property and income eligibility requirements; and

(b) All other applicable conditions of eligibility are met including, but not limited to, technical conditions of eligibility, authority for placement and eligible facility requirements, as specified in MPP 45-201, 45-202 or 45-203, and 45-300. Technical conditions of eligibility as specified in MPP 45-302.322(c) are considered to be met on the date of application as long as the conditions are completed by the date of authorization.

(c) For purposes of determining the beginning date of aid for AFDC-FC, the technical conditions of eligibility are limited to social security enumeration, application for unconditionally available income and child support requirements.

.33 Other provisions pertaining to restoration of aid, intraprogram status changes and intercounty transfers are found in MPP 44-317.

.4 AFDC-FC Budgeting Methods

.41 The budget period for computation of AFDC-FC grants shall be the current month. AFDC-FC grants shall be computed on the basis of known or estimated income in the current calendar month (i.e., prospective budgeting method).

.42 Every effort shall be made by the county to ensure that the foster care provider or relative with whom the child is placed or the nonrelated legal guardian with whom the child lives and the parent(s) and the child are aware of the necessity to report any change in need or income for the child.

.43 Budget Computations

.431 The foster care grant shall be computed by:

(a) Rounding to the next lowest dollar the total net income of the child as determined under Chapter 44-100 and the sum of the county foster care rate and specialized care increment as determined under Operations Manual Chapter 11-400; and

(b) Subtracting the rounded current net income from the rounded sum of the rate and specialized care increment.

45-302 PAYMENT (Continued) **45-302**

.5 Last Date of Payment

.51 Except as provided in .511 below, the last date of payment shall be the day preceding the day the child permanently leaves, is removed or runs away from an eligible facility, or turns eighteen (or nineteen pursuant to Section 45-201.1).

.511 The county shall have the option of making an additional AFDC-FC payment beyond the date in which the child permanently leaves or is removed from foster care provided the following conditions are met:

(a) The child has been moved from the eligible facility to what the placement agency considers a potentially unstable living arrangement or the child has run away from such eligible facility.

(b) The same eligible facility has agreed to take the child back immediately upon notice from the placement agency, regardless of whether the child actually returns to that same facility.

(c) The child has not been moved from one eligible facility to another eligible facility.

(d) No other AFDC-FC payment has been made for the same period.

(e) The additional payment does not exceed the monthly rate set for the eligible facility and does not extend beyond the end of the month in which the child leaves the facility.

.52 When an otherwise eligible child has been moved from one eligible facility to another, the day the child is moved and placed in the second facility shall be the first day of payment for the second provider.

HANDBOOK BEGINS HERE

.6 Rate of Payment

.61 For provisions pertaining to rate setting for family homes, group homes and foster family agencies, see Chapter 11-400.

HANDBOOK CONTINUES

45-302 PAYMENT (Continued) **45-302**

HANDBOOK CONTINUES

.62 For provisions pertaining to clothing allowance and funeral expense special needs for AFDC-FC, see Section 11-420.

HANDBOOK ENDS HERE

NOTE: Authority cited: Sections 10553, 10554, and 11209, Welfare and Institutions Code. Reference: Section 7911.1, Family Code; and Sections 361.21, 366, 727.1, 11017, 11056, 11400(f), 11401, 11402, 11403, 11405, 11269, 11466.24, and 16516.5, Welfare and Institutions Code; Section 472(a)(1), Social Security Act.

45-303 PAYMENT DELIVERY 45-303

.1 AFDC-FC payments shall be delivered in one amount no later than the fifteenth of the month following the furnishing of care. Warrants shall not be forwarded or mailed outside the United States, as specified in Section 44-305.21.

.2 As a condition of Payment Delivery, provided the county has provided adequate written notification, then the county may require a foster care provider to:

.21 Report timely that a child received care from the provider for the entire month.

.22 Report timely the date the child left the provider's care when the provider did not care for the child for the entire month or the number of days in the month the provider cared for the child when the child leaves and returns after a temporary absence of 15 days or more; and

.23 Provide all relevant verifications upon county request.

.3 In advance of the county application and operation of Section 45-303.2, the county shall include in its written notice, the deadline for provider submissions of information specified in Section 45-303.2.

.4 Where the county has required a provider to comply with Section 45-303.2, and the county has provided adequate written notification of information required and consequences as provided in Sections 45-303.3 and .4, failure by the provider to provide the required information timely may result in the payment being delayed by no later than 15 days after the information is submitted to the county.

.5 Failure of the provider to provide required confirmation may result in the county not making payment.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code; and Senate Bill 84, Chapter 177, Statutes of 2007, Section 33. Reference: Section 11466.235, Welfare and Institutions Code.

45-304 AFDC-FC OVERPAYMENTS FOR FOSTER CARE PROVIDERS - GENERAL 45-304

.1 Overpayment Recovery for Foster Care Providers, including but not limited to, Group Homes, Foster Family Agencies, Small Family Homes, Foster Family Homes, Relative Homes, Nonrelative Extended Family Members, and Non-related Legal Guardians

.11 An overpayment is any amount of aid paid which a foster care provider received on behalf of a child to which the provider was not entitled, or an expenditure made by a Foster Family Agency or a Group Home provider not in conformity with Section 11-404.

.111 Each county must develop and institute a program of internal controls to avoid making overpayments.

(a) The program may include policies and activities conducted prior to the issuance of payment.

(b) As a condition of Payment Delivery, Section 45-303, the county may require a foster care provider to:

(1) Timely report that a child received care from the provider for the entire month.

(2) Timely report the date the child left the provider's care when the provider did not care for the child for the entire month or the number of days in the month the provider cared for the child when the child leaves and returns after a temporary absence of 15 days or more; and

(3) Provide all relevant verifications upon county request.

(c) Where the county has required a provider to comply with Section 45-303.2, failure by the provider to provide the information may result in the payment being delayed by no later than 15 days after the information is submitted to the county.

.112 If the foster care provider reports, or if the county otherwise determines, that the foster child resided in foster care placement for less than the full month, the county shall prorate the payment, unless Section 45-304.123 applies.

.113 An overpayment does not occur when the county exercises the option to make payment to an eligible facility for a child temporarily absent, for a period not to exceed 14 days in a calendar month, in accordance with Section 45-302.231.

45-304 AFDC-FC OVERPAYMENTS FOR FOSTER CARE PROVIDERS - GENERAL (Continued) **45-304**

.12 The county shall take all reasonable steps necessary to promptly assess whether an overpayment has occurred.

.121 Overpayment assessments shall include discovery of the overpayment and documentation of the overpayment.

(a) Discovery of overpayments. The county shall ensure that a written program of internal controls exists and operates on an ongoing basis to discover, in a timely manner, payments made to a foster care provider for which that provider was not eligible to receive.

(1) Methods of discovering the existence of payment errors and determining the amount of the payment error shall be implemented and include, but not be limited to: supervisorial review of payments made; reconciliation between social worker or probation officer and eligibility worker information; and a quality assurance system.

(b) Documenting overpayments. The county shall document the amount of the overpayment, the actual dates of the days overpaid, the date of discovery of the overpayment, the aid code for which the overpayment was made, and include the reasons for the payment error.

(c) The overpayment is not identified until it has satisfied the requirements in Section 45-304.5.

.122 The county shall demand and collect overpayments from a Foster Family Home, an approved home of a relative or non-relative extended family member, an approved home of a nonrelated legal guardian, Group Homes, Small Family Homes and Foster Family Agencies for any period of time in which the foster child was not cared for in that home, except as provided in Sections 45-304.123 and 45.304.125.

.123 The county shall not demand collection of overpayments made to a Foster Family Home, an approved home of a relative or non-relative extended family member, or an approved home of a nonrelated legal guardian, where any of the following conditions exist:

(a) The overpayment was exclusively the result of a county administrative error;

(b) Neither the county nor the provider was aware of the information that would establish that the child was not eligible for foster care benefits in that provider's home; or

45-304 AFDC-FC OVERPAYMENTS FOR FOSTER CARE PROVIDERS - GENERAL (Continued) **45-304**

(c) The provider did not have knowledge of, and did not contribute to, the cause of the overpayments.

.124 For overpayments described in Section 45-304.123, the county may request the provider voluntarily return an overpayment when the county informs the provider that they have no legal or other obligation to return the overpayment, and failure to return the overpayment will not result in any adverse action against the provider and any child living in the home.

.125 The county shall not pursue collection of overpayments made to an overpaid foster care provider where the cost of the collection exceeds the amount of the overpayment.

(a) Costs which the county shall consider when determining the cost effectiveness to collect are total administrative and personnel costs, legal filing fees, investigative costs, and any other costs which are applicable.

(b) The county shall have a written debt write-off policy approved by the County Welfare Director covering situations including, but not limited to:

(1) Where the debtor cannot be located.

(2) Where the debtor is unable to pay.

(3) Where the costs of further overpayment recovery actions will exceed estimated recovery amounts.

(4) Notwithstanding (3), the written policy may include a provision permitting write off of an amount not to exceed $100.

(c) The county shall maintain adequate documentation supporting its decision to write off an overpayment. Adequate documentation shall include, but not be limited to:

(1) A description of all actions, including the dates of those actions that have been taken to recover the overpayment, and the results from those actions.

(2) The costs and benefits of engaging in these further collection actions.

45-304 AFDC-FC OVERPAYMENTS FOR FOSTER CARE PROVIDERS - GENERAL (Continued) **45-304**

(3) The basis for the decision to pursue/not pursue collection of the overpayment.

(4) The date when recovery actions were terminated on the overpayment.

(5) If Section 45-304.125(b)(4) applies to an overpayment, then adequate documentation shall consist of documenting the amount of the overpayment.

.126 The county shall not demand collection of overpayments made to non profit corporations operating group homes or foster family agencies that are no longer in business or licensed by the department.

(a) The county shall not initiate a financial or fiscal audit, or any activity that could lead to the establishment of an overpayment of a group home or foster family agency that is no longer in business or licensed by the department, without prior written approval of the department. This provision does not apply to fiscal or financial audits instituted by law enforcement agencies as defined in the Penal Code.

(b) The county shall not take any action in furtherance of an existing financial or fiscal audit, or any activity that could lead to the establishment of an overpayment of a group home or a foster family agency that is no longer in business or licensed by the department, without prior written approval of the department. This provision does not apply to fiscal or financial audits instituted by law enforcement agencies as defined in the Penal Code.

.127 Nothing in Sections 45-304.122, .123 or 124 prevents counties from collecting an overpayment which results from the payment of aid paid pending.

.2 Investigation of Overpayments

.21 When information indicates that an overpayment may have occurred, the county shall take the following actions:

.211 Review the eligibility factors to determine what the correct grant amount should have been;

.212 Calculate the amount of the overpayment;

45-304 AFDC-FC OVERPAYMENTS FOR FOSTER CARE PROVIDERS - GENERAL (Continued) **45-304**

.213 Determine whether any of the factors in Section 45-304.123 or .124 preclude overpayment recovery. If none of the factors in Section 45-304.123 or .124 preclude recovery then:

(a) Determine from whom the overpayment may be recovered (see Section 45-304.3);

(b) Comply with the requirements in Section 45-305.

(c) The county may seek voluntary collection consistent with Section 45-305.231.

.214 If after performing the actions required under Section 45-305, full recovery of the overpayment is not achieved, then the county shall determine whether to pursue collection of the overpayment as specified in Section 45-304.125.

.3 Overpayment Recoupment

.31 Overpayments shall only be collected from the provider who actually received the overpayment from the county. Overpayments shall not be collected from subsequent providers who provide care to the child for whom the overpayment was assessed.

.32 If the child for whom the overpayment was assessed is no longer residing in the home of the provider, grant adjustment and grant offset shall not be used to recover the amount of the overpayment. This section applies even if the provider is caring for other foster care children.

HANDBOOK BEGINS HERE

Section 45-304.32 does not prohibit those overpayment collection procedures detailed in Section 45-305.22 or .23.

HANDBOOK ENDS HERE

.33 For recoupment of overpayments made to group homes and foster family agencies, the counties shall reduce any subsequent payments by an amount equal to the amount of the administrative portion of the monthly payment to the provider. See Section 45-305 for offset methodology.

45-304 AFDC-FC OVERPAYMENTS FOR FOSTER CARE PROVIDERS - GENERAL (Continued) **45-304**

.4 Limitations on Recoupment of Overpayments

.41 A county shall not collect interest on the repayment of an overpayment unless Section 45-305.33 applies.

.42 A county shall not initiate overpayment recovery after one year from the date the county discovers the overpayment.

.421 When the overpayment recovery was initiated within one year of the date the county discovered the overpayment, the county shall continue to recover the overpayment until fully recovered or written off pursuant under the county's write off policy.

HANDBOOK BEGINS HERE

The initial discovery of the overpayment may occur more than a year after the actual overpayment occurred and recovery shall be sought unless prohibited by Section 45-304.123. The date of discovery is controlling, not the date of the actual overpayment.

HANDBOOK ENDS HERE

.422 This section does not prohibit the county from entering into voluntary or involuntary repayment schedules which last longer than a year from the date of the initial discovery of the overpayment.

.423 This section does not apply where the county institutes an involuntary repayment schedule after a provider has failed to comply with a voluntary repayment schedule.

.5 County Identification and Remittance of Overpayments (See Section 45-304.12)

.51 If the overpaid provider does not request a review of the county overpayment determination, the overpayment shall be identified two (2) days after the date the overpaid provider's time frame to request a review has elapsed.

.52 If the overpaid provider requests review of the county's overpayment determination (under Section 45-306), the date the overpayment is identified shall be the date the overpaid provider exhausts administrative due process (under Section 45-306).

.53 The county shall, no later than 20 calendar days after the end of the month in which the overpayment was identified, make an aid claim adjustment in an amount equal to 60 percent of the federal share of the overpayment amount for all overpayments identified other than overpayments specified in Sections 45-304.122, .123 and .124.

45-304 AFDC-FC OVERPAYMENTS FOR FOSTER CARE PROVIDERS - GENERAL (Continued) **45-304**

.54 The county shall not be required to remit the federal share of any overpayment that is uncollectible pursuant to statute or court order, as specified below:

.541 Overpayments which are uncollectible under Section 45-304.123.

.542 Overpayments which are uncollectible under Section 45-304.125, provided that the county maintains adequate documentation as described in Section 45-304.125(c).

.55 The county shall report to the department all identified legally uncollectible overpayments and uncollected overpayments due to operation of Sections 45-304.123, .124 and .125 on a monthly basis.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code; Senate Bill 84, Chapter 177, Statutes of 2007, Sections 32 and 33. Reference: Sections 11400, 11466.23, 11466.235, and 11466.24, Welfare and Institutions Code; Section 338 Code of Civil Procedure; Section 472(a)(1), Social Security Act.

45-305 COLLECTIBLE AFDC-FC OVERPAYMENTS FOR FOSTER CARE PROVIDERS; METHODS OF OVERPAYMENT RECOVERY **45-305**

.1 Using the Notice of Action form NA 1261 (6/09) which is incorporated by reference, the county shall inform the provider of the overpayment and inform the provider that he or she is required to repay the overpayment. This form shall not be used in connection with an overpayment that the provider has no obligation to repay. The Notice of Action form NA 1261 shall notify the provider of:

.11 The amount of the overpayment calculated by month;

.12 The date or dates the overpayment was made, and the date the overpayment was discovered by the county;

.13 The program in which the overpayment was made, and the reason or cause for the overpayment;

.14 Voluntary Repayment Options and Procedures, including voluntary grant offset;

.15 Involuntary Repayment procedures and related consequences if voluntary repayment is not agreed to or entered into;

45-305 COLLECTIBLE AFDC-FC OVERPAYMENTS FOR FOSTER CARE PROVIDERS; METHODS OF OVERPAYMENT RECOVERY **45-305**
(Continued)

.16 The provider's right and time frame to request an informal hearing pursuant to MPP Section 45-306; and

.17 The provider's right and time frame to request a State hearing pursuant to MPP Division 20.

.2 Voluntary Repayment Procedures

.21 A provider may voluntarily agree to repay an assessed overpayment in the following order of priority:

.211 Voluntary Lump Sum Repayment, MPP Section 45-305.22.

.212 Voluntary Repayment Agreement, MPP Section 45-305.23.

.213 Voluntary Grant Offset, MPP Section 45-305-24.

.22 Voluntary Lump Sum Repayment

.221 A provider may voluntarily repay an assessed overpayment by making a lump sum payment to the county on or before the date the provider and county have agreed repayment would be received.

.23 Voluntary Repayment Agreement

.231 If a provider agrees to voluntarily repay the assessed overpayment, the county and the provider shall sign a written repayment agreement that includes the amount of the overpayment, the terms of repayment, including the repayment schedule, and the consequences for failure to comply with the terms of the voluntary repayment agreement.

(a) The agreement shall provide that the provider has sufficient funds to provide adequate care and supervision to all children in care after payment.

(b) The agreement shall provide that during the period the agreement is in effect it is the responsibility of the provider to timely inform the county of circumstances under which continued payment under the voluntary repayment agreement may result in insufficient funds to provide adequate care and supervision to all children in care.

45-305 COLLECTIBLE AFDC-FC OVERPAYMENTS FOR FOSTER CARE PROVIDERS; METHODS OF OVERPAYMENT RECOVERY **45-305**
(Continued)

(c) Consequences for failure to comply with the terms of the voluntary repayment agreement may include, but are not limited to, restrictions on current and future placements, involuntary repayment, and monetary damages that relate to increased administrative costs incurred by the county due to the provider's non-compliance.

(d) The agreement shall provide that by agreeing to a voluntary repayment the provider is waiving rights to appeal the overpayment determination and the amount of the overpayment, pursuant to MPP Section 22-003.15.

HANDBOOK BEGINS HERE

MPP Section 22-003.15 provides:

"There is no right to a state hearing regarding overpayments made to foster care providers including group homes and foster family agencies where the claimant entered into a voluntary repayment agreement, or where the county requested voluntary repayment under MPP Section 45-305.231."

HANDBOOK ENDS HERE

(e) The agreement can be amended only by written consent of both parties.

.24 Voluntary Grant Offset

.241 If the provider agrees to a voluntary grant offset, the provider and the county shall sign a written voluntary grant offset agreement that includes the amount of the overpayment, the amount to be offset, and the duration of the offset.

(a) The agreement shall provide that the provider has sufficient funds to provide adequate care and supervision to all children in care after deduction of grant offset.

(b) The amount deducted from the child's current grant be more than 10 percent of the child's total grant.

45-305 COLLECTIBLE AFDC-FC OVERPAYMENTS FOR FOSTER CARE PROVIDERS; METHODS OF OVERPAYMENT RECOVERY (Continued) **45-305**

HANDBOOK BEGINS HERE

Example: Provider Jones has three foster children in her home, Jenny, Johnny, and Joe. An overpayment in the amount of $400 is assessed for Joe. Joe's monthly payment is $408. The provider agrees to a voluntary grant offset. $40 is subtracted from Joe's monthly payment, for a total monthly payment of $368, for 10 months. Neither Jenny nor Johnny's payments are reduced.

$408 (monthly grant)
x .10% (maximum)

$40 (amount to be deducted from monthly grant)

$408 (monthly grant)
- $ 40

$368 (new monthly grant for 10 months)

HANDBOOK ENDS HERE

(c) Voluntary grant offset may be applied only to the grant of a child for whom the overpayment was assessed. If the provider agrees to a grant offset, at no time shall any amount be deducted from the grant of a child other than the child for whom the overpayment was assessed.

HANDBOOK BEGINS HERE

Example: Provider Jones has three foster children in her home, Jenny, Johnny, and Joe. An overpayment in the amount of $400 is assessed for Fred who had lived in Provider Jones' house last month. Grant adjustment is not available.

HANDBOOK ENDS HERE

(d) The offset agreement shall provide that during the period the offset is in effect it is the responsibility of the provider to inform the county of circumstances under which continued payment offset may result in insufficient funds to provide adequate care and supervision to all children in care.

45-305 COLLECTIBLE AFDC-FC OVERPAYMENTS FOR FOSTER CARE PROVIDERS; METHODS OF OVERPAYMENT RECOVERY **45-305**
(Continued)

(e) The agreement shall provide that by agreeing to a voluntary grant offset the provider is waiving rights to appeal the overpayment determination and the amount of the overpayment, pursuant to MPP Section 22-003.15.

HANDBOOK BEGINS HERE

MPP Section 22-003.15 provides:

"There is no right to a state hearing regarding overpayments made to foster care providers including group homes and foster family agencies where the claimant entered into a voluntary repayment agreement, or where the county requested voluntary repayment under MPP Section 45-305.231."

HANDBOOK ENDS HERE

(f) The agreement can be amended only by written consent of both parties.

.3 Involuntary Repayment Procedures

.31 Involuntary repayment procedures shall only be used when a provider has refused to enter a voluntary repayment agreement or has failed to comply with the terms of a voluntary repayment agreement that is based on a legally collectible overpayment.

.32 Grant Adjustments

.321 Grant adjustments shall only be used where the provider is still providing foster care services to the child for whom the overpayment was assessed. An involuntary grant offset is not available where the provider is only providing services to a different foster child(ren) than the child for whom the overpayment was assessed.

(a) If the overpayment is to be recovered by grant adjustment, the county shall deduct no more than 10 percent of the total grant amount each month.

45-305 COLLECTIBLE AFDC-FC OVERPAYMENTS FOR FOSTER CARE PROVIDERS; METHODS OF OVERPAYMENT RECOVERY **45-305**
(Continued)

HANDBOOK BEGINS HERE

Example: Provider Jones has three foster children in her home, Jenny, Johnny and Joe. An overpayment in the amount of $400 is assessed for Joe. Joe's monthly payment is $408. The provider refuses to enter into a voluntary repayment agreement; the county institutes an involuntary grant adjustment. $40 is subtracted from Joe's monthly payment, for a total monthly payment of $368. For 10 months. Neither Jenny nor Johnny's payments are reduced.

$408 (monthly grant
x .10% (maximum)
$ 40 (amount to be deducted from monthly grant)

$408 (monthly grant)
- $ 40
$ 368 (new monthly grant for 10 months)

HANDBOOK ENDS HERE

(b) At no time shall any amount be deducted from the grant of a child other than the child for whom the overpayment was assessed.

HANDBOOK BEGINS HERE

Example: Provider Jones has three foster children in her home, Jenny, Johnny and Joe. An overpayment in the amount of $400 is assessed for Fred who had lived in provider Jones' house last month. Grant adjustment is not available.

HANDBOOK ENDS HERE

(c) The county shall reduce the grant adjustment amount if the county determines that the reduction is necessary to ensure that sufficient funds exist to provide adequate care and supervision to all children in care after the deduction.

45-305 COLLECTIBLE AFDC-FC OVERPAYMENTS FOR FOSTER CARE PROVIDERS; METHODS OF OVERPAYMENT RECOVERY **45-305**
(Continued)

(d) The grant adjustment shall provide that during the period the offset is in effect it is the responsibility of the provider to timely inform the county of circumstances under which continued payment offset may result in insufficient funds to provide adequate care and supervision to all children in care.

.33 Interest on Overpayments

.331 The county shall collect interest on overpayments in circumstances in which the overpaid provider has either failed to enter into a voluntary repayment agreement, or has failed to comply with the terms of a voluntary overpayment agreement, unless:

(a) An overpayment was made to a foster family home, an approved home of a relative, an approved home of a nonrelative extended family member, or an approved home of a nonrelative legal guardian, for any period of time in which the foster child was not cared for in that home and none of the following conditions existed:

(1) The child was temporarily absent from the home and payment was made to the provider to meet the child's needs; or

(2) The overpayment was exclusively the result of county administrative error; or

(3) The provider did not have knowledge of, and did not contribute to the cause of the overpayment.

(b) Interest collection would cause a financial hardship for the provider to provide adequate care and supervision to all children in care.

.332 The amount of interest shall be calculated in accordance with Welfare and Institutions Code Section 11466.22(d)(4).

.34 Unless otherwise provided for in this section, the county shall collect group home provider and foster family agency overpayments in accordance with the procedures established for group home overpayments pursuant to MPP Section 11-402.66. For purpose of this section, the term "county" shall be substituted for the word "department" wherever that term appears in MPP Section 11-402.66.

45-305 COLLECTIBLE AFDC-FC OVERPAYMENTS FOR FOSTER CARE PROVIDERS; METHODS OF OVERPAYMENT RECOVERY **45-305**
(Continued)

.35 Civil Judgment

If the provider has failed to comply with voluntary repayment agreement, a demand for repayment, and a grant offset is not available as the provider is no longer providing services to the child for whom the overpayment was assessed, the county shall, unless the costs exceed the amount of the overpayment:

.351 Refer the case to the appropriate county official for action on a civil judgment.

.352 Record an abstract of civil judgment pursuant to Section 674, Code of Civil Procedure, in any county in which the provider or former provider owns real property.

.353 Take all appropriate actions pursuant to Section 681 et seq., Code of Civil Procedure, to execute the judgment.

.354 If the county does not pursue civil judgment because the cost for the above described actions exceed the amount of the overpayment, the county shall comply with the documentation requirements set forth in MPP Section 45-304.125(c).

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code; and Senate Bill 84, Chapter 177, Statutes of 2007, Sections 32 and 33. Reference: Sections 11466.23, 11466.235, and 11466.24, Welfare and Institutions Code.

45-306 INFORMAL AND FORMAL HEARING PROCEDURES 45-306

This section applies only to the appeal rights of providers subject to a collectible overpayment assessment pursuant to Section 45-304 and Section 45-305. This informal and formal hearing processes are not available to providers, who have entered into a voluntary repayment agreement, to contest the overpayment determination or the overpayment amount.

.1 The informal hearing process shall not preclude the provider's right to a state hearing.

.2 Counties shall provide informal hearings in accordance with the following procedures:

.21 Counties must provide written notice to the provider of the availability of an informal hearing process when the county notifies the provider of the overpayment. The county shall send the Statewide form NA 1261 (6/09), to the provider.

.22 An informal hearing shall be provided by the CWD to the provider only when the provider has requested an informal hearing no later than 30 calendar days after the Statewide form NA 1261 was mailed by the county to the provider.

.23 The informal hearing shall be conducted by a person designated by the county. The designated person shall be knowledgeable in the subject area, and shall not be the person who made the initial overpayment determination.

.24 The informal hearing shall be held in an office or facility of the CWD. If agreed upon by the provider and the county, the informal hearing may be held elsewhere or conducted by telephone.

.25 The CWD shall mail or deliver to the provider the county's written notice of the time and place of the informal hearing not less than seven days prior to the hearing.

.26 The informal hearing shall be limited to consideration of the correctness of the initial overpayment determination and whether any of the factors in Section 45-304.123 bar recovery. The county may also discuss the methods of overpayment recovery with the provider and attempt to enter into a voluntary repayment agreement, where appropriate.

.27 After the hearing, the county employee who conducted the informal hearing shall prepare a letter which contains the decision on each issue considered at the informal hearing, and identification of the regulations which support the written decision and mail the letter to the provider. The letter must inform the provider that he or she can appeal the informal hearing decision at a formal state hearing.

45-306 INFORMAL AND FORMAL HEARING PROCEDURES (Continued) 45-306

HANDBOOK BEGINS HERE

Example: Through application of procedures identified in Section 45-304.1, the county determines an overpayment was made to a group home provider on January 2nd. The county implements procedures identified in Section 45-304.2 and proceeds to Section 45-305 for collection procedures.

The county provides written notification to the provider of the overpayment in accordance with Section 45-305.1. **Hearing procedures identified in Section 45-306 only apply to the appeal rights of providers subject to collectible overpayment assessments pursuant to Section 45-304 and Section 45-305.**

The county provides appeal rights at the time the county notifies the provider of the overpayment. The provider may or may not request an informal hearing within 30 calendar days of the date the notice to the provider was mailed.

If the provider does not request an informal hearing within 30 calendar days of the date the notice to the provider was mailed, the overpayment determination is sustained upon the 91st day, and therefore identified and the federal share of the overpayment must be repaid by the county, as identified in Section 45-304.53.

If the provider requests an informal hearing within 30 calendar days of the date the notice to the provider was mailed, the county must mail or deliver to the provider a written notice of the time and place of the informal hearing. The hearing shall be conducted in accordance with Sections 45-306.23, .24, .26, and .27.

HANDBOOK ENDS HERE

.3 If a provider requests an informal hearing, the 90-day period to request a formal hearing under MPP Section 22-009.11 shall be suspended. The 90-day period to request a formal hearing shall start when the county issues an informal hearing decision, or when the provider either withdraws their request for the informal hearing, or fails to appear for the informal hearing, whichever occurs first.

45-306 INFORMAL AND FORMAL HEARING PROCEDURES 45-306
(Continued)

HANDBOOK BEGINS HERE

Example #1: A provider requests and receives an informal hearing. The county provides a written decision mailed to the provider as identified in Section 45-306.27. The provider has a right to request a formal hearing of the written decision within 90 days of the date the decision letter was mailed.

Informal hearing held on January 31st. County prepares a letter identifying the decisions on each issue considered at the informal hearing in accordance with Section 45-306.27 and mails the decision letter on February 8th. The provider receives the letter and has 90 days from February 8th to request a formal hearing. The county must receive a request for a formal hearing from the provider no later than May 7th.

Example #2: A provider requests an informal hearing and subsequently withdraws the request for the informal hearing. The date the provider withdraws the request for the informal hearing begins the 90-day period to request a formal hearing.

The provider was scheduled for an informal hearing on January 31st. The provider withdrew the request for an informal hearing on January 28th. The county must receive a request for a formal hearing from the provider no later than April 26th.

Example #3: A provider requests an informal hearing and fails to appear on the scheduled date and time. The date the provider fails to appear for the scheduled informal hearing begins the 90-day period to request a formal hearing.

The hearing is scheduled for January 31st and the provider's notice is mailed 7 days prior to the hearing by the county. The provider fails to appear for the informal hearing. The county must receive a request for a formal hearing from the provider no later than April 29th.

HANDBOOK ENDS HERE

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code; and Senate Bill 84, Chapter 177, Statutes of 2007, Section 33. Reference: Sections 11466.235 and 11466.24, Welfare and Institutions Code.

This page is intentionally left blank.

TABLE OF CONTENTS

CHAPTER 45-400 EA-ANEC PROGRAM

Section

Repealed by Manual Letter No. EAS-90-04, effective 10/1/90 45-400

Repealed by Manual Letter No. EAS-90-04, effective 10/1/90 45-401

Repealed by Manual Letter No. EAS-90-04, effective 10/1/90 45-402

Repealed by Manual Letter No. EAS-90-04, effective 10/1/90 45-403

This page is intentionally left blank.

45-400 EMERGENCY ASSISTANCE-ABUSED, NEGLECTED OR EXPLOITED CHILDREN (EA-ANEC) PROGRAM 45-400

Repealed by Manual Letter No. EAS-90-04, effective 10/1/90.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Sections 10553 and 10554, Welfare and Institutions Code.

45-401 GENERAL PROVISIONS 45-401

Repealed by Manual Letter No. EAS-90-04, effective 10/1/90.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Sections 10553 and 10554, Welfare and Institutions Code.

45-402 ELIGIBILITY REQUIREMENTS 45-402

Repealed by Manual Letter No. EAS-90-04, effective 10/1/90.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Sections 10553 and 10554, Welfare and Institutions Code.

45-403 PAYMENTS 45-403

Repealed by Manual Letter No. EAS-90-04, effective 10/1/90.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Sections 10553 and 10554, Welfare and Institutions Code.

This page is intentionally left blank.

TABLE OF CONTENTS

CHAPTER 45-800 ADOPTIONS ASSISTANCE PROGRAM (AAP)

Section

Adoptions Assistance Program (AAP) 45-800

Definitions..... 45-801

AAP Eligibility 45-802

County of Responsibility 45-803

Payment 45-804

County Actions and Payment Amount..... .1
Beginning Date of Payment 2
Payee and Delivery 3
Recertification and Restoration of Payment..... .4

Reassessment 45-805

Notice of Action..... 45-806

Maintenance of Case Record 45-807

Overpayment Recoupment..... 45-808

This page is intentionally left blank.

CHAPTER 45-800 ADOPTIONS ASSISTANCE PROGRAM (AAP)

45-801 DEFINITIONS 45-801

The definitions specified in Title 22, California Code of Regulations (CCR), Section 35000 shall apply in this chapter.

NOTE: Authority cited: Sections 10553 and 16118, Welfare and Institutions Code. Reference: Sections 16118, 16120 and 16120.05, Welfare and Institutions Code and 42 USC 673.

45-802 AAP ELIGIBILITY 45-802

.1 To be eligible for AAP, the child shall meet the requirements under either the federal program or the state program specified in Welfare and Institutions Code Section 16120.

.11 (Reserved)

.12 Adoption Assistance Agreements signed prior to October 1, 1992, shall be governed by Welfare and Institutions Code Section 16121.05(b).

.13 After the responsible public agency has determined that the child has met the conditions of Welfare and Institutions Code Section 16120, the county shall determine for purposes of federal and state AAP eligibility whether the child meets the requirements of Welfare and Institutions Code Section 16120 at the time the adoption petition is filed.

NOTE: Authority cited: Sections 10553 and 16118, Welfare and Institutions Code. Reference: Sections 16120 and 16121.05(b), Welfare and Institutions Code and 42 USC 673.

45-803 COUNTY OF RESPONSIBILITY 45-803

.1 The county welfare department shall be responsible for determining federal eligibility and making payment for AAP.

.2 The determination of the county responsible for the actions in Section 45-803.1 shall be made in accordance with Welfare and Institutions Code Section 16118(e).

.3 Once established, the county of responsibility shall remain unchanged for the duration of adoption assistance payments for that child.

NOTE: Authority cited: Sections 10553 and 16118, Welfare and Institutions Code. Reference: Section 16118, Welfare and Institutions Code.

45-804 PAYMENT 45-804

.1 County Actions and Payment Amount

.11 Upon receipt of the Payment Instructions - Adoption Assistance Program form (AAP 2) and the Eligibility Certification - Adoption Assistance Program form (AAP 4) from the responsible public agency, the county shall determine whether the child meets the requirement for federal or state AAP eligibility as specified in Welfare and Institutions Code Section 16120.

.111 When the child meets the requirements of Welfare and Institutions Code Sections 16120(j), (m), and (l), FFP shall be claimed in the AAP payment up to the maximum of the AFDC-FC payment for the child if in a foster family home.

.112 In those cases where the child is federally eligible, and will receive a payment greater than the payment for the child if in a foster family home, state participation shall be available to supplement the remainder of the AAP payment.

a. In no case shall state participation be available in an amount greater than that which would have been paid had the child remained or been placed in foster care.

.113 When a child meets the requirements of Welfare and Institutions Code Sections 16120(i) and (l), state participation shall be claimed for the AAP payment up to the amount which would have been paid had the child remained or been placed in foster care.

.12 The county shall issue the payment in the amount indicated on the AAP 2 except as provided in .212 below.

.2 Beginning Date of Payment

.21 The beginning date of payment for AAP shall be the date indicated on the AAP 2.

.211 If the beginning date of the payment begins on the first day of the calendar month, payment shall be made for the full month.

.212 If the beginning date of payment begins after the first day of the calendar month, payment shall be prorated to cover only that portion of the month for which payment is authorized, including the beginning date of payment.

45-804 PAYMENT (Continued) **45-804**

.3 Payee and Delivery

.31 AAP payments shall be made to the adoptive parent(s).

.311 Upon the written instruction of the adoptive parent, payment may be made on the parent's behalf to a provider of out-of-home care services if the child is placed out of the adoptive home.

.32 Except as provided in .321 below, AAP payments shall be delivered monthly in advance.

.321 The warrant shall be placed in the mail in time to be received by the first day of the calendar month.

.322 The initial payment shall be delivered to the adoptive parent(s) no later than 20 days after the date on which the county receives the AAP 2 from the agency authorizing payment.

.323 After initial authorization of payment, the county shall take action to increase, decrease, or terminate payment as instructed by the responsible public agency on the AAP 2.

NOTE: Authority cited: Sections 10553 and 16118, Welfare and Institutions Code. Reference: Sections 16121, Welfare and Institutions Code and 42 USC 673.

45-805 REASSESSMENT **45-805**

.1 The county shall mail the adoptive parent(s) the Reassessment Information - Adoption Assistance Program form (AAP 3) at least 60, and not more than 90, calendar days prior to the date reassessment is due and shall document in the case record the date such form was mailed.

HANDBOOK BEGINS HERE

.11 EXAMPLE: The beginning date of payment is May 13, 1993. Reassessment is due on April 30, 1995. The Reassessment Information form shall be sent to the adoptive parent(s) before March 2, 1995.

HANDBOOK ENDS HERE

NOTE: Authority cited: Sections 10553 and 16118, Welfare and Institutions Code. Reference: Section 16120.05, Welfare and Institutions Code.

45-806 NOTICE OF ACTION 45-806

.1 The county shall mail the adoptive parent(s) adequate notice as defined in MPP Section 22-001(a)(1), and if applicable Section 22-001(l)(1), after receiving notice from the responsible public agency of any of the following events:

.11 Denial of a request for adoption assistance benefits.

.12 Completion of a deferred payment agreement.

.13 Authorization of the initial grant.

.14 Completion of the recertification process.

.15 Payment termination.

.16 An overpayment requiring collection.

.17 Any change in grant amount.

.2 The county shall send adequate notice of action between 60 and 70 days prior to the ending date of payment when the child reaches the age of 18, or when the adoption assistance agreement has specified that program benefits are for a specific, time-limited duration.

.3 When county action would result in a termination or decrease in payment, the county shall mail adequate and timely notice as defined in MPP Sections 22-001(a)(1) and 22-001(t)(1). Such notice shall be mailed to the adoptive parent(s) at least ten days prior to the effective date of the proposed action.

.4 When the county sends a Notice of Action to the adoptive parent(s), the county shall also send a copy of such notice to the responsible public agency.

.5 State hearings shall be conducted pursuant to the provisions of MPP Chapter 22-000.

NOTE: Authority cited: Sections 10553 and 16118, Welfare and Institutions Code. Reference: Section 16121.05, Welfare and Institutions Code and 45 CFR 205.10 and 1355.30.

45-807 MAINTENANCE OF CASE RECORD 45-807

.1 The county AAP case record shall contain copies of the following:

.11 All Payment Instructions - Adoption Assistance Program forms (AAP 2) received from the adoption agency.

.12 The Eligibility Certification - Adoption Assistance Program form (AAP 4).

.13 The Income and Property Checklist for Federal Eligibility Determination - Adoption Assistance Program form (FC 10).

.14 All Notices of Action sent to the adoptive parent(s) and the responsible public agency.

NOTE: Authority cited: Sections 10553 and 16118, Welfare and Institutions Code. Reference: Section 16118, Welfare and Institutions Code.

45-808 OVERPAYMENT RECOUPMENT 45-808

.1 The county may attempt to recover all AAP overpayments.

.11 Recovery of overpayments from an adoptive parent no longer receiving assistance is not required when the cost of collection would exceed the amount of recovery.

.12 Recovery shall be made from the adoptive parent(s) who signed the Adoption Assistance Agreement form (AD 4320).

.121 If the overpayment resulted from a payment made to an out-of-home care provider upon request of the adoptive parent, as provided in Section 45-804.311, recovery of payments made for services not provided shall be made from the out-of-home care provider.

.2 Methods of Recovery

.21 Grant Adjustment

.211 Subject to the limit in Section 45-808.212, the overpayment shall be subtracted from the current AAP payment. If the current AAP payment is insufficient to recover the entire overpayment, then the remaining amount of the overpayment shall be subtracted from the AAP payments to be received during the succeeding six months or less, or by the end of the child's eligibility for AAP benefits, whichever occurs first.

45-808 OVERPAYMENT RECOUPMENT (Continued) **45-808**

.212 The amount of the adjustment shall not exceed an amount which would cause the adoptive family's net income to be below the Aid to Families With Dependent Children (AFDC) Minimum Basic Standard of Adequate Care (MBSAC) as specified in Section 44-315.311.

.22 Demand for Repayment

.221 The county shall demand repayment of any amount not recovered by grant adjustment, or otherwise repaid using the appropriate Notice of Action form.

.23 Civil Judgment

.231 If the adoptive parent no longer receiving aid refuses or is unable to repay the amount demanded, the county shall refer the case to the appropriate county official for action on a civil judgment.

(a) An abstract of civil judgment shall be recorded pursuant to Section 674, Code of Civil Procedure, in any county in which the recipient owns real property.

(b) If a recipient is ineligible for further aid, the county shall take all appropriate action pursuant to Section 681, et seq., Code of Civil Procedure, to execute the judgment.

.24 Nothing in Sections 45-808.21, .22 or .23 shall preclude the county from arriving at a reasonable settlement of its demand for repayment with the adoptive parent.

NOTE: Authority cited: Sections 10553, 16118 and 16121.05, Welfare and Institutions Code. Reference: Section 16121.05, Welfare and Institutions Code.

TABLE OF CONTENTS

DIVISION 46 STATE SUPPLEMENTAL PROGRAM

Chapter

General 46-100

Aid Recoveries and Special Circumstances 46-400

This page is intentionally left blank.

TABLE OF CONTENTS

CHAPTER 46-100 STATE SUPPLEMENTARY PAYMENT (SSP) PROGRAM

	Section
Administration	46-105
Eligibility	46-110
Benefit Levels	46-120
Exceptions to Benefit Levels	46-130
Nonmedical Out-of-Home Care (NMOHC)	46-140
Recipients in Medi-Cal (Title XIX-Funded) Facilities	46-150
Allowance for Restaurant Meals	46-160
Interim Assistance Reimbursement	46-337

This page is intentionally left blank.

CHAPTER 46-100 STATE SUPPLEMENTARY PAYMENT (SSP) PROGRAM

46-105 ADMINISTRATION 46-105

.1 Compliance with all civil rights laws, rules and regulations of Division 21 is required in the administration of these regulations, including compliance by contractors and subcontractors.

HANDBOOK BEGINS HERE

.2 The State Supplementary Payment (SSP) Program provides money payments to eligible aged, blind, or disabled California residents. SSP is administered by the Social Security Administration (SSA) in conjunction with the federal Supplemental Security Income (SSI) Program. Applications for SSI/SSP are taken at SSA field offices. SSA determines the individual's eligibility and grant amount pursuant to Title XVI of the Social Security Act; Welfare and Institutions Code Sections 12000 - 12205 and 13910 - 13922; and an agreement between the Secretary of Health and Human Services (HHS) and the State Department of Social Services (SDSS). The SSI and SSP grant amounts are delivered in a combined monthly check. Members of eligible couples each receive their own SSI/SSP check. SSI/SSP recipients are Medi-Cal eligible and may qualify for the Special Circumstances Program as specified in Section 46-425, and In-Home Supportive Services (IHSS) Program as specified in MPP Section 30-700. Blind recipients may also qualify for the Food for Guide Dogs Program as specified in Section 46-430.

HANDBOOK ENDS HERE

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Sections 10553 and 10554, Welfare and Institutions Code; Section 11135(b), Government Code; and Title VI of the Civil Rights Act of 1964.

46-110 ELIGIBILITY 46-110

HANDBOOK BEGINS HERE

.1 Federal regulations governing eligibility for the SSI Program are set forth in the Code of Federal Regulations, Title 20, Part 416 (20 CFR 416). An individual is eligible for SSP if he/she meets the SSI eligibility requirements, with the exception of certain income requirements as specified in Welfare and Institutions Code Section 12152. An individual may also have countable income in excess of the SSI standard and still be eligible for SSP benefits provided that the countable income is less than the appropriate combined SSI/SSP benefit level specified in Section 46-120.

HANDBOOK ENDS HERE

46-110 ELIGIBILITY (Continued) **46-110**

.2 No period of residency in the state shall be required to gain eligibility.

.21 For SSP eligibility purposes, an individual shall cease to reside in the state if he/she leaves the state with the present intent to abandon it as his/her home.

.22 In absence of evidence to the contrary, if an individual is physically absent from the state for more than 90 calendar days, this absence shall be considered as evidence of his/her present intent to abandon this state as his/her home.

NOTE: Authority cited: Section 10553, Welfare and Institutions Code. Reference: Sections 12103, 12150, 12152, 12201, and 12552, Welfare and Institutions Code; 20 CFR 416.200 through .269, and 20 CFR 416.1100 through .1182 Chapter 102, Statutes of 1981; and Sections 1616 and 1616(b), Social Security Act.

46-120 BENEFIT LEVELS **46-120**

.1 Effective January 1, 1987, SSI/SSP "monthly benefit levels" established in accordance with Welfare and Institutions Code Sections 12200, 12201, 12201.5, 12205, 13911, 13920, 13921, and 13922 are as follows:

.11

ELIGIBLE INDIVIDUAL	BENEFIT LEVEL
Aged or Disabled	$ 560.00
Aged or Disabled without Cooking and Food Storage Facilities ("Restaurant Meals" Category)	$ 620.00
Blind	$ 627.00
Disabled Minor Under 18 Living with Parent	$ 444.00
Resident of "Nonmedical Out-of-Home Care" (NMOHC) Facility (This benefit is made up of the components shown below.)	$ 632.00

	Minimum
For Personal and Incidental Needs of the Recipient	$ 74.00

For Needs Met by the Facility	Maximum
Room and Board	$270.00
Care and Supervision	+288.00
	$558.00

46-120 BENEFIT LEVELS (Continued) **46-120**

.12

ELIGIBLE COUPLE	BENEFIT LEVEL
Both of Whom are Aged or Disabled	$1039.00
Both of Whom are Aged or Disabled without Cooking and Food Storage Facilities ("Restaurant Meals" Category)	$1160.00
Both of Whom are Blind	$1221.00
One of Whom is Blind and the Other is Aged or Disabled	$1152.00
Both of Whom are Residents in a "Nonmedical Out-of-Home Care" (NMOHC) Facility (This benefit level is made up of the components shown below.)	$1264.00

	Minimum
For Personal and Incidental Needs of the Recipient	$ 148.00

For Needs Met by the Facility	Maximum
Room and Board	$ 540.00
Care and Supervision	+576.00
	$1116.00

HANDBOOK BEGINS HERE

.13 State law (Welfare and Institutions Code Section 13921) governs the minimum amount of the NMOHC benefit to be kept by the recipient for personal and incidental (P&I) needs. The minimum P&I amount for 1987 is $74. If the recipient's P&I needs are provided for, in whole or in part, by the facility under an agreement between the recipient and the facility, the recipient pays the facility the agreed upon portion of the P&I allowance. A facility is expressly prohibited by state law (Welfare and Institutions Code Section 11006.9) from obtaining the recipient's P&I money as an additional cost of care.

An SSI/SSP recipient who has no income beyond his/her SSI/SSP grant has a maximum of $558 available for the cost of his/her board, care and supervision (that is, the $632 NMOHC benefit, minus the $74 P&I minimum to be retained by the recipient equals $558 available to pay the facility.)

HANDBOOK CONTINUES

46-120 BENEFIT LEVELS (Continued) 46-120

HANDBOOK CONTINUES

A recipient who does have income beyond his/her SSI/SSP grant may have up to an additional $20 available for his/her cost of care. This is because, under federal rules, the first $20 of a recipient's income is not counted. Neither federal nor state law restrict the recipient in how this additional income is spent. Therefore, the recipient may be required by the facility to pay this additional amount for the cost of basic services. As a result the maximum that such a recipient may be charged for basic services is $578.

HANDBOOK ENDS HERE

NOTE: Authority cited: Section 10553, Welfare and Institutions Code. Reference: Sections 11006.9, 12200, 12201, 12201.5, 13911, and 13920 through 13922, Welfare and Institutions Code.

46-130 EXCEPTIONS TO BENEFIT LEVELS 46-130

HANDBOOK BEGINS HERE

.1 A recipient's benefit level is reduced by the amount of any countable income he or she has.

.2 When a recipient resides in the home of another and receives both room and board in-kind from the householder, the SSI/SSP benefit level will be reduced by one-third of the applicable SSI payment standard. This reduction does not apply when a recipient or applicant is a child residing in the home of his/her parent(s).

.3 An SSI/SSP recipient who received benefits for December 1973, under the former state aid programs of Old Age Security (OAS), Aid to the Blind (AB), or Aid to the Totally Disabled (ATD), will receive "mandatory state supplementation" (MSS) if he/she was converted to SSI/SSP in January 1974, and if the MSS payment is greater than the SSP amount the recipient would otherwise be eligible for under state and federal law. This MSS payment will, when added to his/her SSI payment (if any) and net countable income as determined under December 1973, regulations, equal the total of the recipient's cash grant and net countable income for December 1973.

HANDBOOK ENDS HERE

46-140 NONMEDICAL OUT-OF-HOME CARE (NMOHC) 46-140

.1 "Nonmedical out-of-home care" (NMOHC) shall mean a protective living arrangement outside the SSI/SSP recipient's own home where, as a minimum, he/she receives board, room, and personal nonmedical care and supervision related to his/her individual needs.

.11 NMOHC shall be provided only in:

(a) a licensed foster care, community care, or residential care facility; or

(b) a nonlicensed private residence of a recipient's relative or legal guardian/conservator, where the need for and the appropriateness of the care has been certified by the county welfare department. A "relative" shall mean a parent, son, daughter, brother, sister, half-brother, half-sister, uncle, aunt, niece, nephew, first-cousin, or any such person denoted by the prefix "grant" or "great" (Exceptions to this rule are included in Section 46-140.13);

(c) in a "certified family home" as identified in the Health and Safety Code Section 1506(d).

.12 Recipients' eligibility for the NMOHC payment rate shall apply in the following situations:

.121 Children (under age 18)

(a) Blind children residing in a state licensed NMOHC facility;

(b) Blind children residing in the home of a relative who is not his/her parent or legal guardian/conservator;

(c) Disabled children residing in a state licensed NMOHC facility;

(d) Disabled children residing in the home of a legal guardian/conservator who is not his/her relative;

(e) Disabled children residing in the home of a relative who is not his/her parent;

(f) Blind or disabled children in a "certified family home".

46-140 NONMEDICAL OUT-OF-HOME CARE (NMOHC) (Continued) **46-140**

.122 Adults (age 18 and over)

(a) Aged, blind, or disabled individuals or couples residing in a state licensed NMOHC facility;

(b) Aged, blind, or disabled individuals or couples residing in the home of a relative or legal guardian/conservator.

.13 Eligibility for the NMOHC payment rate shall not apply in the following situations:

(a) Disabled children under 18 and living with his/her parent;

(b) Individuals living in his/her own home;

(c) Individuals living with a spouse who is not receiving SSI/SSP, regardless of where they live;

(d) Blind children (under 18, or 18 to 21 and attending school or training full-time) living in the home of his/her parent or guardian.

HANDBOOK BEGINS HERE

.2 With regard to a licensed facility or "certified family home" which provides NMOHC, "care and supervision" is defined in the California Administrative Code, Title 22, Section 80001 as follows:

"'Care and supervision' means any one or more of the following activities provided by a person or facility to meet the needs of the clients:

(a) Assistance in dressing, grooming, bathing, and other personal hygiene;

(b) Assistance with taking medication, as specified in Section 80075;

(c) Central storing and/or distribution of medications, as specified in Section 80075;

(d) Arrangement of and assistance with medical and dental care. This may include transportation;

HANDBOOK CONTINUES

46-140 NONMEDICAL OUT-OF-HOME CARE (NMOHC) (Continued) **46-140**

HANDBOOK CONTINUES

(e) Maintenance of house rules for the protection of clients;

(f) Supervision of client schedules and activities;

(g) Maintenance and/or supervision of client cash resources;

(h) Monitoring food intake or special diets;

(i) Providing basic services as defined in Section 80001(a)(8)."

HANDBOOK ENDS HERE

.3 With regard to a nonlicensed private residence in which NMOHC is being provided, "care and supervision" shall be as set forth in California Administrative Code, Title 22, Section 80001, with the exception of Subsections (e), (g) and (i).

.4 Authorization of Nonmedical Out-of-Home Care in Licensed Facility (Except Foster Family Home)

HANDBOOK BEGINS HERE

.41 The SSA field office handling the applicant's case will authorize the NMOHC benefit upon verification that the individual resides in a licensed facility. Each local SSA field office will receive from SDSS a monthly microfiche listing of licensed NMOHC facilities for counties in their service area. (Exceptions: some foster family homes which have been licensed by the county will not appear on this listing. See Handbook Section 46-140.5 for procedure regarding foster family homes.)

HANDBOOK ENDS HERE

.42 The effective date of NMOHC eligibility for an individual who is residing in a licensed NMOHC facility at the time he or she initially establishes or re-establishes eligibility for SSI/SSP shall be whichever of the following dates is later:

(a) The date of the SSI/SSP application, or

(b) The date all SSI/SSP eligibility requirements are met.

46-140 NONMEDICAL OUT-OF-HOME CARE (NMOHC) (Continued) **46-140**

.43 The effective date of NMOHC eligibility for an individual who is already receiving SSI/SSP and who subsequently enters a licensed NMOHC facility shall be the first of the month during any part of which the recipient resides in the licensed facility.

.44 An SSI/SSP recipient who resides in a licensed facility that undergoes a change of ownership shall continue to receive the NMOHC benefit level during the facility's "pending" license status provided the facility continues to meet all licensing standards and remains at the same location. An SSI/SSP recipient who becomes a resident of such a facility during the period the license is pending shall receive the "independent living" benefit level until a permanent license is issued. When the permanent license is issued, the recipient shall receive the NMOHC benefit level retroactively to the date of entry into the facility.

HANDBOOK BEGINS HERE

.5 Certification of Nonmedical Out-of-Home Care in a Foster Family Home or certified family home.

.51 The SSA field office handling the applicant's case will authorize the NMOHC benefit upon verification that the individual resides in a foster family home or a certified family home. SSA will either obtain the verification from the monthly microfiche listing of licensed NMOHC facilities, or from SDSS Community Care Licensing Division, or will send a request for certification to the CWD on the prescribed certification form.

.52 The county is not required to certify that the child placed in a certified family home or foster family home needs NMOHC. By definition (California Administrative Code, Title 22, Sections 87001, 89185, and 89188) such homes provide twenty-four (24) hour nonmedical care and supervision of foster children.

HANDBOOK ENDS HERE

.53 Upon request by SSA, the county shall verify the child's placement in the certified family home or foster family home on the prescribed certification form.

.54 The county shall complete and return the certification form within thirteen (13) working days. This turnaround time begins the day the county receives the certification form and ends the day the county forwards the completed form to the local SSA field office. The county shall maintain controls to meet this time frame.

.55 The effective date of NMOHC eligibility for a child residing in a certified family home or foster family home at the time he or she initially establishes or re-establishes eligibility for SSI/SSP shall be whichever of the following dates is later:

46-140 NONMEDICAL OUT-OF-HOME CARE (NMOHC) (Continued) **46-140**

(a) the date of the SSI/SSP application, or

(b) the date all SSI/SSP eligibility requirements are met.

.56 The effective date of NMOHC eligibility for a child who is already receiving SSI/SSP and who subsequently enters a certified family home or foster family home shall be the first of the month during any part of which the recipient resides in the home.

HANDBOOK BEGINS HERE

.6 Certification of Nonmedical Out-of-Home Care in the Home of a Relative or Legal Guardian/Conservator

.61 The SSA field office handling the applicant's case will authorize the NMOHC benefit upon receipt of the CWD's certification that the individual needs NMOHC and is receiving it in the home of a relative or legal guardian/conservator. The SSA field office will send a request for certification of NMOHC to the CWD on the prescribed certification form.

HANDBOOK ENDS HERE

.62 The county shall certify that the recipient needs NMOHC in order to remain in a noninstitutional setting, and shall certify that the appropriate care is being provided in that living arrangement. When the county learns that a Department of Developmental Services (DDS) Regional Center is providing services to the applicant or recipient, the county may contact the Regional Center worker and base the certification on the worker's knowledge of the case.

.63 The county shall complete the certification form within thirteen (13) working days. This turnaround time begins the day the county receives the certification form and ends the day the county forwards the completed form to the local SSA field office. The county shall maintain controls to meet this time frame.

.64 The effective date of NMOHC eligibility for an individual who is receiving such care in the home of a relative or legal guardian/conservator at the time he or she initially establishes or re-establishes eligibility for SSI/SSP shall be whichever of the following dates is later:

(a) the date of the SSI/SSP application, or

(b) the date all SSI/SSP eligibility requirements are met.

46-140 NONMEDICAL OUT-OF-HOME CARE (NMOHC) (Continued) **46-140**

.65 The effective date of NMOHC eligibility for an individual who is already receiving SSI/SSP and who subsequently begins receiving NMOHC in the home of a relative or legal guardian/conservator shall be the first of the month in which the county is asked to certify the NMOHC living arrangement. Exception: If the county has material evidence that the individual needed and was receiving care in the living arrangement continuously from an earlier date, NMOHC eligibility may extend back to the month in which the care began or three (3) months from the month the county is asked to certify the NMOHC living arrangement, whichever is later.

The county shall attempt to obtain material evidence of the date on which the care began. If the county cannot obtain sufficient material evidence, the county shall have the recipient indicate the onset date of the care and sign the "Client Statement for Retroactive Certifications" on the reverse side of the prescribed certification form. The county shall then enter the effective date in the appropriate space on the front of the prescribed form.

HANDBOOK BEGINS HERE

.651 Examples: A recipient moves from his own home on September 23 to his aunt's home because he needs care and supervision. He notifies SSA of the change in living arrangement on September 25. On September 26 SSA asks the county to certify that the recipient needs and is receiving care and supervision in the aunt's home. The county certifies NMOHC on October 3 and so notifies SSA. The recipient's NMOHC payment is made retroactive to September 1.

A recipient moves into his brother's house on May 5 in order to receive care and supervision. He does not report this move to SSA until September 13. On September 14 SSA asks the county to certify that the recipient needs and is receiving care and supervision in his brother's home. The recipient provides the county with material evidence that he has been receiving care and supervision there since May 5. The county certifies NMOHC eligibility back to June 1.

HANDBOOK ENDS HERE

NOTE: Authority cited: Sections 10553, 10554, 11000, and 13911, Welfare and Institutions Code. Reference: Sections 1500 through 1502, and 1505, Health and Safety Code; Sections 10553, 10554, 11000, 12004, 12200(g), 12201.5, 12202, 13900 through 13902, 13910, 13911, Welfare and Institutions Code; Major v. McMahon Judgment; Sections 80001 and 89188, Cal. Code of Reg., Title 22; Section 1611(c), Social Security Act, Title XVI, and 20 CFR 416.501, .708, and .714.

46-150 RECIPIENTS IN MEDI-CAL (TITLE XIX-FUNDED) FACILITIES 46-150

HANDBOOK BEGINS HERE

The SSI/SSP benefit for a recipient living in a medical facility and receiving more than 50 percent of the cost his/her care from Medi-Cal is $35 a month. This amount is to cover the personal and incidental needs of the recipient, and includes a $25 SSI payment and a $10 SSP payment.

HANDBOOK ENDS HERE

46-160 ALLOWANCE FOR RESTAURANT MEALS 46-160

HANDBOOK BEGINS HERE

(a) An aged or disabled recipient or couple, both of whom are aged or disabled, whose living arrangement prevents the preparation of meals are entitled to an allowance for restaurant meals, in addition to any other payments for which they are eligible.

(1) The following restaurant meals allowances, established in accordance with Welfare and Institutions Code Sections 12200, 12201, and 12205 apply effective January 1, 1987:

Allowance for an Individual	Allowance for a Couple
$60.00 per month	$121.00 per month

HANDBOOK ENDS HERE

(b) "Living arrangements" shall include the recipient's immediate living quarters as well as other areas in the building in which the recipient's living quarters are located or areas adjacent to these living quarters to which the recipient has access for use of the cooking and food storage facilities.

(c) Cooking and food storage facilities shall be considered accessible if the recipient or someone preparing meals on behalf of the recipient is allowed to use facilities within the living arrangement, whether owned by the recipient or by another, to prepare any of the recipient's meals. Cooking and food storage facilities shall not be required to be part of the immediate living quarters in order to be considered accessible.

46-160 ALLOWANCE FOR RESTAURANT MEALS (Continued) **46-160**

HANDBOOK BEGINS HERE

(d) There is another program under which an aged or disabled recipient may qualify for a comparable meals allowance even when the living arrangement does not prevent home meal preparation, if the recipient's disabilities prevent home meal preparation. Application for benefits based on a need due to disability rather than lack of meal preparation facilities should be made to the CWD under the In-Home Supportive Services (IHSS) Program.

HANDBOOK ENDS HERE

(e) No recipient shall receive SSP and IHSS meals allowance benefits at the same time.

HANDBOOK BEGINS HERE

(f) Recipients who wish to apply for the Restaurant Meals Allowance shall file their application at the local SSA field office.

(g) Eligibility for, and payment of the Restaurant Meals Allowance to SSI/SSP recipients is administered by the Social Security Administration according to criteria established by SDSS as stated in these regulations.

HANDBOOK ENDS HERE

(h) Eligibility Requirements

An aged or disabled recipient of SSI/SSP or a recipient couple, both of whom are aged or disabled, shall qualify for the Restaurant Meals Allowance by meeting the following requirements:

(1) Meals and adequate cooking and food storage facilities are not provided as part of the living arrangement. This requirement is not met when:

(A) The recipient's immediate living quarters have adequate cooking and food storage facilities in which the recipient or another person who undertakes the responsibility of preparing meals on behalf of the recipient can prepare meals for the recipient on a daily basis.

(B) The recipient has access to adequate cooking and food storage facilities as part of his/her arrangement (but which are outside of his/her immediate living quarters) for the purpose of preparing any of his/her meals or having them prepared on his/her behalf on a daily basis. The recipient has access to adequate cooking and food storage facilities as part of his/her living arrangement when:

46-160 ALLOWANCE FOR RESTAURANT MEALS (Continued) **46-160**

1. The recipient lives in a boarding house with a communal kitchen with adequate cooking and food storage facilities to which he/she has access for preparation for his/her meals.

2. The recipient lives with friends or relatives in private living quarters in the same house or in separate living quarters as "over the garage" or in similar situations and has access to the cooking and food storage facilities in the main residence for preparation of any of his/her meals.

(C) The recipient lives in a room and board living arrangement in which the recipient contracts with the facility to have meals prepared and provided as part of the room and board living arrangement.

This regulation is intended to encompass conventional room and board situations in which the recipient purchases his/her meals through the facility on a periodic basis (generally monthly), or on a per meal basis. This regulation would apply whether or not the agreement between the recipient and the facility is separate from the agreement for rental or private living quarters. The regulation is also applicable where the facility contracts with a food preparation service which is separate from the facility to provide the meals.

(2) Cooking and/or food storage facilities are inadequate for the preparation of the recipient's meals in the living arrangement. For purposes of determining whether cooking and food storage facilities are adequate, the following items are to be considered to be basic requirements:

(A) Adequate Food Storage Facilities

An icebox or refrigerator to which the recipient has access. Capacity of the refrigerator or icebox is not a factor of consideration. An ice chest is not considered adequate storage.

(B) Adequate Cooking Facilities

1. A stove without a working oven but which has at least two working burners, or

2. A hot place with at least two burners with separate temperature controls, or two one-burner hot plates with temperature controls, or

46-160 ALLOWANCE FOR RESTAURANT MEALS (Continued) **46-160**

3. A stove with a working oven or a functioning micro-wave oven in combination with at least one working burner on a stove or a one-burner hot plate with a temperature control. Hot plates without temperature controls which are used for warming food are not considered adequate cooking facilities.

(3) Eligibility for the Restaurant Meals Allowance exists even if meals which are not prepared as part of a recipient's living arrangement are brought into the recipient's living arrangement (i.e., "Meals on Wheels" Program) or are able to be obtained at a discount.

(i) Minimum Period of Eligibility

Recipients who must purchase restaurant meals because of the lack, loss or nonfunctioning of their cooking or food storage facilities shall qualify for the Restaurant Meals Allowance if the temporary condition is expected to last one full calendar month or more. The applicant shall report to SSA immediately when he/she knows the condition will cease to exist.

(j) Determination of Eligibility

The recipient's statement of fact on the application form shall be acceptable proof of eligibility unless the facts as presented are incomplete, unclear, inconsistent or in conflict with other evidence. If the facts so presented are incomplete, unclear, inconsistent, or in conflict with other evidence, SSA will so indicate in the comments section on the final decision on the eligibility of the recipient. In such cases, SSA will not process payment for the Restaurant Meals Allowance before receiving a decision from the state.

(k) Beginning Date of Allowance

The beginning date of the Restaurant Meals Allowance shall be the first of the month in which the recipient files an application for this allowance with SSA provided that the recipient is or expects to be without cooking and/or food storage facilities for a calendar month.

(l) Redetermination of Eligibility

The recipient's statement of fact on the application form shall be completed at the time of redetermination of eligibility for SSI/SSP or when a living arrangement change is reported, whichever is earlier.

The recipient has a continuing responsibility to report changes in circumstances which would make him/her ineligible for the Restaurant Meals Allowance.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Sections 10553, 10554, 12100(d), 12200(e), 12201, and 12303.7, Welfare and Institutions Code; 20 CFR 416.310, .501, and .2015; Committee of the Rights of the Disabled v. Swoap, 48 CA 3d 505; and Section 1611(c), Social Security Act, Title XVI.

46-337 INTERIM ASSISTANCE REIMBURSEMENT 46-337

HANDBOOK BEGINS HERE

.1 General Statement

Public Law 93-368 provides for reimbursement to the state (or a political subdivision thereof) for interim assistance payments made to SSI/SSP applicants whose applications are subsequently approved for SSI/SSP benefits. Individual authorizations must be signed by the applicants or their representatives and forwarded either manually or electronically to SSA. Reimbursement will be effected by means of an agreement between the Department of Health and Human Services and the State of California Department of Social Services and sub-agreements between SDSS and participating agencies.

HANDBOOK ENDS HERE

.2 Definitions

For the purposes of these regulations

.21 Agreement means the contract between DHHS and the State Department of Social Services which outlines the terms under which reimbursement may be made.

.22 Applicant means an individual or the representative of such individual who has applied for SSI/SSP benefits and who cannot meet his/her basic needs in the period between the application and receipt of his/her benefits upon determination of eligibility.

.23 Individual Authorization is the form which authorizes payment of an individual's initial SSI/SSP check to the county or state participating agency which has paid interim assistance. The form must be signed by the applicant or his/her designated representative.

.24 Interim Assistance means any assistance from state or county funds furnished to meet basic needs during the period for which such individual was eligible for SSI/SSP benefits, beginning with the month of application and ending with the receipt of the initial payment.

.25 Initial Payment means the amount of SSI/SSP benefits, including retroactive amounts, determined to be payable to an individual at the time such an individual is first determined to be eligible, but does not include any advance emergency payment or payment based upon presumptive disability or presumptive blindness made by SSA.

46-337 INTERIM ASSISTANCE REIMBURSEMENT (Continued) 46-337

HANDBOOK BEGINS HERE

.3 Responsibility of State Department of Social Services (SDSS)

.31 Conduct all negotiations with DHHS.

.32 Prepare and enter into a contract with state agencies and County Boards of Supervisors which elect to implement the Interim Assistance Program.

.33 Take appropriate administrative actions to ensure that participating state and county agencies carry out the provisions in the contracts.

HANDBOOK ENDS HERE

.4 Responsibilities of Participating Agencies

Participation in the program to receive reimbursement for interim assistance shall be the option of the agency. All agencies which elect to participate shall:

.41 Implement the interim assistance program in compliance with the terms of the contract with SDSS.

.42 Draft and implement procedures for carrying out the provisions of these regulations. In no event are procedures to be implemented prior to signing of the contract between SDSS and the state agency or the county board of supervisors.

.43 Obtain individual authorizations as described in Section 46-337.23 from applicants for SSI/SSP to whom interim assistance is paid from participating agency funds. Agencies which use the manual IAR process shall forward the authorization to the local SSA office which accepts or accepted the applicant's SSI/SSP application. Agencies which use the automated IAR process shall notify SSA pursuant to the approved contract between the agency and SDSS. An individual authorization remains in effect until SSA has made a final determination on an individual case. If an application for SSI/SSP benefits is denied, the denial is the final determination unless he/she files a timely appeal with SSA. If this is done a new authorization is not needed. If the applicant files a new application rather than an appeal, a new authorization is required if the agency is to be reimbursed for interim assistance monies advanced.

46-337 INTERIM ASSISTANCE REIMBURSEMENT 46-337
(Continued)

.44 Upon receipt of an initial SSI/SSP payment, deduct the amount of interim assistance and send the remainder to the recipient or his/her representative payee as expeditiously as possible but in any event no later than ten (10) working days from receipt of the initial payment by the participating agency.

Example: If the initial payment is received on Wednesday, October 14, the tenth day would be Tuesday, October 27.

Under current SSA policy, initial SSI/SSP entitlements which exceed $9,999.99 will be issued in multiple checks. SSA considers the sum of these multiple payments as the actual initial payment.

In such cases, monies from the subsequent SSI/SSP checks received by the participating agency may be withheld if the county participating agency was unable to recover all interim assistance amounts, to which it is entitled, from the first initial payment. Participating agencies shall process such multiple payments in the same manner as they would initial SSI/SSP entitlements that SSA disburses in one check.

.441 If, by the tenth working day from the day of receipt of an initial payment the participating agency has failed to forward the remittance (if any) to the recipient or his/her representative payee, the participating agency which received the initial payment shall send to the recipient the full amount of the initial payment. When the participating agency has forwarded the remittance within the 10-day requirement, occurrences such as mail delays or discovery of remittance calculation errors shall not constitute the basis for the recipient's entitlement to the full amount of the initial payment.

If, in each of three consecutive months, an agency fails in more than five percent (5%) of its interim assistance cases to comply with the ten-day processing requirement of Section 46-337.44, such failure shall cause the cancellation of the IAR agreement between the SDSS and the participating agency.

.442 A notice of action (form SSP-17) shall be sent to the recipient or his/her representative payee showing the amount received by the participating agency, the amount deducted as reimbursement for interim assistance and the amount being sent to the recipient or his/her representative payee, if any. The notice of action shall also include the right of the recipient to request a state hearing.

46-337 INTERIM ASSISTANCE REIMBURSEMENT (Continued) **46-337**

.443 When an individual dies after completing an individual authorization form but before receiving the explanation and remittance referred to above, the agency shall within prescribed time limit, provide such explanation and pay the balance due the recipient to the local SSA field office rather than to the recipient or anyone else on his behalf. Such payment shall be sent by registered mail and a return receipt requested.

.444 If, after offsetting the interim assistance paid to the individual, the agency is unable to locate the individual and deliver the remaining SSI/SSP grant within 60 days, the agency shall forward the remainder to SSA for disbursements.

.45 Maintain adequate records of all transactions relating to interim assistance made and the apportionment of the individual's initial payment.

.46 Report to SDSS each month, the total amount of interim assistance paid, and the processing time for forwarding the remittance to the recipients. The report shall be made on the form prescribed by SDSS.

Interim Assistance Reimbursement (IAR) reports are to be received in Sacramento on or before the 8th working day of the month following the report month. One copy shall be sent to:

State Department of Social Services
Statistical Services Branch
744 "P" Street, MS 19-81
Sacramento, CA 95814

When all data is not available, a report shall be transmitted by the due date containing all information that is available at that time. An explanation should be attached for any delay indicating when the Department will receive the completed report. The missing data shall be transmitted as soon as it is available.

In addition to reporting to the state, each participating agency shall account for all interim assistance initial payment dispositions on an individual case basis by way of federal form SSA-8125 (Supplemental Security Income Notice of Interim Assistance Reimbursement Eligibility and Accountability Report) which is to be received with the individual initial payment. The disposition of the initial payment check received is to be reported via the federal form SSA-8125 within thirty (30) working days from the date of receipt of the check or the SSA-8125, whichever is later, by the agency. The completed SSA-8125 is to be sent to the attention of:

Social Security Administration
Assistance Programs Section
IAR Coordinator
100 Van Ness Avenue, 26th Floor
San Francisco, CA 94102

46-337 INTERIM ASSISTANCE REIMBURSEMENT (Continued) **46-337**

HANDBOOK BEGINS HERE

.47 Referrals may be made by the SSA field office to the participating agency, or from the participating agency to the SSA District Office.

HANDBOOK ENDS HERE

.48 Failure to follow the provisions of Sections 46-337.41 through .46 shall cause the cancellation of the IAR agreement between the SDSS and the participating agency.

.5 Eligibility Requirements for Reimbursement

HANDBOOK BEGINS HERE

.51 Reimbursement will be made only for state and county funds paid to applicants. Interim Assistance does not include assistance payments financed wholly or partly with federal funds.

.52 The period for which reimbursement will be made extends from the first of the month in which the SSI/SSP application is made if the applicant was eligible in that month, through and including the month when SSI/SSP payments begin, providing an individual authorization was signed before the initial payment was issued.

If the agency has already prepared, and cannot stop delivery of the next assistance payment when it receives the initial payment from SSA, the amount of the next payment is also reimbursable interim assistance.

HANDBOOK ENDS HERE

.53 Monies paid from state or county funds will not be reimbursed if:

.531 The applicant is determined to be ineligible for SSI/SSP benefits by SSA.

.532 The authorization was received by the SSA office after eligibility has been approved and action taken by SSA to issue the initial payment to the applicant.

.6 State Hearing

State hearings requested by the recipient shall follow the procedures as set forth in Division 22 of the Manual of Policies and Procedures.

46-337 INTERIM ASSISTANCE REIMBURSEMENT (Continued) **46-337**

.61 State hearings shall be conducted by SDSS only when the issue is (a) the apportionment of the initial payment received by the state or county or (b) that the participating agency has failed to comply with the requirements of Section 46-337.44. An appeal based on the amount of initial payment shall be directed to SSA.

.7 Confidentiality

.71 Procedures for maintaining confidentiality of interim assistance payments shall comply with the regulations of the participating agencies.

.72 All information concerning SSI/SSP applicants'/recipients/ identity and the amount of grant shall be confidential.

.721 Confidentiality shall be maintained unless the written consent of the applicant/recipient has been obtained, except

.722 The information may be shared with government agencies concerned with the administration of the Title XVI program when it is necessary for such administration.

.8 No administrative costs incurred by the county in implementing this program will be reimbursed by the state or the federal government.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Sections 10553 and 10554, Welfare and Institutions Code; Section 1631(g) of Title XVI of the Social Security Act, and 20 CFR 416.1901 et seq.

TABLE OF CONTENTS

CHAPTER 46-400 AID RECOVERIES AND SPECIAL CIRCUMSTANCES

Section

Special Circumstances 46-425

Special Needs - Food, Care, and Maintenance for Assistance Dogs 46-430

This page is intentionally left blank.

CHAPTER 46-400 AID RECOVERIES AND SPECIAL CIRCUMSTANCES

46-425 SPECIAL CIRCUMSTANCES 46-425

.1 Administration. County Welfare Departments (CWD's) shall administer this section including establishment of eligibility and payments of benefits.

.2 Definitions.

.21 "Catastrophe" means fire, flood, earthquake or similar disaster.

.22 "Emergency" means a special circumstance which requires immediate action to escape an unhealthful or unsafe situation as determined by the CWD.

.23 "Eviction" means an official legal action or a written demand by the landlord to vacate rental property or any other action by the landlord which substantially interferes with occupancy by the tenant, such as terminating utility services or removing doors.

.24 "Housing" means a dwelling and the land on which it is situated.

.25 "Housing modifications" means alterations to a dwelling that change an existing structure or add something new to accommodate physical infirmities or other health or safety needs.

.26 "Housing repairs" means restoring an item to a level of adequate function after damage or breakdown. An item needs repair when it is in such a state of disrepair that it is no longer functioning in the way for which it was constructed.

.27 "Liquid assets" means resources which are readily converted to cash. This includes cash, negotiable stocks and bonds, bank accounts, etc. Liquid assets do not include the recipient's regular monthly grant or the cash value of insurance policies, burial trusts, automobile or other personal property not readily converted to cash.

.28 "Recipients" means SSP recipients.

.29 "Special circumstances" means those circumstances which are not common to all recipients and which arise out of need for certain goods or services, and physical infirmities or other conditions peculiar, on a nonrecurring basis, to the individual's situation.

Special circumstances may result in payments for:

.291 Replacement or repair of essential household furniture and equipment; and replacement of clothing (see Catastrophe Section 46-425.61 and .62).

46-425 SPECIAL CIRCUMSTANCES (Continued) **46-425**

.292 Housing repairs (see Sections 46-425.26, 46-425.63 and .64).

.293 Moving expenses (see Section 46-425.65 and .66).

.294 Housing modifications (see Sections 46-425.25 and 46-425.67).

.295 Prevention of foreclosure (see Section 46-425.68).

.3 Utilization of Liquid Assets. The costs of any special circumstances shall be met by first requiring the recipient to utilize all but $300 of his/her available liquid assets. The recipient shall also be allowed to retain any funds that have been specifically designated for the following future needs:

.31 Property tax

.32 Home insurance

.33 Funds which have been specifically committed for known medical expenses already incurred or planned and not covered by Medi-Cal or any other source. Examples include but are not limited to, a surgical operation for an ineligible spouse or purchase of such items as eye glasses or dental plates.

.34 Any monies that are being accumulated to satisfy a lien against the home property or a judgment arising out of an automobile accident that otherwise would result in loss of the recipient's driver's license.

.35 Funds which have been set aside to fulfill an approved plan of self-support in the SSI/SSP Program.

.4 Payment of Benefits

.41 Payment shall not be made for any need which can be met without cost to the recipient.

.42 Payment shall be made to the recipient or his/her representative payee except when, in the opinion of the county, vendor payment is more advisable.

.43 Vendor payments shall be made no later than thirty days after the vendor's bill is presented to the county.

.44 Payment shall not be made for expenses that do not have prior authorization from the county, except as specified in .5 below.

46-425 SPECIAL CIRCUMSTANCES (Continued) **46-425**

.5 Exception to the Requirement of Prior Authorization for Payment. Prior county authorization to incur expenses shall not be required when the special circumstance is an emergency.

The recipient shall submit evidence to the county to show that an emergency existed and that the expenses incurred were necessary and reasonable.

.6 Categories of Special Circumstances Payments. Payments under this section shall be limited to the following:

.61 Replacement or repair of essential household furniture, equipment or supplies owned by the recipient which have been lost, damaged or destroyed through catastrophe. Such items shall be replaced, restored or repaired. In nonemergency situations, the recipient shall, upon county request, provide information to determine whether replacement, restoration or repair is most feasible before the county authorizes the expense to be incurred.

.611 The cost shall be prorated among the owners of the items.

.612 The amount of the allowance per catastrophe to the recipient(s) shall be the item's reasonable replacement, restoration or repair cost, including sales tax, or the maximum amount listed below, whichever is less:

.6121 Cook stove, refrigerator, and/or space heater - $405, combined total,

.6122 Bed, including mattress - $143

.6123 Other essential furniture, equipment or supplies - $50 total.

.62 Replacement of clothing lost, damaged, or destroyed through catastrophe.

.621 The allowance shall not exceed a reasonable amount for which needed items can be purchased, or a total amount of $113 per recipient, whichever is less.

.63 Required housing repairs necessary to provide safe and healthful recipient-owned housing and/or essential appliances. ($300 maximum allowance.)

.631 These remedies shall include, but shall not be limited to:

.6311 Repairs to the physical structure of the home.

46-425 SPECIAL CIRCUMSTANCES (Continued) **46-425**

.6312 Removal of a tree which endangers the home.

.6313 Repair of cesspool or sewer.

.6314 Fumigation for pests.

.6315 Repairs to the following recipient-owned essential appliances: stove, heater, water heater, refrigerator. Other appliances (such as air conditioners) may be repaired only if they are essential to safe and healthful housing for the recipient.

.632 Payment shall not be allowed for items or services which are necessary on a recurring basis solely to maintain the property, unless the health or safety of the recipient is threatened and the recipient could not have reasonably prevented the need for the remedy.

.633 Payment of the required housing repair allowance shall be permitted when the total cost of necessary repairs exceeds $10. The allowance shall not exceed a reasonable amount for which adequate repairs can be made. Appliances shall be replaced, restored or repaired. In nonemergency situations, the recipient shall, upon county request, provide information to determine whether replacement, restoration or repair is most feasible before the county authorizes the expense to be incurred. The total allowance for repairs in any 12-month period shall not exceed $300 per dwelling except as specified in Section 46-425.64. The period begins on the date of application for the current request and covers applications made during the immediately preceding 12-month period.

.634 The cost of the repairs shall be prorated among the owners of the property or appliance. When ownership is shared with a nonrecipient, the recipient's or recipients' prorated portion of the cost up to the $300 limit shall be allowed.

.635 SSP recipients who hold a life estate to the house in which they live are eligible for the required housing repair allowance.

.64 Supplemental housing repairs which are necessary for safe and healthful housing, but which exceed $300 total cost.

.641 When the cost of required housing repairs exceeds the $300 standard allowed in Section 46-425.63, an additional payment not to exceed the total cost of the repairs, shall be allowed when all the conditions set forth in Section 46-425.644 are met.

46-425 SPECIAL CIRCUMSTANCES (Continued) **46-425**

.642 The number of payments for supplemental housing repairs shall not be limited provided that the cumulative payment per dwelling does not ever exceed $450.

.643 Persons who received a payment under the Unmet Shelter Needs Program (January 1974 through June 1977) shall be eligible for the difference between that payment and the $450 supplemental housing repair allowance.

.644 Prior to making any expenditures of the supplemental housing repair allowance, in nonemergency situations, the home shall be evaluated and the following determinations made by the county:

.6441 The housing or essential appliance is so defective that continued occupancy or use is not safe or is not healthful.

.6442 The housing or essential appliance is worth repairing.

.6443 It appears probable the recipient will be able to continue living in the home following its repair.

.6444 Total cost to the recipient for adequate alternative housing over a two-year period would exceed the following combined costs:

(a) The cost of repairs needed to make the home habitable and,

(b) Other probable costs of continued occupancy of such home during a two-year period, i.e., encumbrance payments, taxes, assessments, minor upkeep and insurance.

.645 The cost of repairs shall be prorated among the owners of the property or essential appliance. When ownership is shared with a nonrecipient, the recipient's or recipients' prorated portion of the cost, up to the maximum, is allowed.

.65 Required moving expenses, including the cost of packing, storage, and moving, necessary because of eviction or because current housing is unsafe or unhealthful as determined by the CWD.

.651 The amount allowed shall not exceed $200 for a recipient or $300 for two or more recipients. The amount shall never exceed the cost of the services. In nonemergency situations, the recipient shall, upon county request, provide cost estimates to the county prior to authorization of the moving allowance.

46-425 SPECIAL CIRCUMSTANCES (Continued) **46-425**

.652 Payment for moving expenses shall be limited to one time only for each recipient unless it is determined by the CWD that the applicant did not cause the need for another move.

.653 No payment shall be made when provisions for moving can be made at no cost to the recipient.

.654 When the SSP recipient is moving with a nonrecipient(s), payment shall be made for only the SSP recipient's share of the total cost of the move. Proration of costs shall not apply to nonrecipient minors in the home.

.66 Supplemental moving expenses, including the required costs of securing suitable housing as designated below, necessary because of eviction or because current housing in unsafe or unhealthful as determined by the CWD.

The supplemental moving expense payment is separate from any moving expenses granted under Section 46-425.65. When the SSP recipient is moving with a nonrecipient(s), payment shall be made for only the SSP recipient's share of the total cost of the move. Proration of costs shall not apply to nonrecipient minors in the home.

.661 Payment for securing housing shall be limited to one time only for each recipient unless it is determined by the CWD that the applicant(s) did not cause the need for another move.

.662 If the recipient(s) is renting housing, payment up to a maximum of $300 per move under this section shall be limited to:

.6621 Required deposits for gas, water, sewage, electricity including hood-up fees, and installation charges for a telephone.

.6622 First and last months' rent when required by the landlord to secure the rental housing. If the recipient(s) has not paid rent out of the current month's check, he/she/they will be required to pay one month's rent, with the balance needed to secure the housing then met through the supplemental moving expense payment.

.6623 Cleaning fees and/or security deposits.

.663 If the recipient(s) is purchasing a home, the combined payments for purchase of a home and the moving allowance under Section 46-425.65 shall not exceed $750. The cost of home purchase shall be prorated among all purchasers of the home in accordance with Section 46-425.654.

46-425 SPECIAL CIRCUMSTANCES (Continued) **46-425**

A payment covering costs listed in Section 46-425.6631 - .6634 may be allowed if:

(a) The property is a suitable home for the recipient.

(b) Approval can be obtained for an FHA, Veterans Administration, or other governmental or conventional loan.

(c) The usual safeguards are observed prior to transfer, i.e., building inspection, property search, termite inspection, etc.

(d) The total monthly amount for payments on the principal interest, taxes, and other liens on the property, insurance and minor maintenance, is not substantially in excess of the cost of rental or leased housing that would be available for the recipient.

(e) The recipient(s) can qualify as a transferee for the encumbrance on the property or approval of a renegotiated loan as set forth in (b) above.

Payment may be allowed for:

.6631 Down payment

.6632 Closing costs

.6633 Real estate fees; and,

.6634 Other costs entailed in real property or mobile home purchase, including required deposits for gas, water, sewage, electricity including hook-up fees, and installation charges for a telephone.

.67 Housing modifications expense, when modification of a recipient occupied home is necessary to provide safe and healthful housing.

.671 Payment up to a maximum of $750 per recipient, not to exceed $750 per home, shall be allowed to meet the need. The $750 maximum is cumulative and may be expended in one or more payments. Such a determination shall be based on nonrecurring conditions peculiar to the individual's situation.

46-425 SPECIAL CIRCUMSTANCES (Continued) **46-425**

(a) If two or more recipients live together, the amount allowable shall be limited to a cumulative maximum of $750 for the common home.

(b) Should one recipient move from the common home to a new dwelling, he/she shall be eligible for a renewed $750 maximum allowance for that dwelling. The individual remaining in the home which was previously held in common shall be eligible for an individual $750 allowance, less his/her share of any modification allowance previously expended on that dwelling. If the individual remaining in the home did not benefit from modification allowances previously expended on the dwelling, the cost of such modifications shall not be applied to that individual. He/she shall be eligible for the full $750 per recipient allowance as necessary to accommodate his/her physical infirmities or other health and safety needs in that dwelling.

(c) Should the recipients both move from the common home into separate homes, each person shall be eligible for a renewed $750 maximum allowance for each new dwelling.

.672 Examples of housing modifications include, but are not limited to, a ramp or other needed fixtures for a disabled person. Modifications also include changes that are required to comply with local building, health or safety codes and which are necessary for safe or healthful housing, such as installation of mobile home skirting and required sewer hook-ups for residences.

.673 Modification may be made when housing occupied by a recipient is owned by another person if the recipient has obtained the written permission of the owner to complete the modifications.

.674 Proration may be required for a home modification. If two or more recipients live together, each recipient benefited by a modification shall commit an equal share of his/her allowance to meet the cost; if one recipient is the sole beneficiary of the modification, that person shall bear the cost.

.68 Payment to Prevent Foreclosure.

.681 Payment of up to $750 shall be allowed to prevent foreclosure as a result of delinquent mortgage payments, deeds of trust, or liens resulting from delinquent taxes, bonds, assessment, etc., on a home owned by a recipient or recipients.

46-425 SPECIAL CIRCUMSTANCES (Continued) **46-425**

.682 This allowance shall be limited to one time only per recipient, regardless of whether the maximum is used.

.683 The allowance shall be prorated among the owners of the property. If the property is owned by more than one person and the other owner(s) do not contribute his/her share of the amount required to prevent foreclosure, the allowance shall not be granted to the SSP recipient(s). When the recipient is the sole owner of the property, and the maximum allowance is not sufficient when added to contributions from other sources to prevent foreclosure, the allowance shall not be granted.

46-430 SPECIAL NEEDS - FOOD, CARE, AND MAINTENANCE FOR ASSISTANCE DOGS **46-430**

.1 Definitions.

For the purpose of the Assistance Dog Special Allowance Program, the following definitions shall apply wherever the terms are used throughout Section 46-430.

(a) (1) "Assistance Dog" means a guide dog, signal dog, or service dog.

(b) (1) "Blind Recipient" means any individual who is considered blind as defined in Section 1614(a) of Title XVI of the Social Security Act.

(c) (1) “Cash Assistance Program Immigrants” (CAPI) means that program provided for under Division 9, Part 6, Chapter 10.3 of the Welfare and Institutions Code (commencing with Section 18937).

(d) (1) "Disabled Recipient" means any individual who is considered disabled as defined in Section 1614(a) of Title XVI of the Social Security Act or Title II Social Security Act (42 U.S.C. Section 401, et seq.).

(e) (1) "Eligible Recipient" means any blind or disabled individual who is a recipient of SSI, SSP, CAPI, SSDI, or IHSS, or any combination, and who uses the services of an assistance dog.

(f) (Reserved)

(g) (1) "Guide Dog" means a dog that has been specifically trained, and certified by a licensed guide dog trainer under the provisions of Chapter 9.5 (commencing with Section 7200) of Division 3 of the Business and Professions Code for use by a blind person to assist with his/her sight needs.

(h) (Reserved)

46-430 SPECIAL NEEDS - FOOD, CARE, AND MAINTENANCE FOR ASSISTANCE DOGS (Continued) **46-430**

(i) (1) “In Home Supportive Services” (IHSS) means that program provided for under Division 9, Chapter 3, Article 7 of the Welfare and Institutions Code (commencing with Section 12300) and further defined in MPP Section 30-700.1).

(2) "Income" means income as defined in the Code of Federal Regulations, Title 20, Volume 2, Part 416, Subpart K.

(j) (Reserved)

(k) (Reserved)

(l) (Reserved)

(m) (Reserved)

(n) (Reserved)

(o) (Reserved)

(p) (Reserved)

(q) (Reserved)

(r) (1) " Resources" means resources as defined in the Code of Federal Regulations, Title 20, Volume 2, Part 416, Subpart L.

(s) (1) "CDSS" means the California Department of Social Services.

(2) "Service Dog" means a dog that has been trained to meet a physically disabled person's requirements including, but not limited to, minimal protection work, rescue work, pulling a wheel chair, or fetching dropped items.

(3) "Signal Dog" means a dog that has been trained to alert a deaf person or a person whose hearing is impaired, to intruders or sounds.

(4) "Special Needs Allowance" means an allowance provided by the Assistance Dog Special Allowance Program to pay for dog food and other costs associated with an assistance dog's care and maintenance.

(5) "Social Security Disability Insurance” (SSDI) means that program provided for under Title II of the federal Social Security Act (42 U.S.C. Section 401, et seq.)

46-430 SPECIAL NEEDS - FOOD, CARE AND MAINTENANCE FOR ASSISTANCE DOGS (Continued) **46-430**

(6) "Supplemental Security Income" (SSI) means the program provided for under Title XVI of the federal Social Security Act (42 U.S.C. Section 1381, et seq.).

(7) "State Supplementary Program" (SSP) means that program provided for under Division 9, Part 3, Chapter 3 of the Welfare and Institutions Code (commencing with Section 12000).

(t) (1) "Termination" means the removal of a current recipient from ADSA Program.

(u) (Reserved)

(v) (Reserved)

(w) (Reserved)

(x) (Reserved)

(y) (Reserved)

(z) (Reserved)

.2 Eligibility

To be eligible for ADSA benefits, a person must complete the application process and meet all the following conditions:

.21 Reside in the State of California.

.22 Be disabled as defined in Section 46-430.1(b)(1) or 46-430.1(d)(1).

.23 Be using the services of an assistance dog as defined in Section 46-430.1(a)(1).

.24 Be receiving aid or services from one or more of the following programs: SSI, SSP, CAPI, SSDI, or IHSS.

.241 Recipients of SSDI must have income and resources equal to or less than the federal poverty level, as defined in MPP Sections 46-430.1(i)(2) and 46-430.1(r)(1).

.25 Comply with all CDSS application and reporting requirements.

46-430 SPECIAL NEEDS - FOOD, CARE AND MAINTENANCE FOR ASSISTANCE DOGS (Continued) **46-430**

.3 Application

Upon request the Department shall provide an eligibility application.

.31 For recipients of SSI, SSP, CAPI, or IHSS, application shall be made on Form ADSA 1 (Rev. 6/01) to the California Department of Social Services, Assistance Dog Special Allowance Program. The application shall be signed under penalty of perjury.

.32 For recipients of SSDI, application shall be made on Form ADSA 1B (Rev. 6/01) to the California Department of Social Services, Assistance Dog Special Allowance Program. The application shall be signed under penalty of perjury.

.33 Applicants who claim eligibility based on their SSDI status shall provide CDSS with a proof of income statement from the Social Security Administration.

.34 Applicants shall provide any and all information and documentation requested by CDSS in order to verify compliance with Welfare and Institutions Code Sections 12553 and/or 12554.

.35 The Department will approve or deny every application and notify the applicant of the action no more than 30 days after the date the application is received.

.4 Payments

Eligibility begins the first day of the month in which the application is received. If determined eligible, payments shall be made retroactively to the month in which the applicant was first made eligible.

.41 The monthly allowance shall be $50.

.42 (Reserved)

.5 Redeterminations

Eligibility for this allowance shall be redetermined as follows:

.51 Eligibility for this allowance shall be redetermined at least once every twelve months.

.52 Each recipient shall complete and return the ADSA Renewal Application Form ADSA 1A (Rev. 4/01) to CDSS by the due date shown on the form.

46-430 SPECIAL NEED - FOOD, CARE AND MAINTENANCE FOR ASSISTANCE DOGS (Continued) **46-430**

.53 Each recipient shall promptly notify CDSS if he/she:

.531 Ceases to be a recipient of benefits under SSI, SSP, CAPI, SSDI or IHSS.

.532 Ceases using the services of an assistance dog.

.533 Has change in any information provided on the application forms provided to CDSS.

.6 Termination

Recipients , who fail to meet the eligibility requirements as defined in Section 46-430.2, will be terminated from the ADSA Program.

.61 Terminations shall be effective the last day of the month in which it is determined the recipient no longer meets the eligibility requirements for the program.

.62 Notice of Action Denial and Right to Request a State Hearing forms shall be forwarded to the recipient being terminated, along with a new ADSA Application and postage free return envelope.

HANDBOOK BEGINS HERE

.7 County Responsibility

The county welfare department will assist the recipient in completing his/her application for the special allowance when necessary to do so.

HANDBOOK ENDS HERE

NOTE: Authority cited: Sections 10553, 10554, 12500, 12553 and 18943, Welfare and Institutions Code. Reference: Sections 10553, 10554, 12500, 12553 and 12554, Welfare and Institutions Code; Section 1614(a)(2), Title XVI of the Social Security Act; Chapter 9.5 (commencing with Section 7200) of Division 3 of the Business and Professions Code; 42 U.S.C. Section 401, et seq.; and Section 54.1, Civil Code; Division 9, Part 6, Chapter 10.3 of the Welfare and Institutions Code (commencing with Section 18937).

This page is intentionally left blank.

TABLE OF CONTENTS

DIVISION 47 CALWORKS CHILD CARE

	Chapter
The Stage One Child Care Program	47-100
Stage One Child Care Eligibility	47-200
Responsibilities of the County	47-300
Payment for Child Care Services	47-400
Trustline Registry and Health and Safety Requirements	47-600

This page is intentionally left blank.

TABLE OF CONTENTS

CHAPTER 47-100 THE STAGE ONE CHILD CARE PROGRAM

Section

Introduction to the Stage One Child Care Program 47-101

Introduction 1
Intent of the Child Care Program 2
The Goal of the Child Care Program 3
Administration of Stages 4
Child Care Partnerships 5
Stage One Child Care 6
Stage Two Child Care 7
Stage Three Child Care 8
Extent of These Regulations 9

Definitions 47-110

Child Care Request Process 47-120

Child Care Request Method 1
Required Information 2
Approval Process 3

This page is intentionally left blank.

CHAPTER 47-100 THE STAGE ONE CHILD CARE PROGRAM

47-101 INTRODUCTION TO THE STAGE ONE CHILD CARE PROGRAM 47-101

HANDBOOK BEGINS HERE

.1 Introduction

The Thompson-Maddy-Ducheny-Ashburn Welfare-to-Work Act of 1997 (Assembly Bill (AB) 1542, Chapter 270, Statutes of 1997) established the California Work Opportunity and Responsibility to Kids (CalWORKs) Program. CalWORKs replaced the Aid to Families with Dependent Children (AFDC) Program and the Greater Avenues for Independence (GAIN) Program. CalWORKs also replaced a number of separate welfare-related child care programs. These include: GAIN child care, Non-GAIN Education and Training (NET) child care, Cal-Learn Child Care, Supplemental Child Care (SCC), Transitional Child Care (TCC), the California Alternative Assistance Program (CAAP), the At-Risk Child Care Program, and the child care earned income disregard programs.

.2 Intent of the Child Care Program

It is the intent of the Legislature that CalWORKs recipients, and former recipients are connected as soon as possible to local child care resources, make stable child care arrangements, and continue to receive subsidized child care services after they no longer receive aid as long as they require those services and meet the specified eligibility requirements.

In order to move welfare recipients and former recipients from their relationship with county welfare departments to relationships with institutions providing services to working families, it is the intent of the Legislature that families that are former recipients of aid, or are transitioning off aid, receive their child care assistance in the same fashion as other low-income working families.

HANDBOOK CONTINUES

47-101 INTRODUCTION TO THE STAGE ONE CHILD CARE PROGRAM 47-101

HANDBOOK CONTINUES

Therefore, it is the intent of the Legislature that families no longer rely on county welfare departments to obtain child care subsidies beyond the time they are receiving other services from the welfare department. The Legislature intends that counties quickly move recipients out of the first stage of child care after the county determines stability.

In addition, the Legislature intends in enacting this article to provide sufficient funding through an appropriation in the annual Budget Act to fund the estimated cost of providing child care for all individuals who are anticipated to need child care to participate in the welfare-to-work programs and to transition to work.

It is further the intent of the Legislature to ensure that the implementation of Public Law 104-193 does not result in unanticipated outcomes that negatively affect child well-being.

.3 The Goal of the Child Care Program

The goal of the Child Care Program is to provide child care through a seamless system by standardizing child care program requirements under a single three-stage system.

.4 Administration of Stages

Stage One child care is administered by the counties and supervised by the Department of Social Services. Stages Two and Three are administered by Alternative Payment Programs (APP) contracting with the California Department of Education (CDE). California Community Colleges also provide child care services to CalWORKs participants.

HANDBOOK CONTINUES

47-101 INTRODUCTION TO THE STAGE ONE CHILD CARE PROGRAM 47-101
(Continued)

HANDBOOK CONTINUES

.5	Child Care Partnerships	It is the intent of the Legislature that families experience no break in their child care services due to a transition between the three stages of child care. To assure this, the California Department of Social Services (CDSS), CDE and the Chancellor's Office of the California Community Colleges (COCCC) work in collaboration to develop state policy and strategies that will aid in streamlining the program. At the local level, the counties, the Resource and Referral (R&R) Program, the Alternative Payment Program (APP), and the Local Planning Council (LPC) work together to assure that local policies and procedures provide for a smooth transition between the three stages of child care.
.6	Stage One Child Care	Stage One begins upon the entry of a person into the CalWORKs assistance program. A family may receive a child care subsidy for any legal child care chosen by the client.
.7	Stage Two Child Care	Stage Two may begin when child care is available through a local Stage Two program and: the county determines stability; or when a recipient is transitioning off of aid.
.8	Stage Three Child Care	Stage Three begins when a funded space is available for a CalWORKs child care client, a Diversion client, or an employed former CalWORKs client.
.9	Extent of Division 47	Division 47 covers only Stage One child care and transition from Stage One.

HANDBOOK ENDS HERE

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: 42 U.S.C. 9858 et seq.; 42 U.S.C. 9858c(c)(2)(H); AB 1542, Chapter 270, Statutes of 1997; Budget Act: AB 107, Chapter 282, Statutes of 1997, Item 6110-196-0001, Provisions 13 and 14, and Item 6870-101-001, Provision 16(c); Sections 8350 thru 8359.1, and 79202, Education Code; and Section 11323.8, Welfare and Institutions Code.

47-110 DEFINITIONS 47-110

(a) (1) Alternative Payment Program

"Alternative Payment Program (APP)" means an agency that contracts with the California Department of Education, in addition to other activities, to make payments to another agency or child care provider for the provision of child care and development services.

(2) Assistance Unit

"Assistance Unit" means a group of related persons living in the same home who have been determined eligible for CalWORKs cash assistance. [See Section 80-301(a)(9)]

(b) (Reserved)

(c) (1) Child Care

"Child Care" means care and supervision of a child as specified in the California Code of Regulations, Title 22, Division 12, Section 101152c.(2).

(2) Co-payment

"Co-payment" means the amount the client is responsible to pay, if she or he chooses a child care provider who charges a fee higher than the maximum payment rate specified in Section 47-401.1. The co-payment is distinct from the family fee, as defined in Section 47-110(f)(1).

(3) Child Care Provider

"Child care provider" means a person or organization that provides child care services.

(4) Client

"Client" means an applicant for or recipient of CalWORKs cash assistance, a former CalWORKs client, a recipient of diversion payments or services, and/or a Cal-Learn teen, who receives or is eligible to receive child care through the CalWORKs child care program.

(5) Commute Hours

"Commute hours" means the time it takes for the client to travel from the child care provider to the activity or activities for which child care is being provided and from there back to the child care provider.

47-110 DEFINITIONS (Continued) **47-110**

(d) (Reserved)

(e) (1) Eligibility List

"Eligibility List" means a waiting list for admission to state and federally subsidized child development services administered by the California Department of Education.

(2) Exempt from Licensing or License-Exempt

"Exempt from licensing" or "license-exempt" means that a child care provider is not required to obtain a child care license, as specified in the California Code of Regulations, Title 22, Division 12, Sections 101158 and 102358.

(f) (1) Family Fee

"Family fee" means the amount, if any, that the client shall be required to pay towards his or her child care costs, based on the fee schedule established by the State. The family fee is distinct from the co-payment, as defined in Section 47-110(c)(2).

(2) First County

“First County” means the county from which the client will move or has moved.

(3) Former CalWORKs Client

"Former CalWORKs client" means an individual who received cash aid under CalWORKs in the prior 24 months and needs child care to continue his or her employment or fulfill his or her county-approved program activity.

47-110 DEFINITIONS (Continued) **47-110**

(g) (Reserved)

(h) (Reserved)

(i) (1) Intercounty Transfer

"Intercounty Transfer" means the transfer of responsibility for determination and payment of Stage One child care services from one county to another.

(j) (Reserved)

(k) (Reserved)

(l) (1) Licensed Provider

"Licensed Provider" means an individual or organization that has obtained a child care license, as specified in the California Code of Regulations, Title 22, Division 12.

(m) (Reserved)

(n) (Reserved)

(o) (1) Overpayment

"Overpayment" means payments for child care services in excess of the amount which either the client or the child care provider is eligible to receive.

(p) (1) Probation

"Probation" means the period of time that a licensed child care provider is required to comply with specific terms and conditions set forth by the California Department of Social Services (CDSS) in order to stay or postpone the revocation of the provider's license.

(q) (Reserved)

(r) (1) Registration Fee

"Registration Fee" means a one-time or periodic service or application fee charged by a child care provider.

(2) Resource and Referral Program

"Resource and Referral Program (R & R)" means a program that provides information and referrals for child care, information and referrals for community services, and coordination of community resources.

47-110 DEFINITIONS (Continued) **47-110**

(3) Revocation — "Revocation" means an administrative action taken by the CDSS to void or rescind the license of a child care provider due to serious or chronic violations by the provider.

(s) (1) Second County — "Second County" means the county to which the client will move or has moved to make his/her home.

(t) (1) Temporary Suspension Order (TSO) — "Temporary Suspension Order" means an administrative action taken by the CDSS that immediately suspends a child care provider's license for a limited period of time.

(u) (1) Underpayment — "Underpayment" means payments for child care services that are less than the amount which either the client or the child care provider is eligible to receive.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: 42 U.S.C. 9858 et seq.; 42 U.S.C. 9801 Note (b)(4); 42 U.S.C. 9858c(c)(2)(H); 42 U.S.C. 9858c(c)(2)(A) and (c)(5); 42 U.S.C 9858e; 42 U.S.C. 9858n; 45 CFR 98.15(a)(3); 45 CFR 98.20(b)(3); 45 CFR 98.30; 45 CFR 98.42; Sections 8208, 8208.1, 8212, 8263, 8264, 8354 and 8357, Education Code; Sections 1569.773, 1596.792, and 1596.886, Health and Safety Code; Sections 11320.3, 11323.2, 11323.4, and 11324, Welfare and Institutions Code; Budget Act: AB 107, Chapter 282, Statutes of 1997, Item 6110-196-0001, Provision 9, and Item 6870-101-001, Provision 16(c).

47-120 CHILD CARE REQUEST PROCESS **47-120**

.1 Child Care Request Method — The client may request Stage One child care from a CalWORKs worker either verbally or in writing upon entry into the CalWORKs assistance program or at any subsequent time.

.11 Verbal Request — When a Client makes a verbal request for child care, the county shall document the request, provide a copy of the documentation to the person responsible for processing child care requests who retains a copy in the child care case file, and provide or mail a written confirmation to the client.

.111 Date of Request — The date of the request is the date the county receives the client's verbal request.

47-120 CHILD CARE REQUEST PROCESS (Continued) **47-120**

.12 Written Request

A written request may include, but is not limited to, the county's child care request form, a notation on the informing notice, the eligibility/status report, or a letter from a client.

.121 Client Responsibility

The client shall deliver or mail the written request to the county.

.122 County Responsibility

Upon the receipt of a written request, the county shall date stamp the request, retain a copy in the case file, provide a copy to the person responsible for processing child care requests who retains a copy in the child care case file, and provide or mail a written confirmation to the client.

.123 Date of Request

The date of request shall be determined as follows:

(a)

If the client hand delivers the written request, the date of the request shall be the date stamped by the county.

(b)

If the client mails the request, the date of the request shall be the date postmarked on the envelope. The county shall retain a copy of the envelope in the case file. If the request date cannot be determined by the postmark, the date of the request shall be three days prior to the date stamped by the county.

.2 Required Information

The county shall inform clients that the following information must be received in order to process their child care request:

.21 Client Information

Client information as specified in Section 47-320.2; and

.22 Provider Information

Provider information as specified in Section 47-260.

47-120 CHILD CARE REQUEST PROCESS (Continued) **47-120**

.23 County Responsibility — The county shall assist the client as needed in obtaining the necessary information to determine eligibility.

.3 Approval Process

.31 Processing Time Frame — The county shall process the child care request and determine the eligibility of the client and child care provider within ten calendar days of receiving the information specified in Section 47-120.2.

.311 Denial of Request — If the county has not received the required information from the client and/or the child care provider within 30 calendar days, the county may deny the child care request.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Section 11323.3, Welfare and Institutions Code.

This page is intentionally left blank.

TABLE OF CONTENTS

CHAPTER 47-200 STAGE ONE CHILD CARE ELIGIBILITY

	Section
Eligible Children	47-201
Eligible Child	.1
Age Requirements	.2
Other Age Requirements	.3
Eligible Clients	47-220
Current Recipient of CalWORKs Cash Assistance	.1
Stage One Clients	.2
Other Stage One Clients	.3
Two-Parent Families	.4
Eligible Former CalWORKs Clients	47-230
Child Care Services for Former CalWORKs Clients	.1
Income Eligibility	.2
Calculation of Family Fee for Stage One Clients	47-240
Calculation of Family Fee for Stage One Clients	.1
Eligible Providers	47-260
Eligible Child Care Provider Requirements	.1
Trustline-Exempt Child Care Providers	.2
Parental Choice	.3
Eligible Child Care Provider Limitations	.4
License-Exempt Provider Information	.5

This page is intentionally left blank.

CHAPTER 47-200 STAGE ONE CHILD CARE ELIGIBILITY

47-201 ELIGIBLE CHILDREN 47-201

.1 Eligible Child — A child that is eligible to receive Stage One child care services shall:

.11 Assistance Unit Members — Be a member of the assistance unit; or would be a member of the assistance unit but for the receipt of foster care benefits or Supplemental Security Income/State Supplemental Program (SSI/SSP) benefits; or be the child of a Cal-Learn Participant; or be a member of a family with a former CalWORKs client who has become employed.

.12 Non-Assistance Unit Members — Be a child that is:

.121 Membership — Not in the assistance unit;

.122 Effect on Participation — One for whom the lack of child care would result in the client not being able to participate in approved CalWORKs or Cal-Learn activities or employment; and

.123 Responsibility for Child — One whom the client is responsible to support.

HANDBOOK BEGINS HERE

.124 Example 1 — A single parent requests CalWORKs Stage One child care both for her children and her sister's unaided children who are residing with her while her sister is in jail. The children's father is absent. In this case the sister's children meet the requirement in Section 47-201.123, that is, children whom the client is responsible to support.

.125 Example 2 — A single parent requests CalWORKs Stage One child care both for her children and the children of her unaided unmarried boyfriend living in the home. The unmarried boyfriend is employed. He is unable to provide care for his children during his hours of employment. In this case the boyfriend's children do not meet the requirement in Section 47-201.123, that is, children whom the client is responsible to support.

HANDBOOK ENDS HERE

47-201 ELIGIBLE CHILDREN (Continued) **47-201**

.2 Age Requirements

The child shall not exceed the age specified in Section 42-101 and shall be:

.21 Age Limit

10 years of age or younger; or

.22 Disabled

11 years of age or older and require child care or supervision because she or he is physically or mentally incapable of caring for herself or himself based on a written statement of a physician or licensed or certified psychologist or receipt of SSI/SSP; or

.23 Court Supervision

11 years of age or older and be under court supervision as specified in Welfare and Institutions Code Section 300, 301, 601 or 602.

.3 11 –and 12 – Year Old Children

11 – and 12- year- old children may receive services to the extent funds are available.

.31 Children with Disabilities

The following section on the preferred placement for 11- or 12–year-old children does not apply to 11- or 12 year old children with disabilities per Education Code Section 8263.4.

HANDBOOK BEGINS HERE

.311

This section does not apply to 11- or 12-year-old children with disabilities, including a child with exceptional needs who has an individual education plan as required by the Individual with Disabilities Education Act (20 U.S.C Section 1400), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. Section 794), or Part 30 Sections 56000 through 56885) of the Education Code.

HANDBOOK ENDS HERE

.32 Preferred Placement

The preferred placement for 11-and 12-year-old children is in a before or after school program as specified by Education Code Section 8263.4.

47-201 ELIGIBLE CHILDREN (Continued) **47-201**

HANDBOOK BEGINS HERE

.321 Children who are 11 or 12 years of age shall be eligible for subsidized child care services only for the portion of care needed that is not available in a before or after school program.

Families may combine care provided in a before or after school program with subsidized child care in another setting, for those hours within a day when the before or after school program does not operate, in order to meet the child care needs of the family.

.322 Children who are 11 or 12 years of age, who are eligible for and who are receiving subsidized child care services, and for whom a before or after school program is not available, shall continue to receive subsidized child care services.

HANDBOOK ENDS HERE

.33 Notification and Certification

The CWD must provide a notification and certification form as developed by the Department of Education pursuant to Education Code Section 8263.4(d) to families with children who are at least 10 years and 10 months old stating that the preferred placement is in a before or after school program. In the event that a child is beyond his/her 11th birthday at the time child care services are requested, the CWD must provide the notification and certification form to the family at the time of the request.

If a before or after school program does not meet the family's needs, the parent is to complete, sign and return the notification and certification form to the CWD by the child's 11th birthday. After the child's 11th birthday, a before or after school program shall be considered available until such time as the parent returns the certification form.

47-201 ELIGIBLE CHILDREN (Continued) **47-201**

.34 Program Not Available

A before or after school program shall be considered not available when a parent certifies in writing, on a form provided by the CWD, any reason or reasons as specified in Education in Education Code Section 8263.4(d) as determined by the parent, why the before or after school program does not meet the child care needs of the family.

.35 Priority to Return

The priority for 11-and 12-year-old children to return to subsidized child care is specified by Education Code Section 8263.4 as follows:

HANDBOOK BEGINS HERE

.351

Families that move their 11-or 12-year-old child from subsidized care to a before or after school program have priority to return to subsidized child care if the child is disenrolled from the before or after school program or the program no longer meets the child care needs of the family.

HANDBOOK ENDS HERE

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: 42 U.S.C. 609(a)(3); 45 CFR 98.20(a)(1)(ii); Sections 10540.5, 10544, 11320.3, and 11323.2, Welfare and Institutions Code; and Section 8263.4, Education Code.

47-220 ELIGIBLE CLIENTS 47-220

.1 Current Recipient of CalWORKs Cash Assistance	Current CalWORKs recipients are eligible to receive CalWORKs child care because the participant receives CalWORKs cash assistance.
.2 Stage One Clients	Child care shall be paid for every client when the following conditions are met:
.21 Required Activities	A client is participating in the following activities:
.211 Working	Working, and/or;
.212 Welfare-to-Work Activity	Participating in a county-approved welfare-to-work activity; or
.213 Other Approved Activity	Participating in another activity approved by the county including, but not limited to, job search and assessment or participating as a volunteer.
.22 Availability of Care	There is no parent, legal guardian, or adult member of the assistance unit living in the home who is able and available to provide care.
.3 Other Stage One Clients	Stage One child care shall also be paid for the following individuals:
.31	Reserved
.32 Clients During Penalty/Sanction Months	Stage One clients who are being penalized or sanctioned, as long as they are working or participating in county-approved activities.

47-220 ELIGIBLE CLIENTS (Continued) **47-220**

HANDBOOK BEGINS HERE

.33	Former CalWORKs Clients Who Have Become Employed	Former CalWORKs clients who have become employed are eligible for child care services in Stage Three.
.331	Child Care Services for Former CalWORKs Clients in Stage Two	If child care is not available in Stage Three, former CalWORKs clients receive child care services in Stage Two.

HANDBOOK ENDS HERE

.332	Child Care Services for Former CalWORKs Clients in Stage One	Former CalWORKs clients shall receive child care services in Stage One when child care services are not available in Stage Two or Three child care.

HANDBOOK BEGINS HERE

.34	Clients Receiving Lump-Sum Diversion Payments or Services in Stage Three	Clients receiving Lump-Sum Diversion Payments or Services, as specified in Section 81-215, are eligible for child care services in Stage Three. If Stage Three child care or other subsidized child care is not available, diversion clients may be served in Stage Two child care.
.341	Lump-Sum Diversion Payment that Includes Child Care	The lump-sum diversion payment may include funds to cover child care services during the period of diversion as specified in Section 81-215.

HANDBOOK ENDS HERE

.4	Two-Parent Families	Two-parent families, even if they do not meet the 55 hours of participation per week in CalWORKs activities shall receive child care services, if otherwise eligible.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: 42 U.S.C. 601 et seq., 42 U.S.C. 607(c)(1)(B)(ii); 42 U.S.C. 609(a)(3); 42 U.S.C. 9858i(a)(2)(A); 42 U.S.C. 9801 Note (b)(4); Sections 8263, 8350.5, 8351(c), 8353, 8354 and 8357, Education Code; Sections 10540, 10544, 11265.2, 11266.5, 11320.3, 11322.8, 11323.2 and 11323.8, Welfare and Institutions Code.

47-230 ELIGIBLE FORMER CALWORKS CLIENTS 47-230

.1 Child Care Services for Former CalWORKs Clients	Former CalWORKs clients shall receive Stage One child care if:
.11 Availability of Child Care	Child care services are not available in Stages Two or Three, and
.12 Eligibility	The client meets the requirements of Sections 47-220.2 through 47-220.213, and
.13 Income and Family Size	The family meets the requirements of Education Code Sections 8263 and 8263.1, and
.14 Time Limits	Not more than 24 months have elapsed since the client left cash aid.
.141 Application of Time Limit	The 24-month limit applies to each instance of leaving cash aid.
.142 Applicability to Stage One and Stage Two	Child care services in Stage One and Stage Two combined shall not exceed 24 months after leaving cash aid.
.143 Applicability to Other Eligibility Requirements	The 24-month limit shall apply unless the client becomes otherwise ineligible within the 24-month period.
.144 Applicability to Stage Three	This 24-month limit shall not limit eligibility for child care services in Stage Three.
.2 Income Eligibility	Former CalWORKs clients shall be eligible for Stage One child care services if monthly income, adjusted for family size, does not exceed 70 percent of the State Median Income, as specified in Education Code Section 8263.1(a).

47-230 ELIGIBLE FORMER CALWORKS CLIENTS (Continued) 47-230

HANDBOOK BEGINS HERE

.21 Income Eligibility

To assist with eligibility determination as required by Sections 47-230.13 and 47-230.2 above, those definitions used by the Department of Education cited above are included in this handbook section for the convenience of the user. Education Code Section 8263.1(a) provides that: For purposes of this chapter, "'income eligible' means that a family's adjusted monthly income is at or below 70 percent of the state median income, adjusted for family size, and adjusted annually." The statute also provides that the income of recipients of Federal Supplemental Security Income and State Supplemental Program (SSI/SSP) benefits shall not be included as income.

.211 Eligible Family Income

Department of Education regulations define family income for the child care programs in California Code of Regulations, Title 5, Sections 18078(a), (g), and (l), as follows:

HANDBOOK CONTINUES

47-230 ELIGIBLE FORMER CALWORKS CLIENTS (Continued) **47-230**

HANDBOOK CONTINUES

(a)	Adjusted Monthly Income		Section 18078(a) - "'adjusted monthly income' means total countable income minus verified child support payments paid by the parent whose child is receiving child development services. Except for child support payments paid by the parent, monthly income shall not be adjusted because of voluntary or involuntary deductions. When income fluctuations occur, the adjusted monthly income shall be computed by averaging the total adjusted income received during the twelve (12) months immediately preceding the month in which the application for services is signed;"
(b)	Income Fluctuation		Section 18078(g) - "'income fluctuation' means income which varies because of income such as bonuses, commissions, overtime, lottery winnings or migrant agricultural work or other seasonal employment;" and
(c)	Total Countable Income		Section 18078(l) - "'total countable income' means income that does not include the following;"
	(1)	Earnings of a Minor	"(1) Earnings of a child under age eighteen (18) years;"
	(2)	Monies not for Living Expenses	"(2) Loans, grants, and scholarships obtained under conditions that preclude their use for current living costs;"
	(3)	Student Grants and Loans	"(3) Grants or loans to students for educational purposes made or insured by a state or federal agency;"
	(4)	Work Allowances	"(4) Allowances received for uniforms or other work required clothing, food and shelter;"
	(5)	Self-Employment Expenses	"(5) Business expenses for self-employed family members."

HANDBOOK ENDS HERE

47-230 ELIGIBLE FORMER CALWORKS CLIENTS (Continued) **47-230**

.22 SSI/SSP Income

The income of a recipient of federal Supplemental Security Income and State Supplemental Program (SSI/SSP) benefits shall not be counted as income for the purposes of calculating the amount of the family fee.

HANDBOOK BEGINS HERE

.221 Family Fee

The fee schedule for families using child care and development services is that established by the Superintendent of Public Instruction and published by the California Department of Education (CDE) as required by the Education Code. Section 8263(f) of the Education Code provides as follows: "The superintendent shall establish a fee schedule for families utilizing child care and development services pursuant to this chapter. The income of a recipient of federal supplemental security income benefits pursuant to Title XVI of the Federal Social Security Act (42 U.S.C. Sec. 1381 et seq.) and state supplemental program benefits pursuant to Title XVI of the Federal Social Security Act and Chapter 3 (commencing with Section 12000) of Part 3 of Division 9 of the Welfare and Institutions Code shall not be included as income for the purposes of determining the amount of the family fee...."

.23 Family Size

For purposes of administering general child care programs, the Department of Education defines family size in California Code of Regulations, Title 5, Sections 18100(a) and (b) as follows:

.231 Related Adults

Section 18100(a) - "Family size shall be determined by the number of adults and children related by blood, marriage, or adoption who comprise the household in which the child is living."

.232 Other Adults in the Home

Section 18100(b) - "When an adult living in the household is neither the parent of the child nor the spouse of the parent, the adult and the adult's children, if any, shall be excluded from the calculation of family size."

HANDBOOK ENDS HERE

47-230 ELIGIBLE FORMER CALWORKS CLIENTS (Continued) **47-230**

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: 42 U.S.C. 9858c(c)(5); 42 U.S.C. 9858n(4)(B); 45 CFR 98.20(a)(2); 45 CFR 98.42; Sections 8351, 8263, and 8263.1, Education Code; Sections 11323.2 and 11450.12, Welfare and Institutions Code; Budget Act: AB 107, Chapter 282, Statutes of 1997, Item 6110-196-0001, Provisions 13 and 14.

47-240 CALCULATION OF FAMILY FEE FOR STAGE ONE CLIENTS 47-240

.1	Calculation of Family Fee for Stage One Clients	For purposes of calculating the amount of the family fee, family size and income shall be determined pursuant to the requirements of Education Code Section 8263. The requirements for determining family income are summarized in Sections 47-230.21 through 47-230.211(c)(5) above. The requirements for determining family size are summarized in Sections 47-230.22 through 47-230.232 above.
.2	Calculation of Family Fees for Stage One Clients Receiving CalWORKs Cash Aid	Families receiving CalWORKs cash aid shall not be required to pay a family fee.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Sections 8263, 8263.1, and 8447(g), Education Code.

47-260 ELIGIBLE PROVIDERS 47-260

.1	Eligible Child Care Provider Requirements	The child care provider shall meet all of the following requirements:
.11	18 years or Older	Be 18 years old or older.
.12	Licensing Requirement	Have a child care license or be exempt from child care licensing requirements, as specified in the California Code of Regulations, Title 22, Division 12, Chapter 1.
.13	Health and Safety Requirement	Meet or be exempt from health and safety requirements, as specified in Section 47-630, Health and Safety Requirements for License-Exempt Child Care Providers.

47-260 ELIGIBLE PROVIDERS (Continued) 47-260

.14 Trustline Requirement

A license-exempt child care provider shall be a registered Trustline child care provider as defined in Health and Safety Code Section 1596.605(b)(1) or be exempt from Trustline Registry, as specified in Section 47-260.2. A license-exempt provider required to be a registered Trustline child care provider shall not receive a subsidized payment until Trustline registration has occurred.

A license-exempt provider, who has a Trustline application pending February 1, 2008, may continue to receive a subsidized payment for providing child care services until such time as their Trustline application is denied or their Trustline case file is closed.

.2 Trustline-Exempt Child Care Provider

The following are exempt from Trustline:

.21

Aunts, uncles, grandparents, of the child(ren) in care by blood, marriage or court decree.

.211 Court Decree

Court decree includes, but is not limited to, adoptions or other court orders impacting family relationships.

.212 Declaration of Relationship

Counties shall obtain a self-certification declaration that substantiates the relationship of the exempt provider to the child(ren).

.22 School or Recreation Program Exempt from Trustline

A public recreation program as defined in Health and Safety Code Section 1596.792 or a public or private school.

.3 Parental Choice

Clients shall have choice in selecting child care providers. Licensed child care and child care exempt from licensure are valid parental choices of care for all clients of the Stage One child care program.

.4 Eligible Child Care Provider Limitations

Payment shall not be made for child care services when care is provided by parents, legal guardians, or members of the assistance unit.

47-260 ELIGIBLE PROVIDERS 47-260
(Continued)

.5 License-Exempt Provider Information

If the county or a contractor pays for child care services to a license-exempt provider, all of the following information about the license-exempt provider shall be on file with the county or the contractor:

.51 Name, Address, and Telephone Number

The name, address and, if available, a telephone number of the child care provider.

.52 Where Care is Provided

The address and, if available, a telephone number where child care is to be provided.

.53 Hours of Care and Charges

The hours child care is to be provided and the charge for this care.

.54 Social Security Number

Social Security Number. Provision of the social security number is mandatory to enable the county to comply with the federal reporting requirements for an unduplicated count of child care providers under the Child Care and Development Fund. The county shall inform the provider that provision of the social security number is mandatory, and the uses that will be made of this number.

.55 Character Reference

The names, addresses, and telephone numbers of two character references.

.56 Identification

A copy of a valid California driver's license or other identification to establish that the child care provider is at least 18 years old.

.57 Required Statement

A statement from the provider as to her or his health education, experience or other qualification, criminal record, and names and ages of other persons in the home or providing child care.

.58 Relationship

Relationship of the child care provider to each eligible child.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: 42 U.S.C. 9858i(a)(2)(A); 42 U.S.C. 9858c(c)(2)(A)(ii) and (c)(2)(H); 42 U.S.C. 9858n; 45 CFR 98.30; Section 76 of the Privacy Act of 1974 (5 U.S.C. Section 552a Note); Sections 8208.1, 8212, 8216, 8357, and 8358(a), Education Code; Sections 1596.60, 1596.605, 1596.67, 1596.792 and 1596.871, Health and Safety Code; Sections 11320.3 and 11324, Welfare and Institutions Code.

This page is intentionally left blank.

TABLE OF CONTENTS

CHAPTER 47-300 RESPONSIBILITIES OF THE COUNTY

	Section
Administration of Child Care Services	47-301
County Welfare Department Responsibility	.1
Informing Notice Requirement	.2
Referral for Child Care Services	.3
Information Sharing	.4
Transitioning Clients	.5
Placement on Eligibility Lists for Subsidized Child Care	.6
Referral Priority for Stages Two and Three	.7
Contracts to Provide Stage One Child Care	.8
Information Collection	47-320
County Responsibility	.1
Client Responsibility	.2

This page is intentionally left blank.

CHAPTER 47-300 RESPONSIBILITIES OF THE COUNTY

47-301 ADMINISTRATION OF CHILD CARE SERVICES 47-301

.1 County Welfare Department Responsibility

Counties shall inform clients of the availability of child care subsidies. Counties shall ensure that clients have access to child care subsidies whenever the need for child care occurs as a result of employment or participation in any county-approved activities.

.2 Informing Notice Requirement

The county shall provide the client with an informing notice that informs the individual of the availability of Stage One child care.

HANDBOOK BEGINS HERE

.21

The county is encouraged to also inform families orally of the availability of child care subsidies.

HANDBOOK ENDS HERE

.22 Informing Notice Content

The informing notice for Stage One child care shall contain the following information:

(a)

A statement that as of February 1, 2008, license-exempt child care providers, except those who are Trustline-exempt as specified in Section 47-260.2, must be registered with Trustline before subsidized payment for child care services can be made. Counties or contracted payment agencies shall not be permitted to begin payments until the license-exempt provider is a registered Trustline child care provider;

(b)

A statement that the client who selects a license-exempt provider who is required to be registered and is granted Trustline registration shall receive retroactive payment for up to the first 120 calendar days from the date child care services were requested and services were provided;

47-301 ADMINISTRATION OF CHILD CARE SERVICES (Continued) **47-301**

(c) A statement that the client is required, no later than the first day child care services began, to instruct the license-exempt provider of choice to submit a completed Trustline application, including fingerprints, and a Health and Safety certification within seven calendar days or as soon as possible;

HANDBOOK BEGINS HERE

(1) To facilitate timely retroactive payments, the provider should submit a completed Trustline Application package and a Health and Safety Certificate as soon as possible.

(2) A completed Trustline application package means that all fields on the application are completed and fingerprints have been submitted.

HANDBOOK ENDS HERE

(d) A statement that child care payments in CalWORKs Stage One shall not be made for services provided by a licensed or Trustline-exempt child care provider, or a child care provider that is an existing registered Trustline provider more than 30 calendar days prior to the client's request for child care and that the client is responsible for any child care services received prior to this period;

(e) A statement that the client is eligible for CalWORKs Stage One child care while he or she works or participates in approved welfare-to-work activities, including participating as a volunteer, to the extent that he/she meets the eligibility criteria;

(f) A statement that in order to receive paid child care, the client shall request child care from the worker, provide the information specified in Sections 47-320.2 and 47-260 to the worker within 30 calendar days to determine eligibility and be determined eligible. If the client and/or child care provider do not provide the required information within 30 calendar days, the child care request may be denied;

47-301 ADMINISTRATION OF CHILD CARE SERVICES (Continued) **47-301**

(g) A statement that the child care provider has to meet certain requirements and that the client is responsible for any child care services received if the child care provider is determined ineligible;

(h) A statement that the client shall be responsible for informing the county of their need for Stage One child care as soon as the need arises and each time they change child care providers;

(i) A statement that the client may use the informing notice to request child care if they need it at the time they receive the notice. The informing notice shall include a space for the client to indicate whether or not they need child care;

(j) A statement that the client may request assistance from the county to find and choose a child care provider. The informing notice shall include the name, address and phone number of the local child care resource and referral agency;

(k) A statement that the client shall be responsible for informing the county within 30 calendar days from the first and any subsequent child care provider in order to receive payment for the services provided;

(l) A statement that the client may request assistance from their worker if he or she has any questions or needs additional information. The informing notice shall include the worker's name and telephone number; and

(m) A statement that the client has read and understands the informing notice.

.23 The informing notice shall be provided each time the client:

.231 Applies for CalWORKs cash assistance and at annual redetermination;

47-301 ADMINISTRATION OF CHILD CARE SERVICES (Continued) **47-301**

.232 Signs an original welfare-to-work plan; and

.233 Signs an amended welfare-to-work plan.

.24 The county shall provide the client with the county's child care request form upon request.

HANDBOOK BEGINS HERE

.25 To ensure that the client is reminded of the availability of Stage One child care, the county may provide the informing notice to the client at any point in time, including the following:

.251 Along with the mailing of the eligibility/status report;

.252 When the county issues a warrant;

.253 When a Notice of Action is sent out to the client, especially one related to an increase in income; or

.254 Each time the client has contact with the county welfare office or worker on any other matter.

HANDBOOK ENDS HERE

.26 Client Responsibility The client shall sign and return the informing notice to the county when the informing notice is provided as required by Section 47-301.23.

.27 County Responsibility When the client returns the informing notice, the county shall date stamp the notice, retain a copy in the case file, provide a copy to the child care worker, and provide a copy to the client.

.271 Refusal to Sign/Return If the client refuses either verbally or in writing to sign and/or return the informing notice, the county shall document the refusal. A documented refusal shall have the same effect as a signature.

(a) Failure to sign an informing notice that has been mailed to a client does not in itself constitute a refusal to sign the notice.

47-301 ADMINISTRATION OF CHILD CARE SERVICES (Continued) **47-301**

.28	Former CalWORKs Clients	Former CalWORKs clients who receive child care services in Stage One shall receive and sign the informing notice at least annually.
.3	Referral for Child Care Services	The county shall refer clients needing child care services to the local child care resource and referral program.

HANDBOOK BEGINS HERE

.31	Local Resource and Referral Responsibility	The local resource and referral program assists families in establishing stable child care arrangements as soon as possible. These include licensed and license-exempt care.
.32	Colocation of Local Resource and Referral Staff	Local Resource and Referral staff are required to colocate with the county's case management offices or arrange other means of swift communication with parents and case managers.

HANDBOOK ENDS HERE

This page is intentionally left blank.

47-301 ADMINISTRATION OF CHILD CARE SERVICES (Continued) **47-301**

.4 Information Sharing

The county shall provide information about the client to the agency administering Stage Two or Three child care to establish eligibility for child care services and to allow the agency to provide child care to the family. This information may be shared with other entities not administering the program when the client has consented in writing that the information may be released.

HANDBOOK BEGINS HERE

.41 Confidentiality

AB 1542, Chapter 270, Statutes of 1997, did not change the confidentiality provisions in Welfare and Institutions Code Section 10850. All client information is kept confidential and is not open to examination except for purposes directly connected with the administration of public social services, or as otherwise authorized. Alternative Payment Programs (APP), Resource and Referral Programs and child care providers are an integral part of Stage One child care service delivery. Client confidentiality would not be violated as long as the communication with any of these entities is directly related to providing Stage One child care services, or transition to Stage Two or Stage Three. In exchanging client information for purposes of administering the seamless child care program, each of these agencies are bound by the same confidentiality requirements.

HANDBOOK ENDS HERE

.5 Transitioning Clients

The counties shall manage a client's transition from Stage One to Stage Two or Stage Three when the county determines that the family's situation is stable. The client's child care shall continue in Stage One until child care is provided in Stages Two or Three, unless the family is otherwise ineligible.

47-301 ADMINISTRATION OF CHILD CARE SERVICES (Continued) 47-301

.51 Stage One Time Limit

A client shall be served in Stage One for a maximum of six months unless the family's situation is not stable, or child care is not available in Stage Two or Three.

.52 Extension of Six-Month Time Limit

The county shall extend the six-month time limit if the county has not determined stability or if child care is not available in Stage Two or Stage Three.

HANDBOOK BEGINS HERE

.6 Placement on Eligibility Lists for Subsidized Child Care

Stage One clients should be referred for placement on eligibility lists for CDE subsidized child care as soon as possible.

.7 Referral Priority for Stages Two and Three

Former CalWORKs clients should be referred for transition to Stage Two and Stage Three eligibility lists before the county refers other Stage Two or Three eligible clients.

HANDBOOK ENDS HERE

.8 Contracts to Provide Stage One Child Care

The county shall have the option to contract with public or private child care agencies to provide any or all of the Stage One services.

.81 Compliance with Regulations

Public or private child care agencies, including those that contract with the county to provide Stage One child care services shall comply with Division 47.

.9 Administrative Actions - Licensed Child Care Providers

.91 Temporary Suspension Order (TSO) or Revocation of Child Care License

When the county is notified by the R&R program that a licensed child care provider's license has been temporarily suspended or revoked, the county shall do the following within two business days:

.911

Terminate payment to the child care provider as of the effective date of the TSO or license revocation; and

47-301 ADMINISTRATION OF CHILD CARE SERVICES 47-301
(Continued)

.912 Inform the parents and the child care provider in writing that the payment has been terminated and the reason for the termination.

.92 Probationary Status

When the county is notified by the R&R program that a licensed child care provider's license has been placed on probation, the county shall do the following within two business days:

Inform the parents in writing that their child care provider has been placed on probation and that they have an option to locate alternate child care arrangements or remain with the provider without risk of subsidy payments being terminated.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: 42 U.S.C. 9801 Note (b)(4); 42 U.S.C. 9858e; 45 CFR 205.50; 45 CFR 98.51(a)(2)(i); Sections 8212, 8350, 8351, 8352, 8354 and 8358.5, Education Code; and Sections 10540, 10850, 11323.3, 11323.4(f) and 11323.8, Welfare and Institutions Code; Section 1596.605, Health and Safety Code.

47-310 INTERCOUNTY TRANSFERS 47-310

.1 First County

Upon notification of the CalWORKs Child Care client transferring to a new county, the first county shall:

.11 Inform Clients

Inform the client in writing of the responsibility to apply for child care in the second county and the payment responsibility information specified in Section 47-310.3 in order to avoid a break in child care services.

.2 Second County

The second county shall:

.21 Establish a Child Care Case

Establish a child care case as soon as the client applies for and meets the child care eligibility requirements as specified in Section 47-220, regardless of the status of the cash aid transfer.

47-310 INTERCOUNTY TRANSFERS (Continued) **47-310**

HANDBOOK BEGINS HERE

.211 Cash Aid Determination

If cash aid is approved, the client receives child care as a current CalWORKs client.

If cash aid is denied, the client receives child care as a former CalWORKs client as defined in Section 47-110(f)(3), if otherwise eligible.

HANDBOOK ENDS HERE

.22 Make Appropriate Referral

Refer the child care case to the responsible agency as provided in Section 47-301.5, if the second county determines that the client is eligible for Stage Two or Stage Three child care.

.23 Availability of Stages

Provide child care in Stage One until child care is provided in Stage Two or Three, as provided by Section 47-301.5, unless the family is otherwise ineligible.

.3 Change in Payment Responsibility

There shall be no delay in child care payments when the county receives from the client the necessary child care payment information specified in Section 47-420.21.

.31 When Changing Providers

When the client moves and is changing providers:

.311 First County

The first county shall pay for child care through the last day the existing provider provides services.

.312 Second County

The second county shall become responsible to pay child care to the new provider regardless of the completion of a cash aid transfer period.

47-310 INTERCOUNTY TRANSFERS (Continued) **47-310**

HANDBOOK BEGINS HERE

.313	Cash Aid Transfer Period as Specified in Section 40-187.16	The period of time in which the second county determines eligibility and the first county remains responsible for payment of aid.

HANDBOOK ENDS HERE

.32	When Not Changing Providers	When the client moves and does not change providers:
.321	On Cash Aid	The first county shall continue to pay for child care until the cash aid transfer period is completed, or sooner with mutual agreement between both counties.
.322	Off Cash Aid	The first county shall continue to pay for child care for up to 30 days from the date the client moves out of the county, at which time the second county assumes responsibility for payment.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Sections 10553 and 10554, Welfare and Institutions Code; and Section 40-187, CDSS Manual of Policies and Procedures.

THIS PAGE IS INTENTIONALLY LEFT BLANK

47-320 INFORMATION COLLECTION 47-320

.1	County Responsibility	The county shall obtain from the client information to determine child care eligibility and process payments for child care services. (See Section 40-126.35)
.2	Client Responsibility	The following information shall be provided by the client:
.21	Child's Identifying Information	Name, age, date of birth, ethnic origin and gender of each child requiring care.
.22	School Hours	School hours of each child, if applicable.
.23	Hours of Care	Hours of care needed for each child.
.24	Provider Information	Name, address and, if available, a telephone number of the child care provider selected by the client.
.25	Child's Disability	Information needed to obtain verification as specified in Section 41-430.2 about any child 11 years of age or older for whom care is requested due to a physical, mental or developmental disability or other similar condition.
.26	Court Supervision	Information about any child 11 years of age or older for whom care is requested because the child requires care or supervision because she or he is under court supervision.
.27	Change in Family Size and Composition	Information about changes in family size and composition when an absent parent of a child receiving child care moves into the home or another child moves into the home, including newborns; or
.28	Change in Family Income	Information about changes in income that result in the family income reaching or exceeding the family fee thresholds provided in the Family Fee Schedule established by the Superintendent of Public Instruction pursuant to Education Code Section 8263. (See Handbook Section 47-401.8). Information about changes in income that reduce or eliminate the family fee shall also be reported.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: 42 U.S.C. 9858i(a)(2)(A) and (a)(2)(E); 45 CFR 98.20(a)(1)(ii); 45 CFR 98.71(a) and (b); Sections 8208.1, 8263, 8352 and 8357, Education Code; Sections 11054 and 11323.2, Welfare and Institutions Code.

This page is intentionally left blank

TABLE OF CONTENTS

CHAPTER 47-400 PAYMENT FOR CHILD CARE SERVICES

Section

Child Care Payment Limits 47-401

Maximum Payment Rate 1
Payment Limits 2
Co-Payment 3
Hours of Care 4
Exceptions to Hours of Care 5
Registration Fee 6
Family Fees 7
Family Fee Schedule 8
Services Provided During Other Periods of Nonparticipation 9

Payment of Child Care Costs 47-420

Child Care Payments to Providers 1
Child Care Payments to Clients 2
Notices for Payment 3
Denial of Payment 4

Retroactive Payments 47-430

Intent 1
Retroactive Payment Limit 2
Former CalWORKs Clients 3

Overpayments and Underpayments 47-440

Overpayments and Underpayments 1

This page is intentionally left blank.

CHAPTER 47-400 PAYMENT FOR CHILD CARE SERVICES

47-401 CHILD CARE PAYMENT LIMITS 47-401

.1 Maximum Payment Rate

The maximum payment rate for all Stage One child care shall be consistent with the rate established by the California Department of Education and as specified by the Budget Act of 2006, Chapter 47 Statutes of 2006, Item 6110-196-0001, Provision 2(b).

HANDBOOK BEGINS HERE

.11

The maximum payment rate for all child care costs shall be up to the 85th percentile of the market rates charged by providers who offer the same type of child care for the same age child in the region where care is provided.

.12

Refer to the California Code of Regulations, Title 5, Division 1, Chapter 19, Subchapter 2.5, Sections 18074 to 18076.3 for the Utilization of the Regional Market Rate Ceiling.

HANDBOOK ENDS HERE

.13 Payment Basis

Counties shall calculate payments for child care on a monthly basis, weekly basis, daily basis or hourly basis, depending on the client's needs and the contractual terms used by the child care provider to charge other members of the public receiving the same services.

.2 Payment Limits

Payment for Stage One child care services shall not exceed the fee charged to other members of the public receiving the same service.

.21 Exception to Payment Limits

Counties shall not be bound by the rate limit described in Section 47-401.1 when there are, in the region, no more than two child care providers of the type needed by the recipient of child care services provided under this Division.

47-401 CHILD CARE PAYMENT LIMITS (Continued) 47-401

.3 Co-Payment

A client may choose a child care provider who charges a fee higher than the maximum payment rate. The county shall not pay those child care costs that are in excess of the maximum payment rate. The client is responsible for those costs.

.4 Hours of Care

The county shall pay for child care on behalf of the client during the following times:

.41 Participation Hours

When a client is participating in county-approved activities;

.42 Work Hours

When the client is working;

.43 Commute Hours

When the client commutes;

.44 Ill Child

When a child is ill and requires care from an alternate child care provider;

.45 Services Provided During Excused Absences

During excused absences of the child or the client.

HANDBOOK BEGINS HERE

.451 Excused Absences

Excused absences may include, but are not limited to, illness or quarantine of the child or client, court ordered visitations, family emergencies, or court appearances.

.452 Fixed Schedule

Payment for absences may include payments to the child care provider who has a policy that child care is on a fixed schedule, whether the child attends or not.

HANDBOOK ENDS HERE

.46 Other Required Activities

At county options when care is necessary for other required activities.

47-401 CHILD CARE PAYMENT LIMITS (Continued) **47-401**

.5	Exceptions to Hours of Care	The county shall not pay for child care during:
.51	School Attendance	Time the child is attending school; or
.52	Other Subsidized Programs	Time the child is receiving care in other subsidized child care programs except for the condition described in Sections 47-401.44 and .45 above.
.6	Registration Fee	The county shall pay registration fees charged by child care providers, as long as these fees are the same as those charged to other members of the public for the same purpose.
.61	Maximum Payment Rate	The registration fee plus the regular charge for child care for that month shall not exceed the maximum payment rate.
.7	Family Fees	Family fees, if any, shall be based on the fee schedule established by the State and shall be paid by the client, at county option, directly to the child care provider or the county.
.71	Exemption From Family Fee	The county shall exempt from the family fee any client whose child or children are:
.711	Children at Risk	At risk of abuse, neglect, or exploitation, as determined by a legally qualified professional from a legal, medical, or social services agency, or emergency shelter, for a period of up to three months; or
.712	Children Receiving Child Protective services	Receiving child protective services, at the request of the child welfare services worker, for a period of up to 12 months; or
.713	Children Receiving CalWORKs Cash Aid	Receiving CalWORKs cash aid.
.714	Cumulative Exemption Period.	The cumulative time period for the fee exemption for families specified in Sections 47-401.711 and .712 shall not exceed 12 months.

47-401 CHILD CARE PAYMENT LIMITS (Continued) 47-401

HANDBOOK BEGINS HERE

.8 Family Fee Schedule

The Family Fee Schedule is established by the Superintendent of Public Instruction pursuant to Education Code Section 8263. Refer to the California Code of Regulations, Title 5, Division 1, Chapter 19, Subchapter 3, Article 5 for the utilization of the family fee schedule.

HANDBOOK ENDS HERE

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: 42 U.S.C. 9858c, 45 CFR 98.43; Budget Act of 2006, Chapter 47, Statues of 2006, Item 6100-196-0001, Provision 2(b); Sections 8202(g)(3), 8208, 8208.1, 8221, 8222, 8263, 8351, 8357, and 8447(g), Education Code; And Sections 11320.3, 11323.2, 11323.4 and 11323.8, Welfare and Institutions Code.

47-420 PAYMENT OF CHILD CARE COSTS 47-420

.1 Child Care Payments to Providers

The county shall issue child care payments on behalf of the client directly to the child care provider except as provided in Section 47-420.2.

.2 Child Care Payments to Clients

Child care payments may be made directly to the client, as the employer, if child care is provided in the home of the client. The county shall inform the client of his/her corresponding legal and financial reporting requirements.

.21 Information Needed for Payment

The county shall issue a child care payment only when the client provides the following information on a monthly basis:

.211 Hours of Care

Number of hours of care given per child.

.212 Cost Per Child

Cost per child as verified by the child care provider's rate schedule.

.213 Signatures

Signatures provided by both the child care provider and the client under penalty of perjury, verifying the accuracy of the information.

47-420 PAYMENT OF CHILD CARE COSTS (Continued) **47-420**

.22 Timing of Payments to Providers

At county option, the child care provider may be paid in advance or after the services are provided, depending on how the child care provider charges the public for the same services.

.3 Notices for Payment

The county shall notify the client whenever there is an approval, denial, change or discontinuance in the amount of subsidy paid by the county for child care, as required by Sections 22-001(a)(1), 22-001(t)(1), 22-071 and 22-072.

.31 State Hearings

Notices for payment of child care shall contain information on the client's right to a state hearing as required by Sections 22-001(a)(1) and 22-071.1.

.32 Child Care Pending the Hearing Decision

When a client requests a hearing within the period of timely notification (see Section 22-022.5) to appeal a suspension, reduction, or termination of CalWORKs child care, or a change in the method of providing such services, the client shall be entitled to a continuation of CalWORKs child care in the same amount or form pending the hearing decision. The client shall not be entitled to such a continuation when the basis of action appealed is the health and safety of the child, including failure of the provider to satisfy health and safety requirements pursuant to Section 47-630, failure of the provider to obtain Trustline Registry pursuant to Chapter 47-600, or if the provider is denied payment pursuant to Section 47-420.4.

.4 Denial of Payment

The county shall deny payment for child care services that are exempt from licensure if the child care case file contains credible information that the provider has been convicted of a crime specified in the Penal Code Sections referenced in Health and Safety Code Section 1596.871(f)(1).

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: 45 CFR 98.43; Sections 8352 and 8357, Education Code; Section 1596.871(f)(1), Health and Safety Code; Sections 10950, 11054, 11323.2, 11323.8, and 11324(c), Welfare and Institutions Code.

47-430 RETROACTIVE PAYMENTS 47-430

HANDBOOK BEGINS HERE

.1 Intent

It is the intent of the Legislature that all CalWORKs clients be aware of their potential liability for child care payment, and that child care providers be promptly paid for their services to eligible families.

HANDBOOK ENDS HERE

.2 Retroactive Payment Limit

(a) License-exempt child care providers who are required to be Trustline registered.
After February 1, 2008, clients shall be entitled to receive retroactive payment for up to 120 calendar days from the date child care services were requested and services were provided if the provider subsequently becomes Trustline registered. The county may issue retroactive child care payments on behalf of the client directly to the provider.

(b) The retroactive payments shall be made by the county or the contracted payment agency to either the client, as the provider's employer, if care is provided in the home of the client, or to the provider. The retroactive payment shall be made for up to the first 120 calendar days from the date child care services were requested and services were provided.

.21 Payment Limit Application

Each time the client chooses a new child care provider, the retroactive payment limit shall be applied based on the date the client notified the county that they changed providers. However, the county is not required to provide the client with an informing notice each time the client changes providers.

47-430 RETROACTIVE PAYMENTS (Continued) **47-430**

(a) Licensed, Trustline-Exempt Provider, or Existing Trustline-Registered Providers.
Payments for child care services shall not be made for services provided more than 30 calendar days prior to the client's request for child care if the client case file contains a copy of the informing notice signed by the client within the last year or a notation that the client refused to sign and/or return the informing notice within the last year.

.22 Payment Limit Exemption

The limit on retroactive payment shall not apply to retroactive payment claims submitted by the client prior to the date he or she first signed or refused to sign and/or return an informing notice.

.3 Former CalWORKs Clients

Section 47-430 shall apply to former CalWORKs clients who receive child care services in Stage One.

NOTE: Authority cited: Sections 10553, 10554, and 10604, Welfare and Institutions Code. Reference: Section 11323.3, Welfare and Institutions Code; Section 1596.605, Health and Safety Code.

This page is intentionally left blank.

47-440 OVERPAYMENTS AND UNDERPAYMENTS 47-440

.1	Overpayments and Underpayments	The county shall take steps to promptly correct any overpayment or underpayment for child care services.
.11	Collection of Overpayments	The county shall collect overpayments if it determines that it is administratively cost effective.
.12	Offset of Overpayments	The county shall not offset the child care overpayment against the CalWORKs grant unless the recipient agrees or volunteers to submit to such an offset.
.13	Services Provided During Periods of Ineligibility	If payments are made to a child care provider for child care during a period when the client was not eligible for child care because the client was not participating in county-required activities, the client is responsible for the erroneous payment.
.14	Overpayments to Providers	In those cases in which the child care provider is paid for child care services that were not provided, the child care provider is responsible for the overpayment.
.15	Deferring Overpayment Collection	The county shall have the option to defer the collection and recovery of an overpayment if the collection and recovery would result in the disruption of child care arrangements, preclude participation in county-approved activities, or prevent employment.
.16	Tracking and Collection of Overpayments	The county shall identify and track any overpayments involving clients or child care providers.
.17	Overpayments Resulting From Fraud	Overpayments resulting from suspected fraud on the part of the client or the child care provider shall be referred for investigation, subject to the county's criteria for fraud referrals.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Sections 11320.3, 11323.2, 11323.4 and 11324, Welfare and Institutions Code.

This page is intentionally left blank.

TABLE OF CONTENTS

CHAPTER 47-600 TRUSTLINE REGISTRY AND HEALTH AND SAFETY REQUIREMENTS

Section

Introduction to Trustline Registry and Health and Safety Requirements for CalWORKs License-Exempt Child Care Providers 47-601

Introduction 1

Definitions 47-602

Trustline Registry Payment Eligibility for License-Exempt Child Care Providers 47-610
Repealed by Manual Letter No. EAS-08-01, effective 2/1/08

Trustline Registry Application Requirements 47-620

Trustline Registry Application Requirements 1
Payment Eligibility 2
Provider Reimbursement Limit 3
Denial or Discontinuance of Payment 4
Discontinuance of Payment 5
Immediate Notification to the Client 6
Timely Notice of Action 7

Health and Safety Requirements for License-Exempt Child Care Providers 47-630

Health and Safety Requirements for License-Exempt Child Care Providers 1
Health and Safety Facility Check List 2

This page is intentionally left blank.

CHAPTER 47-600 TRUSTLINE REGISTRY AND HEALTH AND SAFETY REQUIREMENTS

47-601 INTRODUCTION TO TRUSTLINE REGISTRY AND HEALTH AND SAFETY REQUIREMENTS FOR CALWORKS LICENSE-EXEMPT CHILD CARE PROVIDERS 47-601

HANDBOOK BEGINS HERE

.1 Introduction

The Trustline Registry system, hereafter referred to as "Trustline," is a registry of license-exempt child care providers, including those who care for children eligible for CalWORKs Stage One child care, whose Trustline application, upon completion of a background check, has been approved. Specified license-exempt child care providers, after submission of a completed Trustline application and fingerprints must be registered Trustline child care providers as defined in Health and Safety Code Section 1596.605(b)(1) in order to receive subsidized payment for CalWORKs child care services.

To help ensure the health, safety, and welfare of a child(ren) within a child care arrangement, specified license-exempt child care providers must also meet the Health and Safety requirements of this Chapter to prevent and control infectious diseases and provide building and physical premises safety.

HANDBOOK ENDS HERE

NOTE: Authority cited: Sections 10553, 10554, and 10604, Welfare and Institutions Code; Section 1596.67, Health and Safety Code; Sections 8171(a) and 8181(a), Education Code; and Public Law 104-193, (Personal Responsibility and Work Opportunity Reconciliation Act [PRWORA] of 1996). Reference: Sections 1596.605 and 1596.67, Health and Safety Code; Sections 8171(a) and 8181(a), Education Code; and 42 U.S.C. 9858c.(c)(2)(F).

47-602 DEFINITIONS 47-602

In addition to Section 47-110(e)(2), the following definitions shall apply:

a. (Reserved)

b. (Reserved)

c. (Reserved)

d. (Reserved)

e. (Reserved)

f. (Reserved)

g. (Reserved)

h. (1) Health and Safety Requirements

Health and Safety Requirements - means the completion of: 1) the Health and Safety Self-Certification, CCP 4, which certifies that the home where child care is provided meets basic health and safety standards, including the prevention and control of infectious diseases; and 2) the Health and Safety Facility Checklist, CCP 6, which provides parents with a list of suggested questions to ask their child care provider to help ensure that the building and physical premises where child care is provided is a safe and healthy place for their child(ren).

i. (Reserved)

j. (Reserved)

k. (Reserved)

l. (Reserved)

m. (Reserved)

n. (Reserved)

o. (Reserved)

p. (Reserved)

q. (Reserved)

47-602 DEFINITIONS (Continued) **47-602**

r. (1) Registered Trustline Child Care Provider

Upon completion of the searches of the state summary criminal history information and the child abuse index, and, if applicable, the records of the Federal Bureau of Investigations, and if grounds do not exist for denial pursuant to Health and Safety Code Section 1596.607, the provider shall be known as a "registered Trustline child care provider."

s. (Reserved)

t. (1) Trustline Registry

Trustline Registry - means a computer based registry of license-exempt child care providers, including providers who care for the children of parents eligible for subsidized child care, members of the public who choose to voluntarily apply, employment agency placements, and transport escort services person, who have had a background check to ensure that the child care providers have no disqualifying criminal convictions, substantiated reports of child abuse, certain arrests that may pose a risk to the health and safety of children in care, a past revocation of a license issued by the Department of Social Services or certificate to be a certified family home, a past exclusion from a licensed facility or a past denial of an application for licensure or certification of approval to be a certified family home.

u. (Reserved)

v. (Reserved)

w. (Reserved)

x. (Reserved)

y. (Reserved)

z. (Reserved)

NOTE: Authority cited: Sections 10553, 10554, and 10604, Welfare and Institutions Code; Section 1596.67, Health and Safety Code; Sections 8171(a) and 8181(a), Education Code; and Public Law 104-193, (Personal Responsibility and Work Opportunity Reconciliation Act [PRWORA] of 1996). Reference: Sections 1596.605 and 1596.67, Health and Safety Code; Sections 8171(a) and 8181(a), Education Code; and 42 U.S.C. 9858c.(c)(2)(F).

47-610 TRUSTLINE REGISTRY PAYMENT ELIGIBILITY FOR LICENSE-EXEMPT CHILD CARE PROVIDERS 47-610

Repealed by Manual Letter No. EAS-08-01, effective 2/1/08.

47-620 TRUSTLINE REGISTRY APPLICATION REQUIREMENTS 47-620

.1 Trustline Registry Application Requirements

All clients requesting child care by a provider who is subject to Trustline, shall be provided a Trustline Registry application package, which includes a Trustline Registry application, prior conviction statement, and LiveScan forms and instructions.

.11 R & R's Receipt of Completed Application Package

The provider shall submit a completed Trustline application package within seven calendar days, or as soon as possible, from the date they began to provide child care services to the local child care resource and referral program (R & R) for processing.

HANDBOOK BEGINS HERE

.111 Trustline Application Requirements

It is important that the provider submit a completed Trustline application package as soon as possible after child care services are provided. A client who selects a license-exempt provider who is required to be registered with Trustline shall receive retroactive payments for up to 120 calendar days from the date child care services were requested and the services were provided, only if the provider subsequently becomes registered with Trustline. Retroactive payments may be made directly to the child care provider as reimbursement for child care services provided, but in no event would payment exceed 120 calendar days regardless of the number of actual days care was provided.

HANDBOOK ENDS HERE

.2 Payment Eligibility

The county or contracted payment agency shall issue child care payments only after the license-exempt provider has become a registered Trustline child care provider as defined in Section 47-602(r)(1).

47-620 TRUSTLINE REGISTRY APPLICATION REQUIREMENTS (Continued) 47-620

.3 Provider Reimbursement Limit

.31 County Responsibility

The county or contracted payment agency shall pay the provider, once he/she is registered with Trustline, for child care services provided for up to the first 120 calendar days from the first day that CalWORKs child care services were requested and received. Child care payments may be made directly to the client, as the provider's employer, if child care is provided in the home of the client.

.32 Client Responsibility

The client is responsible for any child care costs incurred until such a time as the provider becomes Trustline registered.

.4 Denial or Discontinuance of Payment

The county or contracted payment agency shall deny or discontinue payment for child care services, as applicable, if any of the following apply:

.41 Conviction of a Crime

The county has a certified copy of the Court's judgment of conviction as evidence that the provider has been convicted of a crime specified in subdivision (f)(1)(A) and (B) of Section 1596.871 of the Health and Safety Code.

.42 Case File Closed

The Trustline case file is closed.

.43 Registration Revoked

The Trustline registration is revoked.

.44 Failure to be Trustline Registered

The Trustline Registry application is denied.

.5 Discontinuance of Payment

Upon notification that a provider has subsequently been convicted of a crime as specified in subdivision (f)(1) of Section 1596.871 of the Health and Safety Code, the county or contractor shall, within two business days, discontinue payment.

.6 Immediate Notification to the Client

Upon receipt that the Trustline Registry application has been denied, the case file closed, registration is revoked, or registration is approved, the county or contractor shall immediately notify the client.

47-620 TRUSTLINE REGISTRY APPLICATION REQUIREMENTS (Continued) 47-620

.7 Timely Notice of Action

Counties shall issue a timely Notice of Action [see MPP Section 22-001t.(1)] prior to discontinuing child care payment.

NOTE: Authority cited: Sections 10553, 10554, 10604, and 11324, Welfare and Institutions Code; Section 1596.67, Health and Safety Code; Sections 8171(a) and 8181(a), Education Code; and Public Law 104-193, (Personal Responsibility and Work Opportunity Reconciliation Act [PRWORA] of 1996). Reference: Section 11324, Welfare and Institutions Code; Sections 1596.605, 1596.67, 1596.607, and 1596.871, Health and Safety Code; Sections 8171(a), 8181(a), and 8357(e), Education Code; and 42 U.S.C. 9858c.(c)(2)(F).

47-630 HEALTH AND SAFETY REQUIREMENTS FOR LICENSE-EXEMPT CHILD CARE PROVIDERS 47-630

.1 Health and Safety Requirements for License-Exempt Child Care Providers

To be eligible for CalWORKs child care, all license-exempt child care providers in a private residence shall complete a Health and Safety Self-Certification with the parent of the child(ren) to be placed in care. This document shall be returned to the county within seven calendar days, or as soon as possible, from the first day that CalWORKs child care services began. The following are exempt from this requirement:

.11 Exemptions

Aunts, uncles, and grandparents, of the child(ren) in care, by blood, marriage or court decree.

.2 Health and Safety Facility Checklist

The county shall provide a Health and Safety Facility Checklist to the participant that assists the parent in determining the home where care is to be provided is a safe and healthy place for the child(ren).

NOTE: Authority cited: Sections 10553, 10554, 10604, and 11324, Welfare and Institutions Code; Sections 1596.66 and 1596.67, Health and Safety Code; Sections 8179.5, 8181(a) and 8182.5, Education Code; and Public Law 104-193, (Personal Responsibility and Work Opportunity Reconciliation Act [PRWORA] of 1996). Reference: Section 11324, Welfare and Institutions Code; Sections 1596.66 and 1596.67, Health and Safety Code; Sections 8179.5, 8181(a), 8182.5, and 8358(a), Education Code; 42 U.S.C. 9858c.(c)(2)(F); and Assembly Bill 1542, Chapter 270, Statutes of 1997.

TABLE OF CONTENTS

Chapter

DIVISION 48 RECORDS

Records - General..... 48-000

This page is intentionally left blank.

TABLE OF CONTENTS

CHAPTER 48-000 RECORDS - GENERAL

Section

Records - General 48-000

County Department Responsibility for Records 48-001

Return of Personal Documents 48-003

Assignment of State Numbers 48-005

This page is intentionally left blank.

DIVISION 48 RECORDS

CHAPTER 48-000 RECORDS-GENERAL

48-001 COUNTY DEPARTMENT RESPONSIBILITY FOR RECORDS 48-001

.1 The county shall maintain a record for each applicant and recipient which identifies each individual and family, their address and household composition for CalWORKs. The record shall identify each child and his/her parents, their address and household composition. (See Section 20-005 on record requirements for fraud cases.) The record shall also include:

.11 Records - Eligibility and Grant

.111 The appropriate Form SAWS 2 completed by or on behalf of the applicant.

.112 All evidence obtained to support the linking and the nonlinking factors of eligibility. The county may maintain a copy or a written record of the type of evidence and its pertinent content where the evidence has been returned to the applicant.

.113 The original or a copy of pertinent forms completed during the determination or redetermination of eligibility, i.e., budget work sheets, authorizations, forms relating to intercounty transfers, etc.

.114 Section 48-001.114(QR) shall become inoperative and Section 48-001.114(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) The basis for county action granting, denying, changing, not changing following a recipient mid-quarter report, delaying, cancelling, or discontinuing aid.

(SAR) The basis for county action granting, denying, changing, not changing following a recipient mid-period report, delaying, cancelling, or discontinuing aid.

.115 The computation of any overpayment and the basis for a conclusion that the overpayment is or is not subject to adjustment or repayment. If the overpayment is subject to repayment, a copy of any demands for repayment, the facts regarding the determination of the debtor's ability to repay and collection activity (unless this information is recorded centrally elsewhere).

.116 The worker's evaluation of the applicant's ability or inability to understand his/her program rights and responsibilities.

.12 Records - Intraprogram Status Change

.121 A record of any intraprogram status change as provided in Section 40-183.

48-001 COUNTY DEPARTMENT RESPONSIBILITY FOR RECORDS (Continued) **48-001**

.13 Records - Care in a Medical Institution

.131 For the recipient who is a patient in a public or private medical institution, all pertinent information to support the determination of eligibility or ineligibility. (Chapter 42-500.)

.14 Case Records - Certification for Medi-Cal

.141 A record of the certification and each recertification of the recipient for medical care under the Medi-Cal Program.

.15 Case Records - Narrative

.151 Each notation or entry in the case record whether it be on a form or supplemental narrative shall be dated and the person making the entry shall be identified.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Sections 11265.3, Welfare and Institutions Code.

48-003 RETURN OF PERSONAL DOCUMENTS 48-003

.1 Personal documents shall be returned to the applicant after the pertinent information has been copied or recorded.

48-005 ASSIGNMENT OF STATE NUMBERS 48-005

.1 A state number shall be assigned to each application. (See Sections 23-250 and 23-275.)

TABLE OF CONTENTS

CHAPTER 49-000 CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI)

Section

Program Definition 49-001

Special Definitions 49-005

Eligibility for Cash Assistance Program for Immigrants (CAPI) 49-010

Administration 49-013

Application Process 49-015

Immigration Status 49-020

Age and Disability 49-025

Ineligibility for SSI/SSP 49-030

Income 49-035

Sponsor Deeming 49-037

Resources 49-040

Filing for Other Benefits 49-045

Living Arrangements and Benefits Categories 49-050

Benefit Determinations 49-055

Benefit Suspensions and Terminations 49-060

Interim Assistance Reimbursement 49-065

Redeterminations 49-070

This page is intentionally left blank.

CHAPTER 49-000 CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI)

49-001 PROGRAM DEFINITION 49-001

.1 The Cash Assistance Program for Immigrants (CAPI) provides cash assistance to aged, blind, and disabled legal immigrants who are not citizens and who successfully complete an application process. The program must be administered by a county or consortium of counties and supervised by the department.

.2 "Federal and state laws and regulations governing the SSI/SSP program," as used in Welfare and Institutions Code Section 18940 and in Section 49-013 of these regulations, means generally those laws and regulations pertaining to eligibility, except those pertaining to immigration status. It does not include laws and regulations pertaining to administrative procedures, those that are difficult or impossible to replicate due to technical or program limitations, or those that are inconsistent with the purpose of the CAPI program, as determined by the Department.

NOTE: Authority cited: Sections 10553, 10554, 18943, Welfare and Institutions Code. Reference: Section 18937, Welfare and Institutions Code.

49-005 SPECIAL DEFINITIONS 49-005

(a) (1) "Affidavit (New version)" or “New Affidavit of Support” refers to INS Form I-864, Affidavit of Support under Section 213A of the Immigration and Nationality Act (INA), which is completed and signed by the sponsor. Certain immigrants are inadmissible to the United States as an alien likely to become a public charge, unless a sponsor has executed a Form I-864. An affidavit of support is executed when a sponsor signs a Form I-864 before a notary public or an Immigration or Consular Officer and that Form I-864 is submitted to an Immigration or Consular officer. Under Section 213A of the INA, the new Affidavit is a legally enforceable contract between the sponsor and the Federal Government, for the benefit of the sponsored immigrant and of any Federal, State, or local government agency or entity that provides the sponsored immigrant with any means-tested public benefit. The new Affidavit is required for all applications for immigrant visas or for adjustment of status filed on or after December 19, 1997.

(2) "Affidavit (Old version)" or “Old Affidavit of Support” refers to INS Form I-134 that was signed prior to the formulation and implementation of the new version of the Affidavit (see (1) above).

(b) “Basic CAPI” refers to the original eligibility component of CAPI, as set forth in Welfare and Institutions Code Sections 18938(a)(1) and (2), for which the earliest possible payment date was December 1, 1998. A non-citizen is potentially eligible for basic CAPI if he or she:

49-005 SPECIAL DEFINITIONS (Continued) **49-005**

(A) Entered the United States prior to August 22, 1996 or

(B) Entered the United States on or after August 22, 1996 and

1. Has a sponsor who is deceased or disabled (as defined in MPP Section 49-020.312) or

2. Is a victim of abuse by the sponsor or the sponsor's spouse.

(c) (1) "Consortium" means a group of counties that have jointly agreed to have the CAPI program in each individual county administered by a single lead county within the group.

(d) (1) "Department" means the California Department of Social Services.

(e) (1) "Eligible Couple" means an eligible individual and his or her eligible spouse.

(2) "Eligible individual" means an aged, blind, or disabled individual who meets all the requirements for CAPI eligibility.

(3) "Eligible spouse" means an aged, blind, or disabled individual who meets all CAPI eligibility requirements (including filing an application) and is the husband or wife of another aged, blind, or disabled individual and who is living with that individual. (For purposes of calculating the CAPI benefit, a spouse who is receiving SSI/SSP will be considered an eligible spouse.)

(4) "Extended CAPI," refers to the more recent eligibility component of CAPI, as set forth in Welfare and Institutions Code Section 18938(a)(3), for which the earliest possible payment date was October 1, 1999. A non-citizen is potentially eligible for extended CAPI if he or she entered the United States on or after August 22, 1996 and also meets one of the following criteria:

(A) Does not have a sponsor.

(B) Has a sponsor who is NOT deceased or disabled.

(C) Has a sponsor and is NOT a victim of abuse by the sponsor or the sponsor's spouse.

(f) (Reserved)

49-005 SPECIAL DEFINITIONS (Continued) **49-005**

(g) (Reserved)

(h) (1) "Household" means a personal place of residence in which the individual(s) share common living quarters and function as a single economic unit. For purposes of determining living arrangements and in-kind support and maintenance, members of a household need not be related by blood or marriage, but must live together in a single dwelling and function as an economic unit. A person who is temporarily absent from a household is still a member of the household.

(2) "Household operating expenses" means the household's total monthly expenditures for food, rent, mortgage, property insurance required by the mortgage holder, property taxes, heating fuel, gas, electricity, water, sewer, and garbage collection service, except where those expenditures are paid for by someone outside the household. Condominium, space rental and association fees by themselves are not household operating expenses. However, these fees may include charges for household expenses and to the extent they are identified as such, should be counted in the computation of in-kind support and maintenance.

(i) (1) "Ineligible parent" means a natural or adoptive parent or the parent's spouse who is not eligible for CAPI or SSI/SSP and lives with a minor child who is the CAPI applicant or recipient.

(2) "Ineligible spouse" means someone living with the applicant or recipient as husband or wife who is not eligible for CAPI or SSI/SSP. An otherwise eligible spouse who does not apply for CAPI or SSI/SSP is considered an ineligible spouse.

(j) (Reserved)

(k) (Reserved)

(l) (Reserved)

(m) (Reserved)

(n) (Reserved)

(o) (Reserved)

(p) (1) "Presumed Maximum Value" (PMV) means the maximum value that can be attributed to in-kind support and maintenance received by the applicant or recipient for purposes of determining the countable income. The value of the PMV is equal to one-third of the federal SSI benefit plus $20.

49-005 SPECIAL DEFINITIONS (Continued) **49-005**

(2) "Pro Rata Share" means the average monthly household operating expenses (based on a reasonable estimate if exact figures are not available) divided by the number of people in the household, regardless of age.

(3) "PRUCOL" means persons who are Permanently Residing Under Color of Law and refers to non-citizens residing in the United States with the knowledge and permission of the Immigration and Naturalization Service (INS), and the INS does not contemplate enforcing their departure. For CAPI purposes, PRUCOL refers to the specific non-citizen categories listed in 20 CFR 416.1618 unless the category is also listed in the definition of Qualified Alien listed below. The PRUCOL categories for CAPI purposes are:

(A) A non-citizen subject to an Order of Supervision.

(B) A non-citizen on whose behalf an immediate relative petition (INS Form I-130) has been approved and who is entitled to voluntary departure and whose departure the INS does not contemplate enforcing.

(C) A non-citizen who has properly filed an application for an adjustment to lawful permanent resident status under Section 245 of the INA that INS has accepted as "properly filed" and whose departure INS does not contemplate enforcing.

(D) A non-citizen granted a stay of deportation by a court order, statute, or regulation or by individual determination by INS under Section 106 of the INA and whose departure INS does not contemplate enforcing.

(E) A non-citizen residing in the United States under an indefinite voluntary departure.

(F) A non-citizen granted voluntary departure under Section 242(b) of the INA or 8 CFR 242.5 whose departure INS does not contemplate enforcing.

(G) A non-citizen in deferred action status.

(H) A non-citizen who entered and has continuously resided in the United States since before January 1, 1972 or any date established by Section 249 of the INA.

(I) A non-citizen granted a suspension of deportation pursuant to Section 244 of the INA whose departure INS does not contemplate enforcing.

(J) A non-citizen granted an indefinite stay of deportation.

49-005 SPECIAL DEFINITIONS (Continued) **49-005**

(K) A non-citizen granted lawful temporary resident status under Section 245A of the INA (The Immigration Reform and Control Act of 1986).

(L) A non-citizen not in one of the above categories, who can show that: (1) INS knows he/she is in the United States; and (2) INS does not intend to deport him/her, either because of the person's status category or individual circumstances.

(q) (1) "Qualified Alien" means non-citizens who meet the definition of Qualified Alien as described in Section 431 of Public Law 104-193, as amended. Falling within that definition of Qualified Alien is any non-citizen who is:

(A) Lawfully Admitted for Permanent Residence (LAPR).

(B) Granted Cuban/Haitian entrant status. (Section 501(e) of the Refugee Education Assistance Act of 1980).

(C) A refugee who entered the United States under Section 207 of the INA.

(D) Granted status as an asylee under Section 208 of the INA.

(E) A non-citizen whose deportation is being withheld under Section 243(h), or whose removal is being withheld under Section 241(b)(3) of the INA.

(F) A non-citizen paroled into the United States for a period of at least one year under Section 212(d)(5) of the INA.

(G) A conditional entrant admitted to the United States under Section 203(a)(7) of the INA as in effect before April 1, 1980.

(H) A battered non-citizen, child of a battered spouse, or parent of a battered child (as defined in MPP Section 49-005(b)(1) above) with a petition pending under Section 204(a)(1)(A) or (B) or 244(a)(3) of the INA.

49-005 SPECIAL DEFINITIONS (Continued) **49-005**

HANDBOOK BEGINS HERE

(1) For purposes of this program, the definition of Section 49-005(q)(1)(H) means:

(1) an alien who--

(A) has been abused, as specified in Section 49-020.313, in the United States by a spouse or a parent, or by a member of the spouse or parent's family residing in the same household as the alien and the spouse or parent consented to, or acquiesced in, such battery or cruelty, but only if (in the opinion of the agency providing such benefits) there is a substantial connection between such battery or cruelty and the need for the benefits to be provided; and

(B) has been approved or has a petition pending which sets forth a prima facie case for--

(i) status as a spouse or a child of a United States citizen pursuant to clause (ii), (iii), or (iv) of section 204(a)(1)(A) of the Immigration and Nationality Act,

(ii) classification as a spouse or child of a noncitizen lawfully admitted for permanent residence (LAPR) in the United States pursuant to clause (ii) or (iii) of section 204(a)(1)(B) of the Act,

(iii) cancellation of removal under section 240A of such Act (as in effect prior to April 1, 1997),

(iv) status as a spouse or child of a United States citizen pursuant to clause (i) of section 204(a)(1)(A) of such Act, or as a spouse or child of a noncitizen LAPR in the United States pursuant to clause (i) of section 204(a)(1)(B) of such Act;

(v) cancellation of removal pursuant to section 240A(b)(2) of such Act;

(2) an alien --

HANDBOOK CONTINUES

49-005 SPECIAL DEFINITIONS (Continued) **49-005**

HANDBOOK CONTINUES

(B) who meets the requirement of 'subparagraph (B) of paragraph (1)'; or

This subsection shall not apply to an alien during any period in which the individual responsible for such battery or cruelty resides in the same household or family eligibility unit as the individual subjected to such battery or cruelty."

(2) When determining that the battered applicant no longer resides in the same household with the batterer, counties should consider the following interim guidance on verification of Citizenship provided by the Department of Justice on November 17, 1997 [Federal Register, Vol. 62, Number 221]: "Although an applicant is not a qualified alien eligible for benefits until the battered applicant or child, or parent ceases residing with the batterer, applicants will generally need the assurance of the availability of benefits in order to be able to leave their batterer and survive independently. Wherever possible in this situation, the benefit provider should complete the eligibility determination process and approve the applicant for receipt of benefits pending the applicant's demonstration that the applicant, his or her child, and/or (in the case of an alien child) his or her parent have separated from the batterer. The applicant can then make arrangements to leave the batterer's residence secure in the knowledge that benefits will be provided as soon as he or she leaves."

HANDBOOK ENDS HERE

(r) (Reserved)

(s) (1) "Sponsor" means a person who has executed an affidavit of support agreeing to support an immigrant as a condition of the immigrant's admission for permanent residence in the United States.

(2) "Sponsored immigrant" means an immigrant on whose behalf a sponsor has executed an affidavit of support.

(3) "Spouse", for CAPI purposes, means a husband or wife under any of the following conditions:

(A) Legally married under the laws of California, or the state where the applicant/recipient and he or she had their permanent residence while living together.

49-005 SPECIAL DEFINITIONS (Continued) **49-005**

(B) Either member of the couple is entitled to husband's or wife's Social Security insurance benefits as the spouse of the other.

(C) The applicant or recipient and an unrelated person of the opposite sex are living together in the same household and both lead people to believe that they are husband and wife.

(4) "SSI/SSP" means Supplemental Security Income/State Supplementary Payment and refers to the federal (SSI) and state (SSP) funded program that provides cash assistance to aged, blind, and disabled residents of California.

(5) "Substantial Gainful Activity" (SGA) means work activity that involves doing significant physical or mental activities and that is usually done for pay or profit, whether or not a profit is realized. Average earnings of more than $500 per month ordinarily indicate an applicant or recipient is engaged in SGA.

(6) "Suspension" of benefit payments means a stoppage of CAPI benefits. It is always effective the first day of a month in which an individual no longer meets all eligibility requirements.

(t) (1) "Termination" of eligibility is an event that requires an individual to file a new application to receive CAPI benefits. It occurs after 12 consecutive suspension months, or as a result of one of the events in MPP Section 49-060.2.

(u) (Reserved)

(v) (Reserved)

(w) (Reserved)

(x) (Reserved)

(y) (Reserved)

(z) (Reserved)

NOTE: Authority cited: Sections 10553, 10554, 18943, Welfare and Institutions Code. Reference: 8 CFR, Part 213a; 20 CFR 416.105 through 416.110; 20 CFR 416.120; 20 CFR 416.972; 20 CFR 416.974; 20 CFR 416.1133; 20 CFR 416.1140; 20 CFR 416.1160; 20 CFR 416.1321; 20 CFR 416.1618; 20 CFR 416.1806; 20 CFR 416.2001; Social Security Administration's Program Operations Manual System SI 02301.201; Section 213a of the Immigration and Nationality Act, and Sections 18937, 18938, 18940, and 18944, Welfare and Institutions Code.

49-010 ELIGIBILITY FOR CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI) 49-010

.1 To be eligible for the CAPI a person must complete the application process and meet all of the following conditions:

.11 Be a non-citizen and meet appropriate immigration status provisions described in MPP Section 49-020.

.12 Be age 65 or over, blind, or disabled as defined for SSI/SSP purposes in 20 CFR Part 416.

.13 Be ineligible for SSI/SSP solely due to his or her immigration status under Title IV of Public Law 104-193.

.14 Reside in California.

HANDBOOK BEGINS HERE

.141 California Residency for CAPI purposes will follow the regulations governing California's SSP program found at MPP Section 46-110:

(a) No period of residency in the state shall be required to gain eligibility.

(b) For SSP eligibility purposes, an individual shall cease to reside in the state if he/she leaves the state with the present intent to abandon it as his/her home.

(c) In absence of evidence to the contrary, if an individual is physically absent from the state for more than 90 calendar days, this absence shall be considered as evidence of his/her present intent to abandon this state as his/her home.

HANDBOOK ENDS HERE

.15 Not have more income than is permitted.

.16 Not have more resources than are permitted.

.17 Meet all other current SSI/SSP eligibility criteria as described in 20 CFR Part 416 or Title XVI of the Social Security Act, except as modified by CAPI regulations beginning with Section 49-001.

49-010 ELIGIBILITY FOR CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI) (Continued) 49-010

.2 A person is NOT eligible for CAPI if he or she:

.21 Is a resident of a public institution for an entire calendar month.

HANDBOOK BEGINS HERE

.211 20 CFR 416.201 states as follows:

"Public institution means an institution that is operated by or controlled by the Federal government, a State, or a political subdivision of a State such as a city or county. The term public institution does not include a publicly operated community residence which serves 16 or fewer residents." The most common examples of public institutions are jails, prisons, and VA Hospitals.

HANDBOOK ENDS HERE

.22 Flees to avoid prosecution, or custody or confinement after conviction for a crime which is a felony under the laws of the place from which the person flees.

.23 Violates a condition of probation or parole imposed under federal or state law.

.24 Is outside of the United States for an entire calendar month.

.241 A person who is outside of the United States for at least 30 consecutive days is considered to remain outside the United States until he or she has been back in the United States for at least 30 consecutive days.

49-010 ELIGIBILITY FOR CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI) (Continued) 49-010

HANDBOOK BEGINS HERE

(a) Example: Mr. Lee left the United States on March 1 and returned on April 1. Counting March 2 through March 31, he was outside the United States for 30 consecutive days; thus, his absence continues for an additional 30 days through April 30. He remains eligible for March because he was not outside the country for the entire month, is ineligible for April, and is otherwise eligible effective May 1.

(b) Example: Mr. Fox left the United States on July 1 and returned on August 1. Counting July 2 through July 31, he was outside the United States for 30 consecutive days and his absence continues for another 30 days. Beginning with the day of his return and counting through August 30, he was not absent for any full calendar month and is therefore eligible for both July and August.

HANDBOOK ENDS HERE

.25 Fails to file for all other possible benefits as described in MPP Section 49-045.

NOTE: Authority cited: Sections 10553, 10554, and 18943, Welfare and Institutions Code. Reference: 20 CFR 416.210; 20 CFR 416.211; 20 CFR 416.215; 20 CFR 416.2010; P.L. 104-193, Section 202 (Personal Responsibility and Work Opportunity Reconciliation Act of 1996), and Sections 12003, 18937, 18938, and 18940, Welfare and Institutions Code.

49-013 ADMINISTRATION 49-013

.1 Counties, or consortia of counties, must administer this program in accordance with the federal and state laws and regulations as directed by the department in these regulations or other departmental instructions.

.11 Counties or consortia of counties must administer this program in accordance with interpretation of applicable federal laws and regulations and their amendments contained in policy guidelines or instructions issued by the Social Security Administration, including the Program Operations Manual System (POMS).

49-013 ADMINISTRATION (Continued) **49-013**

.2 This program must be administered under the administrative standards set forth in MPP Section 10-001 et seq. and under the civil rights standards set forth in MPP Section 21-001 et seq. unless specifically instructed otherwise by these regulations or other departmental instructions.

.3 The case record for persons found eligible as specified in MPP Section 49-010 must include:

.31 The information and evidence used by the county to establish age, blindness, disability, and non-citizen status.

.32 The information regarding the recipient's property, income, and living arrangements used by the county or consortium in determining eligibility. Such information must be recorded on a dated statement of facts form which must be signed by the recipient or his or her authorized representative under penalty of perjury.

.33 Verification of this information under the guidelines established by the Social Security Administration (SSA) for its administration of the SSI/SSP program as set forth in SSA's Program Operations Manual System (POMS). The county or consortium may verify other information if necessary to insure a correct eligibility determination.

.34 The computation of the benefit amount.

.35 Documentation of all contacts with the recipient or any other individual or organization regarding the recipient or the recipient's case.

NOTE: Authority cited: Sections 10553, 10554, and 18943, Welfare and Institutions Code. Reference: Sections 10600, 10603, 18937, and 18940, Welfare and Institutions Code.

49-015 APPLICATION PROCESS **49-015**

.1 To be eligible for CAPI, all persons seeking a CAPI benefit must:

.11 Sign the completed CAPI application form(s).

.111 Each member of a couple who is seeking CAPI benefits must sign the completed application form(s).

49-015 APPLICATION PROCESS (Continued) **49-015**

.12 Submit the form(s) to the county welfare department.

.13 Provide all documentation and information requested by the county welfare department.

.2 Upon receiving a CAPI application, counties, or their designee if they are part of a CAPI consortium of counties, have the following responsibilities:

.21 Inform applicants and recipients of their rights and responsibilities in relation to eligibility for CAPI.

.22 Assisting applicants and recipients as needed to establish their eligibility.

.23 Correctly determining eligibility and payment amount.

.24 Issuing timely and accurate notices to the applicants and recipients in accordance with MPP Sections 22-071 and 22-072.

.25 Issuing or requesting issuance of CAPI payments.

.251 Counties or consortium of counties may request the department to issue CAPI benefits on their behalf.

.26 When appropriate, take all steps necessary to qualify CAPI benefits for reimbursement under the federal Interim Assistance Reimbursement program operated by the Social Security Administration. (See Section 49-065.2)

.3 Any person seeking CAPI benefits who is 18 years old or over must sign his or her own application unless the person is mentally incompetent or physically unable to sign the application.

.31 A court appointed representative or a person who is responsible for the care of the applicant, including a relative, may sign the application on behalf of an applicant who is under age 18, mentally incompetent, or physically unable to sign the application.

.32 A person who signs an application on behalf of someone else is required to provide evidence of his or her authority to act for the applicant (such as a court order showing conservatorship).

.33 An inquiry or an application signed by someone other than a person described in MPP Section 49-015.31 may be used solely for the purpose of establishing a protective filing date.

49-015 APPLICATION PROCESS (Continued) **49-015**

.4 In order to be allowed, an application may be filed no earlier than the month prior to the month that all eligibility factors are met.

.41 The effective date of benefit payments is the first of the month following the later of the date the application is filed or the date the individual would otherwise become eligible for benefits.

HANDBOOK BEGINS HERE

.42 Example: Mr. Jones will attain age 65 on March 29, 1999. He can file an application as early as February 1, 1999, but his CAPI benefits will not be effective until April 1, 1999.

HANDBOOK ENDS HERE

NOTE: Authority cited: Sections 10553, 10554, and 18943, Welfare and Institutions Code. Reference: 20 CFR 416.200, 20 CFR 416.203; 20 CFR 416.315; 20 CFR 416.320; 20 CFR 416.330; P.L. 104-193, Section 204 (Personal Responsibility and Work Opportunity Reconciliation Act of 1996), and Sections 18937, 18938, 18940, and 18944, Welfare and Institutions Code.

49-020 IMMIGRATION STATUS **49-020**

.1 General requirements

.11 To be eligible for CAPI, a noncitizen must be one of the following:

.111 A legal immigrant who meets the immigration status requirements in effect for SSI/SSP on August 21, 1996, or

.112 A victim of human trafficking, domestic violence or other serious crimes as defined in Welfare and Institutions Code Section 18945. Applicants qualified under these provisions will be eligible for benefits and services to the same extent as individuals who are admitted to the United States as refugees.

.12 The previous SSI/SSP requirements for immigrant status, found in 20 CFR 416.1600, stated that a non-citizen had to be a resident of the United States and an alien lawfully admitted for permanent residence in the United States, or an alien permanently residing in the United States under color of law (PRUCOL). This means the individual had to have a status listed under either "Qualified Alien" or "PRUCOL" in Section 49-005.

49-020 IMMIGRATION STATUS (Continued) **49-020**

.13 A victim of trafficking must meet the same eligibility criteria as those used for the State Trafficking and Crime Victims Assistance Program (TCVAP) found in MPP Sections 70-102 and 70-103.1 through .4.

.14 A victim of domestic violence or other serious crimes must meet the same eligibility criteria as those used for the TCVAP found in MPP Section 70-104.1 through .125.

.2 Specific eligibility requirements for individuals whose date of entry into the United States was prior to August 22, 1996. Non-citizens in this category (who meet all other requirements) are eligible for basic CAPI, but not extended CAPI.

.21 Qualified Aliens as defined in MPP Section 49-005(q)(1) who were lawfully residing in the United States on August 21, 1996 must be age 65 or older to be eligible for CAPI.

This page is intentionally left blank.

49-020 IMMIGRATION STATUS (Continued) **49-020**

.22 Noncitizens who do not meet the definition of Qualified Alien must meet the other immigration standards in effect for SSI/SSP on August 21, 1996, which are known as the PRUCOL categories as defined in MPP Section 49-005(p), or be a victim of human trafficking, domestic violence, or other serious crimes as specified in MPP Section 49-020.1, to be eligible for CAPI.

.221 Individuals in this group can establish eligibility under any one of the three basic eligibility criteria (aged, blind or disabled).

.3 Two different sets of specific eligibility requirements exist for individuals who legally entered the United States on or after August 22, 1996. One set exists for basic CAPI, and another set for extended CAPI (as defined in MPP Sections 49-005(b) and (e), respectively). Refer to MPP Section 49-037 for the different deeming periods for each component.

.31 To be eligible for basic CAPI, an immigrant who legally entered the United States on or after August 22, 1996 must be sponsored and one of the following must apply:

.311 The sponsor is deceased.

(a) The applicant must provide evidence that his or her sponsor has died.

.312 The sponsor is disabled as defined in Welfare and Institutions Code Section 11320.3(b)(3)(A).

(a) The applicant must provide verification of the sponsor's disability.

HANDBOOK BEGINS HERE

(b) Welfare and Institutions Code Section 11320.3(b)(3)(A) states:

"The individual is disabled as determined by a doctor's verification that the disability is expected to last at least 30 days and that it significantly impairs the recipient's ability to be regularly employed or participate in welfare-to-work activities, provided that the individual is actively seeking appropriate medical treatment."

HANDBOOK ENDS HERE

.313 The applicant is a victim of abuse by the sponsor or the sponsor's spouse. Abuse is defined in the same manner as provided in MPP Section 42-701.2(d)(3), as authorized by Welfare and Institutions Code Section 11495.1.

49-020 IMMIGRATION STATUS (Continued) **49-020**

(a) Abuse means assaultive or coercive behavior that includes, but is not limited to, physical abuse, sexual abuse, psychological abuse, economic control, isolation, stalking, and threats or other types of coercive behavior.

HANDBOOK BEGINS HERE

(b) Welfare and Institutions Code Section 18938(A)(4) states in part:

"(A)(4) ...A sworn statement of abuse by a victim, or the representative of the victim if the victim is not able to competently swear, shall be sufficient to establish abuse if one or more additional items of evidence of abuse is also provided. Additional evidence may include, but is not limited to the following:

"(i) Police, government agency, or court records or files.

"(ii) Documentation from a domestic violence program, legal, clinical, medical, or other professional from whom the applicant or recipient has sought assistance in dealing with abuse.

"(iii) A statement from any other individual with knowledge of the circumstances that provided the basis for the claim.

"(iv) Physical evidence of abuse.

HANDBOOK ENDS HERE

(c) If the victim cannot provide additional evidence of abuse, then a confidential sworn statement shall be sufficient if the county makes a determination documented in the case file that the applicant is credible.

.32 To be eligible for extended CAPI, a noncitizen who meets the definition of Qualified Alien, Permanently Residing in the United States Under Color of Law (as defined in MPP Sections 49-005(q) and (p), respectively), or who is a victim of human trafficking, domestic violence or other serious crimes as specified in MPP Section 49-020.1, must have entered the United States on or after August 22, 1996 and be ineligible for basic CAPI under any of the conditions described in MPP Sections 49-020.311 through .313.

49-020 IMMIGRATION STATUS (Continued) **49-020**

.4 For purposes of determining eligibility for CAPI under the provisions of Welfare and Institutions Code Sections 18938 and 18940, "entered the United States" or "entry date" means the effective date of the non-citizen's current immigration status as determined by the Immigration and Naturalization Service, except in either of the following situations:

.41 The non-citizen is a current CAPI recipient whose immigration status was adjusted after he or she began receiving CAPI benefits. In the situation, the same entry date that was used to determine his or her initial CAPI eligibility will continue to be used for redetermination of eligibility.

.42 The non-citizen, as of August 21, 1996, had an immigration status that met the definition of "Qualified Alien" [as defined in MPP Section 49-002(q)(1)], and has maintained continuous residence in the United States since at least August 21, 1996. In this situation the effective date of the Qualified Alien status held by the non-citizen on August 21, 1996 will be deemed to be his or her "entry date" for purposes of determining CAPI eligibility even if the non-citizen later adjusts his or her immigration status.

NOTE: Authority cited: Sections 10553, 10554, and 18943, Welfare and Institutions Code; and SB 1569 (Chapter 672, Statutes of 2006). Reference: 20 CFR 416.1600; P.L. 104-193 (Personal Responsibility and Work Opportunity Reconciliation Act of 1996) as amended, Sections 401 and 402 and Sections 13283, 18938, 18940, 18944, and 18945, Welfare and Institutions Code.

49-025 AGE AND DISABILITY **49-025**

.1 To be eligible for CAPI as an aged individual, a person must be 65 years of age or older.

.11 An applicant must submit evidence of his or her date of birth in accordance with federal regulations.

.111 An applicant whose age is a condition of eligibility must submit a public record of birth, or a religious record of birth or baptism recorded before age 5, if available. If such records are not available, other evidence may be submitted to establish the applicant’s date of birth. If the applicant alleges to be at least age 68, any document submitted that is at least 3 years old will be sufficient.

.2 To be eligible for CAPI as a blind individual, a person must meet the requirements specified in 20 CFR 416.981 et seq. for the SSI/SSP program.

49-025 AGE AND DISABILITY (Continued) **49-025**

HANDBOOK BEGINS HERE

.21 A person who is determined to be statutorily blind is considered blind for purposes of SSI/SSP eligibility as stated in 20 CFR 416.981:

"Statutory blindness is central visual acuity of 20/200 or less in the better eye with the use of a correcting lens. An eye which has a limitation in the field of vision so that the widest diameter of the visual field subtends an angle no greater than 20 degrees is considered to have a central visual acuity of 20/200 or less."

HANDBOOK ENDS HERE

.22 The Department's Disability and Adult Programs Division is responsible for making all blindness and disability determinations for CAPI.

.221 A current determination of blindness established for Title II Social Security, SSI/SSP, or Medi-Cal can be used to establish blindness for CAPI. A current determination is one that has not lapsed due to benefit termination.

HANDBOOK BEGINS HERE

.222 Medical History and related forms must be completed and transmitted to the State Programs Branch of the Disability and Adult Programs Division along with any other medical documentation. The required forms are the MC 220, MC 221, and MC 223 and must be annotated with the identifier "CAPI CASE".

HANDBOOK ENDS HERE

.3 To be eligible for CAPI as a disabled individual, a person must meet the requirements specified in 20 CFR 416.901 et seq. for the SSI/SSP program.

49-025 AGE AND DISABILITY (Continued) **49-025**

HANDBOOK BEGINS HERE

.31 20 CFR 416.905(a) defines disability for adults as follows:

"(a) The law defines disability as the inability to do any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months." To meet this definition, applicants must have a severe impairment, which makes them unable to do their previous work or any other substantial gainful activity which exists in the national economy. To determine whether a person is able to do any other work, SSA considers a person's residual functional capacity, age, education, and work experience."

.32 20 CFR 416.906 defines disability for children under age 18 as follows:

"If you are under age 18, we will consider you disabled if you have a medically determinable physical or mental impairment or combination of impairments that causes marked and severe functional limitations, and that can be expected to cause death or that has lasted or can be expected to last for a continuous period of not less than 12 months...."

HANDBOOK ENDS HERE

.33 Any child or adult who is engaging in substantial gainful activity at the time of filing a new CAPI application will not be considered disabled.

.34 The Department's Disability and Adult Programs Division is responsible for making all blindness and disability determinations for CAPI.

.341 A current determination of disability established for Title II Social Security, SSI/SSP or Medi-Cal can be used to establish disability for CAPI. A current determination is one that has not lapsed due to benefit termination.

HANDBOOK BEGINS HERE

.342 Medical History and related forms must be completed and transmitted to the State Programs Branch of the Disability and Adult Programs Division along with any other medical documentation. The required forms are the MC 220, MC 221, and MC 223 and must be annotated with the identifier "CAPI CASE".

HANDBOOK ENDS HERE

49-025 AGE AND DISABILITY (Continued) **49-025**

.4 Counties may make a Presumptive Disability determination while awaiting the formal disability or blindness determinations from the State Programs Branch.

HANDBOOK BEGINS HERE

.41 The Presumptive Disability decision may only be made when the applicant meets specific diagnoses listed below:

(a) Amputation of two limbs.

(b) Amputation of a leg at the hip.

(c) Allegation of total deafness.

(d) Allegation of total blindness.

(e) Allegation of bed confinement or immobility without a wheel chair, walker or crutches, due to a long-standing condition (excluding recent accident or recent surgery).

(f) Allegation of stroke (cerebral vascular accident) more than 3 months in the past and continued marked difficulty in walking or using a hand or arm.

(g) Allegation of cerebral palsy, muscular dystrophy, or muscle atrophy and marked difficulty in walking (e.g., use of braces), speaking, or coordination of hands or arms.

(h) Allegation of diabetes with amputation of foot.

(i) Allegation of Down's Syndrome.

(j) Allegation of severe mental deficiency made by another individual filing on behalf of the claimant who is at least 7 years old. (For example: A mother filing for benefits for her child states that the child attends (or attended) a special school, or special classes in school, because of mental deficiency or, is unable (or was unable) to attend any type of school, and requires care and supervision of routine daily activities.) Note: "mental deficiency" means mental retardation. This category pertains to individuals who depend upon others for meeting personal care needs such as hygiene and for doing other routine activities which grossly exceeds age-appropriate dependence as a result of mental retardation.

HANDBOOK CONTINUES

49-025 AGE AND DISABILITY (Continued) **49-025**

HANDBOOK CONTINUES

(k) A child is age 6 months or younger and the birth certificate or other evidence (e.g., hospital admission summary) shows a weight at birth below 2 pounds, 10 ounces (1,200 grams).

(l) Human immunodeficiency virus (HIV) infection (accompanied by a medical-source statement regarding manifestations of illness.)

(m) A child is 6 months or younger and available evidence (e.g., hospital admission summary) shows a gestational age at birth as follows:

Gestational Age (in weeks)	Birth Weight
37-40	Less than 2,000 grams (4 lbs. 6 oz.)
36	1,875 grams or less (4lbs. 2 oz.)
35	1,700 grams or less (3 lbs. 12 oz.)
34	1,500 grams or less (3 lbs. 5 oz.)
33	1,325 grams or less

(n) A physician or knowledgeable hospice official confirms an individual is receiving hospice services due to terminal cancer.

HANDBOOK ENDS HERE

.42 To be eligible for CAPI benefits based on a finding of presumptive disability, a person must meet all other eligibility criteria.

.43 CAPI payments based on presumptive disability cannot be made for longer than 6 months.

.44 Payments based on a presumptive disability are not considered overpayments if the applicant is ultimately determined to be not blind or disabled.

NOTE: Authority cited: Sections 10553, 10554, and 18943, Welfare and Institutions Code**.** Reference: 20 CFR 404.1505; 20 CFR 404.1581; 20 CFR 416.202; 20 CFR 416.906; 20 CFR 416.920; 20 CFR 416.931 through .944; 42 CFR 435.530; 42 CFR 435.540, and Sections 18937 and 18940, Welfare and Institutions Code.

49-030 INELIGIBILITY FOR SSI/SSP 49-030

.1 To be eligible for CAPI, an individual must be ineligible for SSI/SSP solely due to his or her immigration status.

.11 Ineligibility must be verified by one of the following:

.111 Formal denial letter from the Social Security Administration (SSA) issued after August 1, 1998 and within 6 months of the CAPI application that states the person is ineligible for SSI/SSP due to immigration status.

.112 Informal denial letter or other communication from SSA issued after August 1, 1998 and within 6 months of the CAPI application that indicates the person is ineligible for SSI/SSP due to immigration status.

.113 A county determination that the applicant is not a Qualified Alien (or considered as such) as defined in MPP Section 49-005(q)(1).

.2 Verification that an SSI/SSP application has been filed with SSA and is pending a final determination may be used to meet the SSI/SSP ineligibility requirements in lieu of the evidence outlined in MPP Section 49-030.11.

.21 For purposes of this Section, an SSI/SSP application also includes a pending appeal if the issue under appeal is:

.211 Related to the applicant's disability; or

.212 Related to the person's immigration status.

.22 Counties must complete the SSI/SSP application with SSA or otherwise initiate the SSI/SSP application process in accordance with instructions issued by the department on behalf of any applicant who cannot present any of the evidence listed in MPP Sections 49-030.111 through .113, or MPP Section 49-030.2.

NOTE: Authority cited: Sections 10553, 10554, and 18943, Welfare and Institutions Code. Reference: Sections 13283, 18938, 18939, and 18945 Welfare and Institutions Code.

49-035 INCOME 49-035

.1 To be eligible for CAPI, an individual's or couple's countable income must be lower than the appropriate CAPI payment standard.

.11 Countable income means the amount that is left after subtracting any exclusions or disregarded amounts from an individual's gross income, plus that of a spouse or ineligible parent living in the same household. Disregarded amounts can include allocations for ineligible spouses, parents and children in the deeming process.

.12 Detailed income rules are found in 20 CFR, Part 416, Subpart K.

.2 The definition of income for CAPI purposes is the same as the one used for SSI/SSP and is found in 20 CFR 416.1102.

HANDBOOK BEGINS HERE

.21 20 CFR 416.1102 states:

"Income is anything you receive in cash or in kind that you can use to meet your needs for food, clothing, and shelter. Sometimes income also includes more or less than you actually receive (see §416.1110 and §416.1123(b)). In-kind income is not cash, but is actually food, clothing, or shelter, or something you can use to get one of these."

HANDBOOK ENDS HERE

.22 Earned income is counted differently than unearned income.

.221 SSI/SSP benefits received by a spouse living in the same household as the CAPI applicant/recipient is counted as unearned income based on need.

.3 Earned income consists of wages, net earnings from self-employment, payments for services performed in a sheltered workshop or work activities center, and certain royalties and honoraria.

.31 Net earnings from self-employment are counted on a taxable year basis. The yearly total is divided by the number of months in the taxable year to arrive at the monthly earnings.

.32 Other earned income is counted when it is received or set aside for the employee's use.

.4 Earned income exclusions are applied in the following order:

.41 Earned income excluded by other Federal law.

49-035 INCOME (Continued) **49-035**

.42 Up to $10 of infrequent or irregular earned income.

.43 Up to $400 per month, but no more than $1,620 per year, for blind or disabled children regularly attending school.

.44 Any portion of the $20 monthly exclusion that has not been applied against unearned income in the same month.

.45 $65 of earned income in a month.

.46 Earned income used to pay impairment related work expenses (IRWE) for disabled (but not blind) individuals under age 65 or persons who received CAPI benefits as a disabled individual for the month prior to age 65.

.47 One-half of the remaining earned income in a month.

.48 Earned income used to meet any expenses reasonably attributable to the earning of income for blind individuals who are under age 65 or who received CAPI benefits as a blind individual for the month prior to age 65.

.49 Earned income used to fulfill an approved plan to achieve self support for blind and disabled persons under age 65 or who received CAPI benefits as a blind or disabled individual for the month prior to age 65.

.5 Unearned income consists of all income that is not earned income and includes, but is not limited to, annuities, pensions, alimony, support payments, dividends, interest, rental income, prizes, gifts, gambling winnings, and in-kind support and maintenance.

.51 In-kind support and maintenance means any food, clothing, or shelter that an applicant receives because someone else pays for or provides it.

.511 Shelter includes room, rent, mortgage payments, real property taxes, heating fuel, gas, electricity, water, sewer, and garbage collection services.

.52 In-kind support and maintenance is valued in two different ways:

.521 When an applicant or recipient is living in another person's (relative or non-relative) household for an entire calendar month and receives both food and shelter from that person, the applicant or recipient is subject to the reduced needs CAPI payment standard.

49-035 INCOME (Continued) **49-035**

(a) The reduced needs payment standard is used regardless of the actual value of the in-kind support and maintenance received in this situation.

(b) A person subject to the reduced needs payment standard cannot be charged with any other in-kind support and maintenance income.

(c) A person who pays a pro rata share of the household's food and/or shelter costs cannot be subject to the reduced needs payment standard.

.522 In-kind support and maintenance is charged as unearned income subject to the presumed maximum value when it is received in all situations other than the one described in MPP Section 49-035.521.

(a) The value of the in-kind support and maintenance income charged equals the lesser of its actual value or the presumed maximum value.

(b) In-kind support and maintenance from within the household must be developed when the individual is living in a non-public-assistance household with someone other than a spouse or minor child and either has rental liability or ownership interest and is receiving contributions from others, or is either purchasing food separately or earmarking food or shelter payments.

(c) In-kind support and maintenance from outside the household must be developed when a third party who does not live in the household makes a payment to a vendor for an item of the household's shelter or food. Two examples are rent-free shelter and rental subsidy.

(1) Rental subsidy must be developed when the applicant or recipient has rental liability (including room rentals within someone else's home) and someone in the household is related as parent or child to the landlord or landlord's spouse.

.53 Unearned income exclusions are applied in the following order:

(a) Unearned income excluded by other federal laws listed in the appendix of Subpart K of 20 CFR Part 416. (Examples include, but are not limited to, Food Stamps, federal housing and utility assistance, education assistance, and certain payments to Native Americans.)

49-035 INCOME (Continued) **49-035**

(b) Any public agency's refund of taxes paid on real property or food.

(c) Assistance based on need which is wholly funded by a state or political subdivision.

(d) Any portion of a grant, scholarship, or fellowship used for paying tuition, fees, or other necessary educational expenses other than food, clothing, or shelter.

(e) Food raised and consumed by the applicant or other household members.

(f) Assistance received under the Disaster Relief and Emergency Assistance Act.

(g) Up to $20 of irregular and infrequent income received no more than once in a calendar quarter.

(h) Alaska Longevity Bonus payments.

(i) Payments for providing foster care to an ineligible child who was placed in the applicant's or recipient's home by a public or private nonprofit agency.

(j) Interest earned on excluded burial funds.

(k) In-kind home energy assistance provided by a non-profit agency or utility company.

(l) One-third of support payments made to or for a child from an absent parent.

(m) The first $20 of any unearned income in a month other than income based on need.

(n) Any unearned income used to fulfill an approved plan to achieve self support for blind and disabled persons under age 65 or persons who received CAPI benefits as a blind or disabled individual for the month prior to age 65.

(o) The value of any Federal Housing subsidies.

(p) Interest earned on excluded burial space.

(q) The value of any commercial transportation ticket for United States travel (including Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands) that is received as a gift.

(r) Payments from a state fund to aid victims of crime.

49-035 INCOME (Continued) **49-035**

(s) Relocation assistance provided by a state or local government.

(t) Hostile fire pay received from one of the uniformed services pursuant to United States Code 310.

.6 The following things that may be received by a recipient or applicant are not income because they are not and cannot be converted to food, clothing, or shelter or they represent the proceeds from the sale or conversion of a person's property.

.61 Medical care and services.

.62 Social services.

.63 Receipts from the sale, exchange, or replacement of a resource.

HANDBOOK BEGINS HERE

.631 Example: Money received from the sale of a recipient's automobile is not income; it is a conversion to another type of a resource.

HANDBOOK ENDS HERE

.64 Income tax refunds.

.65 Payments by credit life or credit disability insurance. Payments made under a credit life or credit disability insurance policy on the applicant's or recipient's behalf is not income.

.66 Proceeds of a loan. Money borrowed or money received as a repayment of a loan is not income. However, interest received on money a recipient or applicant has lent is income.

.67 Replacement of income that has been lost, destroyed, or stolen is not income. The original payment that was lost, destroyed, or stolen, however, is counted as income.

.68 Weatherization assistance, e.g., insulation, storm doors and windows.

.69 Any item received (except food, clothing, or shelter) which would be an excluded nonliquid resource if retained.

49-035 INCOME (Continued) **49-035**

HANDBOOK BEGINS HERE

.691 Example: Receipt of a car with a current market value of less than $4500 by a person who owns no other vehicles is excluded because it would be an excluded resource and it is not food, clothing, or shelter.

HANDBOOK ENDS HERE

.7 Deemed income is the amount of another person's income that is considered to belong to the applicant or recipient regardless of whether the other person actually makes the money available to the applicant or recipient.

.71 The steps used in the deeming process are the same as those used to determine SSI/SSP eligibility and benefit amount. Unless otherwise modified by these regulations or other instructions issued by the department, counties must follow the detailed rules found in 20 CFR 416.1160 et seq. These steps are reflected in the CAPI Income Eligibility-Adult form (SOC 452) for spouse-to-spouse deeming and in form SOC 454 for sponsor-deeming.

.72 There are three categories of individuals whose income may be deemed to an applicant or recipient.

.721 Ineligible spouse who is living in the same household as the applicant or recipient.

.722 Ineligible parent(s) who is living in the same household as the minor applicant or recipient.

(a) Deeming from an ineligible parent(s) to a child stops effective with the month following the month in which the child attains age 18.

.723 Sponsor of a non-citizen, regardless of where the sponsor is living.

(a) The sponsor's income also includes the sponsor's spouse's income if the sponsor and the spouse live in the same household.

(b) The length of the deeming period depends on:

(1) Which version of Affidavit of Support [as defined in MPP Section 49-005(a)] the sponsor signed, and

49-035 INCOME (Continued) **49-035**

(2) For a non-citizen who entered the United States on or after August 22, 1996, whether he or she is eligible for basic CAPI or extended CAPI (see MPP Sections 49-020.2 through .32).

(c) Refer to Section 49-037 for detailed instructions on when sponsor deeming applies, length of sponsor deeming periods, and exceptions to sponsor deeming.

.73 Income excluded from deeming from an ineligible parent or spouse includes all of the following:

.731 All of the income exclusions listed in MPP Sections 49-035.4 and 49-035.53.

.732 Any public income-maintenance payments, except SSI/SSP that the ineligible spouse receives, and any income which was counted or excluded in figuring the amount of that benefit.

.733 Income used to comply with the terms of court-ordered support.

.734 In-kind support and maintenance.

.735 IHSS paid to the ineligible spouse or parent(s) for providing chore, attendant or homemaker services to the applicant or recipient.

.74 Income excluded in deeming from a sponsor includes only income excluded under other Federal laws as listed in the appendix of Subpart K of 20 CFR Part 416, and certain in-kind income described in 20 CFR 416.1157(c).

NOTE: Authority cited: Sections 10553, 10554, and 18943, Welfare and Institutions Code. Reference: 8 CFR 213a.2(e); 20 CFR 416.202; 20 CFR 416.1103; 20 CFR 416.1104; 20 CFR 416.1110 through .1112; 20 CFR 416.1120; 20 CFR 416.1124; 20 CFR 416.1130; 20 CFR 416.1131; 20 CFR 416.1132; 20 CFR 416.1140; 20 CFR 416.1157; 20 CFR 416.1160; 20 CFR 416.1161; 20 CFR 416.1165, 20 CFR 416.1166a(c) and (d)(3); P.L. 104-193, Section 421(b) and (f), (Personal Responsibility and Work Opportunity Reconciliation Act of 1996); Section 1621 of the Social Security Act, 8 US Code Section 1631; Social Security Administration's Program Operations Manual System, Sections SI 00502.240, SI 00502.280, SI 01320.910, SI 01320.915, and SI 01320.920; and Sections 18938, 18940 and 18941, Welfare and Institutions Code.

49-037 SPONSOR DEEMING 49-037

.1 Sponsor-deeming rules apply regardless of whether or not the sponsor actually provides the non-citizen with any support. Sponsor-deeming rules include counting the income and resources of the sponsor as belonging to the non-citizen, verifying the sponsor's information, establishing the correct deeming period, interaction with other deeming rules, and applying appropriate exceptions and income or resource exclusions in determining the amount of income and resources to be deemed to the non-citizen.

.2 Sponsor deeming for non-citizens whose sponsor signed the New Affidavit of Support

.21 Deeming from a sponsor who signed a New Affidavit of Support applies to a non-citizen who is eligible for basic CAPI unless one of the following occurs:

.211 The sponsor dies or

.212 The non-citizen becomes a naturalized citizen or

.213 The non-citizen is credited with 40 quarters of coverage as defined under Title II of the Social Security Act.

.22 For a non-citizen who is ineligible for basic CAPI, deeming from a sponsor who signed a New Affidavit of Support applies for 10 years from the date of the sponsor's execution of the Affidavit or the date of the non-citizen's arrival in the United States, whichever is later.

.23 Sponsor deeming does NOT apply under either basic CAPI or extended CAPI if a sponsor has signed a New Affidavit of Support and any of the following is true:

.231 The non-citizen, the non-citizen's minor child, or the non-citizen's parent if the non-citizen is a minor child, is a victim of abuse as defined in MPP Section 49-020.313, and the victim is living in a different household than the abuser or

.232 The county determines that the non-citizen is a victim of abuse by his or her sponsor or the sponsor's spouse or

.233 The county determines that the non-citizen meets the criteria for the indigence exception as described in MPP Section 49-037.4.

.24 For both basic CAPI and extended CAPI, when the sponsor has signed the New Affidavit of Support and the sponsor is the non-citizen's ineligible spouse or parent, sponsor-deeming rules apply instead of rules regarding deeming from an ineligible spouse or parent.

49-037 SPONSOR DEEMING (Continued) **49-037**

.3 Sponsor deeming for non-citizens whose sponsor signed the Old Affidavit of Support

.31 Deeming from a sponsor who signed an Old Affidavit of Support applies to non-citizens who are eligible for basic CAPI unless one of the following occurs:

.311 The sponsor dies or

.312 The non-citizen has resided in the United States for three years since the date of admission for permanent residence as established by the Immigration and Naturalization Service.

.32 For a non-citizen who is ineligible for basic CAPI, deeming from a sponsor who signed an Old Affidavit of Support applies for 10 years from the date of the sponsor's execution of the Affidavit or the date of the non-citizen's arrival in the United States, whichever is later.

.33 Sponsor deeming does not apply under either basic CAPI or extended CAPI if a sponsor has signed an Old Affidavit of Support and any of the following is true:

.331 The non-citizen becomes blind or disabled as defined for SSI/SSP purposes after admission to the United States or

.332 The non-citizen is not Lawfully Admitted for Permanent Residence (LAPR) to the United States as determined by the Immigration and Naturalization Service or

.333 The county determines that the non-citizen is a victim of abuse by his or her sponsor or the sponsor's spouse.

.34 For both basic CAPI and extended CAPI, when the sponsor has signed the Old Affidavit of Support and the sponsor is the non-citzen's ineligible spouse or parent, rules regarding deeming from an ineligible spouse or parent apply instead of sponsor-deeming rules.

.4 The indigence exception for non-citizens whose sponsor signed the New Affidavit of Support

.41 The indigence exception applies when all of the following are met:

.411 Sponsor-deeming results in denial, suspension, or reduction of CAPI benefits;

.412 The non-citizen is unable to obtain both food and shelter;

49-037 SPONSOR DEEMING (Continued) **49-037**

.413 The non-citizen completes and signs the CAPI Indigence Exception Statement (SOC 809) and

.414 The county determines that the indigence exception applies.

.42 The indigence exception does NOT apply when:

.421 The non-citizen lives with his or her sponsor, or

.422 The non-citizen lives with someone other than the spnsor and receives free room and board.

.43 If the non-citizen is living apart from his or her sponsor and not receiving free food and shelter in another person's household, the non-citizen shall be considered unable to obtain food and shelter if:

.431 The total gross income that the non-citizen receives from all sources is less than the federal SSI Individual rate if the non-citizen is not living with his or her spouse, or the federal SSI Couple rate if the non-citizen is living with his or her spouse, and

.432 The resources available to the non-citizen are less than the applicable CAPI resource limit.

.44 The total gross income and available resources counted for the purpose of determining whether the non-citizen is unable to obtain food and shelter consist of:

.441 All of the non-citizen's own income (including income normally excluded such as General Assistance and Food Stamps) and resources (including liquid resources normally excluded such as burial funds);

.442 The income and resources of the non-citizen's spouse (if living together) or parent(s) (if living with the minor non-citizen); and

.443 Any cash, food, housing, or other assistance provided by other individuals or agencies (including the sponsor).

.45 The indigence exception applies for a 12-month period.

.451 The period begins whenever all of the conditions are met and runs for 12 consecutive months (including nonpayment months).

49-037 SPONSOR DEEMING (Continued) **49-037**

.452 Sponsor-deeming does not apply during the 12-month period.

.453 The exception period ends with the last day of the 12th month unless a new indigence determination is made prior to the expiration of the existing period. If all the criteria in MPP Section 49-037.41 are met, a new 12-month period may begin any time after the current period expires.

.46 The county must do all of the following whenever the non-citizen has requested the indigence exception:

.461 Obtain a completed form (SOC 809) signed by the non-citizen specifically applying for the exception that provides information regarding his or her living arrangements and income.

.462 Contact the sponsor to confirm the non-citizen's allegations regarding the amount of income and resources that the sponsor provides or makes available to the non-citizen.

(a) Contact INS for the sponsor's address if the sponsor's whereabouts are unknown.

(b) If the sponsor cannot be located, accept the non-citizen's allegation if it is credible and does not conflict with other information in the file.

.463 Based on all available evidence, prepare a written determination as to whether the indigence exception applies or not. If the exception does apply:

(a) Determine the amount of income and support the non-citizen receives from the sponsor plus other sources, and the resources available to the non-citizen. Determine CAPI eligibility and payment amount based on these figures.

(b) Notify the Immigration and Naturalization Service and the Department of the determination.

.5 Verification of Sponsor Information

.51 The non-citizen is responsible for obtaining the sponsor's cooperation in developing and documenting the information needed to determine the sponsor's income and resources, the information needed to make an indigence exception determination, or any other information from the sponsor needed to apply the deeming rules described in this sub-chapter.

49-037 SPONSOR DEEMING (Continued) **49-037**

.511 If a sponsor cannot be located or leaves the United States, it is the non-citizen's responsibility to obtain evidence of the sponsor's income and resources.

.512 If the non-citizen does not provide requested verification of the sponsor's income and resources including a signed statement from the sponsor regarding his or her income and resources, the county must deny the application or suspend eligibility and payment in accordance with MPP Sections 49-015.13 or 49-060.1(d).

.52 The county must verify alleged lack of sponsorship with the Immigration and Naturalization Service whenever a non-citizen who is Lawfully Admitted for Permanent Residence (as determined by the Immigration and Naturalization Service) alleges not having a sponsor.

.53 The county must request a signed statement from the sponsor(s) regarding the income and resources of the sponsor(s), unless the statement of the non-citizen regarding the sponsor(s)' income and resources would preclude CAPI eligibility.

.54 The county must ensure that a copy of the Affidavit is in the file and must compare it with the sponsor's allegations regarding income and resources if the allegations appear to allow eligibility for the non-citizen, unless the non-citizen is exempt from sponsor deeming under any other provisions of this subchapter.

.541 The non-citizen is ultimately responsible for obtaining a copy of the Affidavit. (A non-citizen can request a copy of the Affidavit from the Immigration and Naturalization Service under the Freedom of Information Act, if necessary.)

.542 The sponsor must explain and provide evidence for any material discrepancy between his or her current allegations regarding income and resources and the income and resources that were recorded in the Affidavit.

NOTE: Authority cited: Sections 10553, 10554, and 18943, Welfare and Institutions Code. Reference: Sections 10553, 10554, 18938, and 18940, Welfare and Institutions Code; 20 CFR 416.1160, 416.1166a, and 416.1204; Social Security Administration's Program Operations Manual System (POMS) SI 00502.240, SI 00502.280, SI 01320.910, SI 01320.915, and SI 01320.920; and 8 USC 1631.

49-040 RESOURCES **49-040**

.1 To be eligible for CAPI, an individual's or couple's non-excludable resources must not exceed $2,000 for an individual or $3,000 for a couple.

.11 Detailed resource rules are found in 20 CFR, Part 416, Subpart L.

49-040 RESOURCES (Continued) **49-040**

.2 The definition of resources for CAPI purposes is the same as the one used for SSI/SSP and is found in 20 CFR 416.1201(a) and (a)(1).

HANDBOOK BEGINS HERE

.21 20 CFR 416.1201(a) states:

"(a) Resources; defined. For purposes of this subpart L, resources means cash or other liquid assets or any real or personal property that an individual (or spouse, if any) owns and could convert to cash to be used for his or her support and maintenance."

.22 20 CFR 415.1201(a)(1) states:

"(a)(1) If the individual has the right, authority or power to liquidate the property or his or her share of the property, it is considered a resource. If a property right cannot be liquidated, the property will not be considered a resource of the individual (or spouse)."

.23 20 CFR 416.1201(b) states:

"(b) Liquid resources are cash or other property which can be converted to cash within 20 days, excluding certain nonwork days as explained in 20 CFR 416.120(d). Examples of resources that are ordinarily liquid are stocks, bonds, mutual fund shares, promissory notes, mortgages, life insurance policies, financial institution accounts (including savings, checking, and time deposits, also known as certificates of deposit) and similar items. Liquid resources, other than cash, are evaluated according to the individual's equity in the resources."

.24 20 CFR 416.1201(c) states:

"(c) Nonliquid resources are property which is not cash and which cannot be converted to cash within 20 days excluding certain nonwork days as explained in 20 CFR 416.120(d). Examples of resources that are ordinarily nonliquid are loan agreements, household goods, automobiles, trucks, tractors, boats, machinery, livestock, buildings and land. Nonliquid resources are evaluated according to their equity value except as otherwise provided. (See 20 CFR 416.1218 for treatment of automobiles.)"

.25 20 CFR 416.1201(c)(2) defines equity value of an item as:

"(c)(2) the price that item can reasonably be expected to sell for on the open market in the particular geographic area involved, minus any encumbrances."

HANDBOOK ENDS HERE

49-040 RESOURCES (Continued) **49-040**

.3 In determining the resources of an individual or couple the following items are excluded:

(a) The home and any adjoining land, and related outbuildings as long as the applicant recipient is residing in the home.

(b) Household goods and personal effects to the extent their total equity value does not exceed $2,000.

(1) A wedding ring, an engagement ring, and any device such as a wheelchair, hospital bed, or dialysis equipment that is needed due to the applicant's physical condition is excluded in determining the value of household goods and from resources in general.

(2) If the individual alleges no items of unusual value or only one such item with a current market value of $1,000 or less, absent evidence to the contrary, accept the allegation and assume the total equity value of all household goods and personal items is $2,000 or less.

(c) One automobile if it meets one of the following conditions:

(1) It is necessary for employment.

(2) It is necessary for the medical treatment of a specific or regular medical problem.

(3) It is modified for operation by or transportation of a handicapped person.

(4) It is necessary to perform essential daily activities.

(5) Its current market value does not exceed $4,500.

(A) If the market value exceeds $4,500, only the excess is counted against the resource limit.

(d) Property of a trade or business that is essential to the means of self-support.

(e) Non-business property essential to the means of self support if the person's equity is less than $6,000 and the property produces a net annual income to the individual of at least 6 percent of the excluded equity.

(f) Resources of a blind or disabled person which are necessary to fulfill an approved plan for achieving self support.

(g) Stock in regional or village corporations held by Alaskan natives.

49-040 RESOURCES (Continued) **49-040**

(h) The cash surrender value of life insurance policies if the combined face values of the policies do not exceed $1,500 for any one person.

(1) In determining the face value of the life insurance policies, term insurance will not be taken into account.

(i) Restricted allotted Indian lands.

(j) Payments as required by other federal statutes (see 20 CFR 416.1236 for a detailed list). (Examples include, but are not limited to, Food Stamps, federal housing and utility assistance, and certain payments to Native Americans.)

(k) Disaster relief assistance and any interest earned on the assistance.

(l) Burial spaces and burial space items.

HANDBOOK BEGINS HERE

(1) 20 CFR Sections 416.1231(a)(2) reads:

"*Burial spaces defined.* For purposes of this section "burial spaces" include burial plots, gravesites, crypts, mausoleums, urns, niches and other customary and traditional repositories for the deceased's bodily remains provided such spaces are owned by the individual or are held for his or her use. Additionally, the term includes necessary and reasonable improvements of additions to or upon such burial spaces including, but not limited to, vaults, headstones, markers, plaques, or burial containers and arrangements for opening and closing the gravesite for burial of the deceased."

HANDBOOK ENDS HERE

(m) Up to $1,500 each set aside for burial expenses of the individual or the individual's spouse.

(1) The funds must be kept separate from all other resources and clearly designated for the individual's or spouse's burial expenses.

(2) If the individual is an eligible child, the exclusion also includes burial funds set aside for the child's parent or parent's spouse.

(n) Title II Social Security, SSI/SSP (received by a spouse or parent), or CAPI retroactive payments for 6 months following the month of receipt.

49-040 RESOURCES (Continued) **49-040**

(o) Earned income tax credits for the month following the month of receipt.

(p) Federal Housing subsidies.

(q) Payments from a state fund to aid victims of crime for a period of 9 months following the month of receipt.

(r) Relocation assistance for a period of 9 months following the month of receipt.

.4 The resources of any applicant or recipient include the resources of a spouse who is living in the same household regardless of whether or not the resources are actually made available to the applicant or recipient.

.5 The resources of any applicant or recipient under the age of 18 are deemed to include the resources of any ineligible parent (or the ineligible spouse of such parent) who is living in the same household as the child regardless of whether or not the resources are actually made available to the applicant or recipient.

.51 The resources from the parent are deemed to the child only to the extent they exceed:

.511 The resource limit for an individual when the child lives with just one parent.

.512 The resource limit for a couple when the child lives with both parents (or one parent and the parent's spouse).

.6 The following exclusions apply to resources to be deemed from an ineligible spouse or ineligible parent:

.61 The same resource exclusions listed in MPP Section 49-040.3.

.62 Pension funds belonging to an ineligible spouse or parent.

.621 Pension funds are defined as funds held in individual retirement accounts (IRA) or in work-related pension plans (including Keogh plans).

.7 The resources of any non-citizen are deemed to include the resources of the non-citizen's sponsor(s) regardless of whether they live in the same household and regardless of whether the sponsor(s) actually make the resources available to the applicant or recipient.

.71 The same resource exclusions listed in MPP Section 49-040.3 apply to the sponsor(s)' resources.

49-040 RESOURCES (Continued) **49-040**

.72 The resources of the sponsor's spouse are also included if the sponsor and his or her spouse live in the same household.

.73 The resources of the sponsor (and spouse, if any) are only counted to the extent they exceed the applicable resource limits of $2,000 for an individual or $3,000 for a couple.

.74 Refer to Section 49-037 for detailed instructions on when sponsor deeming applies, length of sponsor deeming periods, and exceptions to sponsor deeming.

.8 Resource determinations are made as of the first moment of the month based on what assets an individual has, what their values are, and whether any of the items can be excluded as of the first moment of the month.

.81 Any increase or decrease in the value of a resource during the month is counted as of the first moment of the next month.

.82 Items received during a month are counted first under the income rules and then if retained, counted as a resource as of the first moment of the following month.

.83 If an applicant or recipient sells, exchanges, or replaces a resource, the receipts are not income. They are still considered to be a resource.

NOTE: Authority cited: Sections 10553, 10554, and 18943, Welfare and Institutions Code. Reference: 20 CFR 416.1201; 20 CFR 416.1202; 20 CFR 416.1204; 20 CFR 416.1205; 20 CFR 416.1207; 20 CFR 416.1210 through 416.1239; Section 1631(a)(3) of the Social Security Act, 8 USC Section 1631, and Section 18940, Welfare and Institutions Code.

49-045 FILING FOR OTHER BENEFITS **49-045**

.1 To be eligible or remain eligible for CAPI, an individual must file for SSI/SSP benefits, and appeal SSI/SSP benefit decisions, if the county makes the referral to do so.

.11 Filing for SSI/SSP also includes cooperating with the Social Security Administration by providing all requested information and evidence.

.12 The county must refer any CAPI applicant or recipient who they believe to be eligible for SSI/SSP to file for SSI/SSP regardless of any previous determinations by the Social Security Administration.

.13 Any CAPI applicant or recipient who has been denied SSI/SSP because of a determination that he or she is not disabled must be referred to file an appeal of the disability decision.

49-045 FILING FOR OTHER BENEFITS (Continued) **49-045**

.14 Individuals are eligible or remain eligible for CAPI benefits while the SSI/SSP claim or appeal of an immigration status or disability issue is pending, as long as the individual fully cooperates in the application and administrative appeal process of the Social Security Administration.

.15 An applicant or recipient who does not file for SSI/SSP within 30 days of receiving the county referral is not eligible or does not remain eligible for CAPI, unless the county determines that a good reason exists for not filing within the 30-day period.

.2 Counties are required to determine if a recipient would benefit from county advocacy activities in his or her effort to become eligible for SSI/SSP.

.21 Counties are required to determine which advocacy activities would most likely help CAPI recipients become eligible for SSI/SSP, and to provide those activities. The allowable advocacy activities are:

.211 Assist the recipient in completing SSI/SSP appeal forms.

.212 Refer recipients to a panel of attorneys to provide representation at an SSI/SSP hearing.

.213 Assist in collecting medical and psychological records for the recipient after the recipient's initial SSI/SSP denial. This activity does not include providing transportation or accompaniment for the recipient to or from medical appointments.

.214 Assist the recipient in scheduling medical/psychiatric appointments after the recipient's initial SSI/SSP denial. This activity does not include providing transportation or accompaniment for the recipient to or from medical appointments.

.215 Assist the recipient in arranging for transportation to medical appointments after the recipient's initial SSI/SSP denial. This activity does not include providing transportation or accompaniment for the recipient to or from medical appointments.

.216 Submit completed forms to SSI and the State Disability Determination Office.

.217 Act as a liaison with SSA and the State Disability Determination Office to ensure that all SSI related requirements are met for SSI approval.

49-045 FILING FOR OTHER BENEFITS (Continued) **49-045**

.218 Assist the client in obtaining citizenship. This assistance is limited to making referrals to the Immigration and Naturalization Service, assisting in completion of required citizenship documents, and making referrals to citizenship courses. It does not include payment for courses or providing transportation or accompaniment for the recipient to or from registration or classes.

(a) "Assisting in completion" of required documents does not include preparing those documents.

HANDBOOK BEGINS HERE

(b) 8 CFR 1.1(k) states:

"The term "preparation," constituting practice, means the study of the facts of a case and the applicable laws, coupled with the giving of advice and auxiliary activities, including the incidental preparation of papers, but does not include the lawful functions of a notary public or service consisting solely of assistance in the completion of blank spaces on printed Service forms by one whose remuneration, if any, is nominal and who does not hold himself out as qualified in legal matters or in immigration and naturalization procedure."

HANDBOOK ENDS HERE

.3 To be eligible or remain eligible for CAPI, an individual must file for all other benefits for which he or she may be entitled when the county makes a referral.

.31 Other benefits include any payments for which an individual can apply that are available on an ongoing or one-time basis such as annuities, pensions, retirement benefits, disability benefits, unemployment or worker's compensation, and Social Security benefits.

.32 The county must refer any CAPI applicant or recipient who they believe to be eligible for another benefit to file for that benefit.

.33 Filing for other benefits also includes cooperating with the other agency by providing all requested information and evidence.

.34 An applicant or recipient who does not file for the other benefit within 30 days of receiving the county referral is not eligible or does not remain eligible for CAPI, unless the county determines that a good reason exists for not filing within the 30-day period.

NOTE: Authority cited: Sections 10553, 10554, and 18943, Welfare and Institutions Code. Reference: 20 CFR 416.210 and Sections 18938, 18939, and 18940, Welfare and Institutions Code.

49-050 LIVING ARRANGEMENTS AND BENEFIT CATEGORIES 49-050

.1 CAPI payment standards are equivalent to SSI/SSP payment standards, except that:

.11 The payment standards for individuals are $10 less than the SSI/SSP payment standards for individuals.

.12 The payment standards for eligible couples are $20 less than the SSI/SSP payment standards for eligible couples.

.13 The payment standards for couples when one member is receiving or applying for CAPI and the other is receiving SSI/SSP is $10 less than the SSI/SSP payment standards for eligible couples.

.2 A person's living arrangement affects which CAPI payment standard is selected to determine the individual's benefit amount. Living arrangements are always determined as of the first moment of the month and that determination is the basis for the payment standard used for that month, subject to the throughout-a-month rule for institutions or reduced needs living arrangements. The living arrangements for CAPI described below are determined in the same manner as they are for SSI/SSP.

.21 Independent living means that one of the following conditions applies to the person (or spouse or parent whose income is deemed to the applicant or recipient living in the same home):

.211 Has ownership interest in the home.

.212 Has rental liability.

.213 Lives alone.

.214 Lives with others and pays a pro rata share of the shelter and/or food expenses.

.215 Lives with others and all members of the household receive public income maintenance payments.

.22 Independent living without cooking facilities means that the aged or disabled individual meets one of the criteria in Section 49-050.21, does not have a stove and refrigerator available for his or her use, and does not have meals provided as part of the living arrangement.

.221 Detailed provisions are found in MPP Section 46-160.

49-050 LIVING ARRANGEMENTS AND BENEFIT CATEGORIES 49-050
(Continued)

.23 Reduced needs with in-kind room and board means that none of the conditions listed in MPP Section 49-050.21 apply and the applicant (or parent, if the applicant is a minor child) is living in the household of another (relative or non-relative) for a full calendar month and receiving both food and shelter as described in MPP Section 49-035.521.

.231 This living arrangement does not apply if the person supplying the support and maintenance is the spouse of the recipient or applicant, or parent if the recipient or applicant is a minor child.

.24 Nonmedical out-of-home care means receiving room, board and care and supervision related to the person's individual needs in a licensed nonmedical facility, or the home of a relative.

.241 Detailed provisions are found in MPP Section 46-140.

.242 The reduced needs nonmedical out of home care payment standard applies to persons who meet the conditions in MPP Section 49-050.23 above and are receiving care and supervision while living in the home of a relative.

.243 The higher nonmedical out-of-home care payment standard applies to all other persons who receive care and supervision in a licensed facility, or who live in the home of a relative and meet one of the conditions listed in MPP Section 49-050.214 or .215 above.

.25 The disabled child payment standard applies to all disabled children under age 18 who are living with a parent, guardian, or relative by blood or marriage.

.251 The reduced needs payment standard for children may apply to children living with a parent(s) if the parent meets the conditions in MPP Section 49-050.23 above.

.252 One of the nonmedical out-of-home care payment standards may apply to children living with a non-parent relative or guardian if the conditions described in MPP Section 49-050.24 above are met.

.253 Benefits for blind children are determined using the payment standards for blind adults.

.26 The Title XIX medical facility payment standard applies to persons who reside throughout a month in a medical facility and Medi-Cal (title XIX of the Social Security Act) pays more than 50 percent of the cost of the person's care.

49-050 LIVING ARRANGEMENTS AND BENEFIT CATEGORIES 49-050
(Continued)

.261 An exception to the Title XIX medical facility rule applies, and one of the other payment standards would be used when a recipient is temporarily confined for medical care and all of the following apply:

(a) The individual must have been eligible for CAPI benefit under one of the higher payment standards in the month prior to entering a facility where the Title XIX facility rate would apply.

(b) A physician must certify that the recipient is expected to be medically confined for 90 consecutive days or less.

(c) The recipient must demonstrate that he or she needs to pay some or all of the expenses of maintaining the home or living arrangement to which he or she may return.

.27 Higher CAPI payment standards apply for blind individuals, or couples where at least one member is blind, if the individual or couple is in either the independent living or reduced needs household of another living arrangement.

NOTE: Authority cited: Sections 10553, 10554, and 18943, Welfare and Institutions Code. Reference: 20 CFR 416.414; 20 CFR 416.1131 - 416.1132; 20 CFR 416.1148; Section 1611(e)(1)(G) of Title XVI of the Social Security Act, and Sections 12200, 12201.5, 18940, and 18941, Welfare and Institutions Code.

49-055 BENEFIT DETERMINATIONS 49-055

.1 Retrospective monthly accounting is used in determining the CAPI benefit amount. This means that as a general rule the individual's or couple's countable income received two months prior to the current month is used to determine the CAPI benefit in the current, or payment, month.

.11 The month that is two months prior to the current month will be referred to as the budget month.

.2 The following exceptions apply to the retrospective monthly accounting rule:

.21 For the first two months of initial eligibility, the budget and payment months will be the same.

.211 Non-recurring income received in the first month of eligibility is not considered in determining the benefit amount for the third month of eligibility.

49-055 BENEFIT DETERMINATIONS (Continued) **49-055**

.212 Non-recurring income received in the second month of eligibility is not considered in determining the benefit amount for the fourth month of eligibility.

.213 Non-recurring income is a type of income (Social Security, in-kind, earned, deemed, etc.) present in one month, but not the next month of eligibility. The same type of income received in one month and the next month, but in different amounts, does NOT meet the definition of non-recurring income.

.22 In-kind support and maintenance received in the budget month is not used to further reduce a CAPI payment that is already reduced in the payment month because the individual is in the reduced needs household of another living arrangement.

.23 Deemed income from an ineligible spouse from the budget month is not counted in determining CAPI benefits effective with the month after the month the ineligible spouse dies.

.24 Deemed income from an ineligible parent from the budget month is not counted in determining CAPI benefits effective with the month after the month the ineligible parent dies, or after the month child attains age 18.

.3 The CAPI benefit is calculated in the following manner:

.31 Determine the correct payment standard for the payment month based on the applicant's or recipient's living arrangement for that month.

.32 Subtract the individual's, or couple's, countable income from the budget month from the payment standard for the current month (subject to the exceptions listed in MPP Section 49-055.2).

.33 The difference is the CAPI benefit amount for that month.

.4 Each member of an eligible couple receives one-half of the couple's benefit amount when each member is eligible for CAPI.

NOTE: Authority cited: Sections 10553, 10554, and 18943, Welfare and Institutions Code. Reference: Jones v. Shalala 5 F3d 447 (9th Cir. 1993); 20 CFR 416.420(a); 20 CFR 416.502, and Section 18940, Welfare and Institutions Code.

49-060 BENEFIT SUSPENSIONS AND TERMINATIONS 49-060

.1 A recipient's CAPI benefit shall be suspended when any of the following events occur.

(a) The recipient's income in the budget month exceeds the appropriate payment standard in the payment month.

(b) The recipient fails to provide proof of application for SSI/SSP benefits or fails to take all necessary steps to obtain SSI/SSP benefits.

(c) The recipient becomes eligible for SSI/SSP benefits.

(d) The recipient fails to cooperate or provide requested information within 30 days of the county's written request for information or documentation.

(e) The recipient is a resident of a public institution for an entire calendar month.

(f) The recipient is no longer a California resident.

(g) The sponsor's status no longer meets the qualifying conditions outlined in MPP Section 49-020.31.

(h) The recipient's resources exceed the allowable limit.

(i) The recipient is fleeing to avoid prosecution for a felony or is violating a condition of probation or parole.

(j) The recipient fails to file for all other possible benefits.

(k) The recipient's immigration status no longer meets the criteria specified in MPP Section 49-020.1. This specifically includes:

(1) A victim of human trafficking whose application for a T Visa has been finally administratively denied, or who has not applied for a T Visa within one year of the CAPI application date, or on whose behalf a request for continued presence has not been made within one year of the CAPI application date, the recipient has been issued a T Visa; or

(2) A victim of domestic violence or other serious crimes whose application for a U visa has been finally administratively denied.

An application for a visa has been finally administratively denied when an appeal of the visa denial has been unsuccessful or the time to appeal the denial has passed, whichever comes first.

49-060 BENEFIT SUSPENSIONS AND TERMINATIONS (Continued) **49-060**

.2 An individual has 12 consecutive months after the effective date of the suspension to regain eligibility and have benefits reinstated without having to file a new application. An individual requesting reinstatement must submit such evidence as may be necessary (except evidence of age, disability or blindness) to re-establish his or her eligibility. Payments to such recipient shall be reinstated effective with the first day he or she meets all eligibility requirements except filing for a new application.

.3 Eligibility is terminated for a recipient:

.31 After 12 consecutive months of benefit suspension.

.32 When the recipient becomes a citizen.

This page is intentionally left blank.

49-060 BENEFIT SUSPENSIONS AND TERMINATIONS (Continued) **49-060**

.33 When the recipient dies.

.34 When the recipient under age 65 is no longer blind or disabled.

.35 When the recipient asks to voluntarily terminate his or her CAPI benefits.

.4 A new application shall be filed to re-establish eligibility following termination, unless there is a favorable appeal decision.

NOTE: Authority cited: Sections 10553, 10554, and 18943, Welfare and Institutions Code; and SB 1569 (Chapter 672, Statutes of 2006). Reference: 20 CFR 416.1323; 20 CFR 416.1324; 20 CFR 416.1325; 20 CFR 416.1330; 20 CFR 416.1331; 20 CFR 416.1333 through .1335; P.L. 104-193, Section 202 (Personal Responsibility and Work Opportunity Reconciliation Act of 1996), and Sections 18937, 18938, 18940, and 18945, Welfare and Institutions Code.

49-065 INTERIM ASSISTANCE REIMBURSEMENT 49-065

HANDBOOK BEGINS HERE

.1 The Social Security Administration provides interim assistance reimbursement by withholding all or part of a recipient's retroactive SSI/SSP payment(s) to repay states or counties for any interim assistance paid while the SSI/SSP application was pending, or while the SSI/SSP benefits were suspended if the person is subsequently found to be eligible, if certain conditions are met.

.11 The following definition of interim assistance is found in 20 CFR 416.1902:

"*Interim assistance* means assistance the State gives you, including payments made on your behalf to providers of goods or services, to meet your basic needs, beginning with the day of the month you apply for SSI benefits and are eligible for them, and ending with, and including, the month your SSI benefit payments begin, or assistance the State gives you beginning with the day for which your eligibility for SSI benefits is reinstated after a period of suspension or termination and ending with, and including, the month the Commissioner makes the first payment of benefits following the suspension or termination if it is determined subsequently that you were eligible for benefits during that period. It does not include assistance the State gives to or for any other person. If the State has prepared and cannot stop delivery of its last assistance payment to you when it receives your SSI benefit payment from us, that assistance payment is included as interim assistance to be reimbursed. Interim assistance does not include assistance payments financed wholly or partly with Federal funds."

HANDBOOK ENDS HERE

49-065 INTERIM ASSISTANCE REIMBURSEMENT (Continued) **49-065**

.2 Counties must take all necessary steps to qualify any CAPI benefits paid for federal interim assistance reimbursement. These steps include:

.21 Obtaining a signed authorization form from the applicant or recipient.

.22 Forwarding the signed authorization form (or approved electronic authorization) to the Social Security Administration.

.23 Crediting or refunding any federal interim assistance reimbursement received for CAPI payments to the state.

.3 The state will provide its own interim assistance reimbursement to counties who provide interim assistance during the period of time that an individual's initial application is pending, or during a period of CAPI payment suspension prior to reinstatement. The reimbursement period begins with the first month of CAPI eligibility, and ends with, and includes, the month that the individual's CAPI payments begin.

.31 Interim assistance, for purposes of state reimbursement, means any financial assistance the county provides to the CAPI applicant during the period beginning with the first month of CAPI eligibility, and ending with, and including, the month that the individual's CAPI payments begin.

.32 The interim assistance for state reimbursement does not include any payments financed wholly or partly with federal or state funds.

.33 For a county to receive state interim assistance reimbursement, the county must do all of the following:

.331 For applications filed on or after March 4, 1999, obtain a signed authorization form (SOC 455) from the applicant or recipient.

.332 For applications filed prior to March 4, 1999, counties were required to obtain both: 1) the SSP 14 or replacement form authorizing SSA to reimburse from the individual's SSI/SSP check to the county for GA expenditures made during the SSI/SSP eligibility period, and 2) the IAR part of CAPI form SOC 451 authorizing SSA to reimburse from the individual's SSI/SSP check to the county, on behalf of the state, for CAPI expenditures made during the SSI/SSP eligibility period.)

.333 Issue, or request issuance of, a net retroactive CAPI payment (after withholding the amount of the interim assistance owed to the county) directly to the recipient within 10 working days of the date CAPI eligibility and payment amount have been determined.

49-065 INTERIM ASSISTANCE REIMBURSEMENT (Continued) **49-065**

.334 Not delay issuance of a CAPI check solely to obtain a signed authorization form.

.335 Provide proper notification concerning the withholding of the interim assistance amount on the approval notice to the applicant or recipient.

.336 Consortia of CAPI counties must notify the county requesting reimbursement as soon as CAPI eligibility or ineligibility is determined, and obtain the amount of the interim assistance.

NOTE: Authority cited: Sections 10553, 10554, and 18943, Welfare and Institutions Code. Reference: 20 CFR 416.1901; 20 CFR 416.1902; 20 CFR 416.1904, and Sections 18938 and 18940, Welfare and Institutions Code.

49-070 REDETERMINATIONS **49-070**

.1 A recipient's eligibility must be redetermined within 12 months of the recipient's initial benefit payment date and within each succeeding 12-month period.

NOTE: Authority cited: Sections 10553, 10554, and 18943, Welfare and Institutions Code. Reference: Section 18938, Welfare and Institutions Code.

This page is intentionally left blank.

TABLE OF CONTENTS

CHAPTER 49-100 THE CALIFORNIA VETERANS CASH BENEFIT (CVCB) PROGRAM

Section

Program Definition 49-101

Special Definitions 49-105

Administration 49-110

Eligibility for the California Veterans Cash Benefit (CVCB) Program 49-115

Payment Standards 49-120

Ineligibility 49-125

This page is intentionally left blank.

CHAPTER 49-100 THE CALIFORNIA VETERANS CASH BENEFIT (CVCB) PROGRAM

49-101 PROGRAM DEFINITIONS 49-101

.1 The California Veterans Cash Benefit (CVCB) program provides a cash benefit to specified eligible veterans, to be paid as a supplement to the Special Veterans Benefit as defined in Section 49-105(s)(3). The specific CVCB eligibility requirements are set forth at Section 49-115.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Section 12400, Welfare and Institutions Code.

49-105 SPECIAL DEFINITIONS 49-105

(a) (Reserved)

(b) (Reserved)

(c) (Reserved)

(d) (Reserved)

(e) (Reserved)

(f) (Reserved)

(g) (Reserved)

(h) (Reserved)

(i) (Reserved)

(j) (Reserved)

(k) (Reserved)

(l) (Reserved)

(m) (Reserved)

(n) (Reserved)

49-105 SPECIAL DEFINITIONS (Continued) **49-105**

(o) (Reserved)

(p) (Reserved)

(q) (Reserved)

(r) (Reserved)

(s) (1) "SSI" means Supplemental Security Income, a federally-funded, cash benefit paid under Title XVI of the Social Security Act to needy aged, blind, and disabled persons living in the United States. The SSI program is administered by the Social Security Administration (SSA).

(2) "SSP" means California's State Supplementary Payment program authorized under Welfare and Institutions Code Section 12000, et seq. The SSA administers the SSP program in conjunction with the federal SSI program.

(3) "SVB" means the Special Veterans Benefit, a federally-funded, cash benefit paid under Title VIII of the Social Security Act, which is paid to certain veterans of World War II. The SVB program is administered by the SSA.

(t) (Reserved)

(u) (Reserved)

(v) (Reserved)

(w) (Reserved)

(x) (Reserved)

(y) (Reserved)

(z) (Reserved)

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Sections 12050, 12200, and 12400, Welfare and Institutions Code; 20 CFR 416.105, 416.110, and 416.2001; and Program Operations Manual System Section VB 00101.001.

49-110 ADMINISTRATION 49-110

.1 The CVCB program is administered by SSA under an agreement between the Commissioner of SSA and the California Department of Social Services in conjunction with the federal Title VIII SVB program. Applications for SVB payments also serve as applications for CVCB payments and are taken at SSA field offices. The SSA determines the person's eligibility and grant amount according to the provisions of Title VIII of the Social Security Act, Welfare and Institutions Code Section 12400, and these regulations. The SVB and CVCB grant amounts are delivered in a combined monthly payment.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Section 12400, Welfare and Institutions Code, and Section 810A of the Social Security Act (42 U.S.C. Section 1010A).

49-115 ELIGIBILITY FOR THE CALIFORNIA VETERANS CASH BENEFIT (CVCB) PROGRAM 49-115

.1 To be eligible for the CVCB program a person must meet ALL of the following conditions:

.11 The person was eligible for California's SSP for the month of December 1999.

.111 A person is considered to have been eligible for California's SSP in December 1999 if SSA has determined that the person, based on a properly filed application, was eligible for SSP for December 1999.

.12 The person was a member of the Government of the Commonwealth of the Philippines military forces who was in the service of the United States during World War II, on July 31, 1941 or thereafter.

.121 In accordance with Section 812 of the Social Security Act (42 U.S.C. Section 1012), the term "member of the Government of the Commonwealth of the Philippines military forces who was in the service of the United States during World War II" means a person who served:

"in the organized military forces of the government of the Commonwealth of the Philippines, while the forces were in the service of the Armed Forces of the United States pursuant to the military order of the President dated July 26, 1941, including among the military forces organized guerrilla forces under commanders appointed, designated, or subsequently recognized by the Commander in Chief, Southwest Pacific Area, or other competent authority in the Army of the United States, in any case in which the service was rendered before December 31, 1946; and was discharged or released therefrom under conditions other than dishonorable--after service of 90 days or more; or because of a disability or injury incurred or aggravated in the line of active duty."

49-115 ELIGIBILITY FOR THE CALIFORNIA VETERANS CASH BENEFIT (CVCB) PROGRAM (Continued) **49-115**

.122 A person who meets the definition in Section 49-115.121 is presumed to have been in the service of the United States during World War II on July 31, 1941 or thereafter.

.13 The person is eligible for the same period to receive an SVB payment, under Title VIII of the Social Security Act, as a result of the application of federal Public Law 106-169.

.131 Eligibility for SVB payments must be determined by the SSA.

.14 The person is residing in the Republic of the Philippines.

.141 Residency in the Republic of the Philippines for the CVCB program must be determined in the same manner as residency in a foreign country is determined for the federal SVB program.

.142 A person is considered to be residing in the Republic of the Philippines if he/she has established an actual dwelling place in the Republic of the Philippines with the intention of continuing to live there. A person is considered to be residing in the Republic of the Philippines if, on the first day of the month, he or she is residing, as determined under SVB rules, in the Republic of the Philippines.

.143 For CVCB purposes, a person can be a resident of only one country at a time. A person cannot maintain a residence in the Republic of the Philippines and a residence in the United States or any other country at the same time.

.2 Eligibility begins with the first of the month in which all eligibility requirements are met, except that no CVCB payments can be made for a month prior to May 1, 2000.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Section 12400, Welfare and Institutions Code; Sections 803 and 812 of the Social Security Act (42 U.S.C. Sections 1003 and 1012, respectively), and Program Operations Manual System VB 00205.020 and VB 00205.150.

49-120 PAYMENT STANDARDS 49-120

.1 The CVCB payment standard for a person who is not blind is equivalent to the SSP standard for an aged or disabled individual living independently as determined under Welfare and Institutions Code Section 12200(c). The CVCB payment standard must be adjusted at the same time that the SSP payment standard is adjusted in accordance with Welfare and Institutions Code Section 12200 et seq.

.2 The CVCB payment standard for a person who is blind is equivalent to the SSP payment standard for a blind individual living independently as determined under Welfare and Institutions Code Section 12200(a). The CVCB payment standard must be adjusted at the same time that the SSP payment standard is adjusted in accordance with Welfare and Institutions Code Section 12200 et seq.

.21 In order to qualify for the blind rate, SSA must have determined, prior to the date the person becomes eligible for the SVB program, that the person is blind for the purpose of qualifying for an SSP rate based on blindness.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Section 12400, Welfare and Institutions Code.

49-125 INELIGIBILITY 49-125

.1 A recipient becomes ineligible for CVCB payments effective for the first full calendar month he or she is no longer a resident, as determined by SSA under SVB rules, of the Republic of the Philippines.

.2 A recipient becomes ineligible for CVCB payments effective with any month he or she is ineligible for the federally-funded SVB program.

.3 A recipient becomes ineligible for CVCB payments effective for the month immediately following his or her date of death.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Section 12400, Welfare and Institutions Code.

This page is intentionally left blank.

TABLE OF CONTENTS

CHAPTER 50-000 ELIGIBILITY AND PAYMENT STANDARDS

Section

Repealed by Manual Letter No. EAS-88-13, effective 10/3/88 50-010

Repealed by Manual Letter No. EAS-88-13, effective 10/3/88 50-011

Repealed by Manual Letter No. EAS-88-13, effective 10/3/88 50-012

Repealed by Manual Letter No. EAS-88-13, effective 10/3/88 50-013

Repealed by Manual Letter No. EAS-88-13, effective 10/3/88 50-014

Repealed by Manual Letter No. EAS-95-06, effective 7/9/95 50-015

Repealed by Manual Letter No. EAS-95-06, effective 7/9/95 50-016

Repealed by Manual Letter No. EAS-95-06, effective 7/9/95 50-017

Miller II v. Woods 50-018

- Background 1
- Notification of Potential Claimants 2
- Application for Retroactive Payments and Underpayments 3
- Claim Processing 4
- Use of County Worksheet to Document Findings and Calculate Payments Due 5
- General Provisions 6
- Monitoring CWD Compliance 7
- Appendix - Forms 8

Repealed by Manual Letter No. EAS-95-06, effective 7/9/95 50-019

TABLE OF CONTENTS (Continued)

CHAPTER 50-000 ELIGIBILITY AND PAYMENT STANDARDS

Section

Repealed by Manual Letter No. EAS-95-06, effective 7/9/95 50-020

Crary v. McMahon Retroactive Court Order 50-021

Background 1
Definitions 2
Informing of Possible Retroactive Benefits 3
Application For Retroactive Benefits 4
Claim Processing 5
Computation of Corrective Payments 6
Statistical Reporting 7

Windley v. McMahon Retroactive Court Order 50-022

Background 1
Definitions 2
Informing of Case Review 3
Review Request Form 4
Request Processing 5
Statistical Reporting 6

Jacobson v. Anderson Retroactive Lawsuit 50-023

Background 1
Definitions 2
Informing Class Members 3
Application for Corrective Payment 4
Case File Review 5
Process Claim Forms 6
Computation of Corrective Payments 7
Statistical Reports 8

TABLE OF CONTENTS (Continued)

CHAPTER 50-000 ELIGIBILITY AND PAYMENT STANDARDS

Section

Yslas v. Anderson Retroactive Lawsuit 50-024

Background 1
Definitions 2
Informing Eligible Claimants 3
Application for Corrective Underpayment 4
Processing Claim Forms 5
Case Review - Category 2 Eligible Claimants 6
Computation of Corrective Underpayments 7
Statistical Reports 8

CCWRO v. Anderson Retroactive Lawsuit 50-025

Background 1
Definitions 2
Informing Class Members 3
Application for Corrective Underpayment 4
Processing Claim Forms 5
Computation of Corrective Underpayments 6
Statistical Reports 7

Tyler v. Anderson Retroactive Benefits Lawsuit 50-026

Background 1
Definitions 2
Notification of Potential Claimants 3
Application for Retroactive Payments 4
Claim Processing 5
Calculation of Retroactive Payment 6
General Provisions 7
Appendix - Tyler Forms 8

Repealed by Manual Letter No. EAS-88-13, effective 10/3/88 50-050

TABLE OF CONTENTS (Continued)

CHAPTER 50-000 ELIGIBILITY AND PAYMENT STANDARDS

Section

Major v. McMahon 50-060

Background 1
Informing Potentially Eligible Persons of the Availability of Major v. McMahon Payments 2
Application for Major v. McMahon Payment and Claims Processing 3

WRO v. McMahon 50-061

Background 1
Notification of Potential Claimants 2
Application for Retroactive Payments and Underpayments 3
Claim Processing 4
Use of County Worksheets to Document Findings and Calculate Payments Due 5
General Provisions 6
Monitoring CWD Compliance 7
Appendix - WRO Forms 8

CHAPTER 50-000 ELIGIBILITY AND PAYMENT STANDARDS

50-010 GREEN v. OBLEDO 50-010

Repealed by Manual Letter No. EAS-88-13, effective 10/3/88.

50-011 ZAPATA v. WOODS 50-011

Repealed by Manual Letter No. EAS-88-13, effective 10/3/88.

50-012 WILLIAMS v. WOODS 50-012

Repealed by Manual Letter No. EAS-88-13, effective 10/3/88.

50-013 LOWRY v. OBLEDO 50-013

Repealed by Manual Letter No. EAS-88-13, effective 10/3/88.

50-014 SETTLEMENT OF NORTH COAST COALITION v. WOODS, WOOD v. WOODS, WRIGHT v. WOODS, AND ANGUS v. WOODS 50-014

Repealed by Manual Letter No. EAS-88-13, effective 10/3/88.

50-015 GRIMESEY v. McMAHON RETROACTIVE COURT CASE 50-015

Repealed by Manual Letter No. EAS-95-06, effective 7/9/95.

50-016 VAESSEN v. WOODS RETROACTIVE COURT CASE 50-016

Repealed by Manual Letter No. EAS-95-06, effective 7/9/95.

50-017 RUTAN v. McMAHON RETROACTIVE BENEFIT COURT CASE 50-017

Repealed by Manual Letter No. EAS-95-06, effective 7/9/95.

50-018 MILLER II v. WOODS 50-018

HANDBOOK BEGINS HERE

.1 Background

These regulations cover the retroactive payment and underpayment relief that must be implemented again. The first phase of the implementation, called Miller I, was from February 11, 1988 to July 19, 1991. The second phase, called Miller II, began on July 19, 1991, the date of the amended judgment. Below is an overview of the case, including the major implementation changes in Miller II from Miller I.

.11 Court of appeal decision: In October of 1983, the Court of Appeal, Fourth Appellate District, invalidated Manual of Policies and Procedures (MPP) 30-463.233c (renumber MPP 30-763.233c) in Miller v. Woods, 148 Cal.App.3d 862. It ruled that otherwise eligible In-Home Supportive Services (IHSS) recipients were eligible for protective supervision when it was provided by their housemates. It ordered the State Department of Social Services (SDSS) to grant prospective and retroactive relief to the class.

.12 Initial county welfare department (CWD) case review: On May 1, 1984, SDSS repealed MPP 30-763.233c and adopted MPP 30-763.6, which required CWDs to review their existing IHSS cases and to start paying for protective supervision provided by housemates.

.13 Miller I judgment: On February 11, 1988, the San Diego Superior Court approved a final judgment. SDSS was required to notify potential class members and process claims for back payments to applicants, recipients, and their providers, who had been denied them under the invalidated regulation. There were two kinds of payments: retroactive payments from April 1979 through April 1984, and underpayments from May 1984 on.

.14 Miller I implementation: In September 1988, SDSS adopted regulations (MPP 50-018) and started implementing the judgment. Implementation problems occurred, including the failure to send individual notices to some potential class members, returned notices, delays in sending notices, and insufficient notice of the right to claim underpayments.

.15 Miller I judgment: To correct the implementation problems in Miller I, the Superior Court ordered SDSS to notify potential class members again and process claims for back payments. On July 19, 1991, it approved a final judgment which required certain implementation changes from the first judgment.

.16 Miller II implementation changes: The Miller II regulations are generally similar to the Miller I regulations. There are several important changes based on the implementation problems in Miller I and the court's 1991 amended judgment in Miller II:

HANDBOOK CONTINUES

50-018 MILLER II v. WOODS **50-018**
(Continued)

HANDBOOK CONTINUES

(a) Individual notices: SDSS should send individual notices to all providers who lived at the same address as the recipient from January 1, 1980 through November 1988, including health and community care facilities, if necessary. (MPP 50-018.211)

(b) Updating and remailing returned individual notices: SDSS should update addresses on all individual notices returned as undeliverable until May 9, 1993, and remail any updated. The same deadline, based on the initial eight-month claiming period stipulated in MPP 50-018.22, shall apply.

(c) Reopening late claims: SDSS should reopen and CWDs must process all claims denied solely because they were filed late and issue notices with claim forms to the claimants. (MPP 50-018.47)

(d) Retroactive payments: All recipients and non-spouse housemate providers who filed a late claim in Miller I and were denied solely for late filing should have their claim reopened by SDSS and processed by CWDs for possible Miller II retroactive payments, for the period from April 1979 through April 1984; these individuals need not file another claim for retroactive payments under Miller II. (MPP 50-018.47) Any other recipients and non-spouse housemates who provided protective supervision for any time between April 1979 and April 1984, and did not file a Miller I claim, are eligible to file a claim for retroactive payments in Miller II. (MPP 50-018.411 and .412) Spouse recipients and providers may file a claim for the limited period from April 1979 to July 1981 in Miller II (MPP 50-018.331), and any claim after July 1981 will be denied under Miller v. Woods and referred to the Welfare Rights Organization (WRO) v. McMahon case. (MPP 50-018.491(a))

(e) Underpayments: All non-spouse recipients and providers are eligible to file a claim for underpayments for the period from May 1984 through August 1985. (MPP 50-018.332, .413, and .49) Spouse recipients and providers may not file an underpayment claim in Miller II, and any claim for underpayments will be denied under Miller v. Woods and referred to the WRO v. McMahon case. (MPP 50-018.491(a))

(f) Eight-month claim period: The claim period in Miller II should be eight months from the beginning of the mailing of individual notices with the last day to file claims September 30, 1993. This date should apply to remailings as well. (MPP 50-018.22)

HANDBOOK CONTINUES

50-018 MILLER II v. WOODS **50-018**
(Continued)

HANDBOOK CONTINUES

(g) Adverse information notices: CWDs may not deny claims solely because case records or other information contradicts information provided by the claimant on the Standard Claim Form or Supplemental Claim Form. They should send a "Notice of Action for Adverse Information", with a copy of relevant information from the case record or other source attached, and give the claimant 45 days to provide additional information. (MPP 50-018.446, 50-018.463, 50-018.521(a), .522(a), .523(a), and 50-018.633)

(h) Forms: The forms have been changed to reflect the modifications required to implement Miller II, including the use of separate sets of the Standard Claim Form and Supplemental Claim Form for provider claimants and recipient claimants.

(1) Use of Supplemental Claim Form: The CWDs should issue a Supplemental Claim Form to the claimant whenever the CWD is unable to locate either a previously approved IHSS case record or a record of denial. The information from the Supplemental Claim Form, completed as instructed by the county, will be used to examine the claimant's contention that the claimed recipient applied for and/or was denied IHSS during the retroactive claim period, as well as to determine the claimed recipient's income and resource eligibility for IHSS during the period claimed. (MPP 50-018.44 and .452)

(2) If a Miller II claimant is sent a Notice of Action requesting the completion of either the Standard Claim Form or the Supplemental Claim Form, the claimant should have 45 days from the date of the Notice of Action to complete and mail the postmarked document to the CWD. (MPP 50-018.315 and .432)

(i) Notice of Action: For each claim received, the CWD should issue a final Notice of Action for retroactive payments and/or underpayments, which is to contain information specified in MPP 50-018.631(a) through (h).

(j) Monthly CMIPS reports: CMIPS should provide monthly reports on the status of each Miller I claim reopened as a result of being denied due to receipt by the CWD after the end of the Miller I claim period. The reports should contain information specified in MPP 50-018.73.

HANDBOOK CONTINUES

50-018 MILLER II v. WOODS **50-018**
(Continued)

HANDBOOK CONTINUES

(k) Related implementation of WRO v. McMahon: CWDs should be implementing relief in WRO v. McMahon at the same time as Miller II. WRO grants spouse recipients and providers back payments for protective supervision and transportation: retroactive payments from July 1, 1983 through September 10, 1984 and underpayments from October 1, 1984 through September 30, 1985. CWDs should treat some Miller II claims for payments under WRO when they extend beyond Miller II claim period for spouses. CWDs should insert a WRO claim form to accompany the Notice of Action for those who are not eligible to receive retroactive payments and/or who apply for underpayments under Miller II, because they are spouse providers. (MPP 50-018.491)

HANDBOOK ENDS HERE

.2 Notification of Potential Claimants

.21 In order to notify potential claimants, the Department shall:

.211 Send an Explanatory Flyer in English and Spanish, and a Provider Standard Claim Form in English with instructions how to obtain the Spanish version, to all past and present IHSS providers contained on the IHSS Payroll System, from January 1, 1980 to November 30, 1988, who at any time during this period lived at the same address as the recipient. The Department will utilize the services of the Franchise Tax Board and Department of General Services to determine and mail to the most current mailing address available for providers identified in this manner.

.212 Provide each CWD with sufficient quantities of Standard Claim Forms, Supplemental Claim Forms, Explanatory Flyers, and 17" x 22" posters modeled after the Explanatory Flyers in both English and Spanish.

(a) For Miller II, there shall be a Provider Standard Claim Form, an Applicant/Recipient Standard Claim Form, a Provider Supplemental Claim Form, and an Applicant/Recipient Supplemental Claim Form.

(b) In Section 50-018 the terms "Standard Claim Form" and "Supplemental Claim Form" shall apply to both the provider and the applicant/recipient versions of these forms, unless otherwise noted.

(c) In terms of notifying potential claimants as contained in Section 50-018.211, the claim form mailed to providers shall be the Provider Standard Claim Form.

50-018 MILLER II v. WOODS **50-018**
(Continued)

.213 Provide those interested organizations and groups listed in Appendix A-1 through A-9 of the final judgment referred to in Section 50-018.11 with copies of the Standard Claim Forms, the Explanatory Flyers, and the posters, with a request to display the posters in a prominent location and to distribute the Explanatory Flyers and Standard Claim Forms on request throughout the claim period.

.214 Provide the Federal Social Security Administration offices in California with copies of the posters, in English and Spanish, and request the agency to display the posters throughout the claim period in prominent locations where there is public access.

.22 The claim period identified in this section shall be the eight-month period from February 1, 1993 through September 30, 1993.

.23 In order to notify potential claimants, the CWDs shall:

.231 Place throughout the claim period the posters described in Section 50-018.212 in a prominent location in each local office having contact with the public.

.232 Provide the Explanatory Flyer and Standard Claim Form to any person inquiring about eligibility for retroactive payments and/or underpayments for MILLER v. WOODS.

.24 SDSS shall reopen specific Miller I cases from the first implementation that were denied solely for the reason that the claim was received after the end of the claim period. These reopened cases will be processed by CWDs as Miller II applications. A determination will be made pursuant to Section 50-018 as to the claimant's eligibility for both retroactive payments and underpayments. Reporting requirements for these reopened cases are contained in Section 50-018.73.

.241 The time period for reopened Miller I cases denied because the claim was received after the end of the Miller I claim period extends from March 10, 1989 through September 30, 1993.

.3 Application for Retroactive Payments and Underpayments

.31 Claimant Responsibilities

.311 The claimant shall cooperate in obtaining all information necessary to process the claim. Failure to provide the needed information shall result in the denial of the claim or of that portion of the claim for which the information is necessary.

50-018 MILLER II v. WOODS 50-018
(Continued)

.312 All claims for retroactive payments and underpayments shall be filed on a Miller v. Woods claim form with the CWD in which the claimant currently resides.

.313 The claimant shall complete the claim form, sign the form under penalty of perjury, obtain the signature of a witness under penalty of perjury and mail or deliver the completed claim form to the CWD.

.314 The claim form shall be completed as stipulated in Sections 50-018.431 and .443, and hand-delivered or mailed to the CWD and postmarked by September 30, 1993. Claims hand-delivered or mailed and postmarked after this date shall be denied.

.315 If the claimant is sent a Notice of Action requesting the completion of either the Standard Claim Form or the Supplemental Claim Form, the claimant shall have 45 days from the date of the Notice of Action to complete and hand-deliver or mail the document to the CWD. Whenever the claimant must return a document or documents to the CWD within 45 days, the following shall apply:

(a) If mailed, the document(s) shall be postmarked by the last day of the 45-day period.

(b) If hand-delivered, the document(s) shall be delivered to the CWD no later than the close of business on the last day of the 45-day period.

(c) If required document(s) is not hand-delivered or mailed and postmarked within the time limits stated in Section 50-018.315, denial of the claim, or that portion of the claim for which the information is needed, shall result.

.316 Unless otherwise specified, all references to "days" in regard to time limits shall be construed as "calendar" days.

.32 CWD Responsibilities - Filing Date/Time Limits

(a) The CWD shall date stamp the claim form when received. The CWD shall retain all claim forms and envelopes of any claims received for the Miller v. Woods lawsuit.

(b) The date of filing shall be the date postmarked on the envelope.

(c) If the claim is filed in person at the CWD, the date of filing shall be the date received in the CWD office, and the date stamped on the claim.

50-018 MILLER II v. WOODS **50-018**
(Continued)

(d) If the filing date cannot be determined pursuant to Section 50-018.32(b) or (c), the filing date shall be the date the claim was signed.

(e) If the claim must be forwarded to another county for processing because the services were either provided or received in the second county, the first county's filing date shall apply.

(f) If the date of filing on the Standard Claim Form is after September 30, 1993, the claim shall be denied.

(g) If a Supplemental Claim Form, as described in Section 50-018.441, must be sent to the claimant, the filing date shall not change. The filing date shall remain the same as that date which was determined in accordance with Sections 50-018.32, (b), (c), or (d).

(h) If the CWD receiving the claim determines that services were received or provided while the recipient/applicant lived in another county for all or part of the claim period, the CWD shall:

(1) Send a copy of the claim to each affected county. The CWD shall also send a Notice of Action to the claimant within 10 calendar days of the filing date explaining that the correct CWD shall process the claim for the period of time in which the services were provided/received in the other county.

(2) As noted in Section 50-018.32(e), the filing date for the claim shall be that date which is determined by the first receiving CWD.

(i) If the claim is a reopened Miller I claim to be processed for consideration of retroactive payments, the filing date shall be the date the claim was originally filed under Miller I. The filing date for a claim for underpayments shall be the date determined by the postmark on the returned claim for underpayments, or as otherwise stipulated in Section 50-018.32.

(j) The CWD shall determine eligibility/ineligibility and compute the retroactive payments and underpayments due within 45 days of the filing date. The CWD shall input this information into the Case Management, Information and Payrolling System (CMIPS) so that interest can be computed on approved cases and the computation returned to the CWD.

(1) The CMIPS shall compute the total retroactive payment and/or underpayment amount due, with and without interest, and return the computation on a form developed by SDSS to the appropriate CWD within five working days from the date of CWD input.

50-018 MILLER II v. WOODS **50-018**
(Continued)

(k) Within 10 working days of receiving the computation from CMIPS, the CWD shall issue a Notice of Action to the claimant which contains the information specified in Section 50-018.631, and, if applicable, Sections 50-018.634 and .635. If approved, payment is authorized the same day as the Notice of Action is authorized.

(l) CWDs receiving claims forwarded from another county shall process the claim, determine eligibility, compute retroactive payments and/or underpayments, compute interest, issue the necessary Notice of Action, and input the necessary information into CMIPS within 45 days of receipt from the original county.

(m) In situations where completion of the claims process is delayed due to circumstances beyond control of the CWD, the reason(s) for the delay(s) shall be documented in the affected claimant's case file.

(n) Unless otherwise specified, all references to "days" for these time limits shall be construed as "calendar" days.

.33 Retroactive Payment and Underpayment Time Periods

.331 Eligibility for retroactive payments shall be limited to the following periods:

(a) April 1, 1979 through April 30, 1984 for claims in which the housemate was a nonspouse provider; and,

(b) April 1, 1979 through July 31, 1981 for claims in which the housemate was a spouse provider.

.332 Claims in which the period claimed is beyond the retroactive time period specified in Section 50-018.331(a) shall be processed as underpayments only for the period May 1, 1984 through August 31, 1985.

.4 Claim Processing

.41 Conditions for Class Membership

.411 IHSS housemate provider claimants may be eligible to receive retroactive payments and/or underpayments in Miller II. Housemate provider claimants who are potentially eligible to receive retroactive payments and/or underpayments are persons who:

50-018 MILLER II v. WOODS **50-018**
(Continued)

(a) Lived with an individual meeting the conditions of Sections 50-018.413(a) and (b) and either (d) or (e) and provided protective supervision to that individual during the applicable retroactive payment and/or underpayment period specified in Section 50-018.33; and,

(b) Were not compensated for providing protective supervision services for the month(s) claimed and the recipient received less than the severely impaired or non-severely impaired statutory maximum applicable at the time.

.412 Spouse provider claimants may be eligible to receive retroactive payments only and are not entitled to underpayments in Miller II. Spouse provider claimants who are potentially eligible to receive retroactive payments are persons who:

(a) Were legally married to an individual meeting all applicable conditions stated in Section 50-018.413, and provided protective supervision to that individual during the applicable retroactive payment period specified in Section 50-018.331(b); or,

(b) Were considered to be a member of a married couple as defined for the purposes of SSI/SSP eligibility in 20 CFR 416.1806, lived with an individual meeting all applicable conditions stated in Section 50-018.413, and provided protective supervision services during the applicable retroactive payment and/or underpayment period specified in Section 50-018.331(b); and

(c) Were not compensated for providing protective supervision services for the month(s) claimed and the recipient received less than the severely impaired or the non-severely impaired statutory maximum applicable at the time.

.413 IHSS recipient/applicant claimants potentially eligible to receive retroactive payments and/or underpayments are persons who:

(a) Were California residents, aged, blind, or disabled during the applicable retroactive and/or underpayment period specified in Section 50-018.33 and met the eligibility conditions of MPP 30-755; and,

(b) Were nonself-directing, confused, mentally impaired, or mentally ill, and may have been hurt or injured if left alone, thus meeting the general conditions for requiring the service of protective supervision; and,

50-018 MILLER II v. WOODS **50-018**
(Continued)

(c) Paid the housemate provider during the applicable retroactive payment and/or underpayment period for the service of protective supervision, and either,

(d) Received IHSS benefits, but were denied protective supervision services during the applicable retroactive payment and/or underpayment period solely because the provider was a housemate or a spouse, and the amount of benefits was less than the severely impaired or nonseverely impaired maximum, as applicable at the time; or,

(e) Applied for IHSS services during the applicable retroactive payment and/or underpayment period and were denied protective supervision solely because the provider was a housemate or a spouse.

.42 Review of Class Membership Questions

.421 The CWD shall review the responses to the class membership qualifying questions in Part I, Section 2 of the Provider Standard Claim Form.

(a) If the claimant answered "no" to questions 2A, 2B, 2C, or 2D, the CWD shall issue a Notice of Action denying the claim. The notice shall explain why the claimant is not a Miller v. Woods class member.

(b) If the claimant answered "yes" to questions 2A, 2B, 2C, and 2D but answered "no" to both questions in 2F, that is, the person whom the claimant stated received protective supervision neither received nor was denied IHSS benefits, the CWD shall deny the claim and issue a Notice of Action. The notice shall explain that the claimant is not a Miller v. Woods class member because he/she did not prove the claimed recipient applied for or was denied IHSS during the claimed retroactive or underpayment period.

(c) If the claimant answered "yes" to 2A, 2B, 2C, 2D, 2E, or 2F and the CWD has information available which contradicts the claimant's contention of class membership, the CWD shall issue a Notice of Action for Adverse Information and attach a copy of the contradictory information. The claimant shall have 45 days from the date of Notice of Action to provide additional information if available.

(d) If the claimant answered "unknown" to either part of question 2F, the CWD shall issue a Notice of Action and a Miller v. Woods Provider Supplemental Claim Form to the claimant. The claimant shall have 45 days from the date of the Notice of Action to complete the form and return it to the CWD.

50-018 MILLER II v. WOODS **50-018**
(Continued)

.43 Review of Information Contained on the Standard Claim Form

.431 The CWD shall review each Standard Claim Form submitted to determine if the claimant has provided the information necessary to further process the claim. For the purposes of this determination, a claim shall be considered complete when all the following requirements are met:

(a) The following information requested in Part I, Section 1 is provided: name, social security number, and current address.

(b) All questions in Part I, Section 2 are answered.

(c) Part I, Section 3 is completed, if applicable.

(d) Part I, Section 4 is completed in its entirety, including: name of person who needed protective supervision; his/her current or last known address, and his/her relationship to the provider.

(e) Part I, Section 5, of the Standard Claim Form is signed by the claimant and dated.

(f) Part I, Section 6, of the Standard Claim Form is signed and dated.

(g) The information requested in Part II and Part III is provided, as applicable.

.432 If the CWD determines that Part I of the Standard Claim Form has not been completely filled out as specified in Section 50-018.431, the CWD shall send the claimant a Notice of Action specifying that portion of the form which is in need of completion. The Notice of Action shall also state that the claimant has 45 days from the date of the Notice of Action to submit the completed form to the CWD. If the completed form is not returned to the CWD within the 45 days, the claim shall be denied, and a denial Notice of Action (NOA) shall be mailed to the claimant.

.433 Upon receipt of the information requested in Section 50-018.432, the CWD shall review the resubmitted information to determine if the claim is now complete in accordance with the criteria in Section 50-018.431. If complete, the CWD shall continue processing the claim.

50-018 MILLER II v. WOODS **50-018**
(Continued)

(a) If the claim is still not complete because the claimant did not provide all the requested information, the CWD shall deny the claim.

.434 Failure on the part of the claimant to respond within the 45-day period shall result in denial of the claim.

.44 Supplemental Claim Form

.441 The CWD shall issue a Supplemental Claim Form to the claimant whenever the CWD is unable to locate either a previously approved IHSS case record or a record of denial of IHSS eligibility. The purpose of the Supplemental Claim Form shall be to: (1) request information from the claimant regarding the claimed recipient's applying for and being denied IHSS during the retroactive payment period; and (2) determine whether the person claimed to have received protective supervision services met or would have met the income/resource eligibility requirements for IHSS services during the period claimed. The CWD shall include a Notice of Action with the Supplemental Claim Form stating that completion of the form is necessary in order to further determine eligibility for retroactive payments and underpayments and that the claimant must return the completed form to the CWD within 45 days.

(a) If the CWD has no case record of an IHSS application and denial for the claimed recipient during the retroactive payment period(s) being claimed, the Notice of Action accompanying the Supplemental Claim Form shall request the claimant to complete all parts of the Supplemental Claim Form, based on the criteria in Section 50-018.443.

(b) If the CWD has a case record showing the claimed recipient had applied for and was denied IHSS for the retroactive payment period(s) being claimed, but the CWD cannot determine from the case record whether the claimed recipient met IHSS income/resource eligibility criteria, the Notice of Action accompanying the Supplemental Claim Form shall request the claimant to complete Parts I, III, and IV of the Supplemental Claim Form, relating to income/resource eligibility for IHSS, based on the criteria in Section 50-018.443.

(c) If the CWD has lost or destroyed its records or did not maintain adequate records during the claimed period, the CWD shall send the Supplemental Claim Form requesting completion of all parts of the form based on the criteria in Section 50-018.443.

50-018 MILLER II v. WOODS **50-018**
(Continued)

.442 Upon receipt the CWD shall date stamp the submitted Supplemental Claim Form following the provisions of Section 50-018.32(a).

.443 The CWD shall review the submitted Supplemental Claim Form to ensure that all required questions are answered, all required information is provided, and that the form is signed and dated by both the claimant and by a verifying witness. For the purposes of this determination, the Supplemental Claim Form shall be considered complete when the required sections specified in Section 50-018.441 are completed and:

(a) The following information requested in Part I, Section 1 is provided: name and address of the person for whom it is claimed provided/received protective supervision services during the months claimed.

(b) For the Provider Supplemental Claim Form, Part I, Section 2, the name and current or last known address of the person for whom it is claimed received protective supervision services during the months claimed, is completed.

(c) If Part II is applicable, Sections 1 and 2 requesting information and documentation related to an IHSS application and/or denial for the person for whom it is claimed received protective supervision services during the months claimed, is completed.

(d) Part III, Sections 1, 2, and 3 relating to the (1) receipt of Supplemental Security Income/State Supplemental Program (SSI/SSP) benefits; (2) average gross monthly income from all sources; and (3) the amount of average monthly liquid resources in excess of $1500 for a single person, and $2250 for a married person, are provided for the claimed recipient during the years for which hours are claimed.

(e) Part IV of the Provider or Recipient Supplemental Claim Form is signed and dated by the claimant.

(f) Part IV, Section 2 of the Provider or Recipient Supplemental Claim Form is signed by a verifying witness, and dated, with his/her address and relationship to claimant completed.

(g) Part IV, Section 3 of the Applicant/Recipient Supplemental Claim Form is signed by the person completing the claim form, with address and relationship to the applicant/recipient completed.

50-018 MILLER II v. WOODS 50-018
(Continued)

.444 If the CWD determines that the Supplemental Claim Form is incomplete based on the criteria in Section 50-018.443, the CWD shall send a Notice of Action requesting the missing information and attach to the Notice a copy of the original Supplemental Claim Form submitted. The Notice of Action shall specify the section number of the form which is in need of completion and shall state that the claimant has 45 days from the date of the Notice of Action to submit the completed form or the claim will be denied.

(a) Upon receipt of the information requested in Section 50-018.444, the CWD shall review the submitted information to determine whether the Supplemental Claim Form is now complete in accordance with Section 50-018.443. If complete, the CWD shall continue processing the claim. If the Supplemental Claim Form is still not complete, the CWD shall deny the claim.

.445 If the completed Supplemental Claim Form is not received from the claimant within the 45-day limit, the CWD shall deny the claim in accordance with Section 50-018.314.

.446 Information submitted by the claimant on the Supplemental Claim Form shall be presumed to be true as long as the form has been signed and dated by both the claimant and a witness, unless the CWD has information which contradicts information supplied by the claimant. If the CWD has such information available and the CWD determines that information indicates the claimed recipient of protective supervision services would not have been eligible for IHSS, the CWD shall issue a Notice of Action for Adverse Information and attach a copy of the contradictory information. The claimant shall have 45 days from the date of the Notice of Action to provide additional information if available.

.45 Existing Case File and Information Requirement

.451 The CWD shall determine if there is an existing case file with which to match claim information for determining eligibility.

.452 In accordance with Section 50-018.44, if the CWD cannot locate a case file for the IHSS recipient/applicant for whom it is claimed protective supervision services were provided without IHSS compensation, or if the CWD cannot determine eligibility from the existing case file for the months claimed, the CWD shall send a Supplemental Claim Form to the claimant.

.453 All information received and/or obtained in relation to the Miller v. Woods court case, and all forms generated as a result of the court case, shall be retained by the CWD in a Miller case file. These documents shall include, but not be limited to:

50-018 MILLER II v. WOODS **50-018**
(Continued)

(a) Completed Standard Claim Form and any subsequent resubmittals;

(b) Completed Supplemental Claim Form, if applicable, and any subsequent resubmittals and any documents submitted by the claimant in responding to the Supplemental Claim Form;

(c) Completed Eligibility Determination Worksheets, including documentation of retroactive payments and prejudgment interest calculations as well as underpayment calculations;

(d) A copy of any Notices of Action sent to the claimant;

(e) A copy of any correspondence with other CWDs in relation to the claim;

(f) All CMIPS documents; and,

(g) A copy of all other documents used in the determination of eligibility and computation of payments.

.454 The CWD shall not require the claimant to provide information other than that requested on the Standard Claim Form and, if needed, Supplemental Claim Form. However, the claimant shall be offered an opportunity, in the form of a Notice of Action for Adverse Information, to submit additional information that might rebut a possible denial based on CWD records. The CWD shall consider any additional information submitted by the claimant to support his/her claim.

.46 Presumptive Need For and Provision of Protective Supervision

.461 If other information available to the CWD including, but not limited to, previous or current IHSS casefiles, does not rebut the presumption of need for protective supervision, the person claiming to have needed protective supervision is presumed to have needed protective supervision for the months claimed during the applicable retroactive payment and/or underpayment period if:

(a) A need for protective supervision was assessed at any time, in which case the need shall be from that time forward; or,

(b) The needed protective supervision is attested to by a sworn statement from the claimant and verified by a sworn statement of a witness contained on the Standard Claim Form. The CWD shall consider any other documentation submitted by the claimant to support the presumption of need for protective supervision.

50-018 MILLER II v. WOODS **50-018**
(Continued)

.462 The person claiming to have needed protective supervision is presumed to have received protective supervision services for the months claimed during the applicable retroactive payment and underpayment periods if the delivery of such services is attested to by a sworn statement from the claimant and verified by a sworn statement of a witness, contained on the Standard Claim Form, and other information available to the CWD, including, but not limited to, previous or current IHSS casefiles, does not rebut the presumption of delivery of protective supervision services.

(a) The CWD shall presume that any protective supervision services provided and claimed were not provided voluntarily.

.463 If information available to the CWD rebuts the presumption of either the need for or the delivery of protective supervision services during any of the months claimed during the applicable retroactive payment and underpayment period, the CWD shall issue a Notice of Action for Adverse Information and attach a copy of the contradictory information. The claimant shall have 45 days from the date of the Notice of Action to provide additional information if available.

.464 If the CWD IHSS recordkeeping system shows no record of the claimed recipient ever applying for or being denied IHSS for the period being claimed, the CWD shall issue a Notice of Action requesting the claimant to complete an attached Supplemental Claim Form in accordance with Section 50-018.44. The claimant shall have 45 days from the date of the Notice of Action to submit the completed Supplemental Claim Form.

(a) If the claimant does not submit the Supplemental Claim Form within the 45-day period, the claim shall be denied.

(b) If the claimant submits the Supplemental Claim Form, and it is complete based on the criteria in Section 50-018.443, the CWD shall proceed to Section 50-018.532.

(c) If the submitted Supplemental Claim Form is incomplete based on the criteria in Section 50-018.443, the CWD shall follow instructions in Section 50-018.444(a).

(d) If the CWD determines that information supplied by the claimant verifies that the claimed recipient did in fact apply for and was denied IHSS during the retroactive payment period being claimed, the CWD shall continue to process the claim to determine eligibility for payments.

50-018 MILLER II v. WOODS **50-018**
(Continued)

(e) If the CWD determines that the information supplied by the claimant does not verify that the claimed recipient did apply for and was denied IHSS during the retroactive payment period being claimed, the CWD shall issue a denial Notice of Action.

.47 Miller I Reopened Cases Denied For Late Filing

.471 Only those Miller I claims specified in Section 50-018.24 that were denied because the claim was received after the end of the Miller I claim period shall be reopened and reconsidered for retroactive payments and prejudgment interest during the Miller II claim period.

.472 The Miller I claimants whose claims shall be reopened during Miller II, those claims which were denied solely for the reason of late filing, shall be sent a Notice of Action prior to the beginning of the Miller II claim period. The Notice of Action shall state the reason for the reopening and shall request the claimant to complete an attached Miller II Standard Claim Form only if the claimant desires to make a claim for underpayments.

(a) The claimant shall be requested to complete and return the Miller II Standard Claim Form if he/she wishes to make a claim for underpayments.

(b) The CWD shall begin processing the reopened Miller I claims immediately upon notification that the claim has been reopened.

(c) If the Miller I claimant whose case has been reopened makes a claim for underpayments, such claim shall be processed in accordance with Section 50-018.4.

.48 With the exception of Section 50-018.47, claimants filing in Miller II who had previously filed Miller I claims shall have their Miller II claim processed for underpayments only, where underpayments exist.

.481 A Miller I claim shall be one that was received during the Miller I claim period, September 9, 1988 through March 9, 1989. Regulations in effect for Miller I required each claim to receive a retroactive payment eligibility determination resulting in either an approval, a denial, or a partial approval/denial. In addition, the final decision of each Miller I claim had to be documented by a Notice of Action to the claimant stating the decision and notifying the claimant of the right to a state hearing.

.482 No Miller I claim for the retroactive claim period may be reopened or reconsidered except as specified in Section 50-018.47.

50-018 MILLER II v. WOODS **50-018**
(Continued)

.483 Except as specified in Section 50-018.47, Miller I claimants who make a claim in Miller II for retroactive payments and prejudgment interest shall have their claim for such payments denied.

.484 Miller I claimants making a claim under the provisions of Miller II for underpayments shall receive an eligibility determination for underpayments.

.49 Eligibility for Underpayments

.491 Miller II spouse providers shall not be eligible for underpayments. Spouse provider eligibility for Miller II retroactive payments extends only through July 31, 1981.

(a) Spouse providers making a claim for underpayments in Miller II shall have their underpayment claim denied, with a Notice of Action stating the reason for the denial. Such providers may be eligible for retroactive payments or underpayments under Welfare Rights Organization (WRO) v. McMahon, and will receive a WRO Standard Claim Form with their Miller II denial NOA.

.492 Miller II nonspouse provider and applicant/recipient claims shall be eligible for underpayment consideration only if their eligibility for Miller II retroactive payments extended through the end of the retroactive payment claim period, April 30, 1984.

(a) Nonspouse providers and applicant/recipient claimants shall have their Miller II claim for underpayments denied if their eligibility for retroactive payments does not extend through the end of the Miller II retroactive payment claim period, April 30, 1984. Their Miller II claim for underpayments shall be denied with a Notice of Action stating the reason for the denial.

HANDBOOK BEGINS HERE

(b) Eligibility for underpayments in Miller II results from IHSS cases or Miller II cases carried through the effective date of the corrected housemate regulations, MPP 30-763.6, effective May 1, 1984. Potentially eligible cases are those that were not corrected as of the effective date of the revised regulations. Claims for underpayments in which there was not an active case requiring updating to reflect the housemate regulations shall be denied, with the exception of approved Miller II claimants whose eligibility extends through the end of the retroactive claim period.

HANDBOOK ENDS HERE

50-018 MILLER II v. WOODS **50-018**
(Continued)

.5 Use of County Worksheet to Document Findings and Calculate Payments Due

.51 The CWD shall use the Miller v. Woods Retroactive Payment Eligibility Determination Worksheets to document all determinations made on each claim submitted. Information from the Standard Claim Form, and the Supplemental Claim Form and case record, where available, shall be used to complete the worksheet.

.511 The CWD shall record the claimed provider's and recipient's names, social security numbers, and case number, if available, at the top of Part I of the worksheet.

.512 The CWD shall determine the claimed recipient's eligibility for class membership by reviewing the claimant's response on Part I, Section 2 of the Standard Claim Form, and shall document these findings on step #1 of the worksheet.

(a) If the claimant answered "yes" to questions 2A, 2B, 2C, and 2D, of the Standard Claim Form, the CWD shall proceed to step #2 of the worksheet.

(b) If the claimant answered "no" to any of the above questions, the CWD shall issue a denial Notice of Action explaining that the claimed recipient is not a Miller II class member.

.513 The CWD shall determine if the claimed recipient applied for or was denied IHSS during the retroactive claim period, by reviewing the claimant's response on Part I, Section 2, question 2F, of the Standard Claim Form, and shall document this finding on step #2 of the worksheet.

(a) If the claimant answered "yes" to the first part of question 2F of the Standard Claim Form, the CWD shall proceed to step #3 of the worksheet.

(b) If the claimant answered "no" to the first part of question 2F of the Standard Claim Form, the CWD shall issue a denial Notice of Action.

(c) If the claimant answered "unknown" to either part of question 2F of the Standard Claim Form, the CWD shall send a Supplemental Claim Form to the claimant.

.514 The CWD shall determine if there is any record of an IHSS approval or denial, and shall document this finding on step #3 of the worksheet.

(a) If there is a record of approval or denial the CWD shall:

50-018 MILLER II v. WOODS 50-018
(Continued)

(2) proceed to step #9 of the worksheet if there is a record of denial for IHSS.

(b) If there is no IHSS case record, the CWD shall send the claimant a Supplemental Claim Form.

.52 In determining eligibility for those claims in which the CWD has verified by case record that the claimed recipient of protective supervision services was authorized IHSS during the month(s) claimed, the CWD shall do the following, using the Retroactive Payment Eligibility Determination Worksheet, Part I, steps #4 through #8:

.521 Determine whether the case record indicates that protective supervision services were denied during the month(s) claimed for a reason other than because a spouse/housemate was providing the service, and check the appropriate response on step #4 of the worksheet.

(a) If, for any month(s) claimed, the case record indicates that the denial was based on a reason other than the provision of protective supervision by the spouse/housemate, the CWD shall issue a Notice of Action for Adverse Information and attach a copy of the information which indicates the reason for denial of protective supervision. The claimant shall have 45 days from the date of the Notice of Action to provide additional information if available. The CWD shall process the claim for any remaining month(s) of eligibility, pending receipt of a response from the claimant.

.522 Determine whether any information exists outside the case record which indicates that protective supervision services were denied during the month(s) claimed for any reason other than the provision of protective supervision by the spouse/housemate, and check the appropriate response on step #5 of the worksheet. Information outside the case record may consist of, but not be limited to, the CWD's knowledge of the IHSS recipient's placement in a state hospital or other type of out-of-home care during the month(s) claimed.

(a) If, for any month(s) claimed, information exists outside the case record, as described in Section 50-018.522, the CWD shall document the reason in the space provided on the worksheet, issue a Notice of Action for Adverse Information, and attach a copy of the information, which indicates the reason for denial of protective supervision. The claimant shall have 45 days from the date of the Notice of Action to provide additional information, if available. The CWD shall process the claim for any remaining month(s) of eligibility, pending the receipt of a response from the claimant.

50-018 MILLER II v. WOODS **50-018**
(Continued)

.523 Determine from the case record whether the IHSS recipient was authorized the statutory maximum payment, as described in Section 50-018.58, during any eligible month(s) claimed. Check the appropriate response on step #6 of the worksheet.

(a) For any eligible month(s) claimed in which the IHSS recipient was authorized the statutory maximum payment, the CWD shall issue a Notice of Action of Adverse Information and attach a copy of the relevant information from the case record. The claimant shall have 45 days from the date of the Notice of Action to provide additional information regarding their level of authorized hours, if available.

(b) The CWD shall proceed to Section 50-018.54 and determine if there are any remaining month(s) in which the case was not authorized the statutory maximum.

.524 Determine from the case record or Part I, Section 4 of the Standard Claim Form, the relationship between the claimed provider and recipient. Check the appropriate response on step #7 of the worksheet.

.525 Determine from the case record whether the claimed IHSS recipient was severely impaired (SI) or nonseverely impaired (NSI) and check the appropriate response on step #8 of the worksheet.

.53 In determining eligibility for those claims in which the claimed recipient of protective supervision was denied IHSS during the month(s) claimed, the CWD shall complete step #9 of the Retroactive Payment Eligibility Determination Worksheet, locate the record of denial, and follow the procedures in Sections 50-018.521 and .522. The CWD shall proceed to Section 50-018.55 for instructions to complete the calculation of net payments on Miller II claims in which an IHSS case had been denied and the Miller II claimant is determined eligible for payments.

.531 If the CWD is unable to determine from the record the reason for denial of IHSS during either the entire or partial period claimed, the CWD shall issue a Notice of Action and a Supplemental Claim Form to the claimant to establish whether the claimed recipient received protective supervision would have met the income/resource eligibility requirements for IHSS. The claimant shall have 45 days from the date of the Notice of Action to complete the Supplemental Claim Form and return it to the CWD, or the claim shall be denied.

50-018 MILLER II v. WOODS 50-018
(Continued)

.532 Upon the CWD's receipt of the completed Supplemental Claim Form, for denied IHSS cases, the CWD shall check the appropriate responses on Part I, steps #10 through #12 of the worksheet. The CWD shall proceed to Section 50-018.55 if:

(a) The claimant's responses on Part III, Sections 2 and 3, of the form indicate that the IHSS income/resource eligibility requirements would have been met during the period claimed.

(b) If the claimant's responses on Part III, Sections 2 and 3, of the form indicate that the IHSS income/resource eligibility requirements would not have been met during the period claimed, the CWD shall deny the claim for those period(s) of ineligibility, document the reason for denial, and then proceed to Section 50-018.55 for any remaining period(s) of eligibility.

(c) If the claimant's responses on Part III, Sections 2 and 3 of the form indicate that the IHSS income/resource eligibility requirements would have been met during the period claimed, but the CWD obtains information which contradicts that supplied by the claimant, the CWD shall issue a Notice of Action For Adverse Information and attach a copy of the contradictory information. The claimant shall have 45 days from the date of the Notice of Action to provide additional information, if available.

.533 If the claimant fails to return the completed Supplemental Claim Form to the CWD within 45 days from the date of the Notice of Action, the CWD shall deny those months in which the IHSS eligibility could not be established. If there are any remaining months of potential eligibility, the CWD shall determine eligibility and shall proceed, as applicable, to Section 50-018.55.

.54 Calculating the Actual Retroactive Payments and Underpayments -IHSS Case Record For Period Being Claimed

.541 Parts II and III of the Standard Claim Form and information from the case record, if available, shall be used to calculate retroactive payments and underpayments due on the Retroactive Payment Eligibility Determination Worksheet and the Underpayment Eligibility Determinative Worksheet. The CWD shall use the appropriate worksheet to calculate retroactive payments if the claimant is found eligible.

50-018 MILLER II v. WOODS **50-018**
(Continued)

.542 For each claim in which IHSS eligibility during the applicable retroactive payment and/or underpayment periods has been established by the findings in the case record, the CWD shall use Part II of the appropriate worksheet to calculate and document the payments due for each month as follows:

(a) Each month and year claimed during the retroactive payment and/or underpayment period shall be listed in Column 1.

(b) A determination of whether the claimant is "class eligible," as provided on Part I, step #1, shall be entered for each eligible month in Column 2.

(c) The number of hours claimed, as entered on Parts II and III of the Standard Claim Form, shall be entered in Column 3.

(d) The dollar amount claimed, which shall be determined by multiplying the number of hours claimed by the CWD's lowest individual provider hourly wage rate during the period claimed, shall be calculated by CMIPS in Column 4.

(e) The amount of payment the IHSS recipient was originally authorized during the applicable retroactive and/or underpayment period shall be entered by the CWD, from review of the case record, in Column 5.

(f) The applicable statutory maximum as specified in Section 50-018.58, shall be entered by CMIPS in Column 6.

(1) If the case record indicates that the IHSS recipient was severely impaired, CMIPS shall calculate payments using the applicable severely impaired maximums. If the case record indicates that the IHSS recipient was nonseverely impaired, CMIPS shall calculate payments using the applicable nonseverely impaired maximums. The CWD shall enter the appropriate impairment level in Column 7.

(g) The applicable statutory maximum, as specified in Section 50-018.58 minus the amount originally authorized and entered in Column 5 shall be calculated by CMIPS in Column 8.

(h) Total retroactive payments and/or underpayments due shall be calculated by CMIPS in Column 9 as follows:

50-018 MILLER II v. WOODS **50-018**
(Continued)

(1) For those claims in which it has been established by the case record that the person who is claimed to have received protective supervision services was an IHSS recipient, the total retroactive payments and/or underpayments due shall be the lesser of either of the following:

(A) The difference between the applicable statutory maximum, as specified in Section 50-018.58 and the amount originally authorized, as entered in Column 5, or;

(B) The amount claimed, as entered in Column 4.

(2) Claimants entitled to retroactive payments shall also be entitled to prejudgment interest. CMIPS shall calculate the amount of prejudgment interest due, based on the amount of retroactive payments in Column 9.

(3) Underpayments due shall not be subject to prejudgment interest.

.543 After completion of calculations for retroactive payments and/or underpayments, the CWD claim processor and his/her immediate supervisor shall sign and date the appropriate worksheet at the space provided.

.55 Calculating the Actual Net Retroactive Payments and/or Underpayments -Denied and No Record Cases

.551 Parts II and III of the Standard Claim Form, and the case record and Supplemental Claim Form, if available, shall be utilized to calculate retroactive payments and underpayments due on the Retroactive Payment Eligibility Determination Worksheet and the Underpayment Eligibility Determination Worksheet. The CWD shall use the appropriate worksheet to calculate retroactive payments if the claimant is found eligible.

.552 For each claim in which the CWD has either located a record of IHSS denial or the CWD has been unable to locate a case record and eligibility for IHSS has been established by the responses on the Supplemental Claim Form, the CWD shall use Part II of the appropriate worksheet to calculate and document the payments due as follows for each month claimed:

(a) Each month and year claimed during the retroactive payment and/or underpayment claim period shall be listed in Column 1.

(b) A determination of whether the claimant is class eligible, as indicated on Part I, step #1, shall be entered for each eligible month in Column 2.

50-018 MILLER II v. WOODS **50-018**
(Continued)

(c) The number of hours claimed, as provided on Parts II and III of the Standard Claim Form, shall be entered in Column 3.

(d) The dollar amount claimed, which shall be determined by multiplying the number of hours claimed by the CWD's lowest individual provider hourly wage rate during the period claimed, shall be calculated by CMIPS in Column 4.

(e) The applicable nonseverely impaired statutory maximum, as specified in Section 50-018.58 shall be calculated by CMIPS in Column 6.

(1) The CWD shall use the applicable nonseverely impaired statutory maximum to calculate payments due for all eligible cases in which: the CWD has no record of denial or the case record could not be located; eligibility has been established through the Supplemental Claim Form; and, available evidence does not clearly show recipient need at the severely impaired level. The CWD shall enter the appropriate impairment level in Column 7.

(f) The total retroactive payments and/or underpayments due, which shall be the amount claimed, as specified in Section 50-018.542(d), (the amount claimed for any month does not exceed the applicable nonseverely impaired statutory maximum during the month claimed) shall be calculated by CMIPS in Column 9.

(1) The total payments due shall be limited to the applicable nonseverely impaired statutory maximum amount during the month claimed.

(2) Claimants entitled to retroactive payments shall also be entitled to prejudgment interest.

(3) Underpayments due shall not be subject to prejudgment interest.

.553 After completion of calculations for retroactive payments and/or underpayments, the CWD claim processor and his/her immediate supervisor shall sign and date the appropriate worksheet at the space provided.

50-018 MILLER II v. WOODS **50-018**
(Continued)

.56 The CWD shall use the Miller v. Woods Underpayment Eligibility Determination Worksheet to document all determinations for underpayment claims which were determined eligible for retroactive payments under Miller I or Miller II. Information from the Standard Claim Form, Retroactive Payment Eligibility Determination Worksheet, and Supplemental Claim Form and case record, where available, shall be used to complete the worksheet.

.561 The CWD shall record the claimed provider's and recipient's names, social security numbers, and case number, at the top of Part I.

.562 The CWD shall determine whether the claimant is a spouse by reviewing Part I, Section 4 of the Standard Claim Form.

(a) If the claimant is a spouse, the CWD shall document this on Part I, step #1 of the worksheet, and shall deny the claim for underpayments. The CWD shall refer the claimant to WRO and include a WRO Standard Claim Form with the Miller II denial Notice of Action.

(b) If the claimant is not a spouse, the CWD shall proceed to step #2 of the worksheet.

.563 The CWD shall determine the claimed recipient's eligibility for class membership by reviewing the claimant's response on Part I, Section 2, of the Standard Claim Form, and shall document these findings on step #2 of the worksheet.

(a) If the claimant answered "no" to questions 2A, B, C, or D of the Standard Claim Form, the CWD shall issue a denial Notice of Action.

(b) If the claimant answered "yes" to all of the above questions, the CWD shall proceed to step #3 of the worksheet.

.564 The CWD shall review the Standard Claim Form, Part I, Section 2, question 2F to determine if the claimed recipient applied for and/or was denied IHSS during the claim period.

(a) If the claimant answered "no" to the first part of question 2F, the CWD shall issue a denial Notice of Action.

(b) If the claimant answered "yes" to the first part of question 2F, the CWD shall proceed to step #4 of the worksheet.

50-018 MILLER II v. WOODS **50-018**
(Continued)

.565 The CWD shall determine if the claimant filed a claim under Miller I by reviewing the case record or CMIPS.

(a) If the CWD determines the claimant did file a claim under Miller I, the CWD shall proceed to step #5 of the worksheet.

(b) If the CWD determines the claimant did not file a claim under Miller I, the CWD shall proceed to step #7 of the worksheet.

.566 If the claimant filed a claim under Miller I as documented in step #4 of the worksheet, the CWD shall determine if the claim was denied by reviewing the case record or CMIPS.

(a) If the Miller I claim was denied, the CWD shall deny the Miller II underpayment claim.

(b) If the Miller I claim was not denied, the CWD shall proceed to step #6 of the worksheet.

.567 If the claimant filed a claim under Miller I as documented in step #4 of the worksheet, the CWD shall determine if the Miller I claim was approved through the end of the retroactive payment period by reviewing the case record or CMIPS.

(a) If the Miller I claim was approved through the end of the retroactive payment period, the CWD shall proceed to step #9 of the worksheet.

(b) If the Miller I claim was not approved through the end of the retroactive payment period, the CWD shall deny the Miller II underpayment claim.

.568 If the CWD determines the claimant did not file a claim under Miller I, the CWD shall determine if the claimant is eligible for retroactive payments by reviewing the Retroactive Payment Eligibility Determination Worksheet.

(a) If the claimant is not eligible for retroactive payments under Miller II, the CWD shall deny the claim for underpayments.

(b) If the claimant is eligible for retroactive payments under Miller II, the CWD shall determine if the claimant is eligible for retroactive payments through the end of the retroactive payment period, April 30, 1984.

50-018 MILLER II v. WOODS **50-018**
(Continued)

(1) If the claimant is not eligible for retroactive payments through the retroactive period, April 30, 1984, the CWD shall document this on step #8 of the worksheet and deny the claim for underpayments.

(2) If the claimant is eligible for retroactive payments through the end of the retroactive payment period of April 30, 1984, the CWD shall document this on step #8 of the worksheet, and proceed to step #9 of the worksheet.

.569 The CWD shall determine if there is an IHSS case record for the claimant and check the appropriate response on step #9 of the worksheet.

(a) If the CWD determines there is no IHSS case record, the CWD shall compute underpayments at NSI maximums and proceed to Part II of the worksheet.

(b) If the CWD determines there is an IHSS case record, the CWD shall check the appropriate response on step #10 of the worksheet, and calculate underpayments at the appropriate maximums, taking into account payment of previously authorized IHSS services.

.57 Calculating the Actual Underpayments - Claims With and Without an IHSS Case Record

.571 The CWD shall use Section 50-018.54 to calculate underpayments for claims with an IHSS case record, which are otherwise eligible to receive underpayments.

.572 The CWD shall use Section 50-018.55 to calculate underpayments for claims with no IHSS case record, which are otherwise eligible to receive underpayments.

.58 IHSS Statutory Maximum During Retroactive Payment and Underpayment Periods

Effective Date	NSI	SI
7/1/78 --- 6/30/79	$431	$621
7/1/79 --- 6/30/80	$460	$664
7/1/80 --- 6/30/81	$532	$767
7/1/81 --- 6/30/82	$581	$838
7/1/82 --- 6/30/83	$581	$838
7/1/83 --- 6/30/84	$604	$872
7/1/84 --- 6/30/85	$638	$921
7/1/85 --- 8/31/86	$674	$974

50-018 MILLER II v. WOODS **50-018**
(Continued)

.6 General Provisions

.61 Share of cost

.611 The CWD shall not consider any recipient share of cost when computing the amount of retroactive payments and/or underpayments due.

.62 Prejudgment Interest

.621 Prejudgment interest for retroactive payments only shall be calculated at the following rates:

(a) Seven percent for the period April 1, 1979 through December 31, 1982; and,

(b) Ten percent for the period January 1, 1983 through April 30, 1984.

.622 The interest shall be computed on the amount of the monthly payment up through the last day of the month following the month in which payment is authorized.

.63 Notices of Action

.631 For each claim received for retroactive payments and/or underpayments, the CWD shall issue a final Notice of Action. The Notice of Action shall contain the following information:

(a) The month(s) determined eligible and/or ineligible for retroactive payments and/or underpayments. The reason(s) for any months determined ineligible shall be clearly stated;

(b) The amount of retroactive payments due for each month, which shall be shown with and without interest;

(c) The amount of retroactive payments and interest due for each year, if payments are claimed for more than one year;

(d) The total retroactive payments due and the total amount of interest due;

(e) The combined amount of retroactive payments and interest due;

50-018 MILLER II v. WOODS 50-018
(Continued)

(f) The amount of underpayments due for each month, for each year, if payments are claimed for more than one year, and the total underpayment due;

(g) A statement regarding withholding taxes;

(h) A statement regarding the claimant's right to a State Hearing on Miller v. Woods determinations made by the CWD and information on how to request such hearings.

.632 Each Notice of Action issued due to the claimant's failure to complete either the Standard Claim Form or Supplemental Claim Form in its entirety shall specify those sections of the form in need of completion.

.633 Each Notice of Action issued as a result of the CWD having contradictory information shall include a copy of the information and shall advise the claimant that he/she has 45 days from the date of the Notice of Action to provide additional information, if applicable.

(a) If the claimant does not respond within 45 days and provide information to rebut the CWD's contradictory information, the CWD shall issue a final Notice of Action denying the claim for the months of ineligibility.

.634 For each claim denied, the Notice of Action shall clearly state the reason(s) for denial for each period claimed.

.635 For each approved claim in which the claimant is currently an IHSS recipient, the Notice of Action shall advise the claimant that the payment received as a result of his/her Miller v. Woods claim may adversely affect his/her IHSS, SSI eligibility or other aid program eligibility and tax liability.

.64 State Hearings

.641 The right to a state hearing on any Miller v. Woods claim shall be granted only to Miller v. Woods claimants or their authorized representatives.

.65 Treatment of Lump Sum Payments in the IHSS Program

.651 It shall be the responsibility of the CWD to determine if the lump sum Miller v. Woods payments affect or do not affect the continued eligibility of all Miller v. Woods claimants who are currently IHSS recipients.

50-018 MILLER II v. WOODS **50-018**
(Continued)

.652 Miller v. Woods payments shall be disregarded for IHSS financial eligibility determinations for the month of receipt and the following month. Any remaining balance from the Miller v. Woods payments shall be counted as a resource in the second month following the month of receipt.

.7 Monitoring CWD Compliance

.71 County Statistical Reports

.711 Beginning February 1, 1993 and continuing until an eligibility determination has been made on each claim received, the SDSS shall compile a monthly report on retroactive payment claims and a separate monthly report on underpayment claims. The reports shall contain the following information:

(a) The number of claims received;

(b) The number of claims denied;

(c) The number of claims approved;

(d) The number of claims pending; and,

(e) The amount of payments approved.

.72 Final Report

.721 SDSS shall obtain from the CMIPS a final report, by county, that includes the following:

(a) The number of claimants paid;

(b) The total amount of retroactive payments paid;

(c) The number of underpayments paid; and,

(d) The total amount of underpayments paid.

50-018 MILLER II v. WOODS 50-018
(Continued)

.73 Beginning with the end of the first month of the claim period, CMIPS will provide a report on the status of each Miller I claim reopened as a result of being denied due to being received by the CWD after the end of the Miller I claim period.

.731 The report shall include, by county, a listing of each reopened claim to include name of recipient, name of claimant, case number, provider number, and NOAs issued to date.

.732 This listing shall be continued until each claim on the listing has been approved or denied.

.733 A final report on the status of these reopened Miller I claims shall be made, to include, by county and statewide: number of Miller I claims reopened, number of approvals, number of denials, total dollar amount retroactive payments, total dollar amount of prejudgment interest, the total of retroactive payments and prejudgment interest, and the total amount of underpayments authorized.

.74 Case Reviews

.741 Based on the quarterly reports, SDSS shall determine the fifteen (15) counties having the largest number of claims over the eight-month period.

.75 CWD Cooperation

.751 Each CWD shall cooperate with SDSS in providing information deemed necessary to monitor county compliance with the provisions of Section 50-018 and the Miller II final judgment.

.8 Appendix - Forms

.81 The following forms are to be used to process Miller v. Woods claims:

(a) Poster - 2042 (Eng/Sp) (11/92)

(b) Explanatory Flyer - 2031 (Eng/Sp) (11/92)

(c) Provider Standard Claim Form - 2000 (Eng/Sp) (11/92)

(d) Provider Supplemental Claim Form - 2001 (Eng/Sp) (11/92)

50-018 MILLER II v. WOODS **50-018**
(Continued)

(e) Provider Retroactive Eligibility Determination Worksheet - 2003 (Eng/Sp) (11/92)

(f) Provider Underpayment Eligibility Determination Worksheet - 2002 (Eng/Sp) (11/92)

(g) Applicant/Recipient Standard Claim Form - 2028 (Eng/Sp) (11/92)

(h) Applicant/Recipient Supplemental Claim Form - 2029 (Eng/Sp) (11/92)

(i) Applicant/Recipient Eligibility Determination Retroactive Worksheet - 2027 (Eng/Sp) (11/92)

(j) Applicant/Recipient Underpayment Eligibility Determination Worksheet - 2030 (Eng/Sp) (11/92)

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Amended Judgment regarding Miller v. Woods dated July 19, 1991, Case No. 472068; 20 CFR 416.1806; and Sections 10950, 12300, 12300.2, 12304, and 12304.5, Welfare and Institutions Code.

50-019 WRL v. WOODS RETROACTIVE COURT CASE **50-019**

Repealed by Manual Letter No. EAS-95-06, effective 7/9/95.

50-020 SALLIS v. MCMAHON RETROACTIVE COURT CASE **50-020**

Repealed by Manual Letter No. EAS-95-06, effective 7/9/95.

50-021 CRARY V. McMAHON RETROACTIVE COURT ORDER **50-021**

HANDBOOK BEGINS HERE

.1 Background

The Crary v. McMahon lawsuit challenged the California Department of Social Services' (CDSS) policy of not paying Aid to Families with Dependent Children (AFDC) recipients participating in the Greater Avenues for Independence (GAIN) Program for transportation costs the participants incurred to travel to and from their GAIN activities in accordance with the Manual of Policies and Procedures (MPP) Section 42-750.4. On August 3, 1990, the Sacramento County Superior Court issued a Court Order Granting Peremptory Writ of Mandate. Under the terms of the Court Order, CDSS and county welfare departments must restore to affected persons all supportive services moneys unlawfully withheld because of transportation expense limitations.

HANDBOOK ENDS HERE

50-021 CRARY V. McMAHON RETROACTIVE COURT ORDER 50-021
(Continued)

.2 Definitions

For the purpose of these regulations:

(a) "ABCDM 228" means the Applicant's Authorization for Release of Information Form ABCDM 228 (10/78) which is used to obtain documentation when the claimant does not have the necessary information or is unable to provide such information.

(b) "Claim period" means the time in which a person may file a claim for corrective underpayment. The claim period shall be at least 90 days starting July 1, 1992 and ending midnight September 30, 1992.

(c) "Class members" means those individuals who drove a vehicle to and from their GAIN activities and asked to be reimbursed for the costs but:

(1) Were paid a flat rate for travel expenses to get to and from their GAIN activities no matter how many miles they drove;

or

(2) Were paid the rate of public transportation even though the public transportation took two hours or more to get to and from their GAIN activity. The two hours included transfers but did not include the time to take children to school or child care;

or

(3) Were paid a mileage rate less than what county employees were reimbursed for the use of privately owned vehicles used for county business.

(d) "Five standard languages" means Spanish, Vietnamese, Laotian, Chinese and Cambodian.

(e) "GEN 1172" means the Statistical Report Form GEN 1172 (3/91) Court Case: Crary v. McMahon which is to be used to gather data regarding the claims filed and paid under this Court Order.

(f) "NOA" means a notice of action (NOA) that is considered to be adequate within the meaning of Section 22-021. A claimant is considered to be informed of the outcome of a claim when the claimant is provided with a NOA.

50-021 CRARY V. McMAHON RETROACTIVE COURT ORDER 50-021
(Continued)

(g) "Responsible county" means the GAIN Office that took an action on which the claimant's claim is based.

(h) "Retroactive benefits" means the corrective underpayment of funds inappropriately withheld.

(i) "Retroactive period" means the period from December 1, 1986 through March 31, 1991.

(j) "Temp GAIN 64" means the Crary v. McMahon Notice [Informing Card] Temp GAIN 64 (7/92) which is the document mailed with the Medi-Cal cards to current medically needy only (MNO) recipients to inform potentially affected persons of possible corrective underpayments for transportation costs.

(k) "Temp GAIN 65" means the Crary v. McMahon [Informing Poster] Temp GAIN 65 (7/92) which is the document used to notify former and current GAIN participants of possible corrective underpayments for transportation costs.

(l) "Temp GAIN 66" means the Crary v. McMahon Claim Form Temp GAIN 66 (7/92) which is the document used to file a claim for this Court Order.

.3 Informing of Possible Retroactive Benefits

.31 SDSS Responsibilities

SDSS shall:

.311 Include Temp GAIN 64 with the Medi-Cal cards issued for the month of July 1992 to MNO cases. Temp GAIN 64 shall be printed in English on one side with bullets in the five standard languages on the other.

(a) The English version shall inform potentially eligible persons of possible retroactive benefits for travel expenses incurred by GAIN participants who drove a car to and from their GAIN activities and requested payment of such costs.

(b) The bullets shall state (as translated): "GAIN may owe you money if you drove a car to and from your GAIN activity. Call your GAIN worker or 1-800-XXXX to get more facts."

50-021 CRARY V. McMAHON RETROACTIVE COURT ORDER 50-021
(Continued)

.312 Print Temp GAIN 65 and 66 in English and Spanish with bullets in Vietnamese, Laotian, Chinese and Cambodian.

.313 Provide counties with a:

(a) Reproducible copy of the Temp GAIN 66.

(b) Supply of Temp GAIN 65.

.314 Provide counties with reproducible copies of NOAs in English and the five standard languages.

.315 Mail copies of Temp GAIN 65 to legal aid and welfare rights organizations of plaintiffs' choice.

.316 Provide public service announcements and news releases to the media two weeks before the beginning of the claim period and two weeks before the end of the claim period.

.32 Responsible Counties

Del Norte, El Dorado, Fresno, Glenn, Imperial, Kern, Lake, Lassen, Madera, Mendocino, Modoc, Mono, Monterey, Napa, Nevada, Orange, Placer, Plumas, Riverside, San Benito, San Bernardino, San Diego, San Francisco, Santa Clara, Santa Cruz, Shasta, Siskiyou, Sonoma, Stanislaus, Tehama, Trinity, Ventura, Yolo and Yuba.

Kings and Tuolumne Counties are exempt from implementation since they have already met the requirements of the Court Order.

.33 County Responsibilities

.331 Counties shall, either:

(a) Within the first 60 days of claim period, identify all former and current GAIN participants within the retroactive period whose transportation expenses were incorrectly limited, calculate the corrective underpayment and issue a NOA (M50-021A Rev. 7/92) [see Section 50-021.53]; or

50-021 CRARY V. McMAHON RETROACTIVE COURT ORDER 50-021
(Continued)

(b) Identify all former and current GAIN participants within the retroactive period who received transportation supportive services and mail a Temp GAIN 66; or

(c) Mail Temp GAIN 66 to all current AFDC recipients.

.332 Place Temp GAIN 65 in conspicuous locations in all welfare offices, GAIN offices and Food Stamp outlets.

.333 Provide Temp GAIN 65 to:

(a) Child care resource and referral agencies requesting that the posters be displayed in conspicuous locations.

(b) Basic educational facilities and training providers under contract with the responsible counties requesting that the posters be displayed in conspicuous locations. This does not include worksite employers.

(c) Community colleges, state colleges and universities in which GAIN participants attended, requesting that they display the informing posters in conspicuous locations on each campus.

HANDBOOK BEGINS HERE

(1) It is recognized and agreed that SDSS and/or counties cannot require educational institutions to display the Temp GAIN 65.

HANDBOOK ENDS HERE

.334 Reproduce an adequate supply of the Temp GAIN 66 in English and Spanish.

.335 Give or mail a Temp GAIN 66 to anyone upon request. The Temp GAIN 66 shall be mailed within seven (7) work days after receipt of verbal or written request.

.4 Application For Retroactive Benefits

.41 Claimant Responsibilities

Claimant shall:

.411 Provide a completed, signed Temp GAIN 66 as specified in Section 50-021.521. The Temp GAIN 66 shall be signed under penalty of perjury.

50-021 CRARY V. McMAHON RETROACTIVE COURT ORDER 50-021
(Continued)

.412 Provide additional information, documentation or clarification upon request from county to verify Temp GAIN 66 information as specified in Section 50-021.55.

.413 Submit Temp GAIN 66 to the responsible county.

(a) The Temp GAIN 66 shall be submitted on or before the end of claim period. If mailed, postmark must be no later than September 30, 1992.

(b) Claimant shall be permitted to resubmit a previously denied claim during the claim period.

.42 County Responsibilities

Counties shall:

.421 If able, identify all former and current GAIN participants who are class members, calculate any corrective underpayment and issue a NOA within 60 days as specified in Section 50-021.53.

(a) The mileage rate to be used for such a calculation shall be the rate paid to county employees using a private vehicle to accomplish county business during the retroactive period.

.422 If a claimant submits a Temp GAIN 66, stamp with the date received.

(a) Retain envelopes that are postmarked after September 30, 1992.

(b) If the date cannot be determined by either postmark or date stamp, the date the claimant signed the Temp GAIN 66 shall be used to determine when the claim was received.

.423 If the Temp GAIN 66 is postmarked after claim period, issue a NOA (M50-021B Rev. 7/92) within 60 days denying claim.

.424 Attempt to locate claimant's case record named on the Temp GAIN 66.

.425 Maintain all documents until the end of claim period and retain all records which contain documentation relative to this Court Order for three years after the final legal claim has been submitted for federal reimbursement.

50-021 CRARY V. McMAHON RETROACTIVE COURT ORDER 50-021
(Continued)

(a) Records included are those used to determine eligibility for the class (including denials) and those used to determine the amount of retroactive benefits.

(b) Records which are pertinent to the Court Order shall include, but are not limited to, case records, payment records, assistance claims and reimbursement claims.

.426 Review Temp GAIN 66 to determine the responsible county.

(a) Process the Temp GAIN 66 within 60 days when the receiving county is the responsible county.

(b) If a county who receives a Temp GAIN 66 determines that it is not the responsible county, the receiving county shall issue a NOA (M50-021B Rev. 7/92) denying the claim and forward the Temp GAIN 66 to the responsible county within 15 working days from the date the Temp GAIN 66 was received.

(1) The receiving county shall inform the claimant in the NOA that the Temp GAIN 66 has been forwarded to the responsible county for processing.

(2) The date the Temp GAIN 66 is submitted to the receiving county shall be the date of the claim.

(c) If the responsible county cannot be determined, the receiving county shall issue a NOA (M50-021B Rev. 7/92) denying the claim and telling the claimant to resubmit the Temp GAIN 66 to the responsible county within the claim period. The NOA shall also inform claimant of his/her right to a hearing.

.5 Claim Processing

Upon receipt of Temp GAIN 66, the responsible county shall determine whether the claimant is a class member and take appropriate action within 60 days of when the completed claim is received. The county shall:

.51 Complete processing the Temp GAIN 66, to the extent possible, without requiring claimant to come in person to the county.

.52 Review each Temp GAIN 66 received for completeness.

.521 Temp GAIN 66 shall be considered complete when the following questions are completed:

50-021 CRARY V. McMAHON RETROACTIVE COURT ORDER 50-021
(Continued)

(a) Qualifying class member questions:

(1) Were you in the GAIN Program?

(2) Did you drive a car to and from your GAIN activities?

(b) County of residence during retroactive period.

(c) Claimant's case name used during retroactive period.

(d) Claimant's social security number.

(e) Claimant's signature.

(f) Claimant's date of birth.

.522 The following information shall be provided on the Temp GAIN 66 to the extent possible:

(a) The three "Yes, No and Don't Know" questions.

(b) The approximate date(s) claimant was in the GAIN Program.

(c) Claimant's telephone number.

(d) Claimant's current address.

.53 If claimant is a class member:

Issue a NOA (M50-021A Rev. 7/92) within 60 days from receipt of claim explaining why the claim was approved, when payment can be expected and the formula used to arrive at the corrective underpayment.

.531 If a county has the capability to include the warrant with the NOA, the county shall do so.

.54 If claimant is not a class member:

Issue a NOA (M50-021B Rev. 7/92) within 60 days from receipt of claim explaining why the claimant is not a class member and claimant's right to file for a hearing if he/she does not agree with the county's decision.

50-021 CRARY V. McMAHON RETROACTIVE COURT ORDER 50-021
(Continued)

.55 Request additional information needed to complete processing Temp GAIN 66. If Temp GAIN 66 is inconsistent with case record or needs clarification, county shall first attempt to resolve issue(s) by telephone.

.551 Issue a NOA (M50-021C Rev. 7/92) within 30 days after receipt of Temp GAIN 66 requesting the documentation, additional information or clarification if unable to resolve problem(s) by telephone.

(a) Claimant shall have 30 days from the date of the NOA to respond to the request for additional information.

(b) If the response is not received within the 30 days, the claim shall be denied.

.552 Request documentation if such is in the claimant's possession and necessary to support the claim.

(a) If claimant does not have the documentation, request that the claimant sign ABCDM 228, or the county equivalent form, to allow the county to obtain documentation on behalf of the claimant.

(b) If claimant is unable to provide the requested documentation, a declaration signed under penalty of perjury affirming the information shall be accepted in lieu of the documentation, unless there is conflicting evidence in the case record or information known to the county.

.553 Complete processing the claim within 30 days after receiving the additional information.

(a) If the additional information establishes eligibility, issue a NOA (M50-021A Rev. 7/92) explaining why the claim was approved, when payment can be expected and the formula used to arrive at the corrective underpayment.

(b) If the additional information does not establish eligibility, issue a NOA (M50-021B Rev. 7/92) explaining why the claim was denied and the claimant's right to a hearing if the claimant does not agree with the decision.

.554 Issue a NOA (M50-021B Rev. 7/92) if the claimant fails to provide documentation in his/her possession or sign the ABCDM 228 or a document of self-certification in support of the claim.

50-021 CRARY V. McMAHON RETROACTIVE COURT ORDER 50-021
(Continued)

.56 Process the first claim and deny any subsequent claims related to this Court Order or any other court order or settlement if more than one claim is filed for the same action.

.6 Computation of Corrective Payments

.61 In the AFDC Program, a corrective underpayment is not to be considered as income or a resource for AFDC grant calculation in the month received and the following month.

.62 For the Food Stamp Program, a retroactive corrective payment shall be excluded as income for all Food Stamp households and excluded as a resource for categorically eligible Food Stamp households as long as they remain eligible for AFDC [MPP Section 63-501.3(o) and Section 63-502.2(j)].

.63 Counties shall offset any corrective payment against outstanding recoupable overpayments as specified in MPP Section 42-751.4.

.631 For claimants no longer on aid, the responsible county shall offset the retroactive payment for supportive services against overpayments as specified in MPP Section 42-751.41.

.632 Counties shall use a Temp GAIN 83 (Agreement to Balance GAIN Supportive Services Corrective Payment Against AFDC/Child Care Overpayment [7/93]) to request an agreement to balance retroactive corrective supportive service payments against outstanding AFDC and/or child care overpayments.

.64 County shall ensure that a corrective underpayment for this Court Order is not considered a part of the AFDC grant calculations even when reported on the monthly reporting document.

.65 Computation of Interest. Counties shall:

.651 Pay interest on corrective payments to class members who are no longer on aid.

.652 Compute said interest and issue payment and issue a NOA M50-021A2 (Crary Retroactive Interest Payment [Rev. 8/93]). The payment period shall end September 30, 1993.

.653 Compute the amount of interest at the rate of seven (7) percent per year on the principal amount.

.654 Multiply the total corrective payment by the appropriate interest factor set forth in Handbook Section 50-021.655.

50-021 CRARY V. McMAHON RETROACTIVE COURT ORDER 50-021
(Continued)

(a) To determine the appropriate interest rate multiplier factor, a county shall first determine the last month the class member received a transportation supportive service payment (Retroactive Benefit Month) and the month the class member was paid the corrective payment (Retroactive Payment Month). Where the two dates meet on the "Interest Chart for Crary Retroactive Corrective Payments" shall be the multiplying factor to be used to determine how much interest is to be paid the class member.

HANDBOOK BEGINS HERE

(b) EXAMPLE: As a result of the Crary Court Order, the county owes Sue $200.00 reflecting payment for transportation expenses for three months ending December 1987. The county paid Sue $200.00 in September 1992. The retroactive benefit month is January 1988, and the retroactive payment month is August 1992. In September 1993, the county computes the interest to be paid to Sue, who is no longer on aid, at the rate of 7 percent per year on the $200.00 principal amount.

Retroactive Benefit Month--Jan. 1988 (Interest = .3267 factor)

Retroactive Payment Month--Sept. 1992

Payment Paid Sept. 1992	$200.00
Interest Percentage Factor X	.3267
Interest Paid September 1993:	=$ 65.34

HANDBOOK CONTINUES

50-021 CRARY V. McMAHON RETROACTIVE COURT ORDER 50-021
(Continued)

HANDBOOK CONTINUES

.655 Interest Chart for Crary Retroactive Benefit Payments

Retroactive Benefit Month	Retroactive Payment Month				
	July-92	Aug-92	Sep-92	Oct-92	Nov-92
Dec-86	.3908	.3967	.4025	.4083	.4142
Jan-87	.3850	.3908	.3967	.4025	.4083
Feb-87	.3792	.3850	.3908	.3967	.4025
Mar-87	.3733	.3792	.3850	.3908	.3967
Apr-87	.3675	.3733	.3792	.3850	.3908
May-87	.3617	.3675	.3733	.3792	.3850
Jun-87	.3558	.3617	.3675	.3733	.3792
Jul-87	.3500	.3558	.3617	.3675	.3733
Aug-87	.3442	.3500	.3558	.3617	.3675
Sep-87	.3383	.3442	.3500	.3558	.3617
Oct-87	.3325	.3383	.3442	.3500	.3558
Nov-87	.3267	.3325	.3383	.3442	.3500
Dec-87	.3208	.3267	.3325	.3383	.3442

HANDBOOK CONTINUES

50-021 CRARY V. McMAHON RETROACTIVE COURT ORDER 50-021
(Continued)

HANDBOOK CONTINUES

Retroactive Benefit Month	Retroactive Payment Month				
	July-92	Aug-92	Sep-92	Oct-92	Nov-92
Jan-88	.3150	.3208	.3267	.3325	.3383
Feb-88	.3092	.3150	.3208	.3267	.3325
Mar-88	.3033	.3092	.3150	.3208	.3267
Apr-88	.2975	.3033	.3092	.3150	.3208
May-88	.2917	.2975	.3033	.3092	.3150
Jun-88	.2858	.2917	.2975	.3033	.3092
Jul-88	.2800	.2858	.2917	.2975	.3033
Aug-88	.2742	.2800	.2858	.2917	.2975
Sep-88	.2683	.2742	.2800	.2858	.2917
Oct-88	.2625	.2683	.2742	.2800	.2858
Nov-88	.2567	.2625	.2683	.2742	.2800
Dec-88	.2508	.2567	.2625	.2683	.2742

HANDBOOK CONTINUES

50-021 CRARY V. McMAHON RETROACTIVE COURT ORDER 50-021
(Continued)

HANDBOOK CONTINUES

Retroactive Benefit Month	Retroactive Payment Month				
	July-92	Aug-92	Sep-92	Oct-92	Nov-92
Jan-89	.2450	.2508	.2567	.2625	.2683
Feb-89	.2392	.2450	.2508	.2567	.2625
Mar-89	.2333	.2392	.2450	.2508	.2567
Apr-89	.2275	.2333	.2392	.2450	.2508
May-89	.2217	.2275	.2333	.2392	.2450
Jun-89	.2158	.2217	.2275	.2333	.2392
Jul-89	.2100	.2158	.2217	.2275	.2333
Aug-89	.2042	.2100	.2158	.2217	.2275
Sep-89	.1983	.2042	.2100	.2158	.2217
Oct-89	.1925	.1983	.2042	.2100	.2158
Nov-89	.1867	.1925	.1983	.2042	.2100
Dec-89	.1808	.1867	.1925	.1983	.2042

HANDBOOK CONTINUES

50-021 CRARY V. McMAHON RETROACTIVE COURT ORDER (Continued) 50-021

HANDBOOK CONTINUES

Retroactive Benefit Month	Retroactive Payment Month				
	July-92	Aug-92	Sep-92	Oct-92	Nov-92
Jan-90	.1750	.1808	.1867	.1925	.1983
Feb-90	.1692	.1750	.1808	.1867	.1925
Mar-90	.1633	.1692	.1750	.1808	.1867
Apr-90	.1575	.1633	.1692	.1750	.1808
May-90	.1517	.1575	.1633	.1692	.1750
Jun-90	.1458	.1517	.1575	.1633	.1692
July-90	.1400	.1458	.1517	.1575	.1633
Aug-90	.1342	.1400	.1458	.1517	.1575
Sep-90	.1283	.1342	.1400	.1458	.1517
Oct-90	.1225	.1283	.1342	.1400	.1458
Nov-90	.1167	.1225	.1283	.1342	.1400
Dec-90	.1108	.1167	.1225	.1283	.1342
Jan-91	.1050	.1108	.1167	.1225	.1283
Feb-91	.0992	.1050	.1108	.1167	.1225
Mar-91	.0933	.0992	.1050	.1108	.1167
Apr-91	.0875	.0933	.0992	.1050	.1108

HANDBOOK ENDS HERE

50-021 CRARY V. McMAHON RETROACTIVE COURT ORDER 50-021
(Continued)

.7 Statistical Reporting

.71 Counties shall submit the GEN 1172 no later than March 1, 1993 to the Statistical Services Bureau.

.72 Report shall include the number of:

.721 Temp GAIN 66s counties mailed or handed to potentially eligible persons.

.722 Temp GAIN 66s received by counties as a claim.

.723 Cases identified by a county as receiving transportation supportive services and mailed a Temp GAIN 66.

.724 GAIN participants identified by a county as class members and issued a warrant correcting the underpayment.

.725 Claims (Temp GAIN 66) approved.

.726 Claims (Temp GAIN 66) denied because:

(a) Temp GAIN 66 was submitted after the claim period.

(b) Temp GAIN 66 was incomplete and county was unable to get the information needed from claimant to complete claim.

(c) Claimant was not a member of the class.

(d) County receiving the Temp GAIN 66 was not the responsible county. Receiving county forwarded Temp GAIN 66 to the responsible county.

(e) County receiving the Temp GAIN 66 was not the responsible county. Receiving county could not determine the responsible county.

(f) Other denials.

.727 Total benefits paid.

50-021 CRARY V. McMAHON RETROACTIVE COURT ORDER 50-021
(Continued)

.728 Total interest paid.

(a) Total claims paid interest.

.73 The GEN 1172 (Court Case Statistical Report [3/91]) for the Crary Interest Statistical Report shall be submitted to Statistical Services Bureau by October 31, 1993.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Crary v. McMahon, Sacramento County Superior Court, Case No. 363143; and Section 11323.2, Welfare and Institutions Code.

50-022 WINDLEY v. McMAHON RETROACTIVE COURT ORDER 50-022

HANDBOOK BEGINS HERE

.1 Background

On October 12, 1989, the Windley v. McMahon lawsuit was filed with the Sacramento County Superior Court challenging the State Department of Social Services' (SDSS) policy of not requiring county welfare department Greater Avenues for Independence (GAIN) Program offices (counties) to provide adequate and timely notice to GAIN registrants and participants of supportive services actions being taken by counties and of their right to a state hearing. SDSS agreed it is SDSS' responsibility to monitor and instruct counties to provide adequate and timely written Notices of Action (NOAs) to GAIN registrants and participants. SDSS also agreed counties must inform registrants and participants of their right to a state hearing. On April 6, 1992, the Stipulation of Settlement and Consent Decree was signed in Sacramento County Superior Court. SDSS and counties must provide written notice of all actions related to GAIN supportive services in accordance with the provisions stipulated in the Windley Consent Decree.

HANDBOOK ENDS HERE

.2 Definitions

For the purpose of these regulations:

(a) "ABCDM 228" means the Applicant's Authorization for Release of Information Form ABCDM 228 (10/78) which is used to obtain documentation when the requester does not have the necessary information or is unable to provide such information.

50-022 WINDLEY v. McMAHON RETROACTIVE COURT ORDER 50-022
(Continued)

(b) "Class member" means any current or former GAIN Program participant who:

(1) Had their supportive services approved, denied, changed or terminated;

and

(2) Did not receive an adequate written notice telling them why;

and/or

(3) Was not told of their right to a state hearing if they did not agree with the county's action.

(c) "Five standard languages" means Spanish, Vietnamese, Laotian, Chinese and Cambodian.

(d) "GAIN 50" means the GAIN Hearing Rights Form GAIN 50 (6/92) which is used to explain to people their rights to a hearing if they do not agree with the action taken by a county.

(e) "GEN 1172" means the Statistical Report Form GEN 1172 (3/91) Court Case: Windley v. McMahon used to gather data regarding the request to review case records resulting from this lawsuit.

(f) "NOA" means a notice of action (NOA) that meets the adequacy requirements of Section 22-022. A requester is considered to be informed of the outcome of a request to have his/her case file reviewed when he/she is provided a NOA.

(g) "Receiving county" means the county which the TEMP GAIN 77 is mailed to or given to for processing. The receiving county may or may not be the responsible county.

(h) "Responsible county" means the county that denied, reduced or terminated supportive services and did not provide adequate written notice explaining the reason for such an action.

(i) "Retroactive period" means the period of time between October 12, 1986 to April 1, 1991 for all counties except Los Angeles County. The retroactive period for Los Angeles County shall be from October 12, 1986 through November 30, 1992.

(j) "Request period" means the time period in which a person may file a request to have their case file reviewed which is from August 1, 1992 through October 30, 1992 in all counties except Los Angeles County. The request period for Los Angeles County will be from August 1, 1992 through January 31, 1993.

50-022 WINDLEY v. McMAHON RETROACTIVE COURT ORDER 50-022
(Continued)

(k) "TEMP GAIN 58" means the GAIN Supportive Services Overpayment Notice Form TEMP GAIN 58 (9/92) which is used to explain to a person his/her responsibilities for payment of overpayments.

(l) "TEMP GAIN 63" means the Windley v. McMahon Notice [Informing Card] TEMP GAIN 63 (7/92) mailed with the Medi-Cal card to current Aid to Families with Dependent Children (AFDC) and medically-needy-only (MNO) recipients.

(m) "TEMP GAIN 76" means the Windley v. McMahon [Informing Poster] TEMP GAIN 76 (8/92) used to notify former and current GAIN Program participants of the Windley settlement.

(n) "TEMP GAIN 77" means the Windley v. McMahon Review Request Form TEMP GAIN 77 (7/92) provided by counties to potentially eligible persons to use to request to have their case files reviewed.

.3 Informing of Case Review

HANDBOOK BEGINS HERE

TEMP GAIN 63 shall be mailed to all current AFDC and MNO Medi-Cal recipients. TEMP GAIN 76 shall be provided to all colleges, universities, community colleges, child care resource/referral agencies, and legal aid and welfare rights organizations. TEMP GAIN 76 shall be placed in all county welfare offices, GAIN offices and Food Stamp outlets. The TEMP GAIN 77 shall be provided by counties to any person upon request.

HANDBOOK ENDS HERE

.31 SDSS Responsibilities

SDSS shall:

.311 Include TEMP GAIN 63 with the Medi-Cal card issued to current AFDC and MNO recipients the month of August 1992.

(a) The TEMP GAIN 63 shall be printed in English on one side with bullets in the five standard languages on the other.

.312 Provide counties with a reproducible copy of TEMP GAIN 77 in English and Spanish with bullets in Vietnamese, Laotian, Chinese and Cambodian.

50-022 WINDLEY v. McMAHON RETROACTIVE COURT ORDER 50-022
(Continued)

.313 Provide counties with a supply of the TEMP GAIN 76 in English and Spanish with bullets in Vietnamese, Laotian, Chinese and Cambodian.

(a) Instructions shall request counties to display the TEMP GAIN 76 from August 1, 1992 through October 30, 1992.

.314 Provide counties with reproducible copies of NOA messages in English and the five standard languages.

.315 Mail copies of the TEMP GAIN 76 to legal aid and welfare rights organizations of the plaintiffs' choice.

.316 Make available $30,000 for a summary of the court settlement to be published in newspapers or other media of plaintiffs' choice.

(a) Announcements and/or news releases shall be provided to the media two weeks before the beginning of the request period and two weeks before end of the period.

.32 County Responsibilities

Counties shall:

.321 Give or mail a TEMP GAIN 77 to anyone upon request.

(a) A TEMP GAIN 77 shall be mailed within seven (7) working days after receipt of verbal or written request.

(b) If the request is received the last week of the request period, the county shall advise the requester of the final filing date.

.322 Place TEMP GAIN 76 in conspicuous locations in all welfare offices, GAIN offices and Food Stamp outlets.

.323 Issue TEMP GAIN 76 to:

(a) All child care resources and referral agencies requesting that the TEMP GAIN 76 be displayed in conspicuous locations.

50-022 WINDLEY v. McMAHON RETROACTIVE COURT ORDER 50-022
(Continued)

(b) All community colleges, state colleges and universities, requesting that the TEMP GAIN 76 be displayed in conspicuous locations.

HANDBOOK BEGINS HERE

(1) It is recognized and agreed that SDSS and counties cannot require educational institutions to display the TEMP GAIN 76.

HANDBOOK ENDS HERE

.324 Reproduce an adequate supply of the TEMP GAIN 77 in English and Spanish.

.4 Review Request Form

HANDBOOK BEGINS HERE

Potentially eligible persons shall receive a TEMP GAIN 63 in the mail or see a TEMP GAIN 76. A potentially eligible person may request a TEMP GAIN 77 by mail or in person from any county.

HANDBOOK ENDS HERE

.41 Requester Responsibilities

Requester shall:

.411 Complete and sign TEMP GAIN 77 [see Section 50-022.521]. The TEMP GAIN 77 shall be signed under penalty of perjury.

.412 Submit TEMP GAIN 77 to responsible county.

(a) Submit TEMP GAIN 77 on or before end of request period. If mailed, postmark must be no later than October 30, 1992 for all counties except Los Angeles County. For Los Angeles County the postmark must be no later than January 31, 1993.

(b) Requester shall be permitted to resubmit a previously denied request during the request period.

50-022 WINDLEY v. McMAHON RETROACTIVE COURT ORDER 50-022
(Continued)

.413 Provide to counties additional information, documentation or clarification of the TEMP GAIN 77 upon request.

HANDBOOK BEGINS HERE

(a) Examples of types of information or clarification that may be requested or reasons for a request: person's name if different while in GAIN; illegible handwriting; wrong social security number; missing social security number; no county listed.

HANDBOOK ENDS HERE

.42 County Responsibilities

Counties shall:

.421 Stamp the TEMP GAIN 77 with the date it is received.

.422 Retain envelopes that are postmarked after October 30, 1992 for all counties except Los Angeles County. Los Angeles County shall retain all envelopes that are postmarked after January 31, 1993 [see Section 50-022.412].

(a) If the date cannot be determined by either postmark or date stamp, use the date the requester signed the TEMP GAIN 77.

.423 Issue a NOA (M50-022N Rev. 7/92) within 30 days denying request if request is postmarked after request period [see Section 50-022.534].

.424 Maintain all records which contain documentation relative to this court order for three years after the final legal claim has been submitted for federal reimbursement.

(a) Records include, but are not limited to, those used to determine eligibility for the class, including denials, and those used to determine the amount of any corrective over/underpayments.

(b) Records which are pertinent to this court order may include case records, payment records, assistance claims and reimbursement claims.

50-022 WINDLEY v. McMAHON RETROACTIVE COURT ORDER 50-022
(Continued)

.425 Determine the responsible county.

(a) Process the TEMP GAIN 77 within 60 days when the receiving county is the responsible county and the requester is a class member [see Section 50-022.54].

(b) Process the TEMP GAIN 77 within 30 days when the receiving county is the responsible county and the requester is not a class member [see Section 50-022.53].

(c) If the receiving county determines that the TEMP GAIN 77 has been submitted to the wrong county (county named on TEMP GAIN 77 is not the county which received the request), the receiving county shall issue a NOA (M50-022N Rev. 7/92) denying the request and forward the TEMP GAIN 77 to the responsible county.

(1) Preprint on the back of the NOA (M50-022N Rev. 7/92), or attach copy of, the GAIN 50.

(2) Forward the TEMP GAIN 77 to the responsible county within 15 calendar days after receipt.

(3) Issue a NOA (M50-022N Rev. 7/92) within 30 days. Inform the requester in the NOA that the TEMP GAIN 77 has been forwarded to the responsible county for processing.

(4) The date the TEMP GAIN 77 was submitted to the receiving county shall be the date of the request.

(d) If the receiving county cannot determine which is the responsible county (no record of the requester having been in the GAIN Program and there is no other county listed on the TEMP GAIN 77), issue a NOA (M50-022N Rev. 7/92) denying the request telling the requester to resubmit the TEMP GAIN 77 to the responsible county.

(1) Preprint on the back of the NOA (M50-022N Rev. 7/92), or attach copy of, the GAIN 50.

50-022 WINDLEY v. McMAHON RETROACTIVE COURT ORDER 50-022
(Continued)

(2) The receiving county shall issue the denial NOA (M50-022N Rev. 7/92) within 30 working days after receipt of request [see Section 50-022.536].

(3) Receiving county shall inform requester to resubmit the TEMP 77 within the request period or 30 calendar days from the date on the NOA, whichever is longer.

.5 Request Processing

The responsible county shall determine whether the requester is a class member and take appropriate action.

Counties shall:

.51 Complete processing the TEMP GAIN 77, to the extent possible, without requiring the requester to come in person to the county.

.52 Review each TEMP GAIN 77 to determine if the requester has provided the information needed in order to locate the appropriate case record [see Section 50-022.425].

.521 For the purpose of this determination, the TEMP GAIN 77 shall be considered complete when all of the following questions are completed:

(a) Qualifying class member questions.

(b) County of residence during retroactive period.

(c) Requester's case name during retroactive period.

(d) Requester's social security number.

(e) Requester's date of birth.

(f) Requester's signature.

.522 The following information shall be provided in the TEMP GAIN 77 to the extent possible:

(a) The approximate date(s) requester participated in the GAIN Program and the action(s) that was taken by the county(ies).

50-022 WINDLEY v. McMAHON RETROACTIVE COURT ORDER 50-022
(Continued)

(b) Requester's telephone number.

(c) Requester's current address.

.53 Requester is not a class member.

Issue a NOA (M50-022N Rev. 7/92) within 30 days of the receipt of the TEMP GAIN 77 stating the reason for the action [see Section 50-022.425(b)]. Attach or preprint a GAIN 50 which explains the individuals right to a hearing.

The reasons for denial include, but are not limited to, the following:

.531 Requester was not in the GAIN Program during the retroactive period; or

.532 Requester received an adequate written notice and was told of his/her right to a hearing if he/she did not agree with the county's action.

(a) Counties shall attach a copy of the original NOA to the denial NOA (M50-022N Rev. 7/92).

.533 Requester did not receive supportive services during the retroactive period; or

.534 Requester did not submit TEMP GAIN 77 within request period [see Section 50-022.412(a)]

.535 Requester did not return NOA (M50-022M Rev. 7/92) within 30 days as requested.

.536 Requester did not submit TEMP GAIN 77 to the responsible county and the receiving county could not determine from the TEMP GAIN 77 which county was responsible [see Section 50-022.425(d)(1)].

.54 Requester is a class member.

.541 Action taken was correct.

Within 60 days, issue appropriate NOA (M50-022B, C, D, E, F, G, H, J, K, L, or O Rev.'s 7/92) specifying the action, reason for the action and the formula used to arrive at the decision.

50-022 WINDLEY v. McMAHON RETROACTIVE COURT ORDER 50-022
(Continued)

(a) Preprint on the back of each NOA, or attach a copy of, the GAIN 50.

HANDBOOK BEGINS HERE

(b) NOAs ending with the number "1" are for the retroactive period of October 12, 1986 through September 30, 1990.

(c) NOAs ending with the number "2" are for the retroactive period of October 1, 1990 through April 1, 1991 for all counties except Los Angeles County. Los Angeles County will use these NOAs for its retroactive period of October 12, 1986 through November 30, 1992.

HANDBOOK ENDS HERE

.542 Requester was underpaid.

Within 60 days, issue a NOA (M50-022A Rev. 10/92) explaining the action, the formula used to arrive at the corrective payment and when payment can be expected [see Section 42- 751.11].

(a) Preprint on the back of NOA (M50-022A Rev. 10/92), or attach a copy of, the GAIN 50.

(b) If the county has the capability to include the warrant with the NOA, the county shall do so.

(1) For the AFDC Program, a corrective underpayment is not to be considered as income or a resource for AFDC grant calculation in the month received and the following month [see Section 44-340.6].

(2) For the Food Stamp Program, a corrective underpayment shall be excluded as income for all food stamp households and excluded as a resource for categorically eligible food stamp households as long as they remain eligible for AFDC [Sections 63- 501.3(o) and 63-502.2(j)].

(3) Interest shall not be paid on the corrective underpayment.

(c) The county shall ensure that corrective underpayments for this court order are not considered a part of the AFDC grant calculations even when reported on the monthly reporting document.

50-022 WINDLEY v. McMAHON RETROACTIVE COURT ORDER 50-022
(Continued)

.543 Requester was overpaid.

Within 60 days, issue a NOA (M50-022AA Rev. 8/92) with TEMP GAIN 58 explaining the action, the formula used to arrive at the overpayment and county collection procedures [see Section 42-751.2].

(a) Preprint on the back of NOA (M50-022AA Rev. 8/92), or attach a copy of, the GAIN 50.

(b) County shall offset any corrective underpayment against any outstanding recoupable overpayments in accordance with Section 42-751.4.

(c) For requesters no longer receiving AFDC benefits, counties shall offset the retroactive underpayment for supportive services against any outstanding overpayment in accordance with Section 42-751.5.

.55 Request additional information (NOA M50-022M Rev. 7/92).

.551 Conduct a thorough review of the requester's case file to search for the absence of an adequate written notice or to find evidence of the action referred to by the requester.

(a) The county shall work with the requester to clarify the action taken by the county.

.552 Attempt to resolve issue(s) by telephone first if the TEMP GAIN 77 is inconsistent with the case record or needs clarification (e.g., name of school or vocational training site, child care provider).

.553 Within 30 days, issue a NOA (M50-022M Rev. 7/92) requesting the documentation, additional information or clarification needed to complete processing request if unable to resolve issue(s) by telephone.

(a) Preprint on the back of the NOA (M50-022M Rev. 7/92), or attach a copy of, the GAIN 50.

(b) Requester shall have 30 days from the date of NOA (M50-022M Rev. 7/92) to respond to the request for clarification, additional information or verification.

(c) If response is not received within the 30 days, request for review of case file shall be denied.

50-022 WINDLEY v. McMAHON RETROACTIVE COURT ORDER 50-022
(Continued)

.554 Ask the requester to supply documentation when necessary in support of the TEMP GAIN 77 if such documentation is in the requester's possession.

(a) If requester does not have the documentation, ask the requester to sign an ABCDM 228, or the county's equivalent form, to allow the county to obtain documentation on behalf of the requester, or

(b) Inform the requester that if he/she is unable to provide the needed documentation, a declaration signed under penalty of perjury affirming the information shall be accepted in lieu of the documentation, unless there is conflicting evidence in the case record or conflicting information known to the county.

.555 Complete processing TEMP GAIN 77 within 30 days after receiving the additional information, verification, clarification or declaration signed under penalty of perjury from potentially eligible person.

.56 If a TEMP GAIN 77 for a specific action is filed under this court order and a claim for the same action is filed again under a subsequent court order or settlement, only the first request will be processed for the action and any subsequent claims shall be denied.

.6 Statistical Reporting

.61 Counties shall submit the GEN 1172 no later than April 1, 1993 to the Statistical Services Bureau.

.62 Report shall include the number of:

.621 TEMP GAIN 77s counties mailed or handed to potentially eligible persons.

.622 TEMP GAIN 77s received by counties to request to have case files reviewed.

.623 TEMP GAIN 77s approved as class members.

.624 TEMP GAIN 77s denied because:

(a) TEMP GAIN 77 was submitted after the request period.

(b) TEMP GAIN 77 was incomplete and county was unable to get the information needed from requester to complete review of case file.

50-022 WINDLEY v. McMAHON RETROACTIVE COURT ORDER 50-022
(Continued)

(c) Requester was not a member of the class.

(d) County receiving the TEMP GAIN 77 was not the responsible county. Receiving county forwarded TEMP GAIN 77 to the responsible county.

(e) County receiving the TEMP GAIN 77 was not the responsible county. Receiving county could not determine the responsible county.

(f) Other denials.

.625 Total corrective overpayments identified.

(a) Total corrective overpayment amount.

.626 Total corrective underpayments paid.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Section 11328.2, Welfare and Institutions Code; 45 CFR 205.10; and Windley v. McMahon, Sacramento County Superior Court, Case No. 362761.

50-023 JACOBSON V. ANDERSON RETROACTIVE LAWSUIT 50-023

HANDBOOK BEGINS HERE

.1 Background

On May 9, 1990, the Jacobson v. Anderson lawsuit was filed with the San Luis Obispo County Superior Court. This lawsuit challenged the California Department of Social Services' (CDSS) policy of allowing county welfare departments (CWDs) to refuse to approve plaintiffs' self-initiated programs (SIPs) under the Greater Avenues for Independence (GAIN) Program as GAIN activities solely because their SIPs would require more than two years to complete. This policy was in violation of the Welfare and Institutions Code Section 11310 et seq. in effect before October 1990. In this class action, plaintiffs sought approval of their SIPs under GAIN, restoration of their full Aid to Families with Dependent Children (AFDC) grants and retroactive or prospective supportive services under GAIN for plaintiffs' approvable SIPs. Plaintiffs also sought a declaratory judgment that the CWDs' practice of disapproving otherwise valid SIPs solely because they could not be completed within two years was unlawful under former Welfare and Institutions Code Section 11320.5(b)(5). CDSS agreed that CWDs could not disapprove SIPs before October 1990 solely because the SIPs could not be completed in two years. CDSS also agreed to restore cash aid to those persons who were sanctioned because they refused to quit their SIPs to participate in GAIN, to provide retroactive or prospective supportive services to those persons who were denied such services and to allow those persons who choose to re-enroll in their approvable SIPs to do so in lieu of their other GAIN activities. On April 12, 1993, the San Luis Obispo County Superior Court signed the Settlement and Consent Decree.

HANDBOOK ENDS HERE

.2 Definitions

For the purpose of these regulations:

a. (1) "ABCDM 228 (Rev. 10/78)" (Release of Information Form) means the document used by CWDs to obtain documentation when the class member does not have the necessary information or is unable to provide such information.

(2) "Approvable SIP" means a self-initiated educational or vocational training program of limited duration which is expected to lead to unsubsidized employment as specified in Section 50-023.91.

b. (1) "Claim period" means the time in which a class member may file a claim under the Jacobson v. Anderson lawsuit. The claim period shall be 90 days beginning July 1, 1993 and ending midnight September 28, 1993.

50-023 JACOBSON V. ANDERSON RETROACTIVE LAWSUIT 50-023
(Continued)

c. (1) "Class member 1" means those persons:

Whose SIPs were initially disapproved solely because their SIPs could not be completed within two years, and they refused to participate in GAIN so they could continue in their SIPs and who were sanctioned for nonparticipation in GAIN;

or

(2) "Class member 2" means those persons:

Whose SIPs were initially approved but not completed when class members reached the two-year limit, and they continued to participate in their SIPs and refused to participate in their GAIN components that would interfere with the continuation of their SIPs and were sanctioned for nonparticipation in GAIN;

or

(3) "Class member 3" means those persons:

Still on aid and whose SIPs were initially disapproved and who quit their SIPs on or after June 1, 1989 to participate in GAIN in order to avoid sanction for nonparticipation in GAIN;

or

(4) "Class member 4" means those persons:

Still on aid and whose SIPs were initially approved and:

(A) They quit their SIPs on or after June 1, 1989 because they had reached the two-year limit for GAIN SIPs; and

(B) They had not completed the SIP at the time of quitting; and

(C) They quit their SIP to participate in GAIN in order to avoid a sanction for nonparticipation in GAIN.

or

(5) "Class member 5" means those persons:

Still on aid and who were exempt from GAIN registration, volunteered to participate in GAIN and whose SIPs were initially disapproved solely because their SIPs could not be completed within two years.

50-023 JACOBSON V. ANDERSON RETROACTIVE LAWSUIT 50-023
(Continued)

(A) Persons claiming membership in this class must be able to verify their initial contact with the CWD (e.g., GAIN registration, AFDC application, request for SIP approval).

1. Verification shall include, but is not limited to, CWD phone records and logs.

2. Self-certification of contact with CWDs shall be accepted unless the CWD has evidence to the contrary.

3. The absence of a formal or written denial of a SIP or case log entry is not evidence of the lack of contact between the class member and the CWD.

(B) This class excludes persons in counties which were not accepting exempt volunteers into GAIN prior to October 1, 1990.

(C) This class also excludes exempt volunteers who have had their SIPs approved since October 1, 1990.

d. (1) Corrective payment" means the retroactive payment of cash aid and/or supportive services inappropriately withheld from a class member.

e. (Reserved)

f. (1) "Five standard languages" means Spanish, Vietnamese, Laotian, Chinese and Cambodian.

(2) "Four standard Asian languages" means Vietnamese, Laotian, Chinese and Cambodian.

g. (1) "GEN 1172 (5/93)" (Court Case Statistical Report) means the form used by CWDs to gather data regarding the claims filed and paid under this lawsuit.

h. - m. (Reserved)

n. (1) "NOA" means a notice of action (NOA) that is considered to be adequate within the meaning of MPP Section 22-021.

o. - q. (Reserved)

50-023 JACOBSON V. ANDERSON RETROACTIVE LAWSUIT 50-023
(Continued)

r. (1) "Responsible CWD" means the county welfare department GAIN office that took an action on which a class member's claim is based.

(2) "Retroactive period" means the period from May 9, 1987 through September 30, 1990.

s. (Reserved)

t. (1) "TEMP GAIN 78" (7/93) (Informing Card) means the document mailed with the Medi-Cal cards to current AFDC and Medically Needy Only (MNO) Medi-Cal recipients in responsible CWDs to inform potentially eligible persons of possible corrective payments and/or supportive services resulting from the Jacobson lawsuit.

(2) "TEMP GAIN 79" (7/93) (Informing Poster) means the document used to notify class members and former GAIN participants of possible corrective payments and/or supportive services under the Jacobson lawsuit.

(3) "TEMP GAIN 80" (7/93) (Informing Notice) means the document used by a CWD to inform potential class members of the Jacobson lawsuit if the CWD does not maintain separate records of persons who were sanctioned under the provisions of GAIN.

(4) "TEMP GAIN 81" (7/93) (Claim Form) means the document used by potentially eligible persons to file a claim for corrective payments and/or supportive services resulting from the Jacobson lawsuit.

u. - z. (Reserved)

.3 Informing Class Members

HANDBOOK BEGINS HERE

.31 CDSS responsibilities. CDSS shall:

.311 Provide an (800) telephone number on the TEMP GAIN 78, 79, 80 and 81 for potential class members to call to obtain additional information about the Jacobson v. Anderson lawsuit.

.312 Include the TEMP GAIN 78 with the Medi-Cal cards to be issued the month of July 1993 to current AFDC and MNO Medi-Cal recipients in responsible CWDs.

HANDBOOK CONTINUES

50-023 JACOBSON V. ANDERSON RETROACTIVE LAWSUIT 50-023
(Continued)

HANDBOOK CONTINUES

(a) The TEMP GAIN 78 shall be printed in English on one side with bullets in the five standard languages on the other side.

(1) The English version shall contain a brief statement to inform potential class members of possible corrective payments and/or supportive services and/or eligibility to re-enroll in their approvable SIP as specified in the Jacobson lawsuit.

(2) The bullets shall state essentially: "If you enrolled in an education or training program on your own and GAIN wouldn't approve that program because it would take more than two years to finish or your program was approved but it could not be finished in two years, GAIN may owe you money. Call your GAIN worker or 1-800-952-5253 to get more facts."

.313 Print TEMP GAIN 79 and 80 in English and Spanish with bullets in the four standard Asian languages.

(a) The English version shall contain a brief statement informing potential class members that GAIN may owe them money and they may be eligible for supportive services from GAIN and/or be eligible to re-enroll in their approvable SIP as specified in the Jacobson lawsuit.

(b) The bullets shall state essentially: "If you enrolled in an education or training program on your own, and GAIN wouldn't approve that program because it would take more than two years to finish or your program was approved but it could not be finished in two years, GAIN may owe you money. Call your GAIN worker or 1-800-952-5253 to get more facts."

.314 Provide CWDs a:

(a) Reproducible copy of the TEMP GAIN 81 in English and the five standard languages.

(b) Reproducible copy of NOAs in English and the five standard languages.

HANDBOOK CONTINUES

50-023 JACOBSON V. ANDERSON RETROACTIVE LAWSUIT 50-023
(Continued)

HANDBOOK CONTINUES

(c) Supply of TEMP GAIN 79.

.315 Mail copies of TEMP GAIN 79 to legal aid and welfare rights organizations of plaintiffs' choice.

(a) Plaintiffs' counsel shall provide CDSS with the mailing labels not to exceed 600.

.316 Provide public service announcements to the media two weeks before the beginning of the claim period and two weeks before the end of the claim period.

HANDBOOK ENDS HERE

.32 Responsible CWDs

Alpine, Butte, Contra Costa, El Dorado, Fresno, Imperial, Inyo, Kern, Kings, Lake, Lassen, Los Angeles, Madera, Mariposa, Merced, Modoc, Mono, Monterey, Nevada, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Shasta, Siskiyou, Solano, Sonoma, Stanislaus, Tulare and Tuolumne.

.33 CWD responsibilities. CWDs shall:

.331 Mail a TEMP GAIN 80 by July 1, 1993 to all persons sanctioned during the retroactive period if the CWD does not possess separate records of class members who were sanctioned by GAIN but possess separate records of persons sanctioned by AFDC.

(a) If a CWD does not possess separate records of persons sanctioned by AFDC, CDSS shall mail a TEMP GAIN 78 to all persons currently receiving AFDC in the county as a stuffer with the Medi-Cal card.

(b) If a CWD possesses separate records of persons sanctioned by GAIN during the retroactive period, the CWD shall review case files as specified in Section 50-023.5.

50-023 JACOBSON V. ANDERSON RETROACTIVE LAWSUIT 50-023
(Continued)

.332 Place a TEMP GAIN 79 in conspicuous locations in all welfare offices and GAIN offices.

(a) The TEMP GAIN 79 shall be displayed until close of business September 28, 1993.

.333 Provide a TEMP GAIN 79 to community colleges, four year colleges and universities, both public and private, requesting that they display the TEMP GAIN 79 in conspicuous locations on each campus.

HANDBOOK BEGINS HERE

(a) It is recognized and agreed that CDSS and/or CWDs cannot require educational institutions to display the TEMP GAIN 79.

HANDBOOK ENDS HERE

.334 Reproduce an adequate supply of the TEMP GAIN 81 in English and the five standard languages.

.335 Give or mail a TEMP GAIN 81 to anyone upon request.

.4 Application for Corrective Payment

.41 Class members' responsibilities. Class members shall:

.411 Complete and sign under the penalty of perjury a TEMP GAIN 81.

.412 Provide necessary additional information, documentation or clarification upon request from a CWD.

.413 Submit a completed TEMP GAIN 81 to the responsible CWD if possible.

(a) Class members may also submit a TEMP GAIN 81 to each responsible CWD if there was more than one CWD in which the class member was affected by the Jacobson v. Anderson lawsuit.

(b) Class members may submit the TEMP GAIN 81 to the current county of residence but must list the responsible CWD and complete a TEMP GAIN 81 for each county.

50-023 JACOBSON V. ANDERSON RETROACTIVE LAWSUIT 50-023
(Continued)

.414 Submit the TEMP GAIN 81 on or before the end of claim period.

(a) If mailed, postmark must be no later than September 28, 1993.

(b) Persons shall be permitted to resubmit a previously denied claim during the claim period.

.42 CWD responsibilities. CWDs shall:

.421 Stamp the TEMP GAIN 81 with the date received and retain envelopes postmarked after September 28, 1993.

.422 If the postmark date cannot be determined, the CWD shall use the date the class member signed the TEMP GAIN 81 to determine when the claim was received.

.423 Issue a NOA M50-023D (7/93) denying the claim within 60 days of receipt if the TEMP GAIN 81 is postmarked after claim period.

.424 Maintain all documents until the end of the claim period and retain all records which contain documents relevant to the Jacobson lawsuit for three years from when the claim is processed or the date the last expenditure report for federal reimbursement or the termination of the lawsuit whichever is later.

(a) Documents included are those used to determine eligibility for the class (including denials) and those used to determine the amount of corrective payments.

(b) Documents which are relevant also include case records, payment records, assistance claims, reimbursement claims, claim verification and any other documents related to this lawsuit.

.425 Determine the responsible CWD. CWDs shall also:

(a) Process the TEMP GAIN 81 within 60 days after receiving the claim when the receiving CWD is the responsible CWD.

(b) Issue a NOA M50-023D denying the claim and forward the TEMP GAIN 81 as soon as possible, but no later than 30 days from date received, if the CWD receiving the TEMP GAIN 81 determines that it is not the responsible CWD.

50-023 JACOBSON V. ANDERSON RETROACTIVE LAWSUIT 50-023
(Continued)

(1) The receiving CWD shall inform the class member identified in the NOA M50-023D that the TEMP GAIN 81 has been forwarded to the responsible CWD for processing.

(2) The responsible CWD shall process the claim within 60 days from the date a completed TEMP GAIN 81 is received.

(c) If the responsible CWD cannot be determined, the receiving CWD shall issue a NOA M50-023D denying the claim.

.5 Case File Review.

.51 Responsible CWDs that possess separate records of GAIN-related sanctions shall review case files to identify class members "1" and "2."

.511 CWDs shall begin and complete the review of all case files within the 90-day claim period unless additional information is needed to complete the review.

.512 To the extent possible, CWDs shall complete the review and calculate the amount of corrective payment without requiring class members to come in person to the CWD.

.52 For class members "1" and "2", CWDs shall:

.521 Correct payments for cash aid for Jacobson-related sanctions.

.522 Review and correct the case file for all Jacobson-related sanctions actions after July 1, 1989 so that all Jacobson-related sanctions cannot be counted in any future sanction actions.

(a) Sanctions received from July 1, 1989 through November 28, 1989 are subject to the sanction criteria specified in Section 50-023.941.

(b) Sanctions received from November 29, 1989 through September 30, 1990 are subject to the sanction criteria specified in Section 50-023.942.

.523 Review the case file to determine if subsequent sanctions require re-evaluation without reference to discounted Jacobson-related sanctions. If the re-evaluation results in a corrective payment, the CWD shall calculate the amount of the cash aid that should have been paid.

50-023 JACOBSON V. ANDERSON RETROACTIVE LAWSUIT 50-023
(Continued)

(a) In each case when a corrective payment is due as a result of disregarding an earlier Jacobson-related sanction, the corrective payment shall be for the three-month period.

HANDBOOK BEGINS HERE

(b) Example:

A six-month sanction which becomes a three-month sanction receives a three-month corrective payment, regardless of how long the sanction period is extended beyond the three months.

HANDBOOK ENDS HERE

.524 Compare the correct grant to the amount actually paid to the assistance unit for each month when calculating the cash aid underpayment for each month in question. If as a result of a Jacobson-related sanction, the amount paid to the assistance unit in any month was less than the correct grant for that month, a corrective payment is owed.

(a) For class members who are no longer on aid, calculate the interest as specified in Section 50-023.752.

(b) GAIN and AFDC shall work together to resolve any issues in determining the corrective payment for cash aid.

.525 Calculate the corrective payment for cash aid and issue a NOA M50-023A if the information is sufficient.

(a) If the information is not sufficient, request the information needed as specified in Section 50-023.65.

(b) Class member "1" who is no longer on cash aid shall be eligible for retroactive supportive services benefits.

(1) Retroactive supportive services benefits shall be as specified in Sections 50-023.632(a) through .632(a)(4).

(c) If the information in the case file is sufficient to calculate the retroactive supportive services benefits, complete the computation and issue a NOA M50-023B (7/93) with the NOA M50-023A (7/93).

50-023 JACOBSON V. ANDERSON RETROACTIVE LAWSUIT 50-023
(Continued)

.53 If class members "1" and "2" are on cash aid:

.531 CWDs shall complete the NOA M50-023A as specified in Sections 50-023.52 through .525 and issue it with a NOA M50-023E requesting the information needed to determine retroactive or prospective supportive services. CWDs shall allow class members to re-enroll in their approvable SIPs in lieu of attending any other GAIN activities.

(a) Class members shall have 30 days from the date on the NOA or until the end of the claim period, whichever is longer, to respond to the request for information.

(b) If the additional information is not received within the time period, CWDs shall issue a NOA M50-023D.

.532 CWDs shall complete reviewing the case file within 60 days after receiving the additional information.

.533 Class member "1" chooses:

(a) Retroactive supportive services and does not want to re-enroll in his/her approvable SIP. The CWD shall complete the computation for supportive services and issue a NOA M50- 023B with the NOA M50-023A.

(1) Retroactive supportive services benefits shall meet the criteria as specified in Sections 50-023.632(a) through .632(a)(4).

or

(b) Retroactive supportive services and wants to re-enroll in his/her approvable SIP. The CWD shall complete the computation for supportive services and issue a NOA M50-023C (7/93) with the NOAs M50-023A and M50-023B.

(1) The class member shall not be eligible for prospective supportive services benefits while attending his/her SIP.

or

(c) Prospective supportive services and wants to re-enroll in his/her approvable SIP. The CWD shall complete a NOA M50-023C.

50-023 JACOBSON V. ANDERSON RETROACTIVE LAWSUIT 50-023
(Continued)

(1) Prospective supportive services benefits shall meet the criteria as specified in Sections 50-023.632(b) through .632(b)(4)(A).

.534 If class member "2" chooses to re-enroll in his/her former approvable SIP, CWDs shall complete a NOA M50-023C.

(a) The class member shall not be eligible for retroactive or prospective supportive services benefits.

.535 If a prior SIP is unavailable or inaccessible for any reason that is not the fault of the class member, CWDs shall allow the class member to enroll in a similar approvable SIP.

.536 CWDs shall cancel class members' previous basic contracts under current Sections 42-772.1, .2 or .3 and enter into a new contract as specified in Section 50-023.91.

(a) Class members shall re-enroll in their SIPs within one year of when CWDs completed reviewing their case file and notified class members of their eligibility to re-enroll.

.537 The "good cause" for nonparticipation in GAIN shall be that the work activity would interrupt the approved education or job training program.

.538 CWDs shall complete the review process and issue a NOA M50-023C if the information is sufficient. CWDs shall attach appropriate NOAs and/or a contract agreement.

(a) If the information is not sufficient, CWDs shall request the information needed as specified in Section 50-023.65.

.6 Process Claim Forms. The responsible CWD shall:

.61 Review each TEMP GAIN 81 for completeness. The TEMP GAIN 81 shall be considered complete when the following questions are answered.

.611 Qualifying class member questions:

(a) Were you in the GAIN Program?

50-023 JACOBSON V. ANDERSON RETROACTIVE LAWSUIT 50-023
(Continued)

(b) Did GAIN deny an education or training program you enrolled in only because you couldn't finish the program in two years?

(c) Was your education or training program approved but you did not finish it in two years?

(d) Was your cash aid lowered because you kept going to your education or training program instead of going to GAIN?

(e) Did you stop going to your education or training program in order to go to GAIN to keep from having your cash aid lowered?

(f) Did you volunteer for GAIN on or before October 1990?

(g) Are you on cash aid now?

.612 Class member's case name(s) used during retroactive period.

.613 Class member's date of birth.

.614 Class member's social security number.

.615 CWD or CWDs of residence during retroactive period.

.616 Class member's signature.

.617 The following information shall be provided on the TEMP GAIN 81 to the extent possible:

(a) The case number.

(b) Current address.

(c) Phone number.

(d) Date(s) for which the claim is being filed.

(e) The name of the school or educational program.

(f) The boxes checked to indicate whether retroactive or prospective supportive services are being claimed and if the class member wants to re-enroll in his/her SIP.

50-023 JACOBSON V. ANDERSON RETROACTIVE LAWSUIT 50-023
(Continued)

.62 To the extent possible, process the TEMP GAIN 81 without requiring class members to come in person to the CWD.

.63 Complete processing the claim within 60 days if the claimant meets the definition of:

.631 Class members "1" or "2".

(a) Process the TEMP GAIN 81 for class members who are not on cash aid as specified in Sections 50-023.52 through .525(a), (b) and (c).

(b) Process the TEMP GAIN 81 for class members who are on cash aid as specified in both Sections 50-023.52 through .525 (a), (b) and (c) and Sections 50-023.533 through .538.

.632 Class members "3" or "5". Choice of prospective or retroactive supportive services shall be the choice of the class member.

If class members choose:

(a) Retroactive supportive services. Retroactive benefits shall be paid from the date the SIP was denied up to two years that class members continued to participate in their approvable SIPs.

(1) CWDs shall use the criteria specified in Section 50-023.92 to determine retroactive supportive services.

(2) Documentation shall be provided by the class members to indicate that they were enrolled in or attending approvable SIPs during the time for which they are claiming retroactive supportive services expenses.

(A) CWDs shall verify the documentation whenever authenticity is in doubt.

(3) Self-certification under penalty of perjury is not acceptable documentation for proof of enrollment unless the education or training provider no longer exists and there are no other records available.

50-023 JACOBSON V. ANDERSON RETROACTIVE LAWSUIT 50-023
(Continued)

(A) If there is a record of receipt of cash aid during the time for which supportive services are being claimed but the responsible CWD is unable to locate the GAIN case file or other documents, the class member may self-certify under penalty of perjury the supportive services expenses unless the CWD has evidence to the contrary.

(4) If the information on the TEMP GAIN 81 is sufficient to complete processing a claim for retroactive supportive services, the CWD shall complete the computation and issue a NOA M50-023B.

(b) Prospective supportive services. Prospective benefits shall be for up to two years, as long as class members participate in their approvable SIPs as specified in Section 50-023.91.

Class members still on aid shall be allowed to:

(1) Re-enroll in an approvable former SIP in lieu of attending any other GAIN activity as specified in Section 50-023.91.

(A) "Good cause" for nonparticipation shall be as specified in Section 50-023.537.

(B) Prospective supportive services shall be determined in accordance with the criteria specified in Section 50-023.92.

(2) Enroll in a similar SIP as specified in Section 50-023.535.

(3) Cancel a previous basic contract and enter into a new contract as specified in Section 50-023.536.

(A) Re-enroll in a SIP as specified in Section 50-023.536(a).

(4) CWDs shall complete a review and issue a NOA M50-023C if the information is sufficient.

(A) CWDs shall use the NOA M42-750 series to inform class members of their approved supportive services. NOAs are to be issued with a NOA M50-023C. The basic contract may also be issued with the NOAs.

50-023 JACOBSON V. ANDERSON RETROACTIVE LAWSUIT 50-023
(Continued)

.633 Class members "4" still on aid shall be allowed to re-enroll in an approvable SIP in lieu of attending any other GAIN activity.

(a) If a prior SIP is unavailable, the class member shall enroll in a SIP as specified in Section 50-023.535 or

(b) Cancel the previous contract and enter into new contact as specified in Section 50-023.536.

(1) Class members "4" still on aid shall re-enroll in a SIP as specified in Section 50-023.536(a).

(c) "Good cause" for nonparticipation shall be as specified in Section 50-023.537.

(d) CWDs shall issue a NOA M50-023C if the information is sufficient in the case file and on the TEMP GAIN 81.

(1) Class members shall not be eligible for retroactive or prospective supportive services benefits.

.64 If a person is NOT a class member.

.641 Issue NOA M50-023D (7/93) denying the claim within 60 days after receiving the TEMP GAIN 81 and preprint or attach a GAIN 50 (6/92).

.65 If additional information is needed:

.651 Within 30 days:

(a) Issue NOA 50-023E (7/93) for CWDs reviewing case files.

(b) Issue NOA 50-023F (7/93) for CWDs processing TEMP GAIN 81.

.652 Class members shall have 30 days from the date on the NOA or until the end of claim period, whichever is longer, to respond to the request for additional information.

(a) If a response is not received within the time period specified in Section 50-023.652, a NOA M50-023D shall be issued.

.653 CWDs shall request documentation if the document is necessary to process and/or support the claim or review of the case file and the CWD believes the document is in the class member's possession.

50-023 JACOBSON V. ANDERSON RETROACTIVE LAWSUIT 50-023
(Continued)

(a) If a class member does not have the documentation, request that he/she sign an ABCDM 228, or the CWD equivalent form, to allow the CWD to obtain documentation on his/her behalf.

(b) If a class member is unable to provide the requested documentation, a declaration signed under penalty of perjury affirming the information shall be accepted in lieu of the documentation unless the CWD has evidence to the contrary.

(1) The CWD shall verify the documentation whenever authenticity is in doubt.

.654 CWDs shall complete processing the claim or reviewing the case file within 60 days after receiving the additional information.

(a) If the additional information does not establish the person as a class member, CWDs shall issue a NOA M50-023D denying the claim.

.66 A CWD shall process the first claim and deny any subsequent claims related to this lawsuit for that county.

.7 Computation of Corrective Payments. CWDs shall:

.71 For the purpose of determining continued eligibility and the amount of assistance for the AFDC Program, neither consider a corrective payment as income nor as a resource in the month paid nor in the following month.

.72 For the purpose of determining continued eligibility for the Food Stamp Program, exclude a retroactive corrective payment as income for all Food Stamp households and as a resource for categorically eligible Food Stamp households as long as they remain eligible for AFDC.

.73 If an assistance unit has both an underpayment and an overpayment, balance one against the other before making a corrective payment as specified in Section 42-751.4 for GAIN and Section 44-340.42 for AFDC.

.731 For class members who are no longer on aid, the CWD shall offset the corrective payment against any outstanding overpayment as specified in Section 42-751.4 and Section 44-340.42.

50-023 JACOBSON V. ANDERSON RETROACTIVE LAWSUIT 50-023
(Continued)

.74 Ensure that a corrective payment for the Jacobson lawsuit is not considered a part of the AFDC grant calculations even when reported on the monthly reporting document.

.75 Pay interest to those class members who are no longer on aid for corrective payments for cash aid and retroactive supportive services.

.751 Interest shall be computed at the rate of seven (7) percent per year on the principal amount.

.752 Multiply the total corrective payment by the appropriate interest factor provided in Handbook Section 50-023.753.

(a) To determine the appropriate interest percentage factor, CWDs shall initially determine the first month the class member was sanctioned or was denied supportive service (Retroactive Benefit Month) and the month the class member will be paid the corrective payment (Retroactive Payment Month). Where the two dates meet on the "Interest Chart for Jacobson Retroactive Benefit Payments" shall be the percentage factor to be used to determine how much interest is to be paid.

HANDBOOK BEGINS HERE

(b) EXAMPLE:

A CWD determines that a class member who is no longer on aid was sanctioned between September 1, 1987 and November 30, 1987 at $100.00 per month because the class member would not quit her SIP to participate in GAIN. Total cash aid withheld was $300.00.

She also requested to be paid for the supportive services that she paid while attending her training program. From October 1, 1987 through December 31, 1987, she paid $100 per month for child care; $200.00 per month from February 1, 1988 through April 30, 1988; and $100.00 per month from September 1, 1988 through December 31, 1988. The total child care paid was $1,300.00.

HANDBOOK CONTINUES

50-023 JACOBSON V. ANDERSON RETROACTIVE LAWSUIT 50-023
(Continued)

HANDBOOK CONTINUES

On July 1993, the CWD computes the back payment with interest for cash aid. At the same time, the CWD computes the corrective payment for retroactive supportive services with interest.

For Cash Aid Corrective Payments
Retroactive Benefit Month--September 1987
-- = (Interest Factor)
Retroactive Payment Month--July 1993

-- Total Cash Aid Corrective Payment Paid July 1993	$ 300.00
-- Interest Percentage Factor	X .4083
-- Interest Paid July 1993	$ 122.49
-- Total Cash Aid Corrective Payment Including Interest	$ 422.49

For Retroactive Supportive Services Corrective Payment
Retroactive Benefit Month--October 1987
-- = (Interest Factor)
Retroactive Payment Month--July 1993

-- Total Supportive Services Corrective Payment Paid July 1993	$1,300.00
-- Interest Percentage Factor	X .4025
-- Interest Paid July 1993	$ 523.25
-- Total Supportive Services Corrective Payment Including Interest	$1,823.25

HANDBOOK CONTINUES

50-023 JACOBSON V. ANDERSON RETROACTIVE LAWSUIT (Continued) 50-023

HANDBOOK CONTINUES

.753 Interest Chart for Jacobson Corrective Payments (Cash Aid and Supportive Services).

Retro-active Benefit Month	Retroactive Payment Month				
	Jul-93	Aug-93	Sep-93	Oct-93	Nov-93
May-87	.4317	.4375	.4433	.4492	.4550
Jun-87	.4258	.4317	.4375	.4433	.4492
Jul-87	.4200	.4258	.4317	.4375	.4433
Aug-87	.4142	.4200	.4258	.4317	.4375
Sep-87	.4083	.4142	.4200	.4258	.4317
Oct-87	.4025	.4083	.4142	.4200	.4258
Nov-87	.3967	.4025	.4083	.4142	.4200
Dec-87	.3908	.3967	.4025	.4083	.4142
Jan-88	.3850	.3908	.3967	.4025	.4083
Feb-88	.3792	.3850	.3908	.3967	.4025
Mar-88	.3733	.3792	.3850	.3908	.3967
Apr-88	.3675	.3733	.3792	.3850	.3908
May-88	.3617	.3675	.3733	.3792	.3850
Jun-88	.3558	.3617	.3675	.3733	.3792
Jul-88	.3500	.3558	.3617	.3675	.3733

HANDBOOK CONTINUES

50-023 JACOBSON V. ANDERSON RETROACTIVE LAWSUIT 50-023
(Continued)

HANDBOOK CONTINUES

Aug-88	.3442	.3500	.3558	.3617	.3675
Sep-88	.3383	.3442	.3500	.3558	.3617
Oct-88	.3325	.3383	.3442	.3500	.3558
Nov-88	.3266	.3325	.3383	.3442	.3500
Dec-88	.3208	.3266	.3325	.3383	.3442
Jan-89	.3150	.3208	.3266	.3325	.3383
Feb-89	.3092	.3150	.3208	.3266	.3325
Mar-89	.3030	.3092	.3150	.3208	.3266
Apr-89	.2975	.3030	.3092	.3150	.3208
May-89	.2917	.2975	.3030	.3092	.3150
Jun-89	.2858	.2917	.2975	.3030	.3092
Jul-89	.2800	.2858	.2917	.2975	.3030
Aug-89	.2742	.2800	.2858	.2917	.2975
Sep-89	.2683	.2742	.2800	.2858	.2917
Oct-89	.2625	.2683	.2742	.2800	.2858
Nov-89	.2566	.2625	.2683	.2742	.2800
Dec-89	.2508	.2566	.2625	.2683	.2742

HANDBOOK CONTINUES

50-023 JACOBSON V. ANDERSON RETROACTIVE LAWSUIT 50-023
(Continued)

HANDBOOK CONTINUES

Jan-90	.2450	.2508	.2566	.2625	.2683
Feb-90	.2392	.2450	.2508	.2566	.2625
Mar-90	.2333	.2392	.2450	.2508	.2566
Apr-90	.2275	.2333	.2392	.2450	.2508
May-90	.2217	.2275	.2333	.2392	.2450
Jun-90	.2158	.2217	.2275	.2333	.2392
Jul-90	.2100	.2158	.2217	.2275	.2333
Aug-90	.2042	.2100	.2158	.2217	.2275
Sep-90	.1983	.2042	.2100	.2158	.2217

HANDBOOK ENDS HERE

.8 Statistical Reports

.81 Preliminary Compliance Report.

.811 CWDs that possess separate records for persons sanctioned shall provide a letter to CDSS no later than August 16, 1993 reporting the total number of TEMP GAIN 80s mailed to class members "1" and "2" and the number of TEMP GAIN 81s issued upon request within the first 30 days of the claim period.

.82 Statistical Report.

.821 CWDs shall submit the GEN 1172 (Court Case Statistical Report) no later than January 31, 1994 to CDSS' Statistical Services Bureau.

50-023 JACOBSON V. ANDERSON RETROACTIVE LAWSUIT 50-023
(Continued)

.822 The report shall include:

(a) The total number of:

(1) TEMP GAIN 80s (Informing Notices) mailed to potential class members. If a CWD does not possess separate records of persons sanctioned under the provisions of GAIN, the CWD shall mail the TEMP GAIN 80 to all persons sanctioned within that CWD.

(2) Class members identified by CWDs through case file search. If a CWD does possess separate records of persons sanctioned under the provisions of GAIN, the CWD shall search its case files to identify those individuals who meet the criteria of class members "1" and "2" as specified in Section 50-023.2c.(1) and (2).

(3) TEMP GAIN 81s (Claim Forms) mailed or given out by the CWD.

(4) TEMP GAIN 81s received by the CWD.

(5) Class members approved.

(6) Claims denied.

(A) Untimely. Claim forms received after the claim period in which additional information was requested but received after the 30-day time period specified on the NOA 50-023E.

(B) Not a class member.

(C) Claims sent to the wrong CWD and the receiving CWD was unable to determine the responsible CWD from the information available on the TEMP GAIN 81.

(D) Claims sent to the wrong CWD and forwarded to the responsible CWD.

(E) Incomplete. The claim was mailed in blank; the claim was received signed but illegible; no address or social security number; social security number and name in case file did not match and there was no forwarding address to obtain necessary additional information; or additional information requested but not received.

50-023 JACOBSON V. ANDERSON RETROACTIVE LAWSUIT 50-023
(Continued)

(F) Other. CWDs shall provide documentation for any denial listed in the "other" column.

(b) Total amount of retroactive cash paid to all class members.

(c) Total amount of retroactive supportive services paid to all class members.

(d) Total number of overpayments offset with retroactive cash aid in both case file search and claims processing.

(1) Total dollar amount of payments offset.

(e) Total number of supportive services overpayments offset with retroactive supportive services or cash aid in both case file search and claims processing.

(1) Total dollar amount of overpayments offset.

(f) Total number of class members no longer on aid in both case file search and claims processing.

(1) Total amount of interest paid on retroactive cash aid benefits.

(2) Total dollar amount of interest paid on retroactive supportive services benefits.

(g) Total number of class members who selected prospective supportive services.

(h) Total number of class members who elected to re-enroll in their SIP.

.9 When calculating corrective payments for Jacobson-related sanctions, CWDs shall follow the regulations which were in effect prior to October 1, 1990 and are included as handbook below.

.91 GAIN Basic Participant Contract Requirements as specified in Section 42-772.4 in effect 7/1/89.

50-023 JACOBSON V. ANDERSON RETROACTIVE LAWSUIT 50-023
(Continued)

HANDBOOK BEGINS HERE

42-772 GAIN BASIC PARTICIPANT CONTRACT REQUIREMENTS

Based on the information obtained according to Section 42-761, the CWD shall determine the requirements of the basic contract.

.1 For any participant who has not been employed within two years prior to GAIN registration, and who does not meet the conditions of .3 below, the basic contract shall provide that the individual participate in Job Club (Section 42-730.21), for a three week period.

.11 Participation in job club shall be delayed for individuals who meet the conditions in .4 or .5 below, except as specified in .43, .52, and .53 below.

.2 For any participant who has been employed within two years prior to GAIN registration, but who does meet the conditions of .3 below, the basic contract shall provide that the individual has an option to participate foe a three-week period in either job club (Section 42-730.21) or supervised job search (Section 42-730.22).

.21 The job search period may be shortened when it is determined that all reasonable job search efforts have been exhausted.

.211 This determination shall be subject to supervisory approval.

.212 This determination shall include consideration of factors such as job opportunities in the labor market and the individual's recent job search efforts. The CWD shall be permitted to verify the recent job search efforts.

.22 Participation in the chosen option shall be delayed for individuals who meet the conditions in .4 or .5 below, except as specified in .43, .52, and .53 below.

.3 For any participant whose AFDC benefits have been discontinued two or more times within three years prior to GAIN registration due to his/her employment, the basic contract shall provide for an immediate referral to an assessment as specified in Section 42-773.

.31 Referral to an assessment shall be delayed for individuals who meet the conditions in .4 or .5 below, except as specified in .43, .52, and .53 below.

HANDBOOK CONTINUES

50-023 JACOBSON V. ANDERSON RETROACTIVE LAWSUIT 50-023
(Continued)

HANDBOOK CONTINUES

.4 For any participant who is enrolled and wishes to continue in a self-initiated vocational training program of limited duration or an educational program which is expected to lead to unsubsidized employment, the basic contract shall provide for continued participation in the program until completion.

.41 Participation as a GAIN participant, however, shall be limited to a total of two academic years.

.42 Vocational and educational programs which are expected to lead to unsubsidized employment shall be those which will provide the participation with the training or education required to obtain employment in an occupational field which is either:

.421 One that has been identified in the county's labor market needs assessment; or

.422 One for which the participant can demonstrate a need exists.

.43 An individual may choose to participate concurrently according to .11, .22, or .31 above, whichever is appropriate.

.44 The basic contract shall provide that if concurrently participation has not occurred as specified in .43 above, the participant shall participate according to .1, .2, or .3 above, whichever is applicable, when the participant completes the program or reaches the two-year limit, or when any of the following occur:

.441 The participant stops participating in the educational or training program.

.442 The participant fails or refuses to regularly attend the educational or training program.

.443 The participant does not maintain satisfactory progress in the educational or training program.

.45 If the CWD determines that the participant had good cause for failing to meet the participation, attendance, or progress standards, based on the criteria specified in Section 42-782, and the school allows the participant to continue in the program, participation according to .44 above shall not be required.

.46 The participant shall provide documentation from the training or educational provider to the county at least quarterly or at midpoint if the program is for less than three months to verify satisfactory participation, attendance, and progress in the program.

HANDBOOK CONTINUES

50-023 JACOBSON V. ANDERSON RETROACTIVE LAWSUIT 50-023
(Continued)

HANDBOOK CONTINUES

.461 The county shall verify the documentation whenever authenticity is in doubt.

.462 The county shall rely on the training or educational provider's normal standard of attendance or performance to determine if the participant meets the criteria of satisfactory participation, attendance, and progress.

.463 If the participant refuses to furnish the required documentation, the CWD shall consider that he/she is not meeting the criteria. See MPP Section 40-157 if the participant is unable to furnish the required documentation.

HANDBOOK ENDS HERE

.92 Supportive Services as specified in Section 42-750 in effect July 1, 1989 through September 30, 1990.

HANDBOOK BEGINS HERE

42-750 SUPPORTIVE SERVICES

.1 Supportive services shall be provided to GAIN registrants to enable them to participate in GAIN activities or to accept employment opportunities. As specified in Section 42-782.1(g) or 42-783.1(k), participation shall not be required if the needed services are not available, not arranged, or are insufficient to meet the participant's needs.

.11 At a minimum, these services shall include child care referrals and payments, transportation costs, ancillary expenses, and personal counseling.

.2 Child care services shall be available to every GAIN participant with a child under 12 years of age who has indicated the need in their basic or amended contract. CWDs are encouraged to contract with existing public and private child care programs to provide any or all of the services specified in this subdivision. Child care by family members shall be encouraged, but the choice between licensed or exempt child care arrangements shall be made by the participant.

.21 Child care arrangements provided through GAIN shall meet the following standards:

.211 Standards required under Title 22, California Code of Regulations Division 12, Chapter 3 (commencing with Section 101251), unless exempt from licensure.

HANDBOOK CONTINUES

50-023 JACOBSON V. ANDERSON RETROACTIVE LAWSUIT 50-023
(Continued)

HANDBOOK CONTINUES

.212 If the CWD chooses to contract with any child care provider which is also under contract with the State Department of Education (SDE), these contracts shall be consistent with and shall not supersede all of the following:

(a) Chapter 2 (commencing with Section 8200) of Part 6 of the Education Code.

(b) Applicable provisions of Title 5 and Title 22 of the California Code of Regulations.

(c) Applicable SDE contract provisions.

.213 If the CWD or a contractor pays for child care services which are exempt from licensure with the exception of extended day care on a school site operated by school employees, all of the following information about the care provider shall be on file with the CWD, or agency contracting with the CWD, and shall be made available to the participant.

(a) The care provider's name, address, and social security number.

(b) The address where care is to be provided.

(c) The hours care is to be provided, and the charge for this care.

(d) The names, addresses, and telephone numbers of two character references.

(e) A copy of a valid California driver's license or other identification to establish that the care provider is at least 18 years of age.

(f) A statement from the care provider as to his or her health; education, experience, or other qualifications; criminal record; and names and ages of other persons in the home or providing care.

.22 In order to provide maximum choice to parents and to ensure the availability of child care, each county shall do all of the following:

.221 Assist participants in locating child care necessary for participation in GAIN. In so doing, the CWD shall:

HANDBOOK CONTINUES

50-023 JACOBSON V. ANDERSON RETROACTIVE LAWSUIT 50-023
(Continued)

HANDBOOK CONTINUES

(a) Allow and promote parental choice by providing flexibility in child care arrangements and establishing payment arrangements consistent with Section .23 below.

(b) Provide payment for and assist in arranging for the continuity of child care.

(c) Provide payment for and assist in arranging for child care to participants whose program demands flexible hours of care, including evenings, weekends, and split shifts.

(d) To the extent possible, provide payment for and assist in arranging for transportation of children between school and care, if reasonable and necessary.

.222 Coordinate with child care resource and referral agencies, school districts, and other local providers in the development of new child care resources where needed.

.223 Include in the participant contracts referred to in Sections 42-771 through 42-774 the following information in relation to child care services provided in the GAIN program:

(a) The name, birth date, and sex of each child for whom care is to be provided.

(b) The types of child care to be provided, including care in the child's home, family day care, or center-based care.

(c) The scheduled hours of care per week.

(d) The beginning and anticipated ending dates of care, based on the participant's training program.

(e) The name and address of the child care provider.

(f) The rate of pay for child care services.

(g) Provisions for payment during temporary absences of the child or provider. (See .235 below.)

HANDBOOK CONTINUES

50-023 JACOBSON V. ANDERSON RETROACTIVE LAWSUIT 50-023
(Continued)

HANDBOOK CONTINUES

.224 An amendment to the participant contract shall not be required in instances where the only change relates to child care arrangements. However, the basic contract shall specify that the participant shall notify the CWD of any such changes. This information shall be included in the participant's case file.

.23 Child Care Costs.

.231 GAIN funds may be used to pay for child care services arranged by the participant, providing those costs do not exceed regional market rates as specified in .233 below, and they meet the standards set forth in .21 above.

.232 Child care payments for GAIN participants shall be paid on a per month, per week, per day, or per hour basis depending on the participant needs, and the contractual terms used by the care providers to charge private clients for the same services.

.233 Participants shall be allowed to choose licensed or exempt child care, and the cost shall be reimbursed up to the regional market rate.

(a) Regional market rates shall be determined annually in accordance with the resource and referral programs provided for under Article 2 (commencing with Section 8210) of Chapter 2 of Part 6 of the Education Code, and the alternative payment program provided for under Article 3 (commencing with Section 8220) of Chapter 2 of Part 6 of the Education Code.

(b) The regional market rate means care costing no more than 1.5 standard deviations above the mean market cost of care for that region.

(1) The mean market cost for care in a region shall be determined based on a statistically valid survey of the rates established by child care providers for private clients.

(A) The regional market rate shall be updated every two years with recent survey data.

.234 Reimbursement to child care providers for GAIN participants shall not exceed the fee charged to private clients for the same service. Reimbursement shall be made at a rate lower than that charged to private clients for the same service, if the child care program agrees to charge a lower fee.

HANDBOOK CONTINUES

50-023 JACOBSON V. ANDERSON RETROACTIVE LAWSUIT 50-023
(Continued)

HANDBOOK CONTINUES

.235 GAIN funding will be available to pay for child care services when the child is temporarily absent from care, if it is agreed to pursuant to .223(g) above. Payment may be made for temporary absences only for the following verified reasons:

(a) Illness or quarantine of the child;

(b) Illness or quarantine of the parent;

(c) Family emergency;

(d) Court ordered visits with a parent or other relative of the child; or

(e) Other reasons approved by the CWD.

.24 If a GAIN registrant terminates AFDC dependency due to unsubsidized employment, payment for child care services in accordance with Section .221 above shall be available for a transition period of three months.

(a) This transition period commences immediately following the discontinuance of AFDC.

.25 The CWD shall ensure that there is a mechanism for collecting fees from participants receiving GAIN child care subsidies in accordance with the most recent version of the SDE Family Fee Schedule.

HANDBOOK BEGINS HERE

No fee is charged if a participant's family income, including the AFDC grant, is less than 50 percent of the annually adjusted state median income.

HANDBOOK ENDS HERE

.251 The fees collected by the CWD, or agency contracting with the CWD, shall be used to expand child care services or resources.

HANDBOOK CONTINUES

50-023 JACOBSON V. ANDERSON RETROACTIVE LAWSUIT 50-023
(Continued)

HANDBOOK CONTINUES

.3 Reasonable transportation costs shall be paid for every participant to and from his or her GAIN assignment, including transportation to and from the child care provider, and transportation for children to and from child care.

.31 Regional market rates for transportation shall be determined as follows:

.311 The least costly form of public transportation that would not preclude participation in GAIN as specified in Section 42-783.1(b).

.312 If there is no public transportation available which meets the requirements of .311 above, participants may use their own vehicles, and shall be reimbursed at a rate used to reimburse CWD employees for the use of privately-owned vehicles.

.313 Parking for GAIN participants shall be reimbursed at actual cost. Participants must submit receipts for this purpose, except in cases where parking meters are used.

.314 Reimbursement to participants who choose to use their own vehicles when public transportation is available shall not exceed the rate specified in .311 above.

.315 The CWD shall submit as part of their county plan, an alternative for areas in which there is no public transportation available, and where a per-mile reimbursement rate would result in excessive costs.

.4 Ancillary expenses shall be paid when necessary up to a maximum of $450 per participant. These shall include books, tools, clothing, fees, and other necessary costs of work or training assignment.

.41 The maximum in .4 above may only be exceeded on an exception basis where the CWD determines that expenses in excess of the maximum are reasonable and necessary for participation.

HANDBOOK CONTINUES

50-023 JACOBSON V. ANDERSON RETROACTIVE LAWSUIT 50-023
(Continued)

HANDBOOK CONTINUES

.6 Payments for supportive services shall be advanced to the participant whenever necessary and desired by the participant, so that the participant need not use his or her funds to pay for these services.

HANDBOOK BEGINS HERE

The CWD should minimize the need to make advance payments to participants by paying for services directly whenever necessary or desired. The CWD should seek recoupment of any unused portion of an advanced payment whenever possible.

HANDBOOK ENDS HERE

.61 Payments for supportive services, including reimbursement to licensed child care providers, shall be governed by regional market rates.

HANDBOOK ENDS HERE

.93 Sanction Criteria in effect 6/13/86.

.931 As specified in Section 42-785, GAIN Money Management. It is included here as handbook.

HANDBOOK BEGINS HERE

42-785 GAIN MONEY MANAGEMENT

.1 Money management shall be applied when all three of the following conditions are met:

.11 The individual has failed or refused to meet GAIN program requirements for the first time without good cause; and

.12 Informal and formal conciliation efforts under Section 42-781 have failed; and

.13 The individual is not a volunteer participant in GAIN.

.131 If a volunteer participant engages in actions which result in money management for a mandatory participant, the individual shall be precluded from participating in the program for a six-month period.

HANDBOOK CONTINUES

50-023 JACOBSON V. ANDERSON RETROACTIVE LAWSUIT 50-023
(Continued)

HANDBOOK CONTINUES

.2 The CWD shall either arrange for a substitute payee, develop a plan for vendor payments, or do both, for the money management period to ensure that none of the grant is paid directly to the participant's assistance unit.

.21 If the CWD chooses to make payments to a substitute payee, the CWD shall name the payee.

.211 If the CWD is unable to name a substitute payee, the CWD shall name the payee, the CWD shall allow the recipient to name someone or shall arrange for vendor payments. (See Section 44-309.13 for selection criteria.)

.212 If an agency payee is used, the agency must ensure that no conflict of interest exists. (See Section 40-107.21.)

.22 The CWD shall be allowed to contract with outside parties to perform the activities associated with money management.

.3 Money management shall begin on the first of the month following the end of formal conciliation.

.31 Before beginning money management, the CWD shall provide at least a ten-day written notice of the intent to begin money management.

.311 If the CWD is unable to provide the ten-day notice before the first of the month following the end of formal conciliation, money management shall begin with the next payment installment. However, the entire calendar month following the end of formal conciliation shall be counted as the first of the three months of money management.

.4 Money management shall occur for a three-month period, with the following exception:

.41 The money management period shall be terminated, and, if administratively feasible, the next aid payment installment following termination shall be paid to the participant, if any of the following occur:

.411 The participant and CWD reach an agreement regarding participation, including a determination that the participant should be exempt (Sections 42-631 through 42-641) or deferred (Section 42-761.3).

HANDBOOK CONTINUES

50-023 JACOBSON V. ANDERSON RETROACTIVE LAWSUIT 50-023
(Continued)

HANDBOOK CONTINUES

.412 The participant performs the activity he/she had previously failed or refused to perform.

.5 If the participant fails to comply with program requirements by the end of the money management period, or violates an agreement to comply made during the management period, financial sanctions shall be imposed according to Section 42-786.

HANDBOOK ENDS HERE

.932 As specified in Section 42-786, GAIN Financial Sanctions in effect 6/13/86.

HANDBOOK BEGINS HERE

42-786 FINANCIAL SANCTIONS

.1 Financial sanctions shall be applied when a mandatory participant fails or refuses to meet program requirements without good cause, and any of the following occur:

.11 The participant fails to cooperate by the end of the money management period.

.12 The participant fails or refuses to meet program requirements without good cause for a second or subsequent time, and informal and formal conciliation efforts have failed.

.13 The participant violates the agreement to participate made during the money management period.

.2 The first financial sanction period shall last for three months. Any additional sanction periods shall last for six months.

.3 During the sanction period, aid shall be discontinued to the individual or assistance unit as specified below:

.31 If the individual who failed or refused to participate is:

.311 A caretaker relative, other than the principal earner, his/her aid shall be discontinued, and aid shall be continued to the remainder of the family (refer to .5 below and Section 44-310 for protective payments); or

HANDBOOK CONTINUES

50-023 JACOBSON V. ANDERSON RETROACTIVE LAWSUIT 50-023
(Continued)

HANDBOOK CONTINUES

.312 One of several eligible children in the assistance unit, aid shall be discontinued for that child and aid shall be continued to the remainder of the family; or

.313 The only eligible child in the assistance unit, aid shall be discontinued to the entire family; or

.314 The principal earner, aid shall be discontinued to all members of the family those sole basis of deprivation is the unemployment of that parent.

.4 The discontinuance from aid shall become effective at the end of the month following the CWD's timely and adequate notification (see Section 22-022.1), except as specified in Sections 42-787.41 and .61 below:

.41 If the recipient appeals the sanction through the state hearing process within the period of timely notification, no sanction shall be imposed until the hearing decision is reached.

.411 If the CWD's action is sustained, the discontinuance shall be effective at the end of the payment month in which the state hearing decision is received.

(a) If the CWD is unable to discontinue aid at the end of such month, aid shall be discontinued at the end of the following payment month.

.5 The CWD shall arrange for a protective payee in the case of a sanctioned caretaker relative. (See exception in Section 44-310).

.6 The CWD shall restore aid:

.61 Upon expiration of the sanction period if the individual applies for aid, registers with GAIN as required in Section 42-760, and is otherwise eligible; or

.62 If the sanction is rescinded as a result of the outcome of a state hearing or either of the formal grievance procedures (Section 42-787).

.7 Financial sanctions shall not apply to individuals who voluntarily participate in the program.

.71 If a volunteer participant engages in conduct which would result in sanctions for a mandatory participant, the individual shall be precluded from participating in the program for a six-month period.

HANDBOOK ENDS HERE

50-023 JACOBSON V. ANDERSON RETROACTIVE LAWSUIT 50-023
(Continued)

.94 Sanction Criteria as specified in Section 42-786.

.941 Regulations in effect July 1, 1989 through November 28, 1989.

HANDBOOK BEGINS HERE

42-786 GAIN FINANCIAL SANCTIONS

.1 Financial sanctions shall be applied when a mandatory participant fails or refuses to meet program requirements without good cause and informal and formal conciliation efforts have failed.

.2 Financial sanctions shall be applied as follows:

.21 The first financial sanction shall continue until the individual and the CWD reach an agreement in an amended contract or the individual agrees to participate in the activity in which he/she previously refused to participate.

.22 The second financial sanction shall continue for three (3) months or until the individual and the CWD reach an agreement or the individual agrees to participate in the activity in which he/she previously refused to participate, whichever is longer.

.23 The third or subsequent financial sanction which shall continue for six (6) months or until the individual and the CWD reach an agreement or the individual agrees to participate in the activity in which he/she previously refused to participate, whichever is longer.

.24 If a sanction period has continued for three (3) months, the CWD shall notify the individual in writing of his/her option to end the sanction by beginning (or resuming) participation. This notification is to be made no later than 10 working days prior to the end of the third month.

.241 If this is the third or subsequent sanction, the individual shall be notified as specified in Section 42-786.24 that the sanction can be ended only after completion of the six-month sanction period.

.3 During the sanction period, aid shall be discontinued to the individual or assistance unit as specified below:

HANDBOOK CONTINUES

50-023 JACOBSON V. ANDERSON RETROACTIVE LAWSUIT (Continued) 50-023

HANDBOOK CONTINUES

.31 If the individual who failed or refused to participate is:

.311 A caretaker relative, other than the principal earner, his/her aid shall be discontinued, and aid shall be continued to the remainder of the family (refer to Section 42-786.5 and Section 44-309 for protective payments); or

.312 One of several eligible children in the assistance unit, aid shall be discontinued for that child and aid shall be continued to the remainder of the family; or

.313 The only eligible child in the assistance unit, aid shall be discontinued to the entire family; or

.314 A parent in a family whose sole basis of deprivation is the unemployment of the principal earner, his/her aid shall be discontinued. In addition, if the sanctioned parent's spouse or the second parent is not participating in the program, aid to the spouse or second parent shall also be discontinued.

(a) Aid shall be continued for any dependent children in the assistance unit in accordance with the previsions of Section 44-309.

(b) If the spouse or second parent is participating in the program, his/her aid shall be continued, together with aid for any dependent children in the assistance unit.

(c) If the spouse or second parent chooses to participate after the financial sanction has been imposed, his/her aid shall be restored in accordance with Section 40-125.9.

(d) If the spouse or second parent chooses to participate and subsequently ceases participation without good cause after reinstatement of the sanctioned parent, the spouse or second parent shall be subject to the sanctions specified in Sections 42-786.2 or 42-786.7, as appropriate.

HANDBOOK CONTINUES

50-023 JACOBSON V. ANDERSON RETROACTIVE LAWSUIT 50-023
(Continued)

HANDBOOK CONTINUES

.4 The discontinuance from aid shall become effective at the end of the month following the CWD's timely and adequate notification (see Section 22-022.1), except as specified in Sections 42-786.41 and 42-787.61 below:

.41 If the recipient appeals the sanction through the state hearing process within the period of timely notification, no sanction shall be imposed until the hearing decision is reached.

.411 If the CWD's action is sustained, the discontinuance shall be effective at the end of the payment month in which the state hearing decision is received.

(a) If the CWD is unable to discontinue aid at the end of such month, aid shall be discontinued at the end of the following payment month.

.5 The CWD shall arrange for a protective payee in accordance with Section 44-309 as specified in Sections 42-786.311 and 42-786.314(a).

.6 The CWD shall restore aid:

.61 Upon expiration of the sanction period if the individual applies for aid and is otherwise eligible; or

.62 If the sanction is rescinded as a result of the outcome of a state hearing or either of the formal grievance procedures (Section 42-787).

.7 Financial sanctions shall not apply to individuals who are exempt from participation but choose to voluntarily participate in the program.

.71 If a volunteer participant who is a member of a group listed under Section 42-720.671 engages in conduct which would result in sanctions for a mandatory participant, the individual shall not be given priority so long as other individuals are actively seeking to participate.

.72 If any other volunteer participant engages in conduct which would result in sanctions for a mandatory participant, the individual shall be precluded from participating in the program for a six-month period.

HANDBOOK ENDS HERE

.942 Regulations in effect November 29, 1989 through September 30, 1990.

50-023 JACOBSON V. ANDERSON RETROACTIVE LAWSUIT 50-023
(Continued)

HANDBOOK BEGINS HERE

42-786 GAIN FINANCIAL SANCTIONS

.1 Financial sanctions shall be applied when a mandatory participant fails or refuses to meet program requirements without good cause and informal and formal conciliation efforts have failed.

.2 Financial sanctions shall be applied as follows:

.21 The first instance of noncompliance without good cause shall result in a financial sanction which shall continue until the individual and the CWD reach an agreement in an amended contract or the individual agrees to participate in the activity in which he/she previously refused to participate.

.22 The second instance of noncompliance without good cause shall result in a financial sanction which shall continue for three (3) months or until the individual and the CWD reach an agreement or the individual agrees to participate in the activity in which he/she previously refused to participate, whichever is longer.

.23 The third or subsequent instance of noncompliance without good cause shall result in a financial sanction which shall continue for six (6) months, or until the individual and the CWD reach an agreement or the individual agrees to participate in the activity in which he/she previously refused to participate, whichever is longer.

.24 If a sanction period has continued for three (3) months, the CWD shall notify the individual in writing of his/her option to end the sanction by beginning (or resuming) participation. This notification is to be made no later than 10 working days prior to the end of the third month.

.241 If this is the third or subsequent sanction, the individual shall be notified as specified in Section 42-786.24 that the sanction can be ended only after completion of the six-month sanction period.

.3 During the sanction period, aid shall be discontinued to the individual or assistance unit as specified below:

.31 If the individual who failed or refused to participate is:

HANDBOOK CONTINUES

50-023 JACOBSON V. ANDERSON RETROACTIVE LAWSUIT 50-023
(Continued)

HANDBOOK CONTINUES

.311 A caretaker relative, other than the principal earner, his/her aid shall be discontinued, and aid shall be continued to the remainder of the family (refer to Section 42-786.5 and Section 44-309 for protective payments); or

.312 One of several eligible children in the assistance unit, aid shall be discontinued for that child and aid shall be continued to the remainder of the family; or

.313 The only eligible child in the assistance unit, aid shall be discontinued to the entire family; or

.314 A parent in a family whose sole basis of deprivation is the unemployment of the principal earner, his/her aid shall be discontinued. In addition, if the sanctioned parent's spouse or the second parent is not participating in the program, aid to the spouse or second parent shall also be discontinued.

(a) Aid shall be continued for any dependent children in the assistance unit in accordance with the previsions of Section 44-309.

(b) If the spouse or second parent is participating in the program, his/her aid shall be continued, together with aid for any dependent children in the assistance unit.

(c) If the spouse or second parent chooses to participate after the financial sanction has been imposed, his/her aid shall be restored in accordance with Section 40-125.9.

(d) If the spouse or second parent chooses to participate and subsequently ceases participation without good cause after reinstatement of the sanctioned parent, the spouse or second parent shall be subject to the sanctions specified in Sections 42-786.2 or 42-786.7, as appropriate.

.4 The discontinuance from aid shall become effective at the end of the month following the CWD's timely and adequate notification (see Section 22-022.1), except as specified in Sections 42-786.41 and 42-787.61 below:

HANDBOOK CONTINUES

50-023 JACOBSON V. ANDERSON RETROACTIVE LAWSUIT 50-023
(Continued)

HANDBOOK CONTINUES

.41 If the recipient appeals the sanction through the state hearing process within the period of timely notification, no sanction shall be imposed until the hearing decision is reached.

.411 If the CWD's action is sustained, the discontinuance shall be effective at the end of the payment month in which the state hearing decision is received.

(a) If the CWD is unable to discontinue aid at the end of such month, aid shall be discontinued at the end of the following payment month.

.5 The CWD shall arrange for a protective payee in accordance with Section 44-309 as specified in Sections 42-786.311 and 42-786.314(a).

.6 The CWD shall restore aid:

.61 Upon expiration of the sanction period if the individual applies for aid and is otherwise eligible; or

.62 If the sanction is rescinded as a result of the outcome of a state hearing or either of the formal grievance procedures (Section 42-787).

.7 Financial sanctions shall not apply to individuals who are exempt from participation but choose to voluntarily participate in the program.

.71 If a volunteer participant who is a member of a group listed under Section 42-720.671 engages in conduct which would result in sanctions for a mandatory participant, the individual shall not be given priority so long as other individuals are actively seeking to participate.

.72 If any other volunteer participant engages in conduct which would result in sanctions for a mandatory participant, the individual shall be precluded from participating in the program for a six-month period.

HANDBOOK ENDS HERE

NOTE: Authority Cited: Sections 11310 et seq., 11320.5(b)(5) and 11329.3(e)(1) through (4), Welfare and Institutions Code. Reference: Jacobson v. Anderson, Settlement and Consent Decree, Case No. 68117.

50-024 YSLAS V. ANDERSON RETROACTIVE LAWSUIT 50-024

HANDBOOK BEGINS HERE

.1 Background

On December 21, 1990, the Yslas v. Anderson Lawsuit was filed with the Sacramento County Superior Court. This lawsuit challenged the California Department of Social Services' (CDSS) policy of allowing county welfare departments (CWDs) to deny, reduce or stop payments for Greater Avenues for Independence (GAIN) Program supportive services because participants received an educational loan or grant. On March 30, 1994, the Sacramento County Superior Court signed the Settlement and Consent Decree. Under the terms of the Yslas v. Anderson Settlement and Consent Decree, plaintiffs and CDSS agreed that the following is the correct policy for CWDs to follow concerning the treatment of financial aid: CWDs shall obtain the prior, voluntary agreement of the GAIN participant before using student financial aid to deny, reduce or stop GAIN supportive services payments. In addition, the Yslas v. Anderson Settlement and Consent Decree specifies that GAIN participants whose supportive services payments were denied, reduced or stopped, due to the receipt of financial aid from October 19,1987 through August 31, 1993, are entitled to retroactive benefits.

HANDBOOK ENDS HERE

.2 Definitions

For the purpose of these regulations:

a. (Reserved)

b. (Reserved)

c. (1) "Category 1 eligible claimant" means any current or former GAIN participant whose supportive services payments were reduced or denied during the retroactive period because of an educational loan.

(2) "Category 2 eligible claimant" means any current or former GAIN participant who signed a promissory note to repay the county for supportive services payments received during the retroactive period pending receipt of an educational grant or educational loan.

(3) "Category 3 eligible claimant" means any current or former GAIN participant whose supportive services payments were reduced or denied during the retroactive period because of an educational grant he or she received to attend an educational or vocational training program, unless he or she agrees the funds were actually available for those supportive services.

50-024 YSLAS V. ANDERSON RETROACTIVE LAWSUIT 50-024
(Continued)

(4) "Claim period" means the period from January 15, 1995 through April 14, 1995 during which a potentially eligible claimant may file a claim under the Yslas v. Anderson Settlement.

(5) "Corrective underpayment" means the retroactive payment of supportive services inappropriately withheld from an eligible claimant because of receipt or pending receipt of an educational loan or grant.

(6) "CWD" means County Welfare Department.

d. (Reserved)

e. (Reserved)

f. (1) "Five standard languages" means Spanish, Vietnamese, Laotian, Chinese and Cambodian.

(2) "Four standard Asian languages" means Vietnamese, Laotian, Chinese and Cambodian.

g. (1) "GEN 1172 (5/93) Court Case: Yslas v. Anderson- Report A" means the form used by CWDs to report statistical data regarding the claims filed and paid under this lawsuit.

(2) "GEN 1172 (5/93) Court Case: Yslas v. Anderson- Report B" means the form used by CWDs to report data regarding their use of the TEMP GAIN 56A (8/93), (Student Financial Aid Statement, GAIN Supportive Services) form, as required by the Yslas v. Anderson Settlement and Consent Decree.

h. (Reserved)

i. (Reserved)

j. (Reserved)

k. (Reserved)

l. (Reserved)

m. (Reserved)

50-024 YSLAS V. ANDERSON RETROACTIVE LAWSUIT 50-024
(Continued)

n. (1) "NOA" means a notice of action that is considered to be adequate within the meaning of Section 22-021.

o. (Reserved)

p. (Reserved)

q. (Reserved)

r. (1) "Responsible CWD" means the county welfare department GAIN office that took an action on which an eligible claimant's claim is based.

(2) "Retroactive period" means the period from October 19, 1987 through August 31, 1993.

s. (Reserved)

t. (1) "TEMP GAIN 84 (11/94), Informing Notice" means the document mailed by the CWD to inform potential claimants of possible corrective underpayments resulting from the Yslas v. Anderson Settlement and Consent Decree.

(2) "TEMP GAIN 85 (1/95), Claim Form" means the document used by claimants to file a claim based on the Yslas v. Anderson Settlement and Consent Decree.

(3) "TEMP GAIN 88 (11/94), Informing Poster" means the document that is posted to notify potential claimants of possible corrective underpayments resulting from the Yslas v. Anderson Settlement and Consent Decree.

u. (Reserved)

v. (Reserved)

w. (Reserved)

x. (Reserved)

y. (Reserved)

z. (Reserved)

.3 Informing Eligible Claimants

50-024 YSLAS V. ANDERSON RETROACTIVE LAWSUIT 50-024
(Continued)

HANDBOOK BEGINS HERE

.31 CDSS responsibilities. CDSS shall:

.311 Print the TEMP GAIN 88 (Informing Poster) in English with bullets in the five standard languages.

.312 Provide CWDs with:

(a) A reproducible copy of the TEMP GAIN 84 (Informing Notice) in English with bullets in the five standard languages.

(b) Reproducible copies of the TEMP GAIN 85 (Claim Form) in English and the five standard languages.

(c) Copies of NOA messages in English and reproducible copies of NOA forms in English and the five standard languages.

(d) Reproducible copies of the TEMP GAIN 88 (Informing Poster) with bullets in the five standard languages.

.313 Mail copies of the TEMP GAIN 88 (Informing Poster) to legal aid and welfare rights organizations of plaintiffs' choice at least 10 days before the beginning of the claim period.

(a) Plaintiffs' counsel shall provide CDSS with the mailing labels not to exceed 400.

.314 Provide a public service announcement, to be broadcast at no charge to CDSS, informing the public of the opportunity to claim corrective underpayments.

HANDBOOK ENDS HERE

.32 Included CWDs

.321 All CWDs shall fully implement the provisions of Section 50-024.

(a) No CWDs are excluded from implementation of the Settlement and Consent Decree.

50-024 YSLAS V. ANDERSON RETROACTIVE LAWSUIT 50-024
(Continued)

.33 CWD responsibilities. CWDs shall:

.331 Reproduce an adequate supply of the TEMP GAIN 84 (Informing Notice) in English with bullets in the five standard languages.

(a) On the TEMP GAIN 84 (Informing Notice), CWDs shall specify the county office address and phone number that potential claimants are to contact or call to obtain a TEMP GAIN 85 (Claim Form).

.332 Notify potentially eligible claimants by January 5, 1995 using one of the following methods:

(a) CWDs shall mail a TEMP GAIN 84 (Informing Notice) to all current AFDC recipients, by means of a CA 7 stuffer or similar mailing, or

(b) CWDs shall mail a TEMP GAIN 84 (Informing Notice) to all individuals who were GAIN participants from October 19, 1987 through August 31, 1993.

(1) CWDs shall maintain a record of all former GAIN participants to whom notices were mailed.

.333 Place TEMP GAIN 88 (Informing Poster) inconspicuous locations in all CWD offices, GAIN offices and Food Stamp issuance offices on the first day of the claim period.

(a) The TEMP GAIN 88 (Informing Poster) shall be displayed from January 15, 1995 until the close of business April 14, 1995.

(b) On the TEMP GAIN 88 (Informing Poster), CWDs shall specify the county office address and phone number that potential claimants are to contact to obtain a TEMP GAIN 85 (Claim Form).

.334 Provide TEMP GAIN 88 (Informing Poster) to all public and private colleges, which are known to CWDs to have enrolled current or former GAIN participants, by January 5, 1995.

(a) On the TEMP GAIN 88 (Informing Poster), CWDs shall specify the county office address and phone number that potential claimants are to contact to obtain a TEMP GAIN 85 (Claim Form).

50-024 YSLAS V. ANDERSON RETROACTIVE LAWSUIT 50-024
(Continued)

HANDBOOK BEGINS HERE

(b) CDSS and/or CWDs cannot require public or private educational institutions to display the TEMP GAIN 88 (Informing Poster).

HANDBOOK ENDS HERE

.335 Reproduce an adequate supply of the TEMP GAIN 85 (Claim Form) in English and the five standard languages.

.336 Mail a TEMP GAIN 85 (Claim Form) within five working days following a request by anyone who calls the phone number specified on the TEMP GAIN 84 (Informing Notice) and TEMP GAIN 88 (Informing Poster).

.337 Give a TEMP GAIN 85 (Claim Form), immediately upon request during normal business hours, to anyone who goes to the office specified on the TEMP GAIN 84 (Informing Notice) and the TEMP GAIN 88 (Informing Poster) and requests a claim form.

(a) CWDs shall maintain an adequate supply of the TEMP GAIN 85 (Claim Form) on hand for distribution to potential claimants.

.338 Specify on the TEMP GAIN 85 (Claim Form) the address where claimants are to return the completed claim form.

.4 Application for Corrective Underpayment

.41 Potential Category 1 and Category 3 eligible claimants shall:

.411 Complete and sign, under the penalty of perjury, a TEMP GAIN 85 (Claim Form).

.412 Submit the TEMP GAIN 85 (Claim Form) on or before the end of the claim period to the responsible CWD.

(a) If mailed, postmark must be no later than April 14, 1995.

(b) During the claim period, claimants shall be permitted to resubmit a claim that was previously denied due to being incomplete.

.413 Submit a completed TEMP GAIN 85 (Claim Form) to each responsible CWD if there was more than one responsible CWD.

50-024 YSLAS V. ANDERSON RETROACTIVE LAWSUIT 50-024
(Continued)

.414 Provide necessary additional information, documentation or clarification upon request from a CWD.

.42 CWD responsibilities. CWDs shall:

.421 Stamp the TEMP GAIN 85 (Claim Form) with the date it was received by the CWD.

(a) If the date of receipt cannot be determined by a date stamp, the date of receipt shall be the date the claimant signed the TEMP GAIN 85 (Claim Form).

.422 Notwithstanding the date specified in .421 above, process all claim forms postmarked on or before April 14, 1995.

.423 If the TEMP GAIN 85 (Claim Form) is postmarked after April 14, 1995, issue NOA M50-024D (Deny Claim) within 30 days following the date of receipt of the claim.

(a) The CWD shall retain envelopes postmarked after April 14, 1995 to verify the date the claim was submitted.

.424 Retain all records which contain documents relevant to the Yslas v. Anderson Lawsuit for three years from the date CDSS submits the last expenditure report for federal reimbursement.

(a) Documents included are those used to determine eligibility for the class (including denials) and those used to determine the amount of corrective underpayments, including case records, payment records, assistance claims, reimbursement claims, claim verification and any other documents related to the Yslas v. Anderson Lawsuit.

.425 Determine the responsible CWD.

(a) If the CWD receiving the TEMP GAIN 85 (Claim Form) determines that it is the responsible CWD, the CWD shall process the TEMP GAIN 85 (Claim Form) in accordance with Section 50024.5.

(1) "Responsible CWD" is defined in Section 50-024.2r.(1).

(b) If the CWD receiving the TEMP GAIN 85 (Claim Form) determines that it is not the responsible CWD, the receiving CWD shall issue NOA M50-024D (Deny Claim) and forward the TEMP GAIN 85 (Claim Form) to the responsible CWD within 30 days from receipt of the claim.

50-024 YSLAS V. ANDERSON RETROACTIVE LAWSUIT 50-024
(Continued)

(1) The receiving CWD shall inform the claimant on NOA M50-024D (Deny Claim) that the TEMP GAIN 85 (Claim Form) has been forwarded to the responsible CWD for processing.

(2) The responsible CWD shall process the claim in accordance with Section 50-024.5.

(A) Notwithstanding Section 50-024.423, responsible CWDs shall process all claims that are forwarded from a receiving CWD, even if the claims are received from the receiving CWD after the end of the claim period.

(3) If the responsible CWD cannot be determined, the receiving CWD shall issue NOA M50-024D (Deny Claim) within 30 days following receipt of the claim.

(A) The CWD shall indicate on the NOA that the claimant must file the claim with the responsible CWD.

.5 Processing Claim Forms

.51 For Category 1 and 3 eligible claimants, the responsible CWD shall review each TEMP GAIN 85 (Claim Form) for completeness. The TEMP GAIN 85 (Claim Form) shall be considered complete when the following information is provided by the claimant:

.511 Answers to the qualifying eligible claimant questions on the TEMP GAIN 85 (Claim Form).

.512 Claimant's case name(s) used during retroactive period.

.513 Claimant's date of birth.

.514 Claimant's social security number.

.515 County or counties of residence during retroactive period.

.516 Claimant's current mailing address.

50-024 YSLAS V. ANDERSON RETROACTIVE LAWSUIT 50-024
(Continued)

.517 Claimant's signature.

.518 The following information shall be provided by the claimant on the TEMP GAIN 85 (Claim Form) to the extent possible:

(a) The AFDC or GAIN case number.

(b) Phone number.

(c) Date(s) for which the claim is being filed.

(d) The name of the school or educational program.

.52 If the claim is complete, as specified in Section 50-024.51, and the claimant meets the definition of a Category 1 or 3 eligible claimant, as specified in Section 50-024.2(c), the CWD shall complete processing the claim within 60 days after receipt of the claim.

.521 If the information on the claim form and in the case file is sufficient, the CWD shall calculate the corrective underpayment, in accordance with Section 50-024.7 and issue a check with NOA M50-024A (Approve Claim) within the 60-day time frame specified above.

(a) CWDs shall indicate on the NOA when the check will be issued if unable to issue the check for the corrective underpayment with the NOA.

.522 The corrective underpayment shall be equal to the amount of supportive services payments that were reduced or denied because the claimant received an educational grant or loan, plus interest, as determined in accordance with Section 50-024.74.

.523 In the absence of evidence to the contrary, CWDs shall accept self-certification from the claimant, signed under the penalty of perjury, to satisfy documentary requirements in the event such documentation is not available.

.524 The CWD shall verify documentation whenever authenticity is in doubt.

.53 If the claimant is NOT an eligible claimant, the CWD shall issue NOA M50-024D (Deny Claim) within 60 days after the claim was received.

50-024 YSLAS V. ANDERSON RETROACTIVE LAWSUIT 50-024
(Continued)

.531 The CWD shall preprint the GAIN 50 (6/92), (Your GAIN Hearing Rights), to the back of the NOA or attach a copy of the GAIN 50 to the NOA.

.54 If additional information is needed the CWD shall issue NOA M50-024B (Request Claim Information) within 30 days after receipt of the claim.

.541 The CWD shall indicate on the NOA that claimants have 30 days from the date of the NOA to respond to the request for additional information.

.542 The CWD shall complete processing a claim within 60 days after receiving the additional information.

.543 If the claimant meets the definition of a Category 1 or 3 eligible claimant, the CWD shall calculate the corrective underpayment, in accordance with Section 50024.7, and issue a check with NOA M50-024A (Approve Claim) within the 60-day time frame specified in .542 above.

.544 The CWD shall issue NOA M50-024D (Deny Claim) if the additional information does not establish the claimant as a Category 1 or 3 eligible claimant.

.545 The CWD shall issue NOA M50-024D (Deny Claim) if the claimant does not respond within the time specified in .541 above.

.6 Case Review - Category 2 Eligible Claimants

.61 CWDs shall identify all Category 2 eligible claimants, as defined in Section 50-024.2(c)(2).

.611 CWDs shall not require potential Category 2 eligible claimants to submit a claim form.

.62 If the information in the case file is sufficient and the participant meets the definition of a Category 2 eligible claimant, the CWD shall complete the case review, calculate the corrective underpayment and issue the corrective underpayment check with NOA M50-024A (Approve Claim) before April 14,1995.

.621 The corrective underpayment shall be equal to the amount paid by the Category 2 eligible claimant to the CWD under the promissory note for supportive services received during the retroactive period.

50-024 YSLAS V. ANDERSON RETROACTIVE LAWSUIT 50-024
(Continued)

.622 The CWD shall indicate on the NOA when the corrective underpayment check will be issued if the CWD is unable to issue the corrective underpayment check with the NOA.

.623 In the absence of evidence to the contrary, CWDs shall accept self-certification from the eligible claimant, signed under the penalty of perjury, to satisfy documentary requirements in the event such documentation is not available.

.624 CWDs shall include interest, as specified in Section 50-024.7, in the calculation of corrective underpayments for eligible claimants not on aid at the time payment is authorized.

.63 CWDs shall cancel the balance due on all promissory notes issued because a GAIN participant received an educational loan or grant.

.64 If the information in the case file is not sufficient to complete the review and calculate the corrective underpayment, the CWD shall issue NOA M50-024C (Request Case Information) before February 14, 1995 to request the needed information.

.641 The CWD shall indicate on the NOA that participants shall have 30 days from the date of the NOA or until the end of the claim period, whichever is longer, to submit the needed information.

.642 The CWD shall complete the case file review and issue any corrective underpayment with NOA M50-024A (Approve Claim) within 60 days following receipt of the needed information from the participant.

.643 If the participant does not submit the needed information before the deadline specified on the NOA, the CWD shall discontinue its review of the case file and shall not make any corrective underpayments to the participant.

(a) The CWD shall note in the case file the reason why the review was discontinued.

.7 Computation of Corrective Underpayments

.71 There is no minimum amount an eligible claimant may receive as a corrective underpayment.

.72 The claimant shall not be entitled to corrective underpayments for any portion of his/her supportive services payments that were previously repaid under another lawsuit.

50-024 YSLAS V. ANDERSON RETROACTIVE LAWSUIT 50-024
(Continued)

.73 CWDs shall balance a corrective underpayment against an outstanding overpayment as follows:

.731 CWDs shall balance corrective underpayments for child care services with outstanding child care overpayments as specified in Section 42-751.4.

.732 CWDs shall balance corrective underpayments for transportation or ancillary services with outstanding transportation or ancillary services overpayments as specified in Section 42-751.4.

.733 CWDs shall attempt to obtain the written agreement of the eligible claimant to balance a corrective underpayment and outstanding overpayment in the following instances:

(a) A transportation or ancillary services corrective underpayment with a child care overpayment.

(b) A child care corrective underpayment with a transportation or ancillary services overpayment.

(c) A child care, transportation, or ancillary services corrective underpayment with an AFDC cash aid overpayment.

.74 CWDs shall pay interest to those eligible claimants who are not on aid at the time payment is authorized. To pay interest, CWDs shall:

.741 Begin interest in the month subsequent to the last month of the supportive services payment reduction or denial or the last month when payment for a promissory note was received.

.742 Determine the month in which payment is authorized.

.743 To determine the appropriate interest amount and corrective underpayment:

(a) determine the Initial Interest Month (the month following the last month of the supportive services reduction or denial or the last month when payment for a promissory note was received),

(b) determine the Payment Authorization Month (the month the corrective underpayment will be authorized),

50-024 YSLAS V. ANDERSON RETROACTIVE LAWSUIT 50-024
(Continued)

(c) determine the interest percentage factor on the "Interest Chart for Yslas v. Anderson Corrective Underpayments" (see handbook Section 50-024.745) where the Initial Interest Month and Payment Authorization Month dates meet,

(d) multiply the amount of supportive services reduced or denied by the interest percentage factor, and

(e) add the amount of supportive services reduced or denied to the interest to be paid to determine the corrective underpayment.

HANDBOOK BEGINS HERE

.744 EXAMPLE: A CWD determines that an eligible claimant who is no longer on aid had her child care reduced $300.00 from January 1, 1988 through April 30, 1988 because she received an educational loan.

To Calculate the Corrective Underpayment:

(a) Initial Interest Month - May 1988
(b) Payment Authorization Month - January 1995

Amount of Supportive Services Reduced or Denied $300.00
(c) Interest Percentage Factor X .4975
(d) Interest To Be Paid +$149.25

(e) Corrective Underpayment $449.25

.745 Interest Chart for Yslas v. Anderson Corrective Underpayments

Initial Interest Month	Payment Authorization Month					
	Jan-95	Feb-95	Mar-95	Apr-95	May-95	Jun-95
Oct-87	.5383	.5467	.5550	.5633	.5717	.5800
Nov-87	.5325	.5409	.5492	.5575	.5659	.5742
Dec-87	.5266	.5350	.5433	.5516	.5600	.5683

HANDBOOK CONTINUES

50-024 YSLAS V. ANDERSON RETROACTIVE LAWSUIT 50-024
(Continued)

HANDBOOK CONTINUES

	Jan-95	Feb-95	Mar-95	Apr-95	May-95	Jun-95
Jan-88	.5208	.5292	.5375	.5458	.5542	.5625
Feb-88	.5150	.5234	.5317	.5400	.5484	.5567
Mar-88	.5091	.5175	.5258	.5341	.5425	.5508
Apr-88	.5033	.5117	.5200	.5283	.5367	.5450
May-88	.4975	.5059	.5142	.5225	.5309	.5392
Jun-88	.4916	.5000	.5083	.5166	.5250	.5333
Jul-88	.4858	.4942	.5025	.5108	.5192	.5275
Aug-88	.4800	.4884	.4967	.5050	.5134	.5217
Sep-88	.4741	.4825	.4908	.4991	.5075	.5158
Oct-88	.4683	.4767	.4850	.4933	.5017	.5100
Nov-88	.4625	.4709	.4792	.4875	.4959	.5042
Dec-88	.4566	.4650	.4733	.4816	.4900	.4983

HANDBOOK CONTINUES

50-024 YSLAS V. ANDERSON RETROACTIVE LAWSUIT 50-024
(Continued)

HANDBOOK CONTINUES

	Jan-95	Feb-95	Mar-95	Apr-95	May-95	Jun-95
Jan-89	.4508	.4592	.4675	.4758	.4842	.4925
Feb-89	.4450	.4534	.4617	.4700	.4784	.4867
Mar-89	.4391	.4475	.4558	.4641	.4725	.4808
Apr-89	.4333	.4417	.4500	.4583	.4667	.4750
May-89	.4275	.4359	.4442	.4525	.4609	.4692
Jun-89	.4216	.4300	.4383	.4466	.4550	.4633
Jul-89	.4158	.4242	.4325	.4408	.4492	.4575
Aug-89	.4100	.4184	.4267	.4350	.4434	.4517
Sep-89	.4041	.4125	.4208	.4291	.4375	.4458
Oct-89	.3983	.4067	.4150	.4233	.4317	.4400
Nov-89	.3925	.4009	.4092	.4175	.4259	.4342
Dec-89	.3866	.3950	.4033	.4116	.4200	.4283

HANDBOOK CONTINUES

50-024 YSLAS V. ANDERSON RETROACTIVE LAWSUIT 50-024
(Continued)

HANDBOOK CONTINUES

	Jan-95	Feb-95	Mar-95	Apr-95	May-95	Jun-95
Jan-90	.3808	.3892	.3975	.4058	.4142	.4225
Feb-90	.3750	.3834	.3917	.4000	.4084	.4167
Mar-90	.3691	.3775	.3858	.3941	.4025	.4108
Apr-90	.3633	.3717	.3800	.3883	.3967	.4050
May-90	.3575	.3659	.3742	.3825	.3909	.3992
Jun-90	.3516	.3600	.3683	.3766	.3850	.3933
Jul-90	.3458	.3542	.3625	.3708	.3792	.3875
Aug-90	.3400	.3484	.3567	.3650	.3734	.3817
Sep-90	.3341	.3425	.3508	.3591	.3675	.3758
Oct-90	.3283	.3367	.3450	.3533	.3617	.3700
Nov-90	.3225	.3309	.3392	.3475	.3559	.3642
Dec-90	.3166	.3250	.3333	.3416	.3500	.3583

HANDBOOK CONTINUES

50-024 YSLAS V. ANDERSON RETROACTIVE LAWSUIT 50-024
(Continued)

HANDBOOK CONTINUES

	Jan-95	Feb-95	Mar-95	Apr-95	May-95	Jun-95
Jan-91	.3108	.3192	.3275	.3358	.3442	.3525
Feb-91	.3050	.3134	.3217	.3300	.3384	.3467
Mar-91	.2991	.3075	.3158	.3241	.3325	.3408
Apr-91	.2933	.3017	.3100	.3183	.3267	.3350
May-91	.2875	.2959	.3042	.3125	.3209	.3292
Jun-91	.2816	.2900	.2983	.3066	.3150	.3233
Jul-91	.2758	.2842	.2925	.3088	.3092	.3175
Aug-91	.2700	.2784	.2867	.2950	.3034	.3117
Sep-91	.2641	.2725	.2808	.2891	.2975	.3058
Oct-91	.2583	.2667	.2750	.2833	.2917	.3000
Nov-91	.2525	.2609	.2692	.2775	.2859	.2942
Dec-91	.2466	.2550	.2633	.2716	.2800	.2883

HANDBOOK CONTINUES

50-024 YSLAS V. ANDERSON RETROACTIVE LAWSUIT 50-024
(Continued)

HANDBOOK CONTINUES

	Jan-95	Feb-95	Mar-95	Apr-95	May-95	Jun-95
Jan-92	.2408	.2492	.2575	.2658	.2742	.2825
Feb-92	.2350	.2434	.2517	.2600	.2684	.2767
Mar-92	.2291	.2375	.2458	.2541	.2625	.2708
Apr-92	.2233	.2317	.2400	.2483	.2567	.2650
May-92	.2175	.2259	.2342	.2425	.2509	.2592
Jun-92	.2116.	2200	.2283	.2366	.2450	.2533
Jul-92	.2058	.2142	.2225	.2308	.2392	.2475
Aug-92	.2000	.2084	.2167	.2250	.2334	.2417
Sep-92	.1941	.2025	.2108	.2191	.2275	.2358
Oct-92	.1883	.1967	.2050	.2133	.2217	.2300
Nov-92	.1825	.1909	.1992	.2075	.2159	.2242
Dec-92	.1766	.1850	.1933	.2016	.2100	.2183

HANDBOOK CONTINUES

50-024 YSLAS V. ANDERSON RETROACTIVE LAWSUIT 50-024
(Continued)

HANDBOOK CONTINUES

	Jan-95	Feb-95	Mar-95	Apr-95	May-95	Jun-95
Jan-93	.1708	.1792	.1875	.1958	.2042	.2125
Feb-93	.1650	.1734	.1817	.1900	.1984	.2067
Mar-93	.1591	.1675	.1758	.1841	.1925	.2008
Apr-93	.1533	.1617	.1700	.1783	.1867	.1950
May-93	.1475	.1559	.1642	.1725	.1809	.1892
Jun-93	.1416	.1500	.1583	.1666	.1750	.1833
Jul-93	.1358	.1442	.1525	.1608	.1692	.1775
Aug-93	.1300	.1384	.1467	.1550	.1634	.1717
Sep-93	.1241	.1325	.1408	.1491	.1575	.1658

HANDBOOK ENDS HERE

.75 For the purpose of determining continuing eligibility and the amount of assistance for the AFDC Program, CWDs shall not consider a corrective underpayment as income nor as a resource in the month paid nor in the following month.

.76 For the Food Stamp Program, a retroactive corrective underpayment shall be excluded as income for all Food Stamp households and excluded as a resource for categorically eligible Food Stamp households as long as they remain eligible for AFDC.

.8 Statistical Reports

.81 CWDs shall submit the GEN 1172 (5/93) Court Case: Yslas v. Anderson-Report A no later than June 15,1995 to the CDSS Statistical Services Bureau.

.82 CWDs shall report data on the disposition of all claims received during the claim period, from January 15, 1995 through April 14, 1995.

50-024 YSLAS V. ANDERSON RETROACTIVE LAWSUIT 50-024
(Continued)

.83 The report specified in Section 50-024.82 above shall include:

.831 The total number of:

(a) TEMP GAIN 85s (Claim Forms) mailed by CWD.

(b) TEMP GAIN 85s (Claim Forms) handed out by CWD.

(c) TEMP GAIN 85s (Claim Forms) received by CWD.

(d) Claims approved.

(e) Claims denied. CWDs shall include the number of claims denied for each of the following reasons:

(1) Untimely. Includes TEMP GAIN 85s (Claim Forms) received after the claim period.

(2) Not an eligible claimant.

(3) Claim sent to wrong CWD and receiving CWD was not able to determine the responsible CWD to which the TEMP GAIN 85 (Claim Form) should be forwarded.

(4) Claim sent to wrong CWD and receiving CWD forwarded to responsible CWD.

(5) Incomplete. Includes claims that are not complete, as specified in Section 50-024.51, and there is no forwarding address to obtain the additional information needed; and incomplete claims for which additional information was requested but not received before the deadline specified on the NOA.

(6) Other.

.832 Total dollar amount of corrective underpayments paid (including interest).

.833 Total dollar amount of overpayments offset with corrective underpayments.

50-024 YSLAS V. ANDERSON RETROACTIVE LAWSUIT 50-024
(Continued)

.84 The CWDs shall report to the CDSS Statistical Services Bureau the number of GAIN participants who agree to use their student financial aid to pay for their supportive services, participants who do not agree to use their financial aid to pay for their supportive services, and participants who rescinded their previous agreement to use their financial aid to pay for their supportive services.

.841 CWDs shall submit the above data on the GEN 1172 (5/93) Yslas v. Anderson-Report B, on a quarterly basis from July 1, 1994 through June 30, 1996.

NOTE: Authority: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Yslas v. Anderson, Sacramento County Superior Court, Case No. 365717, dated March 30, 1994; Yslas v. Anderson, Modification of Consent Decree, dated July 13, 1994; Yslas v. Anderson, Order Approving Modification of Consent Decree, dated September 26, 1994; and Yslas v. Anderson, Stipulation and Order, dated October 13, 1994; and Sections 11323.2 and 11323.4, Welfare and Institutions Code.

50-025 CCWRO V. ANDERSON RETROACTIVE LAWSUIT 50-025

HANDBOOK BEGINS HERE

.1 Background

On February 6, 1990, the Coalition of California Welfare Rights Organizations (CCWRO) v. Anderson lawsuit was filed with the Sacramento County Superior Court, challenging the California Department of Social Services' (CDSS) notice procedures for noncompliant Greater Avenues for Independence (GAIN) participants. Prior to October 1,1990, GAIN regulations required counties to send a GAIN Appointment Notice to a noncompliant participant for cause determination. If the participant failed to respond to the notice, the case would go through the conciliation process without further notice to the participant prior to the imposition of sanctions.

On September 12, 1991, the Superior Court granted CDSS summary judgment, finding that the applicable GAIN regulations provided participants with adequate notice and a reasonable opportunity to appear. On January 4, 1993, the Court of Appeal ruled in favor of an appeal by CCWRO and reversed the decision of the Superior Court. The case was remanded to Superior Court for further proceedings.

On March 8, 1994, the Superior Court entered Judgment on the case as directed by the Court of Appeal. The CCWRO Judgment ruled that the procedure of imposing a conciliation plan and subsequent sanction without further notice to a participant who failed to respond to a GAIN Appointment Notice was not promulgated as a rule in accordance with the Administrative Procedures Act, Government Code Sections 11346-11347.5.

In addition to the counties that did not send additional notices to participants prior to imposing a conciliation plan and subsequent sanction, the Court also included in the Judgment those counties that sent an additional notice prior to conciliation. The Court ruled that the additional notice procedure used by these counties was invalid because it was not promulgated as a regulation in accordance with the Administrative Procedures Act.

The Judgment specifies that all mandatory GAIN participants who were mailed a GAIN Appointment Notice during the retroactive period, who failed to respond to the appointment notice, or an additional notice from the county, and whose Aid to Families with Dependent Children (AFDC) benefits were reduced solely as a result of their failure to participate in the GAIN Program for the reasons specified in the Appointment Notice are class members eligible for corrective underpayment.

HANDBOOK ENDS HERE

50-025 CCWRO V. ANDERSON RETROACTIVE LAWSUIT 50-025
(Continued)

.2 Definitions

For the purpose of these regulations:

a. Reserved

b. Reserved

c. (1) "Claim period" means the period from January 15, 1995 through April 14, 1995 during which a potential class member may file a claim under CCWRO v. Anderson.

(2) "Class member" means all mandatory GAIN participants who were mailed a GAIN Appointment Notice from July 1, 1985 through September 30, 1990, who failed to respond to the Appointment Notice, or an additional notice from the county, and who were sanctioned solely as a result of their failure to participate in the GAIN Program for the reasons specified in the appointment notice.

(3) "Corrective underpayment" means the retroactive payment of cash aid inappropriately withheld from a class member.

(4) "CWD" means county welfare department.

d. Reserved

e. Reserved

f. (1) "Five standard languages" means Spanish, Vietnamese, Laotian, Chinese and Cambodian.

(2) "Four standard Asian languages" means Vietnamese, Laotian, Chinese and Cambodian.

g. (1) "GEN 1172 (5/93) Court Case: CCWRO v. Anderson" (Court Case Statistical Report) means the form used by CWDs to report statistical data regarding the claims filed and paid under this lawsuit.

h. Reserved

i. Reserved

j. Reserved

k. Reserved

50-025 CCWRO V. ANDERSON RETROACTIVE LAWSUIT 50-025
(Continued)

l. Reserved

m. Reserved

n. (1) "NOA" means a notice of action that is considered to be adequate within the meaning of Manual of Policies and Procedures (MPP) Section 22-021.

o. Reserved

p. Reserved

q. Reserved

r. (1) "Responsible CWD" means the county welfare department GAIN office that took an action on which a class member's claim is based.

(2) "Retroactive period" means the period from July 1, 1985 through September 30, 1990.

s. Reserved

t. (1) "TEMP GAIN 86 (11/94), Informing Notice" means the document mailed by the CWD to inform potential claimants of possible corrective underpayments resulting from the CCWRO Court Order.

(2) "TEMP GAIN 87 (1/95), Claim Form" means the document used by claimants to file a claim based on the CCWRO Court Order.

(3) "TEMP GAIN 89 (11/94), Informing Poster" means the document that is posted to notify potential claimants of possible corrective underpayments resulting from the CCWRO Court Order.

u. Reserved

v. Reserved

w. Reserved

x. Reserved

y. Reserved

z. Reserved

50-025 CCWRO V. ANDERSON RETROACTIVE LAWSUIT 50-025
(Continued)

.3 Informing Class Members

HANDBOOK BEGINS HERE

.31 CDSS Responsibilities. CDSS shall:

.311 Print the TEMP GAIN 89 (Informing Poster) in English with bullets in the five standard languages.

.312 Provide CWDs with:

(a) A reproducible copy of the TEMP GAIN 86 (Informing Notice) in English with bullets in the five standard languages.

(b) Reproducible copies of the TEMP GAIN 87 (Claim Form) in English and the five standard languages.

(c) Copies of NOA messages in English and reproducible copies of NOA forms in English and the five standard languages.

(d) Reproducible copies of the TEMP GAIN 89 (Informing Poster) with bullets in the five standard languages.

.313 Mail copies of the TEMP GAIN 89 (Informing Poster) to legal aid and welfare rights organizations of plaintiffs' choice at least 10 days before the beginning of the claim period.

(a) Plaintiffs' counsel shall provide CDSS with the mailing labels not to exceed 300.

HANDBOOK ENDS HERE

.32 Included CWDs

.321 The following CWDs are identified as included CWDs. These CWDs shall fully implement the provisions of the Judgment:

50-025 CCWRO V. ANDERSON RETROACTIVE LAWSUIT 50-025
(Continued)

(a) Alpine, Alameda, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Fresno, Glenn, Humboldt, Imperial, Inyo, Kern, Kings, Lake, Lassen, Los Angeles, Madera, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Orange, Placer, Plumas, Riverside, Sacramento, San Benito, San Bernardino, San Diego, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Shasta, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tulare, Ventura, Yolo, and Yuba.

.322 The following CWDs are not required to fully implement the notification and claim processing provisions of the Judgment.

(a) San Francisco, Santa Cruz, Sierra, and Tuolumne.

(b) If these excluded CWDs receive a TEMP GAIN 87 (Claim Form), they shall issue the M50-025D (Deny Claim) and forward the claim to the responsible CWD, if known.

.33 CWD Responsibilities. Included CWDs shall:

.331 Reproduce an adequate supply of the TEMP GAIN 86(Informing Notice) in English with bullets in the five standard languages.

(a) On the TEMP GAIN 86 (Informing Notice), CWDs shall specify the county office address and phone number that potential claimants are to contact or call to obtain a TEMP GAIN 87 (Claim Form).

.332 Notify potential class members using one of the following methods:

(a) CWDs with the computer systems capability to identify GAIN participants who are potential class members shall conduct a computerized search and mail a TEMP GAIN 86 (Informing Notice) to each potential class member by January 5, 1995.

(1) CWDs shall maintain a record of all potential class members to whom notices were mailed.

(b) CWDs that do not have the capability to conduct a computerized search may choose to perform a manual case file search to identify GAIN participants who are potential class members and mail a TEMP GAIN 86 (Informing Notice) to each potential class member by January 5, 1995.

50-025 CCWRO V. ANDERSON RETROACTIVE LAWSUIT 50-025
(Continued)

(1) CWDs shall maintain a record of all potential class members to whom notices were mailed.

(c) CWDs that do not have the capability to conduct a computerized search and who choose not to conduct a manual search shall send a TEMP GAIN 86 (Informing Notice) to all current AFDC recipients, via a CA 7 stuffer, by January 5, 1995.

.333 Place TEMP GAIN 89 (Informing Poster) inconspicuous locations in all welfare offices, GAIN offices and Food Stamp issuance offices the first day of the claim period.

(a) The TEMP GAIN 89 (Informing Poster) shall be displayed from January 15, 1995 until close of business April 14, 1995.

(b) On the TEMP GAIN 89 (Informing Poster), CWDs shall specify the county office address and telephone number that potential claimants are to contact or call to obtain a TEMP GAIN 87 (Claim Form).

.334 Reproduce an adequate supply of the TEMP GAIN 87 (Claim Form) in English and the five standard languages.

.335 Mail a TEMP GAIN 87 (Claim Form) within five working days following a request by anyone who calls the phone number specified on the TEMP GAIN 86 (Informing Notice) and TEMP GAIN 89 (Informing Poster).

.336 Give a TEMP GAIN 87 (Claim Form), immediately upon request during normal business hours, to anyone who goes to the office specified on the TEMP GAIN 86 (Informing Notice) and TEMP GAIN 89 (Informing Poster) and requests a claim form.

(a) CWDs shall maintain an adequate supply of the TEMP GAIN 87 (Claim Form) on hand for distribution to potential claimants.

.337 CWDs shall specify on the TEMP GAIN 87 (Claim Form) the address where claimants are to return the completed claim form.

.4 Application for Corrective Underpayment

.41 Claimants' Responsibilities. Claimants shall:

.411 Complete and sign under the penalty of perjury a TEMP GAIN 87 (Claim Form).

50-025 CCWRO V. ANDERSON RETROACTIVE LAWSUIT 50-025
(Continued)

.412 Submit the TEMP GAIN 87 (Claim Form) on or before the end of the claim period to the responsible CWD.

(a) If mailed, the postmark must be no later than April 14, 1995.

(b) During the claim period, claimants shall be permitted to resubmit a claim that was previously denied due to being incomplete when the claimant did not submit the necessary information within 30 days, as specified in Section 50-025.541.

.413 Submit a completed TEMP GAIN 87 (Claim Form) to each responsible CWD, if there was more than one responsible CWD.

.414 Provide necessary additional information, documentation or clarification upon request from a CWD.

.42 CWDs' Responsibilities. CWDs shall:

.421 Stamp the TEMP GAIN 87 (Claim Form) with the date received by the CWD.

(a) If the date of receipt cannot be determined by a date stamp, the date of receipt shall be the date the claimant signed the TEMP GAIN 87 (Claim Form).

.422 Notwithstanding the date specified in Section 50-025.421, process all claim forms postmarked on or before April 14, 1995.

(a) If the TEMP GAIN 87 (Claim Form) is postmarked after April 14, 1995, issue NOAM50-025D (Deny Claim) within 30 days following receipt of the claim.

(b) The CWD shall retain envelopes postmarked after April 14, 1995.

.423 Retain all records which contain documents relevant to the CCWRO lawsuit for three years from the date CDSS submits the last expenditure report for federal reimbursement.

(a) Documents included are those used to determine eligibility for the class (including denials) and those used to determine the amount of corrective underpayments; including case records, payment records, assistance claims, reimbursement claims, claim verification and any other documents related to this lawsuit.

50-025 CCWRO V. ANDERSON RETROACTIVE LAWSUIT 50-025
(Continued)

.424 Determine the Responsible CWD

(a) If the CWD receiving the TEMP GAIN 87 (Claim Form) determines that it is the responsible CWD, the CWD shall process the claim form in accordance with Section 50-025.5.

(1) "Responsible CWD" is defined in Section 50-025.2r.(1).

(b) If the CWD receiving the TEMP GAIN 87 (Claim Form) determines that it is not the responsible CWD, the receiving CWD shall issue NOA M50-025D (Deny Claim) and forward the TEMP GAIN 87 (Claim Form) to the responsible CWD within 30 days from the date the claim was received.

(1) The receiving CWD shall inform the claimant on NOA M50-025D (Deny Claim) that the TEMP GAIN 87 (Claim Form) has been forwarded to the responsible CWD for processing.

(2) The responsible CWD shall process the claim form in accordance with Section 50-025.5.

(A) Notwithstanding Section 50-025.422, responsible CWDs shall process all claims that are forwarded from a receiving CWD, regardless of whether the responsible CWD receives the claim from the receiving CWD by the end of the claim period.

(3) If the responsible CWD cannot be determined, the receiving CWD shall issue NOA M50-025D (Deny Claim) within 30 days following receipt of the claim.

(A) The CWD shall indicate on the NOA that the claimant must file his/her claim with the responsible CWD.

.5 Processing Claim Forms

.51 The responsible CWD shall review each TEMP GAIN 87 (Claim Form) for completeness. The TEMP GAIN 87 (Claim Form) shall be considered complete when the following information is given:

.511 Answers to the qualifying class member questions on the TEMP GAIN 87 (Claim Form).

50-025 CCWRO V. ANDERSON RETROACTIVE LAWSUIT 50-025
(Continued)

.512 Claimant's case name(s) used during retroactive period.

.513 Claimant's date of birth.

.514 Claimant's social security number.

.515 Claimant's current mailing address.

.516 County or counties of residence during retroactive period.

.517 Claimant's signature.

.518 The following information shall be provided by the claimant on the TEMP GAIN 87 (Claim Form) to the extent possible:

(a) The AFDC or GAIN case number.

(b) Phone number.

(c) Date(s) for which the claim is being filed.

.52 If the claim is complete, as specified in Section 50-025.51, and the claimant meets the definition of class member specified in Section 50-025.2(c)(2), the responsible CWD shall complete processing the claim within 90 days after receipt of the claim.

.521 If the information on the claim form and in the case file is sufficient, the CWD shall calculate the corrective underpayment, in accordance with Section 50-025.6, and issue a check with NOAM50-025A (Approve Claim) within 45 days after the date payment is authorized.

(a) CWDs shall indicate on the NOA when the check will be issued if unable to issue the check for the corrective underpayment with the NOA.

.522 In the absence of evidence to the contrary, the CWD shall accept self-certification from the claimant, signed under the penalty of perjury, to satisfy documentary requirements in the event such documentation is not available.

.523 The CWD shall verify documentation whenever authenticity is in doubt.

50-025 CCWRO V. ANDERSON RETROACTIVE LAWSUIT 50-025
(Continued)

.53 If the claimant is NOT a class member, the CWD shall issue NOA M50-025D (Deny Claim) within 90 days after the claim was received.

.531 The CWD shall preprint the GAIN 50 (6/92) Your GAIN Hearing Rights to the back of the NOA or attach a copy of the GAIN 50 to the NOA.

.54 If additional information is needed, the CWD shall issue NOA M50-025B (Request Claim Information) within 30 days after receipt of the claim.

.541 The CWD shall indicate on the NOA that claimants have 30 days from the date of the NOA to respond to the request for additional information.

.542 The CWD shall complete processing a claim within 90 days after receiving the additional information.

.543 If the claimant meets the definition of a class member specified in Section 50-025.2c.(2), the CWD shall issue the corrective underpayment in accordance with the procedures specified in Section 50-025.521.

.544 The CWD shall issue NOA M50-025D (Deny Claim) if the information does not establish the claimant as a class member.

.545 The CWD shall issue NOA M50-025D (Deny Claim) if the claimant does not respond within the time specified in Section 50-025.541.

.55 For the purpose of determining continued eligibility and the amount of assistance for the AFDC Program, CWDs shall not consider a corrective underpayment as income or as a resource in the month paid or in the following month.

.56 For the Food Stamp Program, a retroactive corrective underpayment shall be excluded as income for all Food Stamp households and excluded as a resource for categorically eligible Food Stamp households as long as they remain eligible for AFDC.

.6 Computation of Corrective Underpayments

.61 There is no minimum amount a class member may receive as a corrective underpayment.

.62 The claimant shall not be entitled to corrective underpayment for any portion of the sanction amount which was previously repaid under another lawsuit.

50-025 CCWRO V. ANDERSON RETROACTIVE LAWSUIT 50-025
(Continued)

.63 CWDs shall determine the length of the sanction period for which a class member, as defined in Section 50-025.2(c)(2), shall be entitled to recover withheld cash aid.

.631 For sanctions applied before July 1, 1989, CWDs shall consider the end of the sanction period for which a class member shall be entitled to recover cash aid to be:

(a) For a first financial sanction, the end of the three-month sanction period.

(b) For a second or subsequent financial sanction, the end of the six-month sanction period.

.632 For sanctions applied on or after July 1, 1989, CWDs shall consider the end of the sanction period for which a class member shall be entitled to recover cash aid to be:

(a) For a sanction resulting from a first instance of noncompliance without good cause, the date the sanction was cured, as specified in Section 42-786.22, or the end of the month following application of the sanction, whichever comes first.

(b) For a sanction resulting from a second instance of noncompliance without good cause, the end of the three-month sanction period specified in Section 42-786.23.

(c) For a sanction resulting from a third or subsequent instance of noncompliance without good cause, the end of the six-month sanction period specified in Section 42-786.24.

.64 CWDs shall balance the corrective underpayment against an outstanding overpayment as follows:

.641 The corrective underpayment shall be balanced with an AFDC overpayment as specified in Section 44-340.42.

.642 The CWDs shall attempt to obtain a written agreement of the class member to balance a GAIN supportive services overpayment with the corrective underpayment.

(a) If the class member does not agree to balance the corrective underpayment with his/her GAIN supportive services overpayment, the CWD shall issue the corrective underpayment to the class member in full.

50-025 CCWRO V. ANDERSON RETROACTIVE LAWSUIT 50-025
(Continued)

.65 CWDs shall pay interest to those class members who are no longer on AFDC at the time of payment. To pay interest, CWDs shall:

.651 Begin interest in the month subsequent to the end of the sanction period, as determined in Section 50-025.63.

.652 Determine the month in which the payment is authorized.

.653 To determine the appropriate interest amount and corrective underpayment:

(a) Determine the Initial Interest Month (the month following the end of the sanction period);

(b) Determine the Payment Authorization Month (the month the corrective underpayment will be authorized);

(c) Determine the interest percentage factor on the "Interest Chart for CCWRO Corrective Underpayment" where the dates from (a) and (b) meet;

(d) Multiply the amount of cash aid withheld during the sanction period by the interest percentage factor; and

(e) Add the cash aid withheld to the interest to be paid to determine the corrective underpayment.

(a) Determine the Initial Interest Month (the month following the end of the sanction period);

(b) Determine the Payment Authorization Month (the month the corrective underpayment will be authorized);

(c) Determine the interest percentage factor on the "Interest Chart for CCWRO Corrective Underpayment" where the dates from (a) and (b) meet;

(d) Multiply the amount of cash aid withheld during the sanction period by the interest percentage factor; and

(e) Add the cash aid withheld to the interest to be paid to determine the corrective underpayment.

50-025 CCWRO V. ANDERSON RETROACTIVE LAWSUIT (Continued) 50-025

HANDBOOK BEGINS HERE

.654 EXAMPLE: A CWD determines that a class member who is no longer on aid was sanctioned from September 1, 1987 to November 30, 1987 at $200.00 per month. Total cash aid withheld was $600.00.

To Calculate the Corrective Underpayment:

(a) Initial Interest Month - December 1987
(b) Payment Month - January 1995

	Total Cash Aid Withheld	$600.00
(c)	Interest Percentage Factor	X.5266
(d)	Interest To Be Paid	+$315.96
(e)	Corrective Underpayment	$915.96

.655 Interest Chart for CCWRO Corrective Underpayments

Initial Interest Month	Payment Authorization Month Jan-95	Feb-95	Mar-95	Apr-95	May-95	Jun-95
Jul-85	.6958	.7042	.7125	.7208	.7292	.7375
Aug-85	.6900	.6984	.7067	.7150	.7234	.7317
Sep-85	.6841	.6925	.7008	.7091	.7175	.7258
Oct-85	.6783	.6867	.6950	.7033	.7117	.7200
Nov-85	.6725	.6809	.6892	.6975	.7059	.7142
Dec-85	.6666	.6750	.6833	.6916	.7000	.7083

HANDBOOK CONTINUES

50-025 CCWRO V. ANDERSON RETROACTIVE LAWSUIT 50-025
(Continued)

HANDBOOK CONTINUES

	Jan-95	Feb-95	Mar-95	Apr-95	May-95	Jun-95
Jan-86	.6608	.6692	.6775	.6858	.6942	.7025
Feb-86	.6550	.6634	.6717	.6800	.6884	.6967
Mar-86	.6491	.6575	.6658	.6741	.6825	.6908
Apr-86	.6433	.6517	.6600	.6683	.6767	.6850
May-86	.6375	.6459	.6542	.6625	.6709	.6792
Jun-86	.6316	.6400	.6483	.6566	.6650	.6733
Jul-86	.6258	.6342	.6425	.6508	.6592	.6675
Aug-86	.6200	.6284	.6367	.6450	.6534	.6617
Sep-86	.6141	.6225	.6308	.6391	.6475	.6558
Oct-86	.6083	.6167	.6250	.6333	.6417	.6500
Nov-86	.6025	.6109	.6192	.6275	.6359	.6442
Dec-86	.5966	.6050	.6133	.6216	.6300	.6383

HANDBOOK CONTINUES

50--025 CCWRO V. ANDERSON RETROACTIVE LAWSUIT **50-025**
(Continued)

HANDBOOK CONTINUES

	Jan-95	Feb-95	Mar-95	Apr-95	May-95	Jun-95
Jan-87	.5908	.5992	.6075	.6158	.6242	.6325
Feb-87	.5850	.5934	.6017	.6100	.6184	.6267
Mar-87	.5791	.5875	.5958	.6041	.6125	.6208
Apr-87	.5733	.5817	.5900	.5983	.6067	.6150
May-87	.5675	.5759	.5842	.5925	.6009	.6092
Jun-87	.5616	.5700	.5783	.5866	.5950	.6033
Jul-87	.5558	.5642	.5725	.5808	.5892	.5975
Aug-87	.5500	.5584	.5667	.5750	.5834	.5917
Sep-87	.5441	.5525	.5608	.5691	.5775	.5858
Oct-87	.5383	.5467	.5550	.5633	.5717	.5800
Nov-87	.5325	.5409	.5492	.5575	.5659	.5742
Dec-87	.5266	.5350	.5433	.5516	.5600	.5683

HANDBOOK CONTINUES

50-025 CCWRO V. ANDERSON RETROACTIVE LAWSUIT 50-025
(Continued)

HANDBOOK CONTINUES

	Jan-95	Feb-95	Mar-95	Apr-95	May-95	Jun-95
Jan-88	.5208	.5292	.5375	.5458	.5542	.5625
Feb-88	.5150	.5234	.5317	.5400	.5484	.5567
Mar-88	.5091	.5175	.5258	.5341	.5425	.5508
Apr-88	.5033	.5117	.5200	.5283	.5367	.5450
May-88	.4975	.5059	.5142	.5225	.5309	.5392
Jun-88	.4916	.5000	.5083	.5166	.5250	.5333
Jul-88	.4858	.4942	.5025	.5108	.5192	.5275
Aug-88	.4800	.4884	.4967	.5050	.5134	.5217
Sep-88	.4741	.4825	.4908	.4991	.5075	.5158
Oct-88	.4683	.4767	.4850	.4933	.5017	.5100
Nov-88	.4625	.4709	.4792	.4875	.4959	.5042
Dec-88	.4566	.4650	.4733	.4816	.4900	.4983

HANDBOOK CONTINUES

50-025 CCWRO V. ANDERSON RETROACTIVE LAWSUIT 50-025
(Continued)

HANDBOOK CONTINUES

	Jan-95	Feb-95	Mar-95	Apr-95	May-95	Jun-95
Jan-89	.4508	.4592	.4675	.4758	.4842	.4925
Feb-89	.4450	.4534	.4617	.4700	.4784	.4867
Mar-89	.4391	.4475	.4558	.4641	.4725	.4808
Apr-89	.4333	.4417	.4500	.4583	.4667	.4750
May-89	.4275	.4359	.4442	.4525	.4609	.4692
Jun-89	.4216	.4300	.4383	.4466	.4550	.4633
Jul-89	.4158	.4242	.4325	.4408	.4492	.4575
Aug-89	.4100	.4184	.4267	.4350	.4434	.4517
Sep-89	.4041	.4125	.4208	.4291	.4375	.4458
Oct-89	.3983	.4067	.4150	.4233	.4317	.4400
Nov-89	.3925	.4009	.4092	.4175	.4259	.4342
Dec-89	.3866	.3950	.4033	.4116	.4200	.4283

HANDBOOK CONTINUES

50-025 CCWRO V. ANDERSON RETROACTIVE LAWSUIT 50-025
(Continued)

HANDBOOK CONTINUES

	Jan-95	Feb-95	Mar-95	Apr-95	May-95	Jun-95
Jan-90	.3808	.3892	.3975	.4058	.4142	.4225
Feb-90	.3750	.3834	.3917	.4000	.4084	.4167
Mar-90	.3691	.3775	.3858	.3941	.4025	.4108
Apr-90	.3633	.3717	.3800	.3883	.3967	.4050
May-90	.3575	.3659	.3742	.3825	.3909	.3992
Jun-90	.3516	.3600	.3683	.3766	.3850	.3933
Jul-90	.3458	.3542	.3625	.3708	.3792	.3875
Aug-90	.3400	.3484	.3567	.3650	.3734	.3817
Sep-90	.3341	.3425	.3508	.3591	.3675	.3758

HANDBOOK CONTINUES

50-025 CCWRO V. ANDERSON RETROACTIVE LAWSUIT 50-025
(Continued)

HANDBOOK CONTINUES

	Jan-95	Feb-95	Mar-95	Apr-95	May-95	Jun-95
Oct-90	.3283	.3367	.3450	.3533	.3617	.3700
Nov-90	.3225	.3309	.3392	.3475	.3559	.3642
Dec-90	.3166	.3250	.3333	.3416	.3500	.3583
Jan-91	.3108	.3192	.3275	.3358	.3442	.3525
Feb-91	.3050	.3134	.3217	.3300	.3384	.3467
Mar-91	.2991	.3075	.3158	.3241	.3325	.3408
Apr-91	.2933	.3017	.3100	.3183	.3267	.3350
May-91	.2875	.2959	.3042	.3125	.3209	.3292
Jun-91	.2816	.2900	.2983	.3066	.3150	.3233

HANDBOOK ENDS HERE

.66 Class members shall not be entitled to more corrective underpayment than the amount of cash aid withheld during the sanction period, as specified in this section, plus interest, as determined in Section 50-025.65.

.7 Statistical Reports

.71 CWDs shall submit the GEN 1172 (5/93) Court Case: CCWRO v. Anderson no later than July 14, 1995 to the CDSS Statistical Services Bureau.

.72 CWDs shall report on the disposition of all claims received during the claim period, from January 14, 1995 through April 14, 1995.

.73 The report shall include:

.731 The total number of:

(a) TEMP GAIN 87s (Claim Form) mailed by CWD.

(b) TEMP GAIN 87s (Claim Form) handed out by CWD.

50-025 CCWRO V. ANDERSON RETROACTIVE LAWSUIT 50-025
(Continued)

(c) TEMP GAIN 87s (Claim Form) received by CWD.

(d) Claims approved.

(e) Claims denied. CWDs shall include the number of claims denied for each of the following reasons:

(1) Untimely. Includes claim forms received after claim period.

(2) Not a class member.

(3) Claim sent to wrong CWD and receiving CWD was not able to determine the responsible CWD to which the TEMP GAIN 87 (Claim Form) should be forwarded.

(4) Claim sent to wrong CWD and receiving CWD forwarded to responsible CWD.

(5) Incomplete. Includes claims that are not complete, as specified in Section 50-025.51, and there is no forwarding address to obtain the additional information needed; and incomplete claims for which additional information was requested but not received before the deadline specified on the notice.

(6) Other.

.732 Total amount of corrective underpayments paid (including interest).

.733 Total amount of overpayments offset with corrective underpayments.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: CCWRO v. Anderson, Sacramento County Superior Court, Case No. 512491.

50-026 TYLER V. ANDERSON RETROACTIVE BENEFITS LAWSUIT 50-026

HANDBOOK BEGINS HERE

.1 Background

On January 22, 1999, the Sacramento Superior Court approved a settlement agreement and entered the final judgment in Tyler v. Anderson.

The following provisions specify the applicable procedures in the issuance of retroactive payments to qualifying In-Home Supportive Services (IHSS) recipients, applicants and providers in compliance with the Tyler v. Anderson court order:

.11 The Lawsuit: Tyler v. Anderson is a class action lawsuit filed in 1993 against the California Department of Social Services (CDSS) and its Director. The suit challenged the CDSS policy of denying range of motion (ROM) exercises as a paramedical service in the IHSS Program. The case was certified as a class action lawsuit for all persons denied payment for ROM exercises due to the challenged policy from June 17, 1990 through March 31, 1994 under the IHSS Program. The lawsuit was settled on January 22, 1999 by a final Judgment in the Sacramento County Superior Court.

.12 The Final Judgment: The final judgment requires CDSS to make retroactive payments including prejudgment and postjudgment interest at the legal rate of 7 percent to class members for ROM provided but not paid for from June 17, 1990 through March 31, 1994 (the retroactive period) in 52 of 58 counties.

The Judgment excludes IHSS recipient/applicants and providers in six of the 58 counties: Amador, Calaveras, Fresno, Los Angeles, San Bernardino and Tehama. These counties continued to authorize ROM exercises during this time period. They are excluded in the lawsuit; however, they must comply with these regulations on posting the informational poster, providing notices, claim forms, assistance to claimants, and cooperating with CDSS in supplying case file information.

The Judgment requires that CDSS identify all IHSS recipients and providers from June 17, 1990 through March 31, 1994, determine the current mailing address from the IHSS Case Management, Information and Payrolling System (CMIPS) and update mailing addresses by using Medi-Cal records or if unavailable, by using the address matching services of the Franchise Tax Board.

CDSS will also develop a State Hearing process that will give the Tyler v. Anderson claim members the right to appeal any final decision on a claim.

HANDBOOK CONTINUES

50-026 TYLER V. ANDERSON RETROACTIVE BENEFITS LAWSUIT 50-026
(Continued)

HANDBOOK CONTINUES

Assembly Bill 1773 authorized ROM in the Personal Care Services Program (PCSP) which are Medi-Cal covered IHSS Program services starting April 1, 1993. PCSP was not completely implemented until all IHSS recipients had annual assessments one year later; therefore, March 31, 1994 is the end date for the retroactive period.

.13 Forms and Notices: The Judgment requires CDSS to develop and issue forms and notices explaining the right to claim retroactive benefits: Specifically, CDSS is required to have: 1) a recipient/applicant or provider claim form written in plain language in English and Spanish, and 2) a poster size notice not less than 17" x 22" in size with the contents of the notice and in a format that attracts attention when posted in a public space.

HANDBOOK ENDS HERE

.2 Definitions

These definitions apply to the Tyler v. Anderson implementation.

(a) (1) "Applicant" means a person who applied for and was denied IHSS services during the retroactive period by any county except Amador, Calaveras, Fresno, Los Angeles, San Bernardino, and Tehama counties and met the IHSS eligibility requirements in MPP Section 30-755 or 30-780.

(b) Reserved

(c) (1) "CDSS" means the California Department of Social Services.

(2) "Chiropractor" means a licensed chiropractor.

(3) "Claim Form" means a Tyler v. Anderson Claim Form (TEMP 2185A) designed and issued by CDSS which includes claiming information and the Doctor's Certification section.

(4) "Claim Period" means the six (6) month period in which claimants may file a claim form for retroactive payment for Range of Motion (ROM) under the IHSS Program.

(5) "Claimant" means a person who files a claim for a retroactive payment under the Tyler v. Anderson Class Action Lawsuit.

50-026 TYLER V. ANDERSON RETROACTIVE BENEFITS LAWSUIT 50-026
(Continued)

(6) "Class Member" means a claimant whom CDSS has determined eligible for a retroactive payment.

(7) "CWD" means a County Welfare Department.

(d) (1) "Days" Unless otherwise specified, all references to "days" in regard to time limits shall mean "calendar" days.

(2) "Doctor" means a licensed physician.

(e) Reserved

(f) (1) "Forms" means forms that CDSS will use only in the Tyler v. Anderson lawsuit.

(g) Reserved

(h) Reserved

(i) (1) "IHSS" means the In-Home Supportive Services Program.

(2) "Interest" means prejudgment and postjudgment simple interest at the legal rate of 7 percent from the date of the first payment owed to the month before issuance of the retroactive payment.

(j) Reserved

(k) Reserved

(l) Reserved

(m) Reserved

(n) (1) "NOA" means the Notice of Action sent to claimants by CDSS regarding claim determinations, as referenced in Section 50-026.

(2) "NOA Time Period" means the 45-day time period.

(o) Reserved

(p) (1) "Provider" means a person who provided IHSS ROM exercises to an IHSS recipient/applicant at any time during the retroactive period.

50-026 TYLER V. ANDERSON RETROACTIVE BENEFITS LAWSUIT 50-026
(Continued)

(q) Reserved

(r) (1) "Recipient" means a person who received IHSS at any time during the retroactive period except a person who received IHSS in Amador, Calaveras, Fresno, Los Angeles, San Bernardino, Tehama counties.

(2) "Retroactive Payment" means the amount due a class member, including interest, as determined by CDSS in the claims process.

(3) "Retroactive Period" is June 17, 1990 through March 31, 1994.

(4) "ROM" means the Range of Motion exercises.

(5) "ROM Prohibition Policy Period" means the payment period from June 17, 1990 through March 31, 1994.

(s) (1) "State Hearing" means the Evidentiary Hearing provided for under Welfare and Institutions Code Section 10950 pursuant to MPP Chapter 22-000 by which a claimant may appeal a CDSS NOA.

(t) Reserved

(u) Reserved

(v) Reserved

(w) Reserved

(x) Reserved

(y) Reserved

(z) Reserved

.3 Notification of Potential Claimants

.31 CDSS shall:

.311 Develop and send the Tyler v. Anderson Notice and Claim Form to all persons who were IHSS recipients and providers during the period of June 17, 1990 through March 31, 1994, except those who were residing solely in Amador, Calaveras, Fresno, Los Angeles, San Bernardino or Tehama counties.

50-026 TYLER V. ANDERSON RETROACTIVE BENEFITS LAWSUIT 50-026
(Continued)

.312 Update the addresses of persons identified in Section 50-026.311 from the following sources:

(a) The IHSS Case Management Information and Payrolling System (CMIPS) for current IHSS recipients and providers;

(b) Medi-Cal records;

(c) United States Postal Fast Forward software, or

(d) Addresses matching services of the Franchise Tax Board for all others.

.313 Provide a sufficient number of Tyler v. Anderson posters and camera-ready copies of the Tyler notice and Tyler claim form, in plain language in English and Spanish to all CWDs and agencies designated by plaintiffs' counsel, including regional centers, independent living centers, area boards, and legal aid programs.

(a) CDSS shall require CWDs to display the Tyler poster until the end of the six-month claim period in a prominent location in all offices where it may be seen by members of the public and to provide a notice and claim form to anyone asking about the case.

(b) CDSS shall request all other agencies to display the Tyler poster until the end of the six-month claim period in a prominent location and to provide a notice and claim form to anyone asking about the case.

.32 CWDs shall:

.321 Display the Tyler poster in a prominent location in all offices where it may be seen by members of the public during the entire claim period.

.322 Give a Tyler notice and Tyler claim form to anyone asking about the case.

.323 Provide assistance in the completion of the claim form to anyone asking and provide a copy of case file information relating to the provision of ROM to the recipients or their authorized representatives as required by Welfare and Institutions Code Section 10850.2.

.324 Cooperate with the CDSS in providing information deemed necessary to make a claim determination.

.4 Application for Retroactive Payments

50-026 TYLER V. ANDERSON RETROACTIVE BENEFITS LAWSUIT 50-026
(Continued)

.41 Claimant Responsibilities

.411 A claimant shall file a claim for retroactive payment on the Tyler v. Anderson claim form.

.412 A claimant shall ensure completion of all parts of the Tyler v. Anderson claim form as follows: Part A by the claimant; Part B by the IHSS recipient/applicant getting ROM; Part C by the IHSS provider administering the ROM, and Part H by the physician or chiropractor. If assistance is needed, the claimant may call 1-877-508-1327 or contact their local CWD.

.413 A claimant who is an IHSS applicant shall submit proof of meeting all other categorical and financial eligibility conditions for the receipt of IHSS during the relevant time period by completing the Tyler Supplemental Applicant Claim Form (TEMP 2185B) received from the CDSS.

.414 A claimant shall mail the completed Tyler v. Anderson claim form to CDSS, 744 P Street, Mail Station 19-04, Sacramento, CA 95814, any time within the six-month claim period but not later than July 31, 2001. For purposes of the mailing deadline, the envelope must be postmarked no later than July 31, 2001, the last day of the claim period. Claims postmarked after this date are deemed untimely and will be denied.

.42 Claim Form

.421 CDSS must stamp each claim form with the date the claim form is received.

.422 The filing date for a claim is the postmark date on the envelope containing the Tyler v. Anderson claim form.

(a) If the postmark date is not legible, the original claim date will be three days prior to the CDSS received date.

.423 If the filing date is after the claim period, the claim shall be denied.

.424 CDSS shall retain all claim forms and envelopes received in accordance with regulations governing retention of records, which is three years.

.5 Claim Processing

.51 Eligibility Conditions for Retroactive Payment

50-026 TYLER V. ANDERSON RETROACTIVE BENEFITS LAWSUIT 50-026
(Continued)

.511 A claimant must meet the conditions listed below to be eligible for a retroactive payment for any month at any time during the retroactive period.

(a) Recipient Claimant: The IHSS recipient was prescribed ROM by a doctor or chiropractor during the retroactive period, was not already at the state maximum and paid the provider for the ROM.

(b) Provider Claimant: The IHSS provider performed ROM for the IHSS recipient or applicant and was not paid. The IHSS recipient or applicant who received the ROM was prescribed ROM by a doctor or chiropractor during the retroactive period and was not already at the state maximum. The IHSS applicant also met all of the categorical and financial eligibility conditions for the receipt of IHSS.

(c) Applicant Claimant: The IHSS applicant met all of the categorical and financial eligibility conditions for the receipt of IHSS, applied for IHSS, was prescribed ROM by a doctor or chiropractor during the retroactive period, and paid the provider for the ROM.

.52 Claim Form Review

.521 CDSS shall determine eligibility/ineligibility and notify the claimant of its determination within 60 days of CDSS' receipt of a complete claim form.

If additional information is needed, CDSS shall notify the claimant on a Notice of Action (NOA) and request the information to be returned within 45 days. The 45-day period shall begin to run on the first day following the date of the NOA. The claim must be postmarked on the 45th day to be considered timely. The returned information shall be date stamped "received" and CDSS will notify the claimant of its determination within 60 days of CDSS' receipt of additional information.

.522 CDSS shall review each claim form submitted to determine if the claim form is complete. A claim form shall be considered complete when all the following requirements are met:

(a) The following information requested in Part A must be completed as follows:

(1) Name: Last, first, middle initial

(2) Valid Social Security Number

50-026 TYLER V. ANDERSON RETROACTIVE BENEFITS LAWSUIT 50-026
(Continued)

(3) Birthdate

(4) Indicate type of claimant

(b) The following information requested in Part B must be completed as follows:

(1) Name: Last, first, middle initial

(2) Valid Social Security Number

(3) Birthdate

(4) Current address

(5) Current telephone number

(c) If the person was an IHSS applicant and was denied ROM exercises, the following shall also be completed in Part B.

(1) The date applicant was denied IHSS

(2) County in which the application was denied

(3) Indicate each year the applicant received SSI/SSP

(d) The following information requested in Part C shall be completed if claimant was an IHSS provider.

(1) Name: Last, first, middle initial

(2) Valid Social Security Number

(3) Birthdate

(4) Current address

(5) Telephone number

50-026 TYLER V. ANDERSON RETROACTIVE BENEFITS LAWSUIT 50-026
(Continued)

(e) Part D shall indicate the specific months and number of hours ROM were performed each month during the ROM prohibition policy period and in which county ROM was performed.

(f) Part E shall indicate if the claimant was an IHSS provider, recipient or applicant and whether or not the claimant provider was paid by the IHSS recipient for ROM or the claimant recipient/applicant paid for ROM.

(g) Part F shall show an original signature under penalty of perjury and the date the application was completed.

(h) Part G shall indicate the name of the person who received ROM and a signed authorization for the doctor or chiropractor to release medical record information to CDSS.

(i) Part H - Doctor or Chiropractor Certification: CDSS shall review each submitted Doctor or Chiropractor Certification for completeness to determine if the doctor has provided the following information necessary to further process the claim.

(1) A doctor's or chiropractor's statement that an IHSS recipient/applicant was prescribed ROM, the number of minutes per exercise and the number of times per week prescribed monthly during the ROM prohibition policy period.

(2) The following requested Physician Information has been provided:

(A) Name: Last, first, middle initial

(B) Valid License number

(C) Specialty

(D) Business address

(E) Telephone number

(F) Signed and dated by the doctor or chiropractor

50-026 TYLER V. ANDERSON RETROACTIVE BENEFITS LAWSUIT 50-026
(Continued)

.523 When additional information is requested via a NOA and the information is returned within 45 days, each resubmitted claim form will be reviewed to determine if the claimant has provided all the necessary information to further process the claim. CDSS then has an additional 60 days to make a determination of eligibility/ineligibility.

.524 Claim Determination

CDSS may obtain additional information to verify the claim by obtaining information from the IHSS CMIPS, CWDs, Medical and Chiropractor Boards and other agencies related to the eligibility conditions for retroactive payment.

.525 Issuance of NOAs

(a) For each claim received for retroactive payments, CDSS shall mail a NOA within sixty (60) days after receiving the claim form. The NOAs shall contain, but not be limited to, the following information:

(1) The month(s) determined eligible and/or ineligible for retroactive payments. The reason(s) for any months determined ineligible shall be clearly stated;

(2) The amount of retroactive payments and prejudgment and postjudgment interest due for each year, if payments are claimed for more than one year during the retroactive period;

(3) The computation of the monthly total and the grand total amount of retroactive payments and prejudgment and postjudgment interest due, and

(4) A statement about the taxability of wages, withholding taxes, and deeming for SSI recipients whose providers are currently spouses or parents of minor children recipients.

HANDBOOK BEGINS HERE

(A) The required withholdings shall be deducted from the retroactive payment. Income taxes shall be withheld from all interest payments.

HANDBOOK ENDS HERE

50-026 TYLER V. ANDERSON RETROACTIVE BENEFITS LAWSUIT 50-026
(Continued)

(b) Each NOA issued due to the claimant's failure to complete the claim form in its entirety shall specify those sections of the form, which were not completed as follows:

(1) Each part of the claim form that is incomplete.

(2) The original claim form shall be returned with the NOA to the claimant to mail back after filling in the missing information. CDSS shall advise the claimant that he/she has 45 days from the date of the NOA to provide the additional information. The 45-day period shall begin to run on the first day following the date of the NOA. The claim must be postmarked on the 45th day to be considered timely. Failure to respond or provide the requested information within the 45-day period shall result in a claim denial.

(c) Each NOA issued as a result of CDSS having incomplete/contradictory/adverse information shall include a copy of the incomplete/contradictory/adverse information and if available, shall advise the claimant that he/she has 45 days from the date of the NOA to provide additional information. Failure to respond or refute the incomplete/contradictory/adverse information within the 45-day period shall result in a claim denial.

(d) For each claim denied in full or in part, the NOA shall clearly state the reason(s) why the claim was denied and a statement that the claimant has the right to appeal the denial.

(e) For each approved claim in which the class member is currently an IHSS recipient, the NOA shall advise the class member that the payment received as a result of his/her Tyler v. Anderson claim may adversely affect his/her IHSS services, SSI eligibility or other aid program eligibility, and that there may be a tax liability. (See 20 CFR Sections 416.1100, .1111, .1201 and .1207a.)

.6 Calculation of Retroactive Payment

.61 Issuance of Payments

.611 CDSS shall compute the amount of retroactive payments. The amount shall be calculated using the number of hours authorized for ROM each month multiplied by the county's applicable individual provider hourly wage during each month for which benefits are claimed.

50-026 TYLER V. ANDERSON RETROACTIVE BENEFITS LAWSUIT 50-026
(Continued)

.612 CDSS shall issue payments monthly and mail payments on or before the 10th of each month or hold the payments for mailing on or before the 10th of the following month.

.613 Except when the time for mailing payments is extended by Section 50-026.612, CDSS shall mail payment to the claimant within 30 days after the date of the approval of the claim NOA.

.62 Prejudgment/Postjudgment Interest

.621 Prejudgment interest for retroactive payments shall be calculated at the following rates:

(a) Seven percent simple interest during the time period of June 17, 1990 through March 31, 1994, on the amount of benefits from the date the first payment should have been paid, until January 22, 1999, the date of the judgment.

.622 Postjudgment interest for retroactive payments shall be calculated at the following rate:

(a) Seven percent simple interest from the date of the judgment, January 22, 1999 until the last day of the month prior to payment.

.63 Share of Cost

.631 CDSS shall calculate the applicant's share of cost utilizing the current SSI/SSP payment standards when computing the amount of retroactive payments due.

.64 IHSS Statutory Maximum

.641 The amount of hours for ROM retroactive payments shall not exceed the applicable statutory grant maximum. Retroactive benefits shall only be awarded up to the amount which when combined with other IHSS services received during the period does not exceed the then applicable statutory maximum on the allowed IHSS hours. The IHSS statutory maximum during the ROM prohibition policy period is as follows:

Effective Date	Nonseverely Impaired	Severly Impaired
6/17/90 - 3/31/93	195 hours	283 hours
4/01/93 - 3/31/94	195 hours	If PCSP, up to 283 hours

50-026 TYLER V. ANDERSON RETROACTIVE BENEFITS LAWSUIT 50-026
(Continued)

(a) When the nonseverely impaired (NSI) recipient's weekly authorized services are increased by the ROM hours and this results in a total of 20 or more hours of services defining severe impairment, the recipient shall be reclassified from NSI to severely impaired (SI), with a subsequent State maximum of 283 hours per month.

.7 General Provisions

.71 Information Requirement

.711 All information received and/or obtained in relation to the Tyler v. Anderson implementation, and all forms generated as a result of the implementation, shall be retained by CDSS in a Tyler case file for each claimant. These documents shall include, but are not limited to:

(a) Completed Tyler claim form and any subsequent resubmittals;

(b) Completed doctor's certification section and any subsequent resubmittals;

(c) A copy of any NOA;

(d) A copy of any correspondence with the CWDs in relation to a claim;

(e) Any noted verbal communication with the CWDs in relation to a claim;

(f) Any CMIPS records utilized, and

(g) A copy of all other documents and records used in the determination of eligibility and computation of payments.

.72 State Hearings

.721 The right to a state hearing on any Tyler v. Anderson claim shall be granted only to Tyler v. Anderson claimants or their authorized representatives. A Tyler v. Anderson claimant may be the recipient, applicant or provider.

.722 A claimant has the right to appeal any final decision on a claim, including an award of less retroactive payment than claimed.

.73 Treatment of Lump Sum Payments

50-026 TYLER V. ANDERSON RETROACTIVE BENEFITS LAWSUIT 50-026
(Continued)

.731 It will be the responsibility of the claimant in conjunction with the CWD to determine if the lump sum Tyler v. Anderson payments affect or do not affect the claimant's continued eligibility for certain other programs.

.732 CDSS shall send the CWD a monthly list of claimants who received ROM retroactive payments. The list shall include a breakdown of principal and interest payments and the total amount received.

.74 Overpayments

CDSS shall have the right to seek and recover overpayments in accordance with IHSS regulations at MPP Section 30-768.

.75 Reports

In compliance with the Tyler v. Anderson class action Judgment, the CDSS is required to issue the following reports:

.751 Bimonthly status report on all actions taken on the Judgment and include basic implementation records, including contracts with all agencies;

.752 Number of recipient and provider class members identified from IHSS payrolling system; the number with current addresses; the number of updated addresses through the Department of Health Medi-Cal; and the number of addresses updated through the Franchise Tax Board, and

.753 Monthly claim reports by county with the number of claims received, approved, denied, pending and the amount of wages and interest paid, the number of claims sent to individual class members and date(s) of mailing, number of envelopes returned undelivered for those with mailing addresses from IHSS payrolling system, Medi-Cal and Franchise Tax Board.

.8 Appendix - Tyler Forms

.81 The following forms will be used to process Tyler V. Anderson claims:

.811 Tyler Public Notice (Poster) - TEMP 2189 (10/00) (English/Spanish)

.812 Tyler Notice - TEMP 2185 (07/00) (English/Spanish)

This page is intentionally left blank.

50-026 TYLER V. ANDERSON RETROACTIVE BENEFITS LAWSUIT 50-026
(Continued)

.813 Tyler Claim Form - TEMP 2185A (07/00) (English/Spanish)

.814 Tyler Supplemental Applicant Claim Form - TEMP 2185B (10/00) (English/Spanish)

.82 The Tyler Claim Form and Notice will also be available in Chinese, Russian, Cambodian and Vietnamese upon request by calling the toll free number established for Tyler v. Anderson.

Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Sections 10950, 12300, 12300.2, 12304, 12304.5, and 14132.95, Welfare and Institutions Code and Judgment Re: Tyler v. Anderson, Sacramento Superior Court Case No. 376230, dated January 22, 1999.

50-050 FARIAS v. WOODS 50-050

Repealed by Manual Letter No. EAS-88-13, effective 10/3/88.

50-060 MAJOR v. McMAHON 50-060

.1 Background

HANDBOOK BEGINS HERE

On January 28, 1985, the San Francisco Superior Court approved a settlement agreement and adopted it as the final judgment of the court in the case of Major v. McMahon. The judgment invalidated MPP Section 46-325 to the extent this regulation was interpreted/applied to deny otherwise eligible disabled minors from receiving the SSI-SSP "nonmedical out-of-home care" benefit level because they were residing with nonparent relatives.

In compliance with the Major v. McMahon judgment, MPP Section 46-325 was amended (April 1, 1985) to enable otherwise eligible disabled minors residing with a nonparent relative to receive the SSI-SSP "nonmedical out-of-home care" payment rate. Additionally, the court ordered that retroactive benefits be paid to disabled minors in this class, who for any time after December 31, 1983 were otherwise eligible but were denied the SSI-SSP "nonmedical out-of-home care" payment rate solely because they were residing with a nonparent relative.

The following provisions specify rules and procedures applicable to the issuance of payments in conformance with this court order.

HANDBOOK ENDS HERE

.2 Informing Potentially Eligible Persons of the Availability of Major v. McMahon Payments

HANDBOOK BEGINS HERE

.21 In order to notify the class of potentially eligible persons, the Department shall:

.211 Identify from the State Data Exchange, all individuals who meet the description of the Major v. McMahon class and who are potentially eligible for Major v. McMahon benefits.

.212 By April 1, 1985, send a written notice to all potentially eligible individuals, which specifies eligibility factors and application procedures and deadlines for Major v. McMahon benefits.

HANDBOOK ENDS HERE

.3 Application for Major v. McMahon Payments and Claims Processing

.31 Claimant Responsibility

50-060 MAJOR v. McMAHON (Continued) **50-060**

.311 Potentially eligible individuals shall apply for retroactive payments at the local Social Security Administration (SSA) office, within the 60-day period commending April 1, 1985 and ending May 30, 1985.

(a) Extension of the mandatory 60-day application period.

(1) Applications for Major v. McMahon retroactive benefits received after May 30, 1985 shall be denied except where the applicant can show good cause for his/her failure to apply during the mandatory 60-day application period. "Good cause" shall be determined by the SSA.

(2) Provided the applicant can show good cause for not applying within the period specified in .311, his/her application for retroactive benefits will be accepted if filed with the SSA within 60 days after May 30, 1985 or before July 30, 1985.

.32 Social Security Administration (SSA)

HANDBOOK BEGINS HERE

.321 Upon receipt of the claimant's application for Major v. McMahon benefits, the local SSA office will request from the county welfare department (CWD) certification that the disabled minor involved was eligible for the "nonmedical out-of-home care" payment rate within this Major v. McMahon retroactive period.

(a) In response to each Major v. McMahon application, SSA will send requests for certification (Form SSP-22) to the county welfare departments, which for control purposes, have been separately identified by the words MAJOR v. McMAHON in bold print at the top.

.322 As soon as administratively possible after receipt of the CWD's certification of applicable living arrangement [see .331(b)] the SSA will compute and issue the amount of Major v. McMahon retroactive payments to all claimants who were certified for the SSI-SSP "nonmedical out-of-home care" living arrangement during this period.

(a) The amount of retroactive benefits shall be, for each month of eligibility during the retroactive period, the difference between the SSI-SSP "nonmedical out-of-home care" rate and the "disabled minor" rate in effect for that month.

HANDBOOK CONTINUES

50-060 MAJOR v. McMAHON (Continued) **50-060**

HANDBOOK CONTINUES

(1) For calendar year 1984, the difference is $161 per month.

(2) For calendar year 1985, the difference is $170 per month.

.323 The SSA will make prospective payments to Major v. McMahon eligibles upon receipt of CWD certifications of applicable living arrangements.

HANDBOOK ENDS HERE

.33 CWD Responsibility

.331 Within 13 working days of receipt of a request for certification (SSP-22) marked "Major v. McMahon" from the SSA, the CWD shall:

(a) Determine the applicant's eligibility for the "nonmedical out-of-home care" level of benefits during any month(s) from January 1, 1984.

(1) The provisions of MPP Section 46-325.351 shall apply to requests for Major v. McMahon certifications in the same manner as for certification requests received on behalf of other SSI-SSP applicants/recipients.

(2) If a disabled minor child is found to be currently eligible for the "nonmedical out-of-home care" rate, he/she shall be presumed to be eligible for as much of the retroactive period as he/she was residing with the same relative.

(3) If the minor child is currently ineligible for the "nonmedical out-of-home care" rate, he/she shall be presumed to be ineligible for as much of the retroactive period as he/she was residing with the same relative.

(4) Presumptions in (2) and (3) above may be rebutted by the CWD or by the recipient. If the minor child was living with another nonparent relative during the retroactive period, he/she shall have the opportunity to present evidence regarding eligibility for the "nonmedical out-of-home care" rate in that home.

50-060 MAJOR v. McMAHON (Continued) **50-060**

(b) Return the completed request for certification (SSP-22) to the SSA.

(1) CWDs shall maintain a copy of all completed Major v. McMahon certification requests (SSP-22) in an easily identifiable and retrievable manner for a period of six months, beginning April 1, 1985.

.332 Within 30 calendar days of the receipt of a request for certification (SSP-22) marked Major v. McMahon from the SSA, the CWD shall send a written notice of action (Temp. 1624) to the Major v. McMahon applicant which:

(a) states the CWD's determination of the applicant's eligibility for the "nonmedical out-of-home care" level of SSI-SSP benefits; and,

(b) specifies the months the applicant was eligible for "nonmedical out-of-home care" benefits since January 1, 1984; and,

(c) informs the applicant of his/her right to request a state hearing regarding the CWD's certification or noncertification of the applicant's "nonmedical out-of-home care" living arrangement during any month since January 1, 1984. The state hearing of this issue shall be governed by MPP Division 22 regulations.

50-061 WRO v. McMAHON 50-061

HANDBOOK BEGINS HERE

.1 Background

These regulations cover the retroactive payment and underpayment relief under an amended judgment in Welfare Rights Organization v. McMahon (WRO). Below is an overview of the case.

.11 The case: The suit claimed that CDSS did not promptly implement 1983 legislation authorizing spouse providers to be paid for protective supervision and travel to health related appointments, termed medical accompaniment. From July 1, 1981 to June 30, 1983, IHSS statutes prohibited paying spouse providers for these services. The legislation (Stats. 1983, Ch. 232, section 116.7) required these services be paid from July 1, 1983 on.

.12 Original judgment: The Superior Court (San Diego Co.) entered judgment in this case on November 23, 1988. Its implementation was delayed because of problems in implementing the original judgment in Miller I. No implementing regulations were issued for the original judgment.

.13 Amended judgment: The Superior Court approved an amended judgment in this case on July 19, 1991. The modifications were based on the amended judgment in Miller II, approved by the court on July 19, 1991. The judgments contain consistent provisions insofar as practical. SDSS plans to implement the WRO and Miller II cases concurrently.

.14 The class covered: The amended judgment applies to spouse providers as defined in Section 50-061.411 and spouse applicants/recipients as defined in Section 50-061.412.

.15 Retroactive payments: Claimants may be eligible for retroactive payments from July 1, 1983 through September 30, 1984, plus prejudgment interest.

.16 Underpayments: Claimants may be eligible for underpayments from October 1, 1984 through September 30, 1985. There is no prejudgment interest for underpayments.

.17 Statutory maximums: Retroactive payments and underpayments are limited to the severely impaired (SI) or nonseverely impaired (NSI) maximum levels in effect at the time. In addition, such payments must also be reduced by any IHSS amounts authorized to the claimed recipient for any month in which WRO retroactive payments and/or underpayments are claimed.

HANDBOOK CONTINUES

50-061 WRO v. McMAHON (Continued) **50-061**

HANDBOOK CONTINUES

The following provisions describe the procedures by which potential class members will be notified, claims for retroactive payments and underpayments will be processed, and payments due will be determined and paid.

HANDBOOK ENDS HERE

.2 Notification of Potential Claimants

.21 In order to notify potential claimants, the Department shall:

.211 Send an Explanatory Flyer in English and Spanish, and a Provider Standard Claim Form in English, with instructions of how to obtain the Spanish version, to all past and present IHSS spouse providers contained on the IHSS Payroll System, from July 1, 1983 through November 30, 1988, who at any time during this period lived at the same address as the recipient. The Department will utilize the services of the Franchise Tax Board and Department of General Services to determine and mail to the most current mailing address available for providers identified in this manner.

.212 Provide each CWD with sufficient quantities of Standard Claim Forms, Supplemental Claim Forms, Explanatory Flyers, and 17" x 22" posters modeled after the Explanatory Flyers. Each of the above documents and posters will be in both English and Spanish.

(a) For WRO, there shall be a Provider Standard Claim Form, and a Provider Supplemental Claim Form.

(b) Provider claimants and recipient claimants shall use the same version of these forms.

.213 Provide those interested organizations and groups listed in Appendix A-1 through A-9 of the final judgment referred to in Section 50-061.11 with copies of the Standard Claim Forms, Explanatory Flyers, and the posters, with a request to display the posters in a prominent location and distribute the Explanatory Flyers and Standard Claim Forms on request throughout the claim period.

.214 Provide the Federal Social Security Administration offices in California with copies of the posters, in English and Spanish, and request that agency to display the posters throughout the claim period in prominent locations where there is public access.

50-061 WRO v. McMAHON (Continued) **50-061**

.22 The claim period identified in this section shall be the eight-month period from February 1, 1993 through September 30, 1993.

.23 In order to notify potential claimants, the CWDs shall:

.231 Place the posters described above in a prominent location in each local office having contact with the public throughout the claim period.

.232 Provide the Explanatory Flyer and Standard Claim Form to any person inquiring about eligibility for retroactive payments and/or underpayments for WRO v. McMahon.

.3 Application for Retroactive Payments and Underpayments

.31 Claimant Responsibilities

.311 The claimant shall cooperate in obtaining all information necessary to process the claim. Failure to provide the needed information shall result in the denial of the claim or of that portion of the claim for which the information is necessary.

.312 All claims for retroactive payments and underpayments shall be filed on a Standard Claim Form with the county welfare department in which the claimant currently resides.

.313 The claimant shall complete the claim form, sign the form under penalty of perjury, obtain the signature of a witness under penalty of perjury and mail or deliver the completed claim form to the CWD where she/he lives.

.314 The claim form shall be completed as stipulated in Sections 50-061.431 and .443, and hand-delivered by close of business or mailed and postmarked to the CWD by September 30, 1993. Claims hand-delivered or mailed and postmarked after this date shall be denied.

.315 If the claimant is sent a Notice of Action requesting the completion of either the Standard Claim Form or the Supplemental Claim Form, the claimant shall have forty-five (45) days from the date of the Notice of Action to complete and hand-deliver or mail the document to the CWD. Whenever the claimant must return a document or documents to the CWD within forty-five (45) days, the following shall apply:

50-061 WRO v. McMAHON (Continued) **50-061**

(a) If mailed, the document(s) shall be postmarked by the last day of the forty-five (45) day period.

(b) If hand-delivered, the document(s) shall be delivered to the CWD no later than the close of business on the last day of the forty-five (45) day period.

(c) If required document(s) are not hand-delivered/mailed and postmarked within the time limits stated in this section, denial of the claim, or that portion of the claim for which the information is needed, shall result.

.316 Unless otherwise specified, all references to "days" in regard to time limits shall be construed to mean "calendar" days.

.32 CWD Responsibilities - Filing Date/Time Limits

(a) The CWD shall date stamp the claim form when received. The CWD shall retain all claim forms and envelopes of any claims received for the WRO v. McMahon lawsuit.

(b) The date of filing shall be the date postmarked on the envelope.

(c) If the claim is filed in person at the CWD, the date of filing shall be the date received in the CWD office, e.g., the date stamped on the claim.

(d) If the filing date cannot be determined pursuant to Section 50-061.32(b) and (c), the filing date shall be the date the claim was signed.

(e) If the claim must be forwarded to another county for processing because the services were either provided or received in the second county, the first county's filing date shall apply.

(f) If the date of filing on the Standard Claim Form is after September 30, 1993, the claim shall be denied.

(g) If a Supplemental Claim Form, as described in Section 50-061.441, must be sent to the claimant, the filing date shall not change. The filing date shall remain the same as that which was determined in accordance with Sections 50-061.32, (b), (c) or (d).

(h) If the CWD receiving the claim determines that services were received or provided while the recipient/applicant lived in another county, for all or part of the claim period, the CWD shall:

50-061 WRO v. McMAHON (Continued) **50-061**

(1) Send a copy of the claim to each affected county. The CWD shall also send a Notice of Action to the claimant within 10 calendar days of the filing date explaining that the correct CWD will process the claim for the period of time in which the services were provided/received in the other county.

(2) As noted in Section 50-061.32 (e) the filing date for the claim will be that determined by the first CWD receiving the claim.

(i) The CWD shall determine eligibility/ineligibility and compute the retroactive payments and underpayments due within 45 days of the filing date. The CWD shall input this information into the Case Management Information and Payrolling System (CMIPS) so interest can be computed on approved cases and the computation returned to the CWD.

(1) The CMIPS shall compute the total retroactive payment and/or underpayment amount due, with and without interest and return the computation on a form developed by SDSS to the appropriate CWD within five working days from the date of CWD input.

(j) Within 10 working days of receiving the computation from CMIPS, the CWD shall issue a Notice of Action to the claimant which contains the information specified in Section 50-061.631, and, if applicable, Sections 50-061.634 and .635. Once the CWD has issued the notice to the claimant, the CWD shall then send the necessary documents through the CMIPS so payment may be issued.

(k) CWDs receiving claims forwarded from another county shall process the claim, determine eligibility, compute retroactive payments and/or underpayments, compute interest, issue the necessary Notice of Action and forward the necessary documents to the CMIPS within 45 days of receipt from the original county.

(l) In situations where completion of the claims process for retroactive payments and/or underpayments is delayed due to circumstances beyond control of the CWD, the reason(s) for the delay(s) shall be documented in the affected claimant's case file.

(m) Unless otherwise specified, all references to "days" for these time limits shall be construed as "calendar" days.

.33 Retroactive Payment and Underpayment Time Periods

50-061 WRO v. McMAHON (Continued) **50-061**

.331 Eligibility for retroactive payments under WRO shall be limited to the following periods:

(a) July 1, 1983 through September 30, 1984 for claims in which the housemate was a spouse provider.

.332 Claims in which the period claimed is beyond the retroactive time period specified in Section 50-061.331(a) shall be processed as underpayments for the period October 1, 1984 through September 30, 1985.

.4 Claim Processing

.41 Conditions for Class Membership

.411 IHSS spouse provider claimants may be eligible to receive retroactive payments and/or underpayments in WRO. Spouse provider claimants who are potentially eligible to receive these payments are persons who:

(a) Were legally married to an individual meeting all applicable conditions stated in Section 50-061.412, and provided protective supervision and/or medical accompaniment services to that individual during the applicable retroactive payment and/or underpayment period specified in Section 50-061.33; or

(b) Were considered to be a member of a married couple as defined for the purposes of SSI/SSP eligibility in 20 CFR 416.1806, lived with an individual meeting all applicable conditions stated in Section 50-061.412, and provided protective supervision and/or medical accompaniment services during the applicable retroactive payment and/or underpayment period specified in Section 50-061.33; and

(c) Left full-time employment or was prevented from obtaining full-time employment because no other suitable provider was available, and

(d) Needed to provide these services to their spouse, or inappropriate placement or inadequate care may have resulted, and

(e) Were not compensated for providing protective supervision and/or medical accompaniment services for the month(s) claimed.

50-061 WRO v. McMAHON (Continued) **50-061**

.412 IHSS recipient/applicant claimants potentially eligible to receive retroactive payments and/or underpayments are persons who:

(a) Were California residents, aged, blind, or disabled during the applicable retroactive and/or underpayment period specified in Section 50-061.33 and met the eligibility conditions of MPP 30-755; and,

(b) Required assistance during transportation to and from appointments with physicians, dentists and other health practitioners, where the recipient's presence was required at the destination, and/or

(c) Were nonself-directing, confused, mentally impaired, or mentally ill, and may have been hurt or injured if left alone, thus meeting the general conditions or requiring the service of protective supervision; and,

(d) Received IHSS benefits, but were denied protective supervision services during the applicable retroactive payment and/or underpayment period solely because the provider was a spouse, and the amount of benefits was less than the severely impaired or nonseverely impaired maximum, as applicable at the time; and/or

(e) Received IHSS benefits, but were denied medical accompaniment services during the applicable retroactive payment and/or underpayment period solely because the provider was a spouse, and the amount of benefits was less than the severely impaired or nonseverely impaired maximum, as applicable at the time; or

(f) Applied for IHSS services during the applicable retroactive payment and/or underpayment period and were denied protective supervision services solely because the provider was a spouse; and/or

(g) Applied for IHSS services during the applicable retroactive payment and/or underpayment period and were denied medical accompaniment services solely because the provider was a spouse; and,

(h) Paid the spouse provider during the applicable retroactive payment and/or underpayment period for the provision of protective supervision and/or medical accompaniment services.

.42 Review of Class Membership Questions

.421 The CWD shall review the responses to the class membership qualifying questions in Part I, Section 2 of the Standard Claim Form.

50-061 WRO v. McMAHON (Continued) **50-061**

(a) The CWD shall issue a denial Notice of Action explaining that the claimant is not a WRO v. McMahon class member if the claimant did any of the following:

(1) The claimant answered "no" to 2A, or 2B, or 2E, or 2F;

(2) The claimant answered "no to both 2C and 2D;

(3) The claimant answered "no" to both parts of 2G.

(b) If the claimant answered "yes" to 2A, or 2B, or 2C, or 2D, or 2E, or 2F, or 2G, and the CWD has information available which contradicts the claimant's contention of class membership, the CWD shall issue a Notice of Action for Adverse Information and attach a copy of this information. The claimant shall have 45 days from the date of the Notice of Action to provide additional information if available.

(c) If the claimant answered "unknown" to either questions in 2G, the CWD shall issue a Notice of Action and a WRO v. McMahon Supplemental Claim Form to the claimant. The claimant shall have 45 days from the date of the Notice of Action to complete the Supplemental Claim Form and return it to the CWD.

.43 Review of Information Contained on the Standard Claim Form

.431 The CWD shall review each Standard Claim Form submitted to determine if the claimant has provided the information necessary to further process the claim. For the purposes of this determination, a claim shall be considered complete when all the following requirements are met:

(a) The following information requested in Part I, Section 1 is provided: claimant's name, social security number, and current address.

(b) All qualifying questions in Part I, Section 2 are answered.

(c) If Part I, Section 3 is applicable, the claimant's address at the time they claim to have provided/received protective supervision and/or medical accompaniment services.

(d) The following information requested in Part I, Section 4 is provided: name of person whom it is claimed needed protective supervision and/or medical accompaniment; his/her current or last known address; and his/her relationship to the provider.

(e) Part I, Section 5, is completed with date of marriage of claimant and spouse.

50-061 WRO v. McMAHON (Continued) **50-061**

(f) Part I, Section 6, is signed by the claimant and dated.

(g) In Part I, Section 7, the Standard Claim Form is signed, dated, and the verifying witness' relationship to the claimant and the recipient is identified and this person's address is listed.

(h) The information requested in Part II and Part III is provided, as applicable.

(i) The following information requested in Part IV is provided to support the application only if more than eight hours per month of medical accompaniment hours are claimed: the name of the health professional/health facility visited by the claimed recipient; location of origin and destination; type of transportation used; number of months/years visits took place; number of visits per month/year; and approximate duration of round-trip.

.432 If the CWD determines that Part I, or Part IV if applicable, of the Standard Claim Form has not been completely filled out in accordance with the criteria in Section 50-061.431, the CWD shall send the claimant a Notice of Action specifying that portion of the form which is in need of completion. The Notice of Action shall also state that the claimant has 45 days from the date of the Notice of Action to submit the completed form to the CWD. If the completed form is not returned to the CWD within the 45 days, the claim shall be denied, and a denial Notice of Action shall be mailed to the claimant.

.433 Upon receipt of the information requested in Section 50-061.432, the CWD shall review the resubmitted information to determine if the claim is now complete in accordance with the criteria in Section 50-061.431. If complete, the CWD shall continue processing the claim.

(a) If the claim is still not complete because the claimant did not provide all the requested information, the CWD shall deny the claim.

.434 Failure on the part of the claimant to respond within the 45-day period shall result in denial of the claim.

.435 The CWD shall review Parts II, III, and IV of the Standard Claim Form to determine if claimed medical accompaniment hours for any month during the retroactive payment and underpayment claim periods exceed eight hours and if information submitted on Part IV of the form supports the hours claimed. The CWD shall use the medical accompaniment regulations to determine entitlement to medical accompaniment services.

50-061 WRO v. McMAHON (Continued) **50-061**

HANDBOOK BEGINS HERE

.436 Medical accompaniment regulations are contained in MPP Section 30-757.15.

HANDBOOK ENDS HERE

(a) If the CWD determines that Part IV is incomplete or does not support the claim for more than eight hours of medical accompaniment for any month during the retroactive payment or underpayment claim periods, according to the standards set forth in Section 50-061.435, the CWD shall issue a Notice of Action for Adverse Information specifying that Part IV is in need of completion or requesting that the claimant support the hours claimed. The Notice of Action shall also state that the claimant has 45 days from the date of the Notice of Action to submit the completed section or provide the additional information, if available, to the CWD.

(b) Failure on the part of the claimant to respond within the 45-day period shall result in denial of the unsupported portion of the claim.

(c) If the CWD determines that the medical accompaniment hours claimed during the retroactive payment and underpayment period do not exceed eight hours, or if more than eight hours per month are adequately supported by information submitted on Part IV of the Standard Claim Form, the CWD shall continue processing the claim.

.44 Supplemental Claim Form

.441 The CWD shall issue a Supplemental Claim Form to the claimant whenever the CWD is unable to locate either a previously approved IHSS case record or a record of denial of IHSS eligibility. The purpose of the Supplemental Claim Form shall be to: (1) request information from the claimant regarding the claimed recipient's applying for and being denied IHSS during the retroactive payment period; and (2) determine whether the person claiming to have received protective supervision and/or medical accompaniment services met and would have met the income/resource eligibility requirements for IHSS services during the period claimed. The CWD shall include a Notice of Action with the Supplemental Claim Form stating that completion of the form is necessary in order to further determine eligibility for retroactive payments and underpayments and that the claimant must return the completed form to the CWD within 45 days.

50-061 WRO v. McMAHON (Continued) **50-061**

(a) If the CWD has no case record of an IHSS application and/or denial for the claimed recipient during the retroactive payment periods being claimed, the Notice of Action accompanying the Supplemental Claim Form shall request the claimant to complete all parts of the Supplemental Claim Form in accordance with the criteria in Section 50-061.443.

(b) If the CWD has a case record showing the claimed recipient had applied for and was denied IHSS for the retroactive payment periods being claimed, but the CWD cannot determine from the case record whether the claimed recipient met IHSS income/resource eligibility criteria, the Notice of Action accompanying the Supplemental Claim Form shall request the claimant to complete Parts I, III, IV of the Supplemental Claim Form, relating to income/resource eligibility for IHSS, in accordance with the criteria in Section 50-061.443.

(c) If the CWD has lost or destroyed its records or did not maintain adequate records during the claimed period, the CWD shall send the Supplemental Claim Form requesting completion of applicable parts of the form, in accordance with the criteria in Section 50-061.443.

.442 Upon receipt the CWD shall date stamp the submitted Supplemental Claim Form following the provisions of Section 50-061.32(a).

.443 The CWD shall review the submitted Supplemental Claim Form to ensure that all required questions are answered, all required information is provided, and that the form is signed and dated by both the claimant and a verifying witness. For the purposes of this determination, the Supplemental Claim Form shall be considered complete when the required sections are completed as specified in Section 50-061.441 and:

(a) The following information requested in Part I, Section 1 is provided: name and current or last known address of the spouse who claims to have provided protective supervision and/or medical accompaniment services during the months claimed.

(b) Part I, Section 2, the name and current or last known address of the spouse who claims to have received protective supervision and/or medical accompaniment services during the months claimed, is completed.

(c) If Part II is applicable, Sections 1 and 2 requesting information and documentation related to an IHSS application and/or denial for the person for whom it is claimed received protective supervision and/or medical accompaniment services during the months claimed, is completed.

50-061 WRO v. McMAHON (Continued) **50-061**

(d) Part III, Sections 1, 2, and 3 relating to the (1) receipt of Supplemental Security Income/State Supplemental Program (SSI/SSP) benefits by spouse named in Part I, Section 2; (2) combined monthly income for claimant and spouse; and (3) the amount of combined average monthly liquid resources in excess of $2250 for claimant and spouse; during the years for which hours are claimed.

(e) Part IV of the Supplemental Claim Form is signed and dated by the claimant.

(f) Part IV, Section 2 is signed by a verifying witness, dated, with his/her address and relationship to the claimant completed.

.444 If the CWD determines that the Supplemental Claim Form is incomplete based on the criteria in Section 50-061.443, the CWD shall send a Notice of Action requesting the missing information and attach to the Notice of Action a copy of the original Supplemental Claim Form submitted. The Notice of Action shall specify the section number of the form which is in need of completion and shall state that the claimant has 45 days from the date of the Notice of Action to submit the completed form or the claim will be denied.

(a) Upon receipt of the information requested in Section 50-061.444, the CWD shall review the submitted information to determine whether the Supplemental Claim Form is now complete in accordance with Section 50-061.443. If complete, the CWD shall continue with processing the claim. If the Supplemental Claim Form is still not complete, the CWD shall deny the claim.

.445 If the completed Supplemental Claim Form is not received from the claimant within the 45-day limit, the CWD shall deny the claim in accordance with Section 50-061.314.

.446 Information submitted by the claimant on the Supplemental Claim Form shall be presumed to be true as long as the form has been signed and dated by both the claimant and a witness, unless the CWD has information available which contradicts information supplied by the claimant. If the CWD has such information available and the CWD determines that information indicates the claimed recipient of protective supervision/medical accompaniment services would not have been eligible for IHSS, the CWD shall issue a Notice of Action for Adverse Information and attach a copy of the contradictory information. The claimant shall have 45 days from the date of the Notice of Action to provide additional information if available.

50-061 WRO v. McMAHON (Continued) **50-061**

.45 Existing Case File and Information Requirement

.451 The CWD shall determine if there is an existing case file with which to match claim information for determining eligibility.

.452 In accordance with Section 50-061.44, if the CWD cannot locate a case file for the IHSS recipient/applicant for whom it is claimed protective supervision and/or medical accompaniment services were provided without IHSS compensation, or if the CWD cannot determine eligibility from the existing case file for the months claimed, the CWD shall send the Supplemental Claim Form to the claimant.

.453 All information received and/or obtained in relation to the WRO v. McMahon court case, and all forms generated as a result of the court case, shall be retained by the CWD in a WRO case file for each claimant. These documents shall include, but not be limited to:

(a) Completed Standard Claim Form and any subsequent resubmittals;

(b) Completed Supplemental Claim Form, if applicable, and any subsequent resubmittals and any documents submitted by the claimant in responding to the Supplemental Claim Form;

(c) Completed Eligibility Determination Worksheets, including documentation of retroactive payment and prejudgment interest calculations as well as underpayment calculations;

(d) A copy of any Notices of Action sent to the claimant;

(e) A copy of any correspondence with other CWDs in relation to the claim;

(f) All CMIPS documents; and,

(g) A copy of all other documents used in the determination of eligibility and computation of payments.

.454 The CWD shall not require the claimant to provide information other than that requested on the Standard Claim Form and, if needed, the Supplemental Claim Form. However, the claimant shall be offered an opportunity, in the form of a Notice of Action for Adverse Information, to submit additional information that might rebut a possible denial based on CWD records. The CWD shall consider any additional information submitted by the claimant to support his/her claim.

50-061 WRO v. McMAHON (Continued) **50-061**

.46 Presumptive Need For and Provision of Protective Supervision

.461 If other information available to the CWD, including, but not limited to, previous or current IHSS case files, does not rebut the presumption of need for protective supervision, the person claiming to have needed protective supervision is presumed to have needed protective supervision for the months claimed during the applicable retroactive payment and/or underpayment period if:

(a) A need for protective supervision was assessed at any time, in which case the need shall be from that time forward; or,

(b) The need for protective supervision is attested to by a sworn statement on the Standard Claim Form from the claimant and verified by a sworn statement of a witness. The CWD shall consider any other documentation submitted by the claimant to support the presumption of need for protective supervision.

.462 The person claiming to have needed protective supervision is presumed to have received protective supervision services for the months claimed during the applicable retroactive payment and underpayment periods if the delivery of such services is attested to by a sworn statement from the claimant and verified by a sworn statement of a witness, contained on the Standard Claim Form, and other information available to the CWD, including, but not limited to, previous or current IHSS case files, does not rebut the presumption of delivery of protective supervision services.

(a) The CWD shall presume that any protective supervision services provided and claimed were not provided voluntarily.

.463 If information available to the CWD rebuts the presumption of either the need for or the delivery of protective supervision services during any of the months claimed during the applicable retroactive payment and underpayment period, the CWD shall issue a Notice of Action for Adverse Information and attach a copy of the contradictory information. The claimant shall have 45 days from the date of the Notice of Action to provide additional information if available.

.464 If the CWD's IHSS recordkeeping system shows no record of the claimed recipient ever applying for or being denied IHSS for the period being claimed, the CWD shall issue a Notice of Action requesting the claimant to complete an attached Supplemental Claim Form in accordance with Section 50-061.44. The claimant shall have 45 days from the date of the Notice of Action to submit the completed Supplemental Claim Form.

50-061 WRO v. McMAHON (Continued) **50-061**

(a) If the claimant does not submit the Supplemental Claim Form within the 45-day period, the claim shall be denied.

(b) If the claimant submits the Supplemental Claim Form, and it is complete based on criteria in Section 50-061.443, the CWD shall continue processing the claim.

(c) If the submitted Supplemental Claim Form is incomplete based on criteria in Section 50-061.443, the CWD shall follow instructions in Section 50-061.444.

(d) If the CWD determines that information supplied by the claimant verifies that the claimed recipient did in fact apply for and was denied IHSS during the retroactive payment period being claimed, the CWD shall continue to process the claim to determine eligibility for payments.

(e) If the CWD determines that the information supplied by the claimant does not verify the claimed recipient applied for and was denied IHSS during the retroactive payment period being claimed, the CWD shall issue a denial Notice of Action stating the specific reason(s) for the denial.

.47 Presumptive Need For and Provision of Medical Accompaniment

.471 If other information available to the CWD, including, but not limited to, previous or current IHSS case files, does not rebut the presumption of need for medical accompaniment, the person claiming to have needed medical accompaniment is presumed to have needed medical accompaniment for the months claimed during the applicable retroactive payment and/or underpayment period if:

(a) A need for medical accompaniment was assessed at any time, in which case the need shall be from that time forward; or,

(b) The need for medical accompaniment is attested to by a sworn statement on the Standard Claim Form from the claimant and verified by a sworn statement of a witness. The CWD shall consider any other documentation submitted by the claimant to support the presumption of need for medical accompaniment.

.472 The person claiming to have needed medical accompaniment is presumed to have received medical accompaniment services for the months claimed during the applicable retroactive payment and underpayment periods if the delivery of such services is attested to by a sworn statement from the claimant and verified by a sworn statement of a witness, contained on the Standard Claim Form, and other information available to the CWD, including, but not limited to, previous or current IHSS case files, does not rebut the presumption of delivery of medical accompaniment services.

50-061 WRO v. McMAHON (Continued) **50-061**

(a) The CWD shall presume that any medical accompaniment services provided and claimed were not provided voluntarily.

.473 If information available to the CWD rebuts the presumption of either the need for or the delivery of medical accompaniment services during any of the months claimed during the applicable retroactive payment and underpayment period, the CWD shall issue a Notice of Action for Adverse Information and attach a copy of the contradictory information. The claimant shall have 45 days from the date of the Notice of Action to provide additional information if available.

.474 If the CWD IHSS recordkeeping system shows no record of the claimed recipient ever applying for or being denied IHSS for the period being claimed, the CWD shall issue a Notice of Action requesting the claimant to complete an attached Supplemental Claim Form in accordance with Section 50-061.44. The claimant shall have 45 days from the date of the Notice of Action to submit the completed Supplemental Claim Form.

(a) If the claimant does not submit the Supplemental Claim Form within the 45-day period, the claim shall be denied.

(b) If the claimant submits the Supplemental Claim Form, and it is complete based on criteria contained in Section 50-061.443, the CWD shall continue processing the claim.

(c) If the submitted Supplemental Claim Form is incomplete based on criteria contained in Section 50-061.443, the CWD shall follow instructions in Section 50-061.444.

(d) If the CWD determines that information supplied by the claimant verifies that the claimed recipient did in fact apply for and was denied IHSS during the retroactive payment period being claimed, the CWD shall continue processing the claim to determine eligibility for payments.

(e) If the CWD determines that the information supplied by the claimant does not verify the claimed recipient applied for and was denied IHSS during the retroactive payment period being claimed, the CWD shall issue a denial Notice of Action stating the specific reason(s) for the denial.

.48 Eligibility for Underpayments

.481 WRO claims shall be eligible for underpayment consideration only if their eligibility for WRO retroactive payments extended through the end of the retroactive payment claim period, September 30, 1984.

50-061 WRO v. McMAHON (Continued) **50-061**

(a) Claimants shall have their WRO claim for underpayments denied if their eligibility for retroactive payments does not extend through the end of the WRO retroactive payment claim period, September 30, 1984. Their WRO claim for underpayments shall be denied with a Notice of Action stating the reason for the denial.

HANDBOOK BEGINS HERE

(b) Eligibility for underpayments in WRO results from IHSS cases or WRO cases carried through the effective date of the corrected spouse provider regulations, MPP 30-763.214(f), September 1984. Potentially eligible cases are those that were not corrected as of the effective date of the revised regulations. Claims for underpayments in which there was not an active case requiring updating to reflect the housemate regulations shall be denied, with the exception of approved WRO claimants whose eligibility extends through the end of the retroactive claim period.

HANDBOOK ENDS HERE

.5 Use of County Worksheets to Document Findings and Calculate Payments Due.

.51 The CWD shall use the WRO v. McMahon Retroactive Payment Eligibility Determination Worksheet to document all determinations made on each claim submitted. Information from the Standard Claim Form, and the Supplemental Claim Form and case record, where available, shall be used to complete the worksheet.

.511 The CWD shall record the claimed provider's and recipient's names, social security numbers, and case number, at the top of Part I of the worksheet.

.512 The CWD shall determine the claimed recipient's eligibility for class membership by reviewing the claimant's response on Part I, Section 2, of the Standard Claim Form, and shall document these findings on step #1 of the worksheet.

(a) If the claimant answered "yes" to questions 2A, and 2B, and 2E, and 2F, and either 2C or 2D of the Standard Claim Form, the CWD shall proceed to step #2 of the worksheet.

(b) If the claimant answered "no" to questions 2A, or 2B, or 2E, or 2F, or both 2C and 2D, the CWD shall issue a denial Notice of Action explaining that the claimed recipient is not a WRO class member.

50-061 WRO v. McMAHON (Continued) **50-061**

.513 The CWD shall determine if the claimed recipient applied for or was denied IHSS during the retroactive claim period by reviewing the claimant's response on Part I, Section 2, question 2G, of the Standard Claim Form, and shall document this finding on step #2 of the worksheet.

(a) If the claimant answered "yes" to either part of question 2G of the Standard Claim Form, the CWD shall proceed to step #3 of the worksheet.

(b) If the claimant answered "no" to both parts of question 2G of the Standard Claim Form, the CWD shall issue a denial Notice of Action.

(c) If the claimant answered "unknown" to either part of question 2G, the CWD shall attempt to locate the case record, or record of denial. If neither can be located, the CWD shall send a Supplemental Claim Form to the claimant.

.514 The CWD shall determine if there is any record of an IHSS approval or denial and shall document this finding on step #3 of the worksheet.

(a) If there is a record of approval or denial the CWD shall:

(1) proceed to step #4 of the worksheet if there is a record of approval for IHSS.

(2) proceed to step #8 of the worksheet if there is a record of denial for IHSS.

(b) If there is no IHSS case record, the CWD shall send the claimant a Supplemental Claim Form.

.52 In determining eligibility for those claims in which the CWD has verified by case record that the claimed recipient of protective supervision and/or medical accompaniment services was authorized IHSS during the month(s) claimed, the CWD shall do the following, using the Retroactive Payment Eligibility Determination Worksheet, Part I, steps #4 through #7:

.521 Determine whether the case record indicates that protective supervision and/or medical accompaniment services were denied during the month(s) claimed for a reason other than because a spouse was providing the service, and check the appropriate response on step #4 of the worksheet.

50-061 WRO v. McMAHON (Continued) **50-061**

(a) If, for any month(s) claimed, the case record indicates that the denial was based on a reason other than the provision of protective supervision and/or medical accompaniment by the spouse, the CWD shall issue a Notice of Action for Adverse Information and attach a copy of the information which indicates the reason for denial of protective supervision. The claimant shall have 45 days from the date of the Notice of Action to provide additional information if available. The CWD shall process the claim for any remaining month(s) of eligibility, pending receipt of a response from the claimant.

.522 Determine whether any information exists outside the case record which indicates that protective supervision and/or medical accompaniment services were denied during the month(s) claimed for any reason other than those services were provided by the spouse, and check the appropriate response on step #5 of the worksheet. Information outside the case record may consist of, but not be limited to, the CWD's knowledge of the IHSS recipient's placement in a state hospital or other type of out-of-home care during the month(s) claimed.

(a) If, for any month(s) claimed, information exists outside the case record, as described in Section 50-061.522, the CWD shall document the reason on the provided space on the worksheet, issue a Notice of Action for Adverse Information, and attach a copy of the information which indicates the reason for denial of protective supervision and/or medical accompaniment. The claimant shall have 45 days from the date of the Notice of Action to provide additional information if available. The CWD shall process the claim for any remaining month(s) of eligibility, pending the receipt of a response from the claimant.

.523 Determine from the case record whether the IHSS recipient was receiving the statutory maximum payment, as described in Section 50-061.58, during any eligible month(s) claimed. Check the appropriate response on step #6 of the worksheet.

(a) For any eligible month(s) claimed in which the IHSS recipient was receiving the statutory maximum payment, the CWD shall issue a Notice of Action for Adverse Information and attach a copy of the relevant information from the case record. The claimant shall have 45 days from the date of the Notice of Action to provide additional information regarding their level of authorized hours, if available.

(b) The CWD shall proceed to Section 50-061.54 and determine if there are any remaining month(s) in which the case was not authorized the statutory maximum.

50-061 WRO v. McMAHON (Continued) **50-061**

.524 Determine from the case record whether the claimed IHSS recipient was severely impaired (SI) or nonseverely impaired (NSI), and check the appropriate response on step #7 of the worksheet.

.53 In determining eligibility for those claims in which the claimed recipient of protective supervision and/or medical accompaniment was denied IHSS during the month(s) claimed, the CWD shall complete step #8 of the Retroactive Payment Eligibility Determination Worksheet, locate the record of denial, and follow the procedures in Sections 50-061.521 and .522. The CWD shall proceed to Section 50-061.55 for instructions to complete the calculation of net payments on WRO claims in which an IHSS case had been denied and the WRO claimant is determined eligible for payments.

.531 If the CWD is unable to determine from the record the reason for denial of IHSS during either the entire or partial period claimed, the CWD shall issue a Notice of Action and a Supplemental Claim Form to the claimant to establish whether the claimed recipient of protective supervision and/or medical accompaniment would have met the income/resource eligibility requirements for IHSS. The claimant shall have 45 days from the date of the Notice of Action to complete the Supplemental Claim Form and return it to the CWD, or the claim shall be denied.

.532 Upon the CWD's receipt of the completed Supplemental Claim Form, for denied IHSS cases, the CWD shall check the appropriate responses on Part I, steps #9 through #11, of the worksheet. The CWD shall proceed to Section 50-061.55 if:

(a) The claimant's responses on Part III, Sections 2 and 3, of the form indicate that the IHSS income/resource eligibility requirements would have been met during the period claimed.

(b) If the claimant's response on Part III, Sections 2 and 3, of the Form indicate that the IHSS income/resource eligibility requirements would not have been met during the period claimed, the CWD shall deny the claim for those period(s) of ineligibility, document the reason for denial, and then proceed to Section 50-061.55 for any remaining period(s) of eligibility.

(c) If the claimant's responses on Part III, Sections 2 and 3, of the Form indicate that the IHSS income/resource eligibility requirements would have been met during the period claimed, but the CWD obtains information which contradicts that supplied by the claimant, the CWD shall issue a Notice of Action for Adverse Information and attach a copy of the contradictory information. The claimant shall have 45 days from the date of the Notice of Action to provide additional information if available.

50-061 WRO v. McMAHON (Continued) **50-061**

.533 If the claimant fails to return the completed Supplemental Claim Form to the CWD within 45 days from the date of the Notice of Action, the CWD shall deny those months in which the IHSS eligibility could not be established. If there are any remaining months of potential eligibility, the CWD shall determine eligibility and shall proceed, as applicable, to Section 50-061.55.

.54 Calculating the Actual Retroactive Payments and Underpayments - IHSS Case Record For Period Being Claimed

.541 Parts II, III, and IV of the Standard Claim Form and information from the case record, if available, shall be utilized to calculate retroactive payments and underpayments due on the Retroactive Payment Eligibility Determination Worksheet and the Underpayment Eligibility Determination Worksheet. The CWD shall use the appropriate worksheet to calculate retroactive payments and underpayments if the claimant is found eligible.

.542 Part II, Section A of the appropriate worksheet shall be utilized to record hours of protective supervision and/or medical accompaniment hours claimed, adjusted medical accompaniment hours as determined by the CWD, and total adjusted hours claimed.

(a) Total protective supervision hours, if claimed, shall be entered in the first column of Part II, Section A, of the appropriate worksheet, for each month claimed.

(b) Medical accompaniment hours claimed, if the claimant is determined eligible to be paid for medical accompaniment upon review of Part IV of the Standard Claim Form by the CWD, shall be entered in the second column of Part II, Section A, of the appropriate worksheet, for each month claimed.

(c) Medical accompaniment hours claimed shall be adjusted by the CWD when the monthly amount of medical accompaniment hours claimed are more than eight hours per month, and are not supported by information submitted on Part IV of the Standard Claim Form or other information submitted by the claimant.

(d) The CWD shall review all information submitted by the claimant in response to the Notice of Action for Adverse Information regarding claims for medical accompaniment hours which exceed eight hours per month. The CWD may use the medical accompaniment regulations contained in MPP Section 30-757.15, to determine the correct assessment for this service if the claimant is determined eligible for retroactive payments for this service. The CWD shall enter the adjusted figure for medical accompaniment hours claimed in the third column of Part II, Section A, of the appropriate worksheet.

50-061 WRO v. McMAHON (Continued) **50-061**

(e) The CWD shall enter total medical accompaniment hours, after adjustment if applicable, for each month claimed, in the fourth column of Part II, Section A, of the appropriate worksheet.

.543 For each claim in which IHSS eligibility during the applicable retroactive payment and/or underpayment periods has been established by the findings in the case record, the CWD shall use Part II, Section B, of the appropriate worksheet to calculate and document the payments due for each month as follows:

(a) A determination of whether the claimant is "class eligible," as provided on Part I, step #2, shall be entered for each eligible month in Column 2.

(b) The number of hours claimed as entered in the first and fourth columns of Part II, Section A, shall be entered in the appropriate space in Column 3.

(c) The dollar amount claimed, which shall be determined by multiplying the number of hours claimed by the CWD's lowest individual provider hourly wage rate during the period claimed, shall be calculated by CMIPS in Column 4.

(d) The amount of payment the IHSS recipient was originally authorized during the applicable retroactive payment and/or underpayment period shall be entered by the CWD, from the case record, in Column 5.

(e) The applicable statutory maximum as specified in Section 50- 061.58 shall be entered by CMIPS in Column 6.

(1) If the case record indicates that the IHSS recipient was severely impaired, CMIPS shall calculate payments using the applicable severely impaired maximums. If the case record indicates that the IHSS recipient was nonseverely impaired, CMIPS shall calculate payments using the applicable nonseverely impaired maximums. The CWD shall enter the appropriate impairment level in Column 7.

(f) The applicable statutory maximum, as specified in Section 50-061.58 minus the amount originally authorized, as entered in Column 5, shall be calculated by CMIPS in Column 8.

(g) Total retroactive payments and/or underpayments due shall be calculated by CMIPS in Column 9.

50-061 WRO v. McMAHON (Continued) **50-061**

(1) For those claims in which it has been established from the case record that the person who is claimed to have received protective supervision services was an IHSS recipient, the total retroactive payments and/or underpayments due shall be the lesser of the following:

(A) The difference between the applicable statutory maximum, as specified in Section 50-061.58 and the amount originally authorized, as entered in Column 5, or

(B) The amount claimed, as entered in Column 4.

(2) Claimants entitled to retroactive payments shall also be entitled to prejudgement interest.

(A) CMIPS shall calculate the amount of prejudgment interest due based on the amount of retroactive payments present in Column 9.

(3) Underpayments due shall not be subject to prejudgment interest.

.544 After completion of calculations for retroactive payments and/or underpayments, the CWD claim processor and his/her immediate supervisor shall sign and date the appropriate worksheet at the space provided.

.55 Calculating the Actual Retroactive Payments and/or Underpayments -Denied and No Record Cases

.551 Parts II, III, and IV of the Standard Claim Form, and the case record and the Supplemental Claim Form, if used, shall be utilized to calculate retroactive payments and underpayments due on the Retroactive Payment Eligibility Determination Worksheet and the Underpayment Eligibility Determination Worksheet. The CWD shall use the appropriate worksheet to calculate retroactive payments and underpayments if the claimant is found eligible.

.552 Part II, Section A, of the appropriate worksheet shall be utilized to record hours of protective supervision and/or medical accompaniment hours claimed, adjusted medical accompaniment hours as determined by the CWD, and total adjusted hours claimed, as described in Section 50-061.542(a) through (e).

50-061 WRO v. McMAHON (Continued) **50-061**

.553 For each claim in which the CWD has either located a record of IHSS denial or the CWD has been unable to locate a case record and eligibility for IHSS has been established by the responses on the Supplemental Claim Form, the CWD shall use Part II, Section B, of the appropriate worksheet to calculate and document the payments due for each month as follows:

(a) A determination of whether the claimant is "class eligible," as indicated on Part I, step #2, shall be entered for each eligible month in Column 2.

(b) The number of hours claimed as entered in the first and fourth columns of Part II, Section A, shall be entered in the appropriate space in Column 3.

(c) The dollar amount claimed, which shall be determined by multiplying the number of hours claimed by the CWD's lowest individual provider hourly wage rate during the period claimed, shall be calculated by CMIPS in Column 4.

(d) The applicable nonseverely impaired statutory maximum, as specified in Section 50-061.58 shall be calculated by CMIPS in Column 6.

(1) The CWD shall use the applicable nonseverely impaired statutory maximum to calculate payments for all eligible cases in which: the CWD has no record of denial or the case record could not be located; eligibility has been established through the Supplemental Claim Form; and available evidence does not clearly show recipient need at the severely-impaired level. The CWD shall enter the appropriate impairment level in Column 7.

(e) The total retroactive payment and/or underpayments due, which shall be the amount claimed, as specified in Section 50-061.543(c) and entered in Column 4, provided the amount claimed for any month does not exceed the applicable nonseverely impaired statutory maximum during the month claimed, shall be calculated by CMIPS in Column 9.

(1) The total payments due shall be limited to the applicable nonseverely impaired statutory maximum amount during the month claimed.

(2) Claimants entitled to retroactive payments shall also be entitled to prejudgment interest.

(3) Underpayments due shall not be subject to prejudgment interest.

50-061 WRO v. McMAHON (Continued) **50-061**

.554 After completion of calculations for retroactive payments and/or underpayments, the CWD claim processor and his/her immediate supervisor shall sign and date the appropriate worksheet at the space provided.

.56 The CWD shall use the WRO v. McMahon Underpayment Eligibility Determination Worksheet to document all determinations for underpayment claims which were determined eligible for retroactive payments. Information from the Standard Claim Form, Retroactive Payment Eligibility Determination Worksheet, and Supplemental Claim Form and case record, where available, shall be used to complete the worksheet.

.561 The CWD shall record the claimed provider's and recipient's names, social security numbers, and case number, at the top of Part I.

.562 The CWD shall determine the claimant's eligibility for retroactive payments by reviewing the Retroactive Payment Eligibility Determination Worksheet, and shall document these findings on Part I, step #1 and #2, of the worksheet.

(a) If the claimant is not eligible for retroactive payments under WRO, the CWD shall deny the claim for underpayments.

(b) If the claimant is eligible for retroactive payments under WRO, the CWD shall determine if the claimant is eligible for retroactive payments through the end of the retroactive period, September 30, 1984.

(1) If the claimant is not eligible for retroactive payments through the end of the retroactive period, September 30, 1984, the CWD shall deny the claim for underpayments.

(2) If the claimant is eligible for retroactive payments through the end of the retroactive payment period of September 30, 1984, the CWD shall proceed to step #3 of the worksheet.

.563 The CWD shall determine if there is an IHSS case record for the claim.

(a) If there is no case record, CMIPS shall calculate underpayments using nonseverely impaired maximums.

(b) If there is a case record, CMIPS shall calculate underpayments at the appropriate maximums, subtracting payment amounts for previously authorized IHSS services.

50-061 WRO v. McMAHON (Continued) **50-061**

.57 Calculating the Actual Underpayments - Claims With and Without IHSS Case Records

.571 The CWD shall use Section 50-061.54 for the calculation of underpayments for claims with an IHSS case record, and are otherwise eligible to receive underpayments.

.572 The CWD shall use Section 50-061.55 to calculate underpayments for claims with no IHSS case record, and are otherwise eligible to receive underpayments.

.58 IHSS Statutory Maximum During Retroactive Payment and Underpayment shall be:

Effective Date	NSI	SI
7/1/83 --- 6/30/84	$604	$872
7/1/84 --- 6/30/85	$638	$921
7/1/85 --- 8/31/86	$674	$974

.6 General Provisions

.61 Share of Cost

.611 The CWD shall not consider any recipient share of cost when computing the amount of retroactive payments and/or underpayments due.

.62 Prejudgment Interest

.621 Prejudgment interest for retroactive payments only shall be calculated at the following rate:

(a) Ten percent for the period July 1, 1983 through September 30, 1985.

.622 The interest shall be computed on the amount of the monthly payment up through the last day of the month following the month in which payment is authorized.

.63 Notices of Action

.631 For each claim received for retroactive payments and underpayments, the CWD shall issue a final Notice of Action. The Notice of Action shall contain the following information:

(a) The month(s) determined eligible and/or ineligible for retroactive payments and/or underpayments. The reason(s) for any months determined ineligible shall be clearly stated;

50-061 WRO v. McMAHON (Continued) **50-061**

(b) The amount of retroactive payments due for each month, which shall be shown with and without interest;

(c) The amount of retroactive payments and interest due for each year, if payments are claimed for more than one year;

(d) The total retroactive payments due and the total amount of interest due;

(e) The combined amount of retroactive payments and interest due;

(f) The amount of underpayments due for each month, for each year if payments are claimed for more than one year, and the total underpayments due;

(g) A statement regarding withholding taxes;

(h) A statement regarding the claimant's right to a State Hearing on WRO v. McMahon determinations made by the CWD and information on how to request such hearings;

(i) The final Notice of Action approving or denying WRO claims for medical accompaniment shall specify the exact amount of and reason for adjusted hours, if any, for the service of medical accompaniment.

.632 Each Notice of Action issued due to the claimant's failure to complete either the Standard Claim Form or Supplemental Claim Form in its entirety shall specify those sections of the form in need of completion.

.633 Each Notice of Action as a result of the CWD having contradictory information shall include a copy of the information and shall advise the claimant that he/she has 45 days from the date of the Notice of Action to provide additional information, if available, or the claim shall be denied.

(a) If the claimant does not respond within the 45 days and provide information to rebut the CWD's contradictory information, the CWD shall issue a Final Notice of Action denying the claim for the months of ineligibility.

.634 For each claim denied, the Notice of Action shall clearly state the reason(s) for each period claimed and denied.

50-061 WRO v. McMAHON (Continued) **50-061**

.635 For each approved claim in which the claimant is currently an IHSS recipient, the Notice of Action shall advise the claimant that the payment received as a result of his/her WRO v. McMahon claim may adversely affect his/her IHSS, SSI eligibility or other aid program eligibility and tax liability.

.64 State Hearings

.641 The right to a state hearing on any WRO v. McMahon claim shall be granted only to WRO v. McMahon claimants or their authorized representatives.

.65 Treatment of Lump Sum Payments in the IHSS Program

.651 It shall be the responsibility of the CWD to determine if the lump sum WRO v. McMahon retroactive payments and underpayments affect or does not affect the continued eligibility of all WRO v. McMahon claimants who are currently IHSS recipients.

.652 WRO v. McMahon payments shall be disregarded for IHSS financial eligibility determinations for the month of receipt and the following month. Any remaining balance from the WRO v. McMahon payments shall be counted as a resource in the second month following the month of receipt.

.7 Monitoring CWD Compliance

.71 County Statistical Reports

.711 Beginning February 1, 1993 and continuing until an eligibility determination has been made on each claim received, the SDSS shall compile a monthly report on retroactive payment claims and a separate monthly report on underpayment claims. The reports shall contain the following information:

(a) The number of claims received;

(b) The number of claims denied;

(c) The number of claims approved;

(d) The number of claims pending; and,

(e) The amount of payments approved.

50-061 WRO v. McMAHON (Continued) **50-061**

.72 Final Report

.721 SDSS shall obtain from the CMIPS a final report, by county, that includes the following:

(a) The number of claimants paid;

(b) The total amount of retroactive payments;

(c) The number of underpayments paid; and,

(d) The total amount of underpayments paid.

.73 Case Reviews

.731 Based on the quarterly reports, SDSS shall determine the fifteen (15) counties having the largest number of claims over the eight-month period.

.74 County Cooperation

.741 Each CWD shall cooperate with SDSS in providing information deemed necessary to monitor county compliance with the provisions of these regulations and the WRO v. McMahon final judgment.

.8 Appendix - WRO Forms

.81 The following forms are to be used to process WRO claims:

(1) Poster - 2041 (Eng/Sp) (11/92)

(2) Explanatory Flyer - 2040 (Eng/Sp) (11/92)

(3) Standard Claim Form - 2007 (Eng/Sp) (11/92)

(4) Supplemental Claim Form - 2006 (Eng/Sp) (11/92)

(5) Underpayment Worksheet - 2008 (11/92)

(6) Retroactive Worksheet - 2009 (11/92)

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Amended Judgment regarding WRO v. McMahon dated July 19, 1991, Case No. 531015; 20 CFR 416.1806; and Sections 12300, 12303.5, 12304, and 12304.5, Welfare and Institutions Code.

TABLE OF CONTENTS

CHAPTER 80-200 IMPLEMENTATION SCHEDULE

	Section
Implementation of Assistance Unit Rules	80-201
Effective Date	.1
Sections Adopted	.2
Sections Repealed	.3
Sections Amended	.4
Changes-Adoptions	.5
Changes-Repeals	.6
Regulations Not Affected by this Package	.7
Reason for Changes	.8
Notice of Action Changes	.9

This page is intentionally left blank.

CHAPTER 80-200 IMPLEMENTATION SCHEDULE

80-201 IMPLEMENTATION OF ASSISTANCE UNIT RULES 80-201

HANDBOOK BEGINS HERE

.1 Effective Date

This regulatory action shall be effective October 1, 1991.

.2 Sections Adopted

The following sections are adopted with this regulation package:

80-301	Definitions
80-310	Definitions - Forms
82-120	Determining Relatedness
82-800	Assistance Unit
82-804	Living in the Home of a Caretaker Relative
82-808	Caretaker Relative Requirements
82-812	Temporary Absence
82-816	Potentially Eligible Child
82-820	Included Persons
82-824	Assistance Units that Shall Be Combined
82-828	Optional Persons
82-832	Excluded Persons
82-836	Federal AFDC for Pregnant Women
88-410	State Pregnant Woman Assistance

.3 Sections Repealed

40-103.5, .7, and .84
40-125.24, .25, .32, .33, and .34
40-189.11
41-403.1
41-703.21 and .23
42-503 except .52
42-505
42-509
42-513
43-103.1 and .2
43-119.11
44-133.5
44-133.711
44-201
44-203.1
44-203.115(a)
44-203.115(b)

HANDBOOK CONTINUES

80-201 IMPLEMENTATION OF ASSISTANCE UNIT RULES **80-201**
(Continued)

HANDBOOK CONTINUES

		44-203.12 44-203.2 except .213 44-203.3 44-205.1 and .2 44-205.3 44-205.4 44-205.5 44-205.6 except .63 44-206.1 except (d)(3) and (f) 44-206.2 except .21 and .22 44-267 44-317.9
.4	Sections Amended	40-118 41-440.24 44-203.115(c) 44-209.3 44-317.621
.5	Changes-Adoptions	
	(a) Centralized Definitions	The definitions which pertain to the assistance unit (AU) composition are general to AFDC and centralized in one location in Section 80-301.
	(b) Degree of Relatedness	Regulations extend the degree of relatedness that a relative must meet to be a caretaker relative to include all of the relatives currently allowed and those with the prefix half- in front of that level of relatedness, i.e., half-cousin. (See Section 82-808.1.)
	(c) Verification of Relatedness	Regulations provide specific requirements met to document the relatedness of the caretaker relative to the eligible child. (See Section 82-808.13)
	(d) Separate Assistance	Regulations clarify that two AUs shall not be established when the children are half-siblings. (See Section 82-820.32.)

HANDBOOK CONTINUES

80-201 IMPLEMENTATION OF ASSISTANCE UNIT RULES **80-201**
(Continued)

HANDBOOK CONTINUES

(e)	Essential Persons - Limited to Stepparents and ASPs	Regulations make specific that only stepparents or alternatively parents (ASPs) may be considered sentenced essential persons. (See Section 82-828.23.)
(f)	Separate Federal - State Pregnant Women Regulations	Regulations separate the requirements for aiding pregnant women under the federal AFDC program and the state AFDC program. (See Sections 82-836.1 and 88-410.)
(g)	Biological Relatives	Regulations specify that relinquishment of a child for adoption or termination of parental rights do not sever the relatedness ties of the biological relatives of the child when determining a caretaker relative. (See Section 82-808.1.)

.6 Changes-Repeals

(a)	Institutional Status	The regulations for institutional status are repealed. (Chapter 42-500)
(b)	AFDC 30 Days Before Return of Foster Care Child	The regulation which provided AFDC to the caretaker relative 30 days before the return of a child from foster care has been repealed. (Section 44-203.115b)
(c)	Special Need Payment For Child 30 Days Before Return from Foster Care	The regulation which provided special need payments to children who were expected to return from foster care to the home of the caretaker relative within 30 days is repealed. (Section 44-267)
(d)	One Assistance Unit	The regulations which provided for establishing more than one AU are repealed. This section is not needed because of the mandatory inclusion regulation. (Section 44-205.31)

HANDBOOK CONTINUES

80-201 IMPLEMENTATION OF ASSISTANCE UNIT RULES (Continued) 80-201

HANDBOOK CONTINUES

(e)	Declining Assistance	The regulation which allowed a person to decline assistance after eligibility had been determined is repealed. (Section 44-205.42)
(f)	Essential Person - Unemployed Stepparent	The requirement that a stepparent be unemployed to be eligible to be an essential person is repealed. (Section 44-206.312a)
(g)	Families Excluded From the AU	The regulation which listed those families who are excluded from the AU is repealed except for the striker provisions.(Section 44-206.21)
.7	Regulations Not Affected By This Package	These regulations are not affected by this package and will be amended later.
(a)	Alternatively Sentenced Parent	The regulation in Section 44-203.213 is retained to continue to provide that a convicted offender parent (ASP) may be a caretaker relative.
(b)	Available Income	The regulations in Section 44-206.1(d)(3) which require that a person be excluded from an AU for failure to seek available income are retained.
(c)	Father of Unborn	The regulation in Section 44-205.62 which provides that an unaided father of an unborn is treated as an excluded parent, is retained.
(d)	Lump Sum	The regulations in Sections 44-205.71 and 44-206.22 are retained to continue to provide rules concerning the AU's lump sum period of ineligibility.
(e)	Newborns	The regulations in Section 44-205.63 are retained to continue to provide the regulations for adding a newborn to an AU.

HANDBOOK CONTINUES

80-201 IMPLEMENTATION OF ASSISTANCE UNIT RULES **80-201**
(Continued)

HANDBOOK CONTINUES

(f)	Strikers	The regulations in Sections 44-206.1(f) and 44-206.21 are retained to continue to provide for ineligibility for a person who is participating in a strike.
.8	Reason for Changes	This regulation package implements Federal Action Transmittal SSA-AT-86-01 which provided policies on treatment of AUs. In addition, these regulations reflect the regulation writing standards adopted by SDSS for AFDC regulations.
.9	Notice of Action Changes	Messages which are changed or added as a result of the package are: M40-118A, M40-118B, M40-118C, M40-118D, M40-118E, M43-119B, M44-203E, M44-205G, M44-205H, M44-205I, M82-820A, M82-820B, M82-820C, and M82-820D.

HANDBOOK ENDS HERE

NOTE: Authority cited: Sections 10553, 10554, and 10604, Welfare and Institutions Code. Reference: Sections 10553, 10554, and 10604, Welfare and Institutions Code.

This page is intentionally left blank.

TABLE OF CONTENTS

CHAPTER 80-300 DEFINITIONS AND FORMS

Section

Definitions..... 80-301

Definitions - Forms..... 80-310

This page is intentionally left blank.

CHAPTER 80-300 DEFINITIONS AND FORMS

80-301 DEFINITIONS 80-301

The following definitions apply to the regulations in Divisions 40 through 50 and 80 through 90.

(a) (1) Aid Payment

"Aid Payment" means any payment made to an AU.

(2) Aid to Families with Dependent Children

"AFDC" means the financial aid program for needy children and their parents or caretaker relatives when the children lack parental support and care. This term refers to the program in general, regardless of source of funding. As of 1996, cash aid/welfare operates under Temporary Assistance to Needy Families (TANF), rather than AFDC. TANF in California is called California Work Opportunity and Responsibility to Kids (CalWORKs), and became effective on January 1, 1998.

(3) Aid to Families with Dependent Children - Foster Care (AFDC-FC)

"AFDC-FC" means the part of the AFDC program which provides aid to children in Foster Care. (Note: Even though AFDC is no longer the operating cash aid/welfare system, Foster Care still operates as part of the AFDC program.)

(4) Alternatively Sentenced Parent (ASP)

"ASP" means a parent who is a convicted offender permitted to live at home while serving a court-imposed sentence that precludes the parent from providing support through paid employment.

(5) Applicant

"Applicant" means a person who requests aid or a person on whose behalf a request for aid is made.

(6) Applicant Child

"Applicant child" means a child for whom aid has been requested but whose eligibility has not yet been determined.

(7) Assistance Unit (AU)

"AU" means a group of related persons living in the same home who have been determined eligible for CalWORKs and for whom cash aid has been authorized.

80-301 DEFINITIONS (Continued) **80-301**

(b)	(1)	Beginning Date of Aid (BDA)	"BDA" means the effective date that cash aid starts.
(c)	(1)	California Domestic Partner	"California Domestic Partner" means an individual who:
		(A)	has a Declaration of Domestic Partnership registered with the California Secretary of State or
		(B)	is a member of a legal union, other than a marriage, of two persons of the same sex, validity formed in another jurisdiction, and substantially equivalent to a California registered domestic partnership.
	(2)	Caretaker Relative	"Caretaker relative" means a relative, related to the degree specified in Section 82-808.11, who:
		(A)	Lives with a child who is part of the filing unit, and
		(B)	Exercises responsibility for the day-to-day care and control of the child.
	(3)	Child	"Child" means a person who meets the age requirements as specified in Section 42-101. Where appropriate, "child" shall also mean "children".
	(4)	Collect	"Collect" means to regain TANF funds which are overpaid to a person by using collection methods other than grant adjustments.
	(5)	County	"County" means the local government agency responsible for the direct administration of public assistance in that county.

HANDBOOK BEGINS HERE

Note: In regulations which have not been moved to Division 80, the county may be referred to as CWD or county welfare department.

HANDBOOK ENDS HERE

80-301 DEFINITIONS (Continued) **80-301**

	(6)		Section 80-301(c)(6)(QR) shall become inoperative and Section 80-301(c)(6)(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.
	(QR)	County Initiated Actions	"County Initiated Actions" means Mid-quarter actions that the county is required to take pursuant to Section 44-316.33(QR).
	(SAR)	County-Initiated Actions	"County-Initiated Actions" means mid-period actions that the county is required to take pursuant to Section 44-316.33(SAR).
(d)	(1)	Date of Application	"Date of Application" means the date the applicant or the applicant's representative signs the application or the date the county receives the signed application, whichever is later.
(e)	(1)	Eligible Child	"Eligible child" means a child who is a member of an AU.
	(2)	Essential Person (EP)	"EP" means a stepparent or ASP.
(f)	(1)	Filing Unit	"Filing unit" means the group of persons required to be on the Statement of Facts.
	(2)	Fingerprint Imaging	"Fingerprint Imaging" means the process that automatically scans an individual's fingerprint and produces a fingerprint image. The image is added to the statewide SFIS database.
(g)	(1)	GAIN	"GAIN" means the Greater Avenues for Independence program which is a comprehensive statewide employment program for AFDC applicants and recipients. (GAIN was replaced by the Welfare to Work (WTW) program at the same time that AFDC was replaced with TANF in 1996.)

80-301 DEFINITIONS (Continued) **80-301**

	(2)	GED	"GED" means the General Education Development program which provides educational programs for persons no longer enrolled in public schools.
	(3)	Grant Adjust	"Grant Adjust" means to regain TANF funds which were overpaid to an AU by reducing the aid payment.
(h)	(1)	Half-Sibling	"Half-sibling" means a brother or sister having only one biological and/or adoptive parent in common with the applicant child.

HANDBOOK BEGINS HERE

(i)	(1)	Immediate Need Payment	"Immediate Need Payment" means an aid payment made in advance of a completed determination of eligibility for CalWORKs when specific criteria are met.
	(2)	Intentional Program Violation (IPV)	"IPV" means an Intentional Program Violation, (See Section 20-351) which is a determination made by a state or federal court, including any determination made on the basis of a plea of guilty or nolo contendere, or pursuant to an administrative disqualification hearing that an individual has intentionally:
		(A)	Made a false or misleading statement or misrepresented, concealed, or withheld facts; or
		(B)	Committed any act intended to mislead, misrepresent, conceal, or withhold facts or propound a falsity; and
		(C)	Committed these acts to establish or maintain CalWORKs eligibility, or to increase or prevent a reduction in the amount of the CalWORKs grant.

HANDBOOK ENDS HERE

(j) (Reserved)

(k) (Reserved)

(l) (Reserved)

80-301 DEFINITIONS (Continued) **80-301**

(m) (1)	Mandatory Inclusion	"Mandatory inclusion" means the requirement that a parent, sibling or half-sibling be included in a filing unit or AU with the applicant or eligible child.
(2)		Section 80-301(m)(2)(QR) shall become inoperative and Section 80-301(m)(2)(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.
(QR)	Mandatory Recipient Reports	"Mandatory Recipient Reports" means mid-quarter reports that recipients are required to make within ten days of occurrence to the county pursuant to Section 44-316.32(QR).
(SAR)	Mandatory Mid-Period Reports	"Mandatory Mid-Period Reports" means mid-period reports that recipients are required to make within ten days of occurrence to the county pursuant to Section 44-316.32(SAR).
(3)	Medical Verification of Pregnancy	"Medical verification of pregnancy" means a written statement from a physician, physician's assistant, state certified nurse midwife, nurse practitioner or by designated medical or clinic personnel with access to the patient's medical record that provides information sufficient to substantiate the diagnosis and estimated delivery date.
(4)		Section 80-301(m)(4)(QR) shall become inoperative and Section 80-301(m)(4)(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.
(QR)	Mid-Quarter Reports	"Mid-Quarter Reports" means any change reported during the QR Payment Quarter outside of the QR 7 report process.
(SAR)	Mid-Period Reports	"Mid-Period Reports" means any change reported during the SAR Payment Period outside of the SAR 7 or SAWS 2 reporting process.
(5)	Minor Parent	"Minor parent" means the father, mother or pregnant woman, married or unmarried, who is less than 18 years of age.

80-301 DEFINITIONS (Continued) **80-301**

(n) (Reserved)

(o) (1) Optional Person

"Optional person" means an otherwise eligible person who is not required to be included in the filing unit or AU.

(2) Otherwise Eligible

"Otherwise eligible" means a status where the person has been determined to meet all eligibility requirements for aid, other than that eligibility factor being considered.

(p) (1) Parent

"Parent" means the biological parent, married or unmarried, of the child unless the child has been adopted or relinquished for adoption or the parental rights are terminated. If the child is adopted, the person who adopts the child is the parent. If the child is relinquished for adoption or the parental rights are terminated, that parent is no longer considered the parent except for purposes of determining a caretaker relative.

(2) Photo Imaging

"Photo Imaging" means the process that automatically scans an individual's facial features and produces a facial image. The image is added to the statewide SFIS database.

(3) Pregnant Woman

"Pregnant woman" means a woman (including a minor) who has provided medical verification of pregnancy to the county.

(4) Public Hospital

"Public hospital" means an institution which is:

(A) Licensed or formally approved as a hospital by an officially designated state standard-setting authority for study, diagnosis, treatment of physical, emotional, or mental conditions, care of injured, disabled or sick persons, and

(B) Supported from public funds, and

(C) Managed and controlled by a unit of government.

80-301 DEFINITIONS (Continued) **80-301**

(q) (Reserved)

(r) (1) Recipient

"Recipient" means a person who is receiving CalWORKs.

(A) A person becomes a "recipient" on the date on which both of the following conditions are met:

1. the person meets all conditions of eligibility, and

2. the county signs authorization documents to approve the application for CalWORKs.

HANDBOOK BEGINS HERE

(B) An applicant who has been approved for an immediate need and/or homeless assistance payment based on his/her apparent eligibility is not considered to be a recipient, as specified in Section 40-129. In these cases, the county has not signed authorization documents to approve the CalWORKs application.

HANDBOOK ENDS HERE

(2) Recover

"Recover" means to grant adjust or collect an overpayment.

(3) Reunification Parents

“Reunification Parents” means those parents who are eligible to continue to receive CalWORKs services on the basis that their child/children are considered temporarily absent when all of the following conditions are met: the child has been removed and placed in out-of-home care by the county child welfare services agency; when the child was removed, the family was receiving CalWORKs assistance; and the county child welfare services agency has determined that provision of CalWORKs services is necessary for reunification.

(4) Reunification Cases

“Reunification Cases” means those CalWORKs cases in which the children have been removed and placed in out-of-home care by the county child welfare services agency and considered temporarily absent from the AU while their parents are receiving reunification services.

80-301 DEFINITIONS (Continued) **80-301**

(5) Reunification Plan

"Reunification Plan" means the case plan that is developed by the county child welfare services agency for the provisions of services to the reunification parent, as defined in Section 80-301(r)(3), and given effect through order of the court or pursuant to a voluntary placement agreement executed in accordance with Child Welfare Services regulations in MPP Sections 31-082, 31-084, 31-088, 31-215, 31-225, 31-325, and 31-340.

(6) Reunification Services

"Reunification Services" means those CalWORKs services that the county child welfare services agency determines to be necessary for a reunification parent to reunite with his/her child/children and are specified in the reunification plan.

(s) (1) Sanction

"Sanction" means action taken by the county resulting in ineligibility resulting from an action or lack of action by a recipient.

(2) Second Parent

"Second Parent" means the parent living in the home who is not the caretaker relative parent.

(3)

Section 80-301(s)(3)(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(SAR) Semi-Annual Report

Under the SAR reporting system, a semi-annual eligibility report is due every six months: one SAR 7 and one SAWS 2 per year. A SAR 7 is due in the sixth (6th) month of the SAR Payment Period after the application or annual redetermination of eligibility (SAWS 2) is completed.

(4)

Section 80-301(s)(4)(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(SAR) Semi-Annual Reporting (SAR)

SAR is the reporting system that will replace Quarterly Reporting in counties in between April and October of 2013. Under SAR, in addition to certain mandatory mid-period reports, recipients will only have to submit an eligibility report every six months (one SAWS 2 and one SAR 7 per year).

80-301 DEFINITIONS (Continued) **80-301**

(5)	Senior Parent	"Senior Parent" means the parent of a minor parent when the minor parent receives aid for his/her child or the parent of a minor pregnant woman.
(6)	Sibling	"Sibling" means the brother or sister who has both parents in common with the applicant child. This includes siblings by adoption.
(7)	Sponsored Non-Citizen	"Sponsored non-citizen" means a noncitizen whose entry into the United States was sponsored by a person who executed an I-864 Affidavit of Support or similar agreement on behalf of a noncitizen as a condition of the noncitizen's entry into the United States.
(8)	California Department of Social Services (CDSS)	"CDSS" means the state department which supervises the counties in the administration of the CalWORKs program. Also referred to as DSS or the Department.
(9)	Statement of Facts	"Statement of Facts" means the CW 8 (Rev. 3/13), CW 8A (Rev.4/13), SAR 22 (Rev. 3/13), SAR 23 (Rev. 3/13), CW 42 (Rev. 11/06) or the SAWS 2 (Rev. 4/13) are the state required forms used to collect the information necessary to determine a family's eligibility. See Section 80-310 for title and definition of forms.
(10)	Statewide Fingerprint Imaging System (SFIS)	"Statewide Fingerprint Imaging System (SFIS)" means an automated system that captures fingerprint and photo images and stores them in a statewide database.
(11)	Stepparent	"Stepparent" means a person who is not the biological parent, but is either married to, or the California domestic partner of, the parent of the child.
(12)	Strike	"Strike" means a concerted stoppage of work by employees (including a stoppage by reason of the expiration of a collective bargaining agreement) and any concerted slowdown or other concerted interruption of operations by employees.

80-301 DEFINITIONS (Continued) **80-301**

(13) Striker — "Striker" means an applicant or recipient who is participating in a strike on the last day of the month.

(14) Supplemental Security Income/State Supplementary Program — "SSI/SSP child" means a child who would be eligible for AFDC except that he/she is receiving SSI/SSP. SSI/SSP is the federal/state assistance program for persons who are aged, disabled or blind as authorized by Title XVI of the Social Security Act.

(t) (Reserved)

(u) (Reserved)

(v) (1) — Section 80-301(v)(1)(QR) shall become inoperative and Section 80-301(v)(1)(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) Voluntary Recipient Reports — "Voluntary Recipient Reports" means mid-quarter reports that recipients may make to the county pursuant to Section 44-316.31(QR).

(SAR) Voluntary Recipient Reports — "Voluntary Recipient Reports" means mid-period reports that recipients may make to the county pursuant to Section 44-316.31(SAR).

(w) (Reserved)

(x) (Reserved)

(y) (Reserved)

(z) (Reserved)

NOTE: Authority cited: Sections 10553, 10554, and 10604, Welfare and Institutions Code. Reference: Sections 10054, 10058, 10063, 10553, 10554, 10604, 10830, 11008.13, 11008.14, 11023.5, 11051, 11054, 11201, 11203, 11250, 11250.4, 11265.2, 11265.3, 11266, 11269, 11320, 11400, 11450, 11486, 16501.1, and 16507, Welfare and Institutions Code; Sections 297, 297.5, 298.5, and 299.2, Family Code; 8 CFR 213a. and 299; 45 CFR 201.3, 206.10, 224.51, 232.12, 233.10, 233.106, 233.20, 233.51, 233.60, 233.90, 237.50, 255, and 266.10; 42 USC 402(a)(6) and 606(a); and SSA-AT-86-01; Federal Register, Vol. 75, No. 19, dated January 29, 2010, pages 4928 and 4929 [7 CFR 273.12(a)(1)(vii)].

80-310 DEFINITIONS - FORMS 80-310

The following forms apply to the regulations in Divisions 40 through 50 and 80 through 89.

(a) (Reserved)

(b) (Reserved)

(c) (1) CCP 1

The Declaration of Exemption From Trustline Registration and Health and Safety Self-Certification, (10/98), Recommended, is used to declare that an individual; the aunt, uncle, grandmother/father, great grandmother/father, great aunt/uncle of the child(ren) in care is exempt from licensure.

(2) CCP 4

The Health and Safety Self-Certification (For license-exempt providers), (10/98), Required (Substitutes Permitted), is used for a license-exempt child care provider who is serving a family that receives subsidized child care. Also, this form certifies that the home where child care is provided meets basic health and safety standards, including the prevention and control of infectious diseases.

(3) CCP 6

The Health and Safety Facility Checklist, (7/98), Required (Substitutes Permitted), is used to provide parents with a list of suggested questions to ask their child care provider to ensure that the home where care is to be provided is a safe and healthy place for their child(ren).

(4) CW 2.1

The "Notice and Agreement for Child, Spousal and Medical Support " (Rev. 8/04) is used to inform the applicant of his/her responsibility to participate in the support enforcement process and of his/her right to claim exemption from participation. This form replaces the CA 2.1 NA.

(5) CW 2.1 (Q)

The "Support Questionnaire" (Rev. 7/01) is used to collect information about the absent parent. This form replaces the CA 2.1 Q.

80-310 DEFINITIONS - FORMS **80-310**
(Continued)

(6) CW 8

The "Statement of Facts for an Additional Person" (Rev. 3/13) is used to collect the information necessary to determine eligibility when adding a person to an existing CalWORKs case. This form replaces the CA 8.

(7) CW 8A

The "Statement of Facts to Add a Child Under Age 16" (Rev. 4/13) is used to collect the information necessary to determine eligibility when adding a child under 16 to an existing CalWORKs case. This form replaces the CA 8A.

(8) CW 13

The "Caretaker Relative Agreement" (Rev. 9/02) is used to designate the caretaker relative as agreed by two persons who live in separate homes when both could qualify as the caretaker relative of a child. This form replaces the CA 13.

(QR) (9) CW 23

Section 80-310(c)(9)(QR) shall become inoperative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

The "Senior Parent Statement of Facts" (Rev. 3/00) is used to collect information about the senior parent/legal guardian's income to determine a minor parent's eligibility. This form replaces the CA 23. Once SAR is implemented, the CW 23 will be replaced with the SAR 23.

(SAR) (10) CW 25A

Section 80-310(c)(10)(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

The "Payee Agreement For Minor Parent" (Rev. 2/13) is used in minor parent cases to delegate an adult payee. This form will replace the QR 25A once SAR is implemented in each county.

80-310 DEFINITIONS – FORMS (Continued) **80-310**

(SAR) (11) CW 29

Section 80-310(c)(11)(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

The "Applicant Test" (Rev. 1/13) is used to determine if the applicant is eligible for Cash Aid. This form will replace the QR 29 once SAR is implemented in each county.

(SAR) (12) CW 30

Section 80-310(c)(12)(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

The "CalWORKs Budget Worksheet" (Rev. 4/13) is used to determine the aid payment amount for the AU. This form replaces the QR 30.

(13) CW 42

The "Statement of Facts – Homeless Assistance (Rev. 11/06)" is used to gather information to determine eligibility for non-recurring special need for homeless assistance. This form replaces the CA 42.

(14) CW 371

The "Referral to Local Child Support Agency (LCSA)" (Rev. 7/01) is used to refer cases to the Local Child Support Agency for child support enforcement purposes. This form replaces the CA 371.

(SAR) (15) CW 2103

Section 80-310(c)(14)(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

The "Reminder for Teens Turning 18 Years Old" (Rev. 2/13) is used to inform recipient children who will be turning 18 within 60 days of the requirements for continued eligibility. This form will replace the QR 2103 once SAR is implemented in each county.

(d) (1) DHS 6110

The Medical Insurance Form (Rev. 10/91) is used to collect information regarding medical coverage and identify third parties who may be liable to pay for medical expenses of AU members.

80-310 DEFINITIONS - FORMS **80-310**
(Continued)

(2) DHS 6155

The Health Insurance Questionnaire (Rev. 10/90) is used to collect information regarding medical coverage and identify third parties who may be liable to pay for medical expenses of AU members.

(e) (Reserved)

(f) (1) FC 2

The "Statement of Facts Supporting Eligibility for AFDC-Foster Care (FC)" (Rev. 7/02) is used to collect information necessary to determine foster care eligibility at the time of application and redetermination.

(2) FC 18

The "Notification of AFDC-Foster Care Transfer" (Rev. 2/97) collects and transmits the information necessary to transfer a foster care case between counties.

(g) through (p) (Reserved)

(q)

Sections 80-310(q)(1)(QR) through (11)(QR) shall become inoperative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) (1) QR 2

The "Reporting Changes for Cash Aid and Food Stamps " (Rev. 6/04) may be used to inform the recipient of their Income Reporting Threshold (IRT) and reporting responsibilities.

(QR) (2) QR 3

The "Mid-Quarter Status Report" (Rev. 7/06) may be used by recipients to report mandatory and/or voluntary mid-quarter changes in writing. Clients are not mandated to use this form and counties shall also accept mid-quarter reports that are submitted in a manner other than on the QR 3.

(QR) (3) QR 7

The " Eligibility/Status Report" (Rev. 12/08) is used to collect information to determine eligibility and benefits for cash aid and food stamps. The QR 7 comes with an addendum that lists examples of income and expenses and the penalties for fraud.

80-310 DEFINITIONS - FORMS **80-310**
(Continued)

(QR) (4) QR 7A

The "How to Fill Out Your QR 7 Quarterly Eligibility/Status Report" (Rev. 8/09) instructs recipients on how to fill out the Quarterly Report (QR 7). The QR 7A shall be given to applicants at the time of application and to recipients at each annual redetermination. The form shall also be made available anytime the client requests it.

(QR) (5) QR 22

The "Sponsor's Statement of Facts Income and Resources (Supplemental Application For Food Stamps And Cash Aid)" (Rev. 12/06) is used to collect necessary information about a noncitizen's sponsor for determining eligibility for the noncitizen.

(QR) (6) QR 25A

The "Payee Agreement For Minor Parent" (Rev. 5/04) is used in minor parent cases to delegate an adult payee.

(QR) (7) QR 29

The "Applicant Test" (Rev. 5/04) is used to determine if the applicant is eligible for Cash Aid.

(QR) (8) QR 30

The "CalWORKs Budget Worksheet" (Rev. 9/11) is used to determine the aid payment amount for the AU.

(QR) (9) QR 72

The "Sponsor's Quarterly Income and Resources Report" (Rev. 12/06) is used to gather necessary information each quarter from a non-citizen's sponsor that is used to determine continuing eligibility and grant level for the non-citizen.

(QR) (10) QR 73

The "Senior Parent Quarterly Income Report" (Rev. 6/04) is used to collect necessary information from the senior parent to determine continuing eligibility and grant levels for the minor parent.

(QR) (11) QR 2103

The "Reminder for Teens Turning 18 Years Old" (Rev. 11/11) is used to inform recipient children who will be turning 18 within 60 days of the requirements for continued eligibility.

(r) (Reserved)

80-310 DEFINITIONS - FORMS **80-310**
(Continued)

(s) Sections 80-310(s)(1)(SAR) through (s)(10) (SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(SAR) (1) SAR 2 The "Reporting Changes for Cash Aid and CalFresh" (Rev. 11/13) may be used to inform the recipient of their Income Reporting Threshold (IRT) and reporting responsibilities. This form replaces the QR 2.

(SAR) (2) SAR 3 The "Mid-Period Status Report" (Rev. 4/13) may be used by recipients to report mandatory and/or voluntary mid-period changes in writing. Clients are not mandated to use this form and counties shall also accept mid-period reports that are submitted in a manner other than on the SAR 3. This form replaces the QR 3.

(SAR) (3) SAR 7 The "SAR 7 Eligibility Status Report" (Rev. 8/13) is used to collect information to determine eligibility and benefits for cash aid and CalFresh in the six month period in which the SAWS 2 is not due. The SAR 7 comes with an addendum that lists examples of income and expenses and the penalties for fraud. This form replaces the QR 7.

(SAR) (4) SAR 7A The "How to Fill Out Your SAR 7 Eligibility Status Report" (Rev. 9/13) instructs recipients on how to fill out the SAR 7 Eligibility Status Report. The SAR 7A shall be given to applicants at the time of application and mailed to recipients along with their SAR 7 report. The form shall also be made available anytime the client requests it. This form replaces the QR 7A.

80-310 DEFINITIONS - FORMS **80-310**
(Continued)

(SAR) (5) SAR 7 Addendum

The "Instructions and Penalties SAR 7 Eligibility Status Report" (Rev. 4/13) is used to help recipients fill out the SAR 7 by giving them examples of types of income, property, housing costs and expenses. This form also informs recipients of the penalties for cash aid and CalFresh fraud. This form replaces the QR 7 Addendum.

(SAR) (6) SAR 22

The "Sponsor's Statement of Facts Income and Resources (Supplement to the SAWS 2, Application For CalFresh And Cash Aid)" (Rev. 3/13) is used to collect necessary information about a non-citizen's sponsor for determining eligibility for the non-citizen. The SAR 22 must be completed in addition to the SAWS 2 when a recipient is a sponsored non-citizen. This form replaces the QR 22.

(SAR) (7) SAR 23

The "Senior Parent Statement of Facts" (Rev.3/13) is used to collect information about the senior parent/legal guardian's income to determine a minor parent's eligibility. This form replaces the CW 23.

(SAR) (8) SAR 72

The "Sponsor's Semi-Annual Income and Resources Report" (Rev. 3/13) is used to gather necessary information during the semi-annual period in which a SAWS 2 is not due from a non-citizen's sponsor that is used to determine continuing eligibility and grant level for the non-citizen.

(SAR) (9) SAR 73

The "Senior Parent Semi-Annual Income Report" (Rev. 3/13) is used to collect necessary information during the semi-annual period in which a SAWS 2 is not due from the senior parent to determine continuing eligibility and grant levels for the minor parent.

(10) SAWS 1

The "Initial Application for CalFresh, Cash Aid, and/or Medi-Cal Health Care Programs" (Rev. 8/13) is used to request public assistance, including CalWORKs and CalFresh (previously Food Stamps), along with Medi-Cal and other health coverage.

80-310 DEFINITIONS - FORMS **80-310**
(Continued)

(11) SAWS 2

The "Statement of Facts for Cash Aid, CalFresh and Medi-Cal/34-County Medical Services Program (CMSP)" (Rev. 4/13) is used as a multipurpose form to gather information necessary to determine eligibility for CalWORKs, CalFresh, and Medi-Cal. The SAWS 2 is also used at one-year intervals to redetermine eligibility and determine benefit amounts for the upcoming payment period.

(12)

Section 80-310(s)(11)(QR) shall become inoperative and Section 80-310(s)(11)(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) SAWS 2A-QR

The "Rights, Responsibilities and Other Important Information" (Rev. 9/11) is used to inform applicants and recipients of their rights and responsibilities.

(SAR) SAWS 2A SAR

The "Rights, Responsibilities and Other Important Information" (Rev. 4/13) is used to inform applicants and recipients of their rights and responsibilities.

(13) SCC 6

The "Monthly Child Care Eligibility Report" (Rev. 3/95) is used to gather information monthly to determine eligibility to receive child care assistance in the Supplemental Child Care Program or the California Alternative Assistance Program.

(14) SOC 158A

The "Foster Child's Data Record and AFDC-FC Certification" (Rev. 3/93) collects child-specific data necessary to determine foster care eligibility and input information into the Foster Care Information System.

(15) SOC 809

The "Cash Assistance Program for Immigrants (CAPI) Indigence Exception Statement" (Rev. 7/03) is a form to be completed by CAPI applicants or recipients who are claiming that they meet the indigence exception to sponsor-deeming.

80-310 DEFINITIONS - FORMS **80-310**
(Continued)

(t) (1) TEMP 2189

The Tyler Public Notice (Poster) (10/00) (English/ Spanish) is posted in agencies designated by plaintiffs' counsel such as CWDs, regional centers, independent living centers, area boards, and legal aid programs. This poster explains eligibility and the procedures needed for any aged, blind or disabled person in the IHSS Program to receive retroactive payments for range of motion services provided from June 17, 1990 through March 31, 1994 in the judgment of Tyler v. Anderson.

(2) TEMP 2185

The Tyler Notice (09/00) (English/Spanish) explains eligibility and the procedures needed for any aged, blind or disabled person in the IHSS program to receive retroactive payments for range of motion services provided from June 17, 1990 through March 31, 1994 in the judgment of Tyler v. Anderson.

(3) TEMP 2185A

The Tyler Claim Form (09/00) (English/Spanish) is used by a claimant to file for retroactive payments as provided in the judgment of Tyler v. Anderson.

(4) TEMP 2185B

The Tyler Supplemental Applicant Claim Form (10/00) (English/Spanish) is used by applicant claimants to file for retroactive payments to determine financial and categorical eligibility for IHSS as provided in the judgment of Tyler v. Anderson.

(5)

Section 80-310(t)(5)(QR) shall become inoperative and Section 80-310(t)(5)(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) TEMP QR 1

The "New Reporting Requirements for CalWORKs and Food Stamp Recipients" (Rev. 8/03) is a mass informing notice sent to recipients on a monthly basis for a period of three months before and three months after implementation of QR/PB. The informing notice shall be given to applicants who apply during the reporting transition. This notice explains the change from monthly reporting to quarterly reporting.

80-310 DEFINITIONS - FORMS **80-310**
(Continued)

(SAR) TEMP SAR 1	The "New Reporting Requirements for Cash Aid and CalFresh " (Rev. 9/13) is a mass informing notice sent to recipients prior to the implementation of SAR. The informing notice shall be given to applicants who apply during the reporting transition. This notice explains the change from quarterly reporting to semi-annual reporting.
(6) TLR 1	The California Department of Social Services Trustline Registry Application Form (Rev. 1/99), is used for license-exempt child care providers to apply to the Trustline Registry.

(u) through (z) (Reserved)

NOTE: Authority cited: Sections 10553, 10554, and 10604, Welfare and Institutions Code. Reference: 45 CFR 206.10(a)(8); Sections 10553, 10950, 11054, 11265.1, 11265.2, 11265.3, 11450(b), 12300, 12300.2, 12304, 12304.5, and 14132.95, Welfare and Institutions Code; Judgment Re: Tyler v. Anderson, Sacramento Superior Court Case No. 376230, dated January 22, 1999; 8 USC Section 1631; and 1798.17, Civil Code.

TABLE OF CONTENTS

DIVISION 81 DIVERSION SERVICES

Chapter

Diversion Services 81-200

This page is intentionally left blank.

DIVERSION SERVICES

TABLE OF CONTENTS

CHAPTER 81-200 DIVERSION SERVICES

Section

Diversion Services 81-215

Definitions 1
Informing 2
Determination of Eligibility 3
Diversion Period 4
Reapplication for CalWORKs 5
Child Support Income 6
Potential Eligibility for Other Programs 7

This page is intentionally left blank.

CHAPTER 81-200 DIVERSION SERVICES

81-215 DIVERSION SERVICES 81-215

.1 Definitions

.11 Diversion Period — Means the time period represented by the value of the diversion service divided by the Maximum Aid Payment (MAP) amount for the apparently eligible assistance unit.

.12 Diversion Services — Means cash or noncash payments or services provided to a CalWORKs applicant, with the intent of diverting the applicant from long-term aid.

.13 Fair Market Value — Means the price in cash, or its equivalent, that someone would pay for the diversion service in the open market.

.2 Informing — At the time of application, all applicants shall be informed of the availability of Diversion Services.

.3 Determination of Eligibility

.31 Apparent Eligibility — To qualify for diversion services, the family must be apparently eligible for CalWORKs in accordance with Sections 40-129.11 and .211.

.32 Considerations — The county has sole discretion for determining when it would be appropriate to offer lump-sum diversion services. In determining whether the applicant is likely to be able to avoid the need for extended assistance, the county may consider any of the following:

.321 The applicant's employment history;

.322 The likelihood of the applicant obtaining immediate full-time employment;

.323 The applicant's general prospect for obtaining full-time employment;

81-215 DIVERSION SERVICES (Continued) **81-215**

.324 The applicant's need for cash assistance to pay for housing or substantial and unexpected expenses or work-related expenses;

.325 Housing stability; and

.326 The adequacy of the applicant's child care arrangements, if applicable.

.33 Applicant Option

When an applicant has been determined to be a suitable candidate for diversion services, the county shall inform the applicant of this decision. The county shall also inform the applicant of the time limit requirements, should the family reapply for CalWORKs, as specified in MPP Section 81-215.5.

.331 An applicant for CalWORKs may either participate in the Diversion Services program or decline participation and receive aid under CalWORKs, if otherwise eligible.

.332 If the applicant chooses to receive diversion services in lieu of receiving aid, the CalWORKs cash aid application shall be denied when the diversion payment is authorized. The determination of eligibility for other benefits shall continue.

.333 The method of payments or services shall be negotiated between the county and the applicant.

.4 Diversion Period

.41 Calculation

The diversion period shall be determined by dividing the value of the diversion service by the appropriate maximum aid payment (MAP) level for the "apparently eligible" AU at the time of the initial application.

.42 Partial Months

Partial months are not counted when determining the diversion period.

81-215 DIVERSION SERVICES (Continued) **81-215**

.43 Value Noncash Services

In the case of noncash services, the county shall determine the fair market value (Section 81-215.13) of the services when calculating the diversion period.

HANDBOOK BEGINS HERE

.5 Reapplication for CalWORKs

The beginning date of aid rules found in Section 44-317 apply when the individual makes a new request for aid under CalWORKs after receiving diversion. Refer to MPP Section 42-302 for time limit requirements.

HANDBOOK ENDS HERE

.51 Reapplies Within Period

If the individual reapplies for CalWORKs within the diversion period and is determined eligible for CalWORKs, then the individual may choose to allow the county to either:

.511 Option One

Recoup from the CalWORKs grant the value of the diversion service within a time period determined by the county, and count no months toward the 60-month time limit.

OR

.512 Option Two

Count the entire diversion period towards the 60-month time limit and do not repay the value of the diversion services.

.52 Reapplies After Period

If the individual reapplies for CalWORKs after the diversion period has ended and is determined eligible for aid, then only one month of the diversion period shall count toward the 60-month time limit.

81-215 DIVERSION SERVICES (Continued) **81-215**

HANDBOOK BEGINS HERE

Example:

A single mother with two children received diversion services of $2,375 for significant car repairs. After two months, the mother returns to apply for CalWORKs. With a MAP at the time of the initial application of $565, her diversion period is considered four months ($2,375 divided by $565 = 4.2 months) since any fraction of a month is not counted.

Additionally, since she returned within this four-month diversion period, she has the option to either repay the $2,375 by grant reduction, within a time period determined by the county, and have no months count against her 60-month time limit, or count the entire four months against her 60-month time limit with no repayment of the diversion services. If this individual had returned after the four-month diversion period ended, then only one month would be counted against the 60-month time limit, and no repayment would be required.

HANDBOOK ENDS HERE

.6 Child Support Income

To the extent that the county's diversion program considers the applicant's income in negotiating the amount of diversion services, any child support collected by the applicant or recovered by the county shall not be used to offset the diversion payment.

HANDBOOK BEGINS HERE

.7 Potential Eligibility for Other Programs

During the period of diversion, the applicant family shall be eligible for Medi-Cal and child care assistance, if otherwise eligible in accordance with the program rules and regulations governing such programs.

HANDBOOK ENDS HERE

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Sections 11266(a)(2), 11266.5, and 11454.5(c), Welfare and Institutions Code (Ch. 270, Stats. 1997).

TABLE OF CONTENTS

CHAPTER 82-500 CHILD SUPPORT ENFORCEMENT PROGRAM REGULATIONS

	Section
(Reserved)	82-501
Child Support Enforcement Program	82-502
Child Support Enforcement Program	.1
(Reserved)	82-503
Assistance Units Subject to the Provisions of the Child Support Enforcement Program	82-504
Applicability	.1
(Reserved)	82-505
Assignment of Support Rights	82-506
Assignment	.1
Receipt of Aid	.2
Right to Refuse	.3
Refusal to Assign	.4
Aid Paid Pending	.5
Ineligible for Aid	.6
(Reserved)	82-507
County Responsibilites	82-508
Inform Applicant/Recipient	.1
Notification to the Office of the District Attorney	.2
Information to District Attorney	.3
Designated Agency	.4
Aid Grant Information	.5
Unreimbursed Assistance Pool (UAP)	.6
(Reserved)	82-509

TABLE OF CONTENTS (Cont.)

CHAPTER 82-500 CHILD SUPPORT ENFORCEMENT PROGRAM REGULATIONS

	Section
Cooperation Requirements	82-510
Child/Spousal Support	.1
Identify Medical Coverage	.2
Other Payments	.3
Failure to Cooperate	.4
Foster Parents and Nonneedy Caretaker Relatives	.5
(Reserved)	82-511
Exemption From Cooperation Requirements	82-512
Cooperation Not in Best Interests of Child	.1
Referrals	.2
Increased Risk	.3
Special Considerations Related to Emotional Harm	.4
Claiming Exemption	.5
(Reserved)	82-513
Evaluation of Claim for Exemption	82-514
Examination of Evidence	.1
Provide Assistance	.2
Further Evaluation of Claim	.3
Evidence Not Submitted	.4
Time Standard	.5
Invalid Claim	.6
(Reserved)	82-515
Repealed by Manual Letter No. EAS-98-03, effective 7/1/98	82-516
(Reserved)	82-517

TABLE OF CONTENTS (Cont.)

CHAPTER 82-500 CHILD SUPPORT ENFORCEMENT PROGRAM REGULATIONS

	Section
Child and Spousal Support Collections	82-518
Redetermination of Eligibility	.1
Receipt of Direct Support Payment	.2
Coordination with District Attorney	.3
Repealed by Manual Letter No. EAS-99-10, effective 8/12/99	.4
(Reserved)	82-519
Distribution of Child and Spousal Support Payments	82-520
Additional Distribution Regulations	.1
Renumbered to Section 82-508.4 by Manual Letter No. EAS-99-10, Effective 8/12/99	.2
Notify County	.3
Disregard Payment	.4
Available	.5
Time Frames	.6

This page is intentionally left blank.

CHAPTER 82-500 CHILD SUPPORT ENFORCEMENT PROGRAM REGULATIONS

82-501 (Reserved) 82-501

82-502 CHILD SUPPORT ENFORCEMENT PROGRAM 82-502

HANDBOOK BEGINS HERE

.1 Child Support Enforcement Program

The Child Support Enforcement Program has been established to identify and locate absent parents, establish paternity, and establish and enforce the child and spousal support obligation. The California Department of Social Services is the state agency designated to implement this program pursuant to state law. The county District Attorney is responsible for administering the Child Support Enforcement Program at the local level. The county welfare department (hereafter "county") is responsible for administering public assistance at the local level. This chapter specifies the responsibilities of applicants/recipients as well as the county and the District Attorney in the administration of the Child Support Enforcement Program.

Section 82-512 provides that, unless exempted, applicants for and recipients of AFDC are required to cooperate with the District Attorney in identifying and locating the absent parent, establishing paternity, securing a support order, and identifying any third parties who may be liable for medical care or services. Applicants/recipients are exempted when such cooperation may reasonably be anticipated to result in serious physical or emotional harm to the applicant/recipient or child or when: 1) The child for whom aid is sought was conceived as a result of incest or rape; or 2) Legal proceedings for the adoption of the child are pending; or 3) A public or private agency is counseling the applicant regarding keeping the child or relinquishing the child for adoption.

HANDBOOK CONTINUES

82-502 CHILD SUPPORT ENFORCEMENT PROGRAM **82-502**
(Continued)

HANDBOOK CONTINUES

Section 82-512.4 provides that an applicant/recipient claimant exemption from cooperation requirements is required to supply evidence in support of the circumstance for which exemption is claimed. This chapter specifies the types of evidence an applicant/recipient can provide. This chapter also provides guidelines for evaluating claims for exemption and specifies the actions the District Attorney is to take upon determination that the claim for exemption is invalid.

HANDBOOK ENDS HERE

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Sections 10553 and 10554, Welfare and Institutions Code.

82-503 (Reserved) **82-503**

82-504 ASSISTANCE UNITS SUBJECT TO THE PROVISIONS OF THE CHILD SUPPORT ENFORCEMENT PROGRAM 82-504

.1 Applicability

All assistance units (AUs) are subject to the provisions of the Child Support Enforcement Program and the requirements of this section except those in which:

.11 Married Parents

Both married natural or adoptive parents of the child for whom aid is requested or received reside in the home with the child, or

.12 One or Both Parents Deceased

One or both natural or adoptive parents are deceased, or

.13 Paternity Established

Both unmarried parents are living in the home and paternity has been legally established, or

.14 Non-minor Dependent (NMD)

.141 The supported child for whom support would be owed is a NMD and has reached age 19, or

.142 The parent with a duty to support is a NMD and resides with his/her child in foster care.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Section 11476, Welfare and Institutions Code; and Sections 17552(e) and 17552(f), Family Code.

This page is intentionally left blank.

.

82-505 (Reserved) 82-505

82-506 ASSIGNMENT OF SUPPORT RIGHTS 82-506

.1 Assignment

As a condition of eligibility for assistance each CalWORKs or foster care applicant/recipient shall assign to the county all rights to child/spousal support for the applicant/recipient or any other family member required to be in the AU under Section 82-820.3.

HANDBOOK BEGINS HERE

.11

See Manual of Policies and Procedures Division 12, Section 12-410 for assignment types and duration of assignment.

HANDBOOK ENDS HERE

.2 Receipt of Aid

Receipt of public assistance shall constitute an assignment of child and spousal support rights unless there is written refusal to assign support rights.

.3 Right to Refuse

The county shall inform the applicant/recipient of his/her right to refuse to assign support rights.

.4 Refusal to Assign

The county shall deny or discontinue aid to the applicant/recipient who refuses to assign support rights and shall aid the eligible child(ren) in accordance with Section 44-309.

HANDBOOK BEGINS HERE

.41

See Section 44-309, Protective Payments

HANDBOOK ENDS HERE

.5 Aid Paid Pending

The county shall not consider receipt of aid paid pending a state hearing as an assignment of support rights.

.6 Ineligible for Aid

If the county determines that an applicant is ineligible for aid, the county shall inform the applicant that he/she may go to the local child support agency's office for help in locating the absent parent and collecting child support.

82-506 ASSIGNMENT OF SUPPORT RIGHTS (Continued) 82-506

NOTE: Authority cited: Sections 10553, 10554, 11457, and 11479.5, Welfare and Institutions Code. Reference: Section 11477.1, Welfare and Institutions Code; and Sections 301(a)(1)(A) and (B) of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Public Law 104-193): California's Temporary Assistance for Needy Families State Plan dated October 9, 1996 and effective November 26, 1996.

82-507 (Reserved) 82-507

82-508 COUNTY RESPONSIBILITIES 82-508

.1 Inform Applicant/Recipient	The county shall inform the applicant/recipient of the benefits of the Child Support Enforcement Program together with the cooperation requirements, and the right to claim exemption from those requirements prior to referral to the local child support agency.
.2 Notification to the Office of the Local Child Support Agency	Unless the applicant/recipient is exempt from the cooperation requirements in Section 82-510 the county shall provide to the local child support agency the following for each absent parent or alleged father no later than two working days after the applicant/recipient meets all conditions of eligibility and the county signs authorization documents to approve the application for AFDC:
.21 Referral Form (CA 371)	A completed referral form,
.22 CA 2.1 (Q)	A completed Child Support Questionnaire,
.23 Other Information	Any other information in its possession pertinent to the Child Support Enforcement Program requested by the local child support agency.
.3 Information to Local Child Support Agency	The county shall also notify the local child support agency in writing when:
.31 Persons Added or Deleted	Persons are added to or deleted from the AU, or
.32 Children Accepted for Adoption	Children are accepted for adoption by a public or private adoption agency or such an acceptance has been terminated, or

82-508 COUNTY RESPONSIBILITIES (Continued) **82-508**

.33 Direct Support

The AU receives and retains a direct support payment, or

.34 Aid Discontinued

Aid to the family has been discontinued, or

.35 Exemption Claimed

.351

An applicant/recipient has claimed exemption from the cooperation requirements under the provisions on Section 82-512. The county must promptly report this. Upon receiving notice from the county that an applicant has claimed to be exempt from the cooperation requirements, the local child support agency shall suspend all activities to secure child support.

.352

When the county determines an exemption from the cooperation requirements exists, the local child support agency shall be notified. Activities to secure child support shall be started or resumed only when the applicant/recipient makes such a request.

.353

When the county has denied the request for exemption from the cooperation requirements or determined that an exemption no longer exists, the local child support agency shall be notified. Activities to secure child support shall immediately be started or resumed.

.36 Disregard Provided

A disregard is provided through the grant computation based on direct support payments received and retained by the assistance unit.

.37 Aid Grant Information

.371

The county shall provide the local child support agency with the aid grant information on a monthly basis. The aid grant information shall include the total amount of aid paid to each assistance unit during the month. This includes the current assistance grant payment, plus supplemental payments made during the month. The aid grant information must be provided to the local child support agency within 10 calendar days from the end of the aid month.

82-508 COUNTY RESPONSIBILITIES (Continued) **82-508**

.372 If requested, the county shall provide the local child support agency with the aid grant information for prior months.

.373 This information is not required to be sent to the local child support agency if the county provides the UAP to the local child support agency, pursuant to Section 82-508.39.

.38 Repayments of Aid

The county shall provide the local child support agency with information regarding current or former assistance units that have repaid past aid, and the amount of aid repaid so that local child support agency can unassign child/spousal support arrearages in excess of the unreimbursed assistance pool when the recipient is no longer aided. This information shall be provided to the local child support agency within 10 calendar days from the end of the month which the aid was repaid.

.381 This information is not required to be sent to the local child support agency if the county provides the UAP to the local child support agency, pursuant to Section 82-508.39.

.39 Unreimbursed Assistance Pool

.391 If the county, under a plan of cooperation, accumulates the UAP for the local child support agency, the county shall provide the UAP to the local child support agency within sufficient time for the local child support agency to distribute and disburse support payments to the family within the time standards specified in Section 12-108.

.4 Designated Agency

For purposes of this section, references to the designated agency mean the District Attorney or other public agency delegated the distribution function via a plan of cooperation with the District Attorney. In these situations the District Attorney is responsible for insuring that all distribution amounts are proper and time frames are met.

82-508 COUNTY RESPONSIBILITIES (Continued) **82-508**

.41 Disregard Responsibility

The county welfare department is responsible for disbursement of the disregard payments to the family.

.411

The county welfare department may enter into a plan of cooperation with another county agency to disburse disregard payments in current assistance CalWORKs cases.

.5 Aid Grant Information

The county shall provide the local child support agency with the aid grant information on a monthly basis. The aid grant information shall include the total amount of aid paid to each assistance unit during the month. This includes the current assistance grant payment, plus supplemental payments made during the month. The aid grant information must be provided to the local child support agency within 10 calendar days from the end of the aid month.

.51

If requested, the county shall provide the local child support agency with the aid grant information for prior months.

.52

This information is not required to be sent to the local child support agency if the county provides the unreimbursed assistance pool (UAP) to the District Attorney, pursuant to Section 82-508.6.

.53 Repayments of Aid

The county shall provide the local child support agency with information regarding current or former assistance units that have repaid past aid, and the amount of aid repaid so that the local child support agency can unassign child /spousal support arrearages in excess of the UAP when the recipient is no longer aided. This information shall be provided to the local child support agency within 10 calendar days from the end of the month in which the aid was repaid.

.54

This information is not required to be sent to the local child support agency if the county provides the UAP to the local child support agency, pursuant to Section 82-508.6.

82-508 COUNTY RESPONSIBILITIES (Continued) **82-508**

.6 Unreimbursed Assistance Pool (UAP)

.61 If the county, under a plan of cooperation, accumulates the UAP for the local child support agency, the county shall provide the UAP to the local child support agency within sufficient time for the local child support agency to distribute and disburse support payments to the family within the time standards specified in Section 12-108.

NOTE: Authority cited: Sections 10553, 10554, and 11479.5, Welfare and Institutions Code. Reference: Section 11477.02, Welfare and Institutions Code; Office of Child Support Enforcement Action Transmittal 89-09 dated May 18, 1989; and Sections 301(a)(1)(A) and (B) and Sections 457(a)(1) and (2) [42 U.S.C. 657(a)(1) and (2)] of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Public Law 104-193): California's Temporary Assistance for Needy Families State Plan dated October 9, 1996 and effective November 26, 1996; Office of Child Support Enforcement Action Transmittal 97-17, Sections II(a), V, VI(b), and VIII, Questions 2, 5, 10, 14, 15, 23, and 24; and 45 CFR 302.52.

82-509 (Reserved) 82-509

82-510 COOPERATION REQUIREMENTS 82-510

.1 Child/Spousal Support

Unless exempted from cooperation requirements under the provisions of Section 82-512, the applicant/recipient, when requested, shall cooperate with the District Attorney in establishing paternity and securing child/spousal support. The District Attorney is responsible for determining whether an applicant/recipient is cooperating. Such cooperation shall be required of all applicant or recipient parents, aided or unaided, and needy caretaker relatives and may include, but is not limited to, the following activities:

.11 Provide Information

Provide any relevant information in his/her possession about the identity and whereabouts of each absent parent or alleged father.

.12 Complete Forms

Complete, sign, and date the Form CA 2.1 NA and CA 2.1 (Q) for each absent parent or alleged father.

.13 Appear at Office

Appear at the office of the District Attorney as long as reasonable advance notice is given and the person does not have good cause for failing to appear.

.14 Genetic Testing

Submit to genetic testing if paternity is in question and if such testing is necessary. Such testing shall also include the child.

.15 Serve as Witness

Serve as a witness in court or at other hearings and proceedings related to child support as long as reasonable advance notice is given and the person does not have good cause for failing to appear.

.16 Forward Payments

Forward any support payments which he or she receives directly from an absent parent to the District Attorney or to some other agency designated by the District Attorney.

.17 Provide Information

Provide to the District Attorney verbal, written, or documentary information related to establishing paternity and securing support.

82-510 COOPERATION REQUIREMENTS (Continued) 82-510

.2 Identify Medical Coverage

Unless exempted from cooperation requirements under the provisions of Section 82-512, the applicant/recipient shall cooperate with the District Attorney in identifying potential sources of medical coverage. Such cooperation may include, but is not limited to, the following activities:

.21 Provide Information

Provide relevant information about any potential coverage for medical expenses that may be available to the applicant/recipient or any family member from any source including the absent parent, private health insurance policies, pending judgments, tort settlements, etc.

.22 Complete Forms

Complete, sign, and date a DHS 6155 (Rev. 10/90), Health Insurance Questionnaire, and/or a DHS 6110 (Rev. 10/91), Medical Insurance Form, for each absent parent or alleged father.

.3 Other Payments

The applicant/recipient shall cooperate in obtaining any other payments or property due any member of the AU.

82-510 COOPERATION REQUIREMENTS (Continued) 82-510

.4 Failure to Cooperate

The county shall, upon a determination that the applicant/recipient has failed to meet the cooperation requirements, determine whether the applicant/recipient is exempt from cooperation requirements, as defined in Section 82-512.

.41 Penalty

When the county determines that the applicant/recipient is not exempt from cooperating, the county shall reduce the computed grant by 25 percent until the applicant/recipient cooperates.

.42 Restoration of Aid

The penalty is removed effective the first of the month in which cooperation occurs.

HANDBOOK BEGINS HERE

An AU consists of a senior mother, her child who is a minor teen parent, and the child of the minor teen. Both the senior mother and the minor teen parent fail to cooperate with the DA regarding the absent parents of their respective children.

Since there are two different individuals who are not cooperating for two different children, there are two instances of noncooperation. The penalty would be applied sequentially; first apply one 25 percent penalty, then reduce the remainder of the computed grant by another 25 percent for the second failure to cooperate. Each time there is a different custodial parent or needy caretaker with a separate child within an AU who fails to cooperate with the DA, the 25 percent penalty must be applied.

HANDBOOK ENDS HERE

.5 Foster Parents and Nonneedy Caretaker Relatives

The failure of a foster parent or nonneedy caretaker relative to comply with cooperation requirements shall not result in any change in the amount of aid paid to the AU. In foster care and Kin-GAP situations, the child's natural parent and the placing agency will be asked to cooperate to the extent possible.

82-510 COOPERATION REQUIREMENTS (Continued) 82-510

NOTE: Authority cited: Sections 10553, 10554, and 11369, Welfare and Institutions Code. Reference: Sections 11477 and 11477.02, Welfare and Institutions Code; 45 CFR 303.5(d)(1); and Sections 301(a)(1)(A) and (B) of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Public Law 104-193): California's Temporary Assistance for Needy Families State Plan dated October 9, 1996 and effective November 26, 1996.

82-511 (Reserved) 82-511

82-512 EXEMPTION FROM COOPERATION REQUIREMENTS 82-512

.1	Cooperation Not in Best Interests of Child	The county shall determine that noncooperation in establishing paternity and securing support or providing information to assist the county in pursuing third parties who may be liable to pay for medical services, is not in the best interests of the child when:
.11	Physical or Emotional Harm	The applicant/recipient demonstrates that such cooperation will increase the risk of:
.111		physical, sexual or emotional harm to the child or
.112		domestic abuse, as defined in Section 42-701.2, to the parent or caretaker relative, or
.12	Incest/Rape	The child for whom aid is requested was conceived as a result of incest or rape, or
.13	Adoption	Legal proceedings for the adoption of the child are pending, or
.14	Relinquishment	The applicant/recipient is being assisted by a public or licensed private adoption agency to resolve the issues of whether to keep or relinquish the child for adoption.
.141		Repealed by Manual Letter No. EAS-98-03, effective 7/1/98.

82-512 EXEMPTION FROM COOPERATION REQUIREMENTS (Continued) 82-512

.15 Any Other Reason

Any other reason that would be contrary to the best interest of the child.

.2 Referrals

Applicants/recipients who inquire about, request an exemption from cooperation requirements, or otherwise indicate that they or their children are at risk of abuse, shall be given referrals to appropriate community, legal, medical, and support services.

.21 Effect on Receipt of Aid

Follow-up by the applicant/recipient on the above referrals shall not affect their eligibility for CalWORKs or the determination of cooperation.

.3 Increased Risk

The county shall determine that the claim is valid when cooperation increases the risk of harm. The mere belief of the applicant/recipient that cooperation would increase the risk of harm is not a sufficient basis for granting the claim. The claim shall be granted based on emotional harm only on a demonstration of an emotional impairment that substantially affects the individual's functioning.

.4 Special Considerations Related to Emotional Harm

For every claim for exemption from the cooperation requirements which is based in whole, or in part, upon the anticipation of emotional harm to the child or the applicant/recipient, the county shall consider the following:

.41 Emotional State

The present emotional state of the individual subject to emotional harm,

.42 Emotional Health History

The emotional health history of the individual subject to emotional harm,

.43 Intensity/Duration

The intensity and probable duration of the emotional impairment,

82-512 EXEMPTION FROM COOPERATION REQUIREMENTS (Continued) 82-512

.44 Degree of Cooperation	The degree of cooperation to be required, and
.45 Extent of Involvement	The extent of the involvement of the child in the paternity establishment or support enforcement activity to be undertaken.
.5 Claiming Exemption	The applicant/recipient may claim exemption from the cooperation requirements in Section 82-510 at any time.
.51 Establishing Grounds for Exemption	The applicant/recipient claiming exemption from the cooperation requirements has the burden of establishing the existence of grounds for the exemption and is required to:
.511 Specify Circumstances	Specify the circumstances that provide sufficient grounds for exemption, and
.512 Corroboration	Provide supporting evidence for the claim of exemption, and
.513 Evidence Within 20 Days	Provide supporting evidence within 20 days from the day the claim for exemption is made except in cases in which it is difficult to obtain supporting evidence. In such cases, the county shall allow a reasonable additional period of time, and
.514 Information to Permit Investigation	If requested, provide sufficient information (such as the alleged father or absent parent's name and address, if known) to permit an investigation.
.52 Types of Supporting Evidence	Evidence to support a claim for exemption includes, but is not limited to:
.521 Legal/Medical Documentation	Birth certificates or medical, mental health, rape crisis, domestic violence program, or law enforcement Documentation records which indicate that the child was conceived as the result of incest or rape.
.522 Court Documents	Court documents or other records which indicate that legal proceedings for adoption are pending before a court of competent jurisdiction.

82-512 EXEMPTION FROM COOPERATION REQUIREMENTS 82-512
(Continued)

.523	Adoption Statement	A written statement from a public or licensed private adoption agency that the applicant/recipient is being assisted by the agency to resolve the issue of whether to keep the child or relinquish the child for adoption.
.524	Supporting Records	Police, governmental agency, or court records, documentation from a domestic violence program or a professional from whom the applicant or recipient has sought assistance in dealing with abuse, physical evidence of abuse, or any other evidence that supports an exemption from cooperation requirements.
.525	Penalty of Perjury Statements	Statements made under penalty of perjury by the applicant/recipient or other individuals with knowledge of the circumstances which provide the basis for the claim for exemption.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Sections 11477 and 11477.04, Welfare and Institutions Code; and Sections 301(a)(1)(A) and (B) of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Public Law 104-193): California's Temporary Assistance for Needy Families State Plan dated October 9, 1996 and effective November 26, 1996.

82-513 (Reserved) 82-513

82-514 EVALUATION OF CLAIM FOR EXEMPTION 82-514

.1	Examination of Evidence	The county shall examine the supporting evidence supplied by the applicant/recipient to ensure that it verifies the claim for exemption, and shall:
.11	Request Additional Evidence	Request additional supporting evidence when needed to evaluate the claim for exemption, and
.12	Inform Applicant/Recipient	Promptly inform the applicant/recipient when additional supporting evidence is needed, and

82-514 EVALUATION OF CLAIM FOR EXEMPTION (Continued) **82-514**

.13	Accept as sufficient a statement made under penalty of perjury by a victim under Section 82-512.11(b) unless the county welfare department documents in writing an independent, reasonable basis to find the recipient not credible.
.121 Specify Document	Specify the type of document which is needed.
.2 Provide Assistance	The county shall, upon request:
.21 Advise Applicant/Recipient	Advise the applicant/recipient how to obtain the necessary documents, and
.22 Obtain Documents	Make a reasonable effort to obtain specific documents which the applicant/recipient is not reasonably able to obtain without assistance.
.3 Further Evaluation of Claim	The county may further evaluate the claim for exemption if the claim together with corroborative evidence does not provide a sufficient basis for making a determination. If the county conducts an investigation of the claim, the county shall:
.31 Notify Applicant/Recipient	Notify the applicant/recipient prior to making contact with the absent parent or alleged father, to enable the applicant/recipient to:
.311 Present Additional Evidence	Present additional supporting evidence or information so that contact with the parent or alleged father becomes unnecessary, or
.312 Withdraw Application	Withdraw the application for assistance or have the case closed, or
.313 Have Claim Denied	Request that the claim for exemption be denied.
.32 Contact Absent Parent	Contact the absent parent or alleged father from whom support would be sought if such contact is determined to be necessary to establish the claim.

82-514 EVALUATION OF CLAIM FOR EXEMPTION (Continued) 82-514

.4	Evidence Not Submitted	When evidence to support a claim for exemption from the cooperation requirements is not forthcoming, the county shall investigate the claim when it believes that:
.41	Credible Claim	The claim is credible without supporting evidence, and
.42	Evidence Not Available	Supporting evidence is not available.
.43	Make Determination	The county shall rule on the validity of the claim on the basis of the claimant's statements and the results of the investigation.
.44	Record Findings	The county's findings shall be recorded in the case record.
.5	Time Standard	The county shall make the determination within 25 days of the date the evidence is received.
.51	Determination Pending	Aid shall not be denied, delayed, or discontinued if the applicant/recipient has furnished supporting evidence and the determination of exemption is pending.
.6	Invalid Claim	The county shall, when it has made a final determination that the claim for exemption is invalid:
.61	Notify Applicant	Notify the applicant/recipient on the appropriate Notice of Action form that continued noncooperation will result in a sanction, and
.62	Notify District Attorney	Notify the District Attorney in writing.
.63	Opportunity to Cooperate	Afford the applicant/recipient an opportunity to cooperate in accordance with Section 82-510 or to withdraw the application for assistance and have the case closed.

82-514 EVALUATION OF CLAIM FOR EXEMPTION **82-514**
(Continued)

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Section 11477.04, Welfare and Institutions Code; and Sections 301(a)(1)(A) and (B) of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Public Law 104-193): California's Temporary Assistance for Needy Families State Plan dated October 9, 1996 and effective November 26, 1996.

82-515 (Reserved) **82-515**

82-516 ENFORCEMENT WITHOUT APPLICANT/RECIPIENT'S COOPERATION **82-516**

Repealed by Manual Letter No. EAS-98-03, effective 7/1/98.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Section 11477, Welfare and Institutions Code; and Sections 301(a)(1)(A) and (B) of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Public Law 104-193): California's Temporary Assistance for Needy Families State Plan dated October 9, 1996 and effective November 26, 1996.

82-517 (Reserved) **82-517**

82-518 CHILD AND SPOUSAL SUPPORT COLLECTIONS **82-518**

.1 Redetermination of Eligibility — The county shall redetermine the AU's income eligibility when the county receives a notice of collection amount and disregard computation.

.11 Ineligible — If the family is determined to be financially ineligible for CalWORKs, the county welfare department shall take action to discontinue aid to the family as soon as administratively practicable. The county shall also notify the local child support agency that aid has been discontinued so that child support collections for current month obligations received in any month for which the family was ineligible and no aid was paid can be forwarded directly to the family.

.12 Eligible — If the family continues to be financially eligible for CalWORKs, the local child support agency will continue to distribute the collection.

82-518 CHILD AND SPOUSAL SUPPORT COLLECTIONS (Continued) **82-518**

HANDBOOK BEGINS HERE

.13 See Section 44-207 for income eligibility.

HANDBOOK ENDS HERE

.14 Available

All excess and pass-on payments made to a family from child/spousal support collected in any month is considered available income in the month received by the family or the foster care child.

.15 Child Support Collection and Distribution Regulations

HANDBOOK BEGINS HERE

(a) Handbook Sections 25-900 through 25-925 are replaced by the regulations contained in Manual of Policies and Procedures Division 12, Chapter 12-400.

(b) See Manual of Policies and Procedures Division 12, Chapter 12-100, Section 12-101 for general child support enforcement program definitions of terms.

(c) See Manual of Policies and Procedures Division 12, Chapter 12-100, Section 12-108 for local child support agency time standard regulations.

(d) See Manual of Policies and Procedures Division 12, Chapter 12-400, Section 12-405 for child support enforcement program definition of terms used in the collection and distribution activities.

(e) See Manual of Policies and Procedures Division 12, Chapter 12-400, Section 12-410 for assignment types and duration.

(f) See Manual of Policies and Procedures Division 12, Chapter 12-400, Section 12-415 for local child support agency allocation of payments in multiple cases regulations.

HANDBOOK CONTINUES

82-518 CHILD AND SPOUSAL SUPPORT COLLECTIONS (Continued) 82-518

HANDBOOK CONTINUES

(g) See Manual of Policies and Procedures Division 12, Chapter 12-400, Section 12-420 for local child support agency collection distribution hierarchy regulations.

(h) See Manual of Policies and Procedures Division 12, Chapter 12-400, Section 12-425 for local child support agency welfare distribution process regulations.

(i) See Manual of Policies and Procedures Division 12, Chapter 12-400, Section 12-430 for local child support agency disbursement regulations.

(j) See Manual of Policies and Procedures Division 12, Section 12-435 for local child support agency Child/Family and Spousal Support monthly collection and distribution reporting regulations.

HANDBOOK ENDS HERE

.2 Receipt of Direct Support Payment — The county shall notify the local child support agency when a recipient has received a support payment directly from an absent parent and the recipient does not send the payment to the local child support agency, and shall treat the payment as follows:

.21 Current Month Support — Determine what portion of the direct payment represents the current month support obligation.

.22 Disregard Amount — From the current month support payment, disregard an amount up to $50.00. However, no amount shall be disregarded under this section if a full disregard already has been provided to the AU for that month.

.23 Treat as Income — Treat the remainder of the direct payment as unearned income in the month received.

82-518 CHILD AND SPOUSAL SUPPORT COLLECTIONS (Continued) **82-518**

HANDBOOK BEGINS HERE

.231 For treatment of child support income for an MFG child, see Section 44-314.62.

HANDBOOK ENDS HERE

.3 Coordination with Local Child Support Agency — The county shall coordinate with the local child support agency to establish procedures guaranteeing that the total disregard provided does not exceed $50 per month in:

.31 Multiple Payers — Cases with multiple payers, or

.32 Incremental Payments — Cases in which the payer(s) makes incremental payments.

.4 Repealed by Manual Letter No. EAS-99-10, effective 8/12/99.

NOTE: Authority cited: Sections 10553, 10554, and 11457, Welfare and Institutions Code. Reference: Sections 10553 and 10554, Welfare and Institutions Code; 45 CFR 302.31(a)(3); 45 CFR 302.32(b); Sections 301(a)(1)(A) and (B) of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Public Law 104-193): California's Temporary Assistance for Needy Families State Plan dated October 9, 1996 and effective November 26, 1996; and Kehrer v. Saenz, Case Number 99CS02320, January 22, 2001.

82-519 (Reserved) 82-519

82-520 DISTRIBUTION OF CHILD AND SPOUSAL SUPPORT PAYMENTS 82-520

HANDBOOK BEGINS HERE

.1 Distribution Regulations

Regulations for assistance related distribution of child support payments, and reimbursement of state and federal shares are found in Manual of Policies and Procedures Division 12, Section 12-425.

HANDBOOK ENDS HERE

.2 Disregard Payment

The designated agency shall first pay the AU a disregard payment of up to $50 of the amount of collection which represents payment on a current support obligation (court ordered or voluntary). The county shall disregard this payment as income or resources for eligibility determination and grant computation.

82-520 DISTRIBUTION OF CHILD AND SPOUSAL SUPPORT PAYMENTS 82-520
(Continued)

HANDBOOK BEGINS HERE

.21 See Sections 42-213.2 and 44-111.471 for income and property exclusion rules for child support payments to families.

.22 See Section 12-425(c) for $50 disregard regulations.

.23 See Section 12-108 for time frames for making support payments to families.

HANDBOOK ENDS HERE

.3 Repealed by CDSS Manual Letter No. EAS-00-04, effective 4/1/00.

.4 Renumbered to Section 82-520.2 by CDSS Manual Letter No. EAS-00-04, effective 4/1/00.

.5 Renumbered to Section 82-518.14 by CDSS Manual Letter No. EAS-00-04, effective 4/1/00.

.6 Repealed by CDSS Manual Letter No. EAS-00-04, effective 4/1/00.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Sections 10553 and 10554, Welfare and Institutions Code; 45 CFR 302.51(b)(1); 45 CFR 302.52; Office of Child Support Enforcement Action Transmittal 92-11 dated November 20, 1992; and Sections 301(a)(1)(A) and (B), Section 454B(c)(1) [42 U.S.C. 654B(c)(1)], and Sections 457(a)(1) and (2) [42 U.S.C. 657(a)(1) and (2)] of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Public Law 104-193): California's Temporary Assistance for Needy Families State Plan dated October 9, 1996 and effective November 26, 1996; Office of Child Support Enforcement Action Transmittal 97-13, Question 70; and Office of Child Support Enforcement Action Transmittal 99-01.

This page is intentionally left blank.

TABLE OF CONTENTS

CHAPTER 82-600 CONDITIONS OF ELIGIBILITY/COOPERATION/SANCTIONS

	Section
Potentially Available Income	82-610
Eligibility Condition	.1
Applicants	.2
Definition	.3
Sources of Potentially Available Income	.4
Applicant/Recipient Responsibility	.5
Evidence	.6
Unemployment Insurance Benefits (UIB)	82-612
Eligibility Conditions	.1
Applicants	.2
Date of Discontinuance	.3
Reestablish UIB Eligibility	.4
Referral to EDD	.5
Apparently Eligible	.6
Conditions of Eligibility for UIB	.7
Good Cause for Failing to Meet UIB Conditions of Eligibility	82-614
Determination	.1
Criteria	.2
Intentional Program Violation (IPV)	82-620
IPV Penalties	.1
Eligibility Pending an IPV Hearing	.2
Rescinding Disqualification	.3
Penalty Time Periods	.4
No Substitutions	.5

This page is intentionally left blank.

CHAPTER 82-600 CONDITIONS OF ELIGIBILITY/COOPERATION/SANCTIONS

82-610 POTENTIALLY AVAILABLE INCOME 82-610

.1 Eligibility Condition	The county shall deny or discontinue aid when an AU member fails to seek or accept potentially available income as follows:
.11 Mandatory	The county shall deny or discontinue the entire AU when the person is a mandatorily included AU member.
.12 Optional	The county shall deny or discontinue the person when he/she is an optional person.
.2 Applicants	The requirement to seek or accept potentially available income shall be considered to have been met on the date of application when it is completed by the date of authorization of aid.
.3 Definition	Potentially available income is any income the recipient is entitled to receive.

HANDBOOK BEGINS HERE

.4 Sources of Potentially Available Income	Sources of potentially available income shall include, but are not limited to:
.41 Social Insurance Benefits	Old Age Security and Disability Insurance (OASDI), Unemployment Insurance Benefits, Disability Insurance Benefits.
.42 Military Benefits	Benefits available to veterans of military service, members of military service, their spouses and their dependents.
.43 Retirement Benefits	Railroad retirement benefits, union retirement benefits, or private pension benefits.

HANDBOOK CONTINUES

82-610 POTENTIALLY AVAILABLE INCOME (Continued) 82-610

HANDBOOK CONTINUES

.44	Insurance Benefits	Life insurance disability benefits.
.45	Worker's Compensation	Worker's compensation benefits.
.46	Debts	Any outstanding debts owed the recipient.

HANDBOOK ENDS HERE

.5	Applicant/Recipient Responsibility	The applicant/recipient shall take all actions necessary to obtain potentially available income.
.6	Evidence	The applicant or recipient shall provide evidence to the county that all actions necessary to obtain potentially available income have been taken.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Section 11270, Welfare and Institutions Code and 45 CFR 233.20(a)(3)(ix).

82-612 UNEMPLOYMENT INSURANCE BENEFITS (UIB) 82-612

.1	Eligibility Conditions	The county shall deny or discontinue aid to the AU when a mandatorily included person whom the county has referred to EDD pursuant to Section 82-612.5 below:
.11	Apply	Fails to apply for UIB or
.12	Accept	Fails to accept UIB or
.13	Meet Conditions	Fails without good cause to meet the conditions of eligibility for UIB.
.2	Applicants	Applicants meet the requirement to apply for or accept UIB on the date of application when it is completed by the date of authorization of aid.

82-612 UNEMPLOYMENT INSURANCE BENEFITS (UIB) 82-612
(Continued)

.3	Date of Discontinuance	Section 82-612.3(QR) shall become inoperative and Section 82-612.3(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.
	(QR)	The county shall discontinue the AU at the end of the QR Payment Quarter in which a person who is required to apply for or accept UIB fails to do so, or fails to meet one of the eligibility conditions in Section 82-612.7.
	(SAR)	The county shall discontinue the AU at the end of the SAR Payment Period in which a person who is required to apply for or accept UIB fails to do so, or fails to meet one of the eligibility conditions in Section 82-612.7.
.4	Reestablish UIB Eligibility	The county shall continue aid when the mandatorily included person reestablishes eligibility for UIB in the same month that he/she is disqualified for UIB.
.5	Referral to EDD	The county shall refer mandatorily included persons who are apparently eligible for UIB and who have not applied for UIB, to EDD to apply for UIB.
.6	Apparently Eligible	The county shall not refer a person to EDD who:
	.61 Not Worked	Has not worked in employment covered by the Unemployment Insurance Compensation Law in the past 19 months.
	.62 Receiving UIB/DIB	Is receiving UIB/Disability Insurance Benefits (DIB), has a UIB/DIB claim which is being processed or has exhausted his/her UIB/DIB.
	.63 Ill or Injury	Is ill or injured as specified in Section 42-630.3.
	.64 Previously Denied	Has previously been denied or discontinued from UIB and has no subsequent employment which would change the previous determination.

82-612 UNEMPLOYMENT INSURANCE BENEFITS (UIB) **82-612**
(Continued)

.65	Employed	Is employed forty hours a week.
.66	Striking	Is participating in a strike.
.7	Conditions of Eligibility for UIB	An applicant or recipient meets conditions of eligibility by meeting the requirements in Section 1253 of the Unemployment Insurance Code (UIC).

HANDBOOK BEGINS HERE

.71	UIC Section 1253	UIC 1253 states, in part:
		"An unemployed individual is eligible to receive unemployment compensation benefits with respect to any week only if the Director finds that:
	.711	"A claim for benefits with respect to that week has been made in accordance with authorized regulations.
	.712	"He has registered for work, and thereafter continued to report, at a public employment office or such other place as the Director may approve. Either or both of the requirements of this subdivision may be waived or altered by authorized regulations as to partially employed individuals attached to regular jobs.
	.713	"He was able to work and available for work for that week.
	.714	"He has been unemployed for a waiting period of one week as defined in Section 1254.
	.715	"He conducted a search for suitable work in accordance with specific and reasonable instructions of a public employment office."

HANDBOOK ENDS HERE

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Sections 11265.2 and 11270, Welfare and Institutions Code and 45 CFR 233.20(a)(3)(ix).

82-614 GOOD CAUSE FOR FAILING TO MEET UIB CONDITIONS OF ELIGIBILITY 82-614

.1 Determination

The county shall determine whether good cause exists for an applicant or recipient who fails to meet conditions of eligibility for UIB when:

.11 Apparently Eligible

The applicant or recipient is apparently eligible for UIB, and

.12 Work Registration

The applicant or recipient is required to register for work.

.2 Criteria

Good cause shall be established when the applicant or recipient meets one of the criteria of the United States Department of Labor and United States Department of Health and Human Services WIN Handbook, Fourth Edition, Chapter 10, Section 10, Subsection d (Rev. 6/84).

HANDBOOK BEGINS HERE

.21 WIN Handbook

The WIN Handbook states, in part:

"Examples of good cause may include, but are not limited to:

.211 "Illness or incapacity;

.212 "Court-related appearance or incarceration;

.213 "Emergency family crisis or sudden change of immediate family circumstances;

.214 "Breakdown in transportation arrangements with no readily accessible alternate means of transportation;

.215 "Inclement weather which prevented the registrant or other person similarly situated from traveling to, or participating in the prescribed activity;

HANDBOOK CONTINUES

82-614 GOOD CAUSE FOR FAILING TO MEET UIB CONDITIONS OF ELIGIBILITY (Continued) 82-614

HANDBOOK CONTINUES

.216 "Breakdown in the child care arrangement or availability of child care not suited for special needs of child for when it is intended; handicapped or retarded child;

.217 "Lack of other necessary social services, even though not specifically included in the local or State WIN Plan;

.218 "The assignment or job referral does not meet the appropriate work and training criteria [this includes when the person fails to meet UIB eligibility conditions due to GAIN activities];

.219 "Refusal to accept major medical services even if such refusal precludes participation in the program."

HANDBOOK ENDS HERE

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Section 11270, Welfare and Institutions Code and 45 CFR 233.20(a)(3)(ix).

82-620 INTENTIONAL PROGRAM VIOLATION (IPV) 82-620

HANDBOOK BEGINS HERE

.1 IPV Penalties

See Section 20-353 for penalties associated with IPVs.

HANDBOOK ENDS HERE

.2 Eligibility Pending an IPV Hearing

The county shall not apply the fraud penalty to an individual until the court or hearing official finds that an IPV has been committed.

82-620 INTENTIONAL PROGRAM VIOLATION (IPV) 82-620
(Continued)

.3	Rescinding Disqualification	The county shall reinstate aid only when the findings upon which the sanctions are imposed are reversed by a court of appropriate jurisdiction.
.4	Penalty Time Periods	The fraud penalty periods themselves shall not be subject to review or revision.
.5	No substitutions	Any penalty that the county imposes for an IPV shall be in addition to, not in substitution for, any other court imposed penalties for the IPV-related offenses.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Section 11486, Welfare and Institutions Code.

This page is intentionally left blank.

TABLE OF CONTENTS

CHAPTER 82-800 ASSISTANCE UNIT

	Section
Living in the Home of a Caretaker Relative	82-804
Living in the Home	.1
Home of a Caretaker Relative	.2
Caretaker Relative Requirements	82-808
Relationship of a Caretaker Relative	.1
Determining the Caretaker Relative	.2
Care and Control Factors	.3
Alternating Arrangements	.4
Number of Caretaker Relatives	.5
Minor Parent/Caretaker Relative	.6
Temporary Absence	82-812
Who Can Be Temporarily Absent	.1
Living With the Caretaker Relative	.2
Care and Control	.3
Determining Factors	.4
One Full Calendar Month Time Limit	.5
Exceptions to One Full Calendar Month Time Limitation	.6
Documentation of Temporary Absence	.7
Repealed by Manual Letter No. EAS-97-05, effective 5/1/97	.8
Included Persons	82-820
Assistance Unit	.1
Minimum Requirements	.2
Mandatory Inclusion	.3
Who Determines AU	.4
Penalty	.5
Assistance Units that Shall be Combined	82-824
Combining AUs	.1

TABLE OF CONTENTS (Continued)

CHAPTER 82-800 ASSISTANCE UNIT

Section

Optional Persons 82-828

County Responsibility 1
Optional Persons 2

Excluded Persons 82-832

Person Who is Excluded by Law 1
Sanctioned Persons 2
Add a Person Who Becomes Ineligible Prior to Authorization of Aid 3

Timed-Out Adults 82-833

Federal AFDC Program for Pregnant Women 82-836

AU of One 1
Pregnancy Special Need 2

CHAPTER 82-800 ASSISTANCE UNIT

82-804 LIVING IN THE HOME OF A CARETAKER RELATIVE 82-804

.1 Living In The Home

An eligible child shall be living in the home of the caretaker relative.

.2 Home of a Caretaker Relative

The home of a caretaker relative is a family setting being maintained or in the process of being established for a child. A child is considered to be living in the home of a caretaker relative even when:

.21 Court Jurisdiction

A child is under the jurisdiction of the court and is living in the home of the relative (e.g., receiving probation services or protective supervision); or

.22 Legal Custody

A child's legal custody is held by an agency that does not have physical possession of the child.

[Previous cite: 44-203.111 - .113 and .12]

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: 45 CFR 233.90 and 45 CFR 237.50(b)(2), Sections 10553, 10554, and 11450, Welfare and Institutions Code, and SSA-AT-86-01.

82-808 CARETAKER RELATIVE REQUIREMENTS 82-808

.1 Relationship of a Caretaker Relative

The caretaker relative shall be related to the applicant/eligible child as specified below.

.11 Degree of Relatedness

The caretaker relative may be any relation by blood, marriage or adoption who is within the fifth degree of kinship to the dependent child. (See Appendix A).

.111 Biological Relatives

The acceptable caretaker relative shall be a parent (1st degree), grandparent (2nd degree), sibling (2nd degree), great-grandparent (3rd degree), uncle or aunt (3rd degree), nephew or niece (3rd degree), great-great grandparent (4th degree), great-uncle or aunt (4th degree), first cousin (4th degree), great-great-great grandparent (5th degree), great-great uncle or aunt (5th degree), or a first cousin once removed (5th degree).

82-808 CARETAKER RELATIVE REQUIREMENTS (Continued) 82-808

HANDBOOK BEGINS HERE

(a) If A or B are first cousins, B's children are first cousins once removed to A and A's children are first cousins once removed to B. A's children and B's children are second cousins.

HANDBOOK ENDS HERE

.112 Step- Relatives — A stepfather, stepmother, California domestic partner of a parent, or stepbrother or stepsister, or

.113 Spouses of Relatives — A spouse or California domestic partner of any person named above even after the marriage or domestic relationship has been terminated by death or dissolution or termination of the California domestic partnership, or

.114 Adoptive Relatives — A person who legally adopts the child or that person's relatives, as specified.

.12 Relinquishment/ Adoption — The caretaker relative shall be any of the relatives specified above when a child has been relinquished, adopted or parental rights are terminated.

.13 Relationship Verification — Counties shall document in the case record evidence used to verify the relationship of the caretaker relative to the child.

.14 Types of Evidence — Counties shall use the following evidence to verify the relationship of a child to the caretaker relative.

.141 Acceptable — Evidence includes:

Adoption papers or records
Baptismal records of birth and parentage
Birth certificate
Bureau of Vital Statistics or local government records of birth and parentage
Census records
Church records (including a statement from priest, minister, etc.) of parentage or relationship

82-808 CARETAKER RELATIVE REQUIREMENTS (Continued) **82-808**

Court records of parentage
Court support records
Day care center records
Declaration of California Registered Domestic Partnership
Divorce papers or termination of California registered domestic partnership
Family Bible
Hospital or public health records of birth and parentage
Indian census records
Insurance policy
Juvenile court records
Marriage licenses/ records
Outpatient care records maintained by a hospital, clinic, or physician
Paternity records maintained by a Child Support Agency
School records
Voluntary social service agency records

.142 No Evidence — If all efforts to obtain other evidence have failed, a sworn statement signed by the caretaker relative is acceptable when:

(A) Evidence is not conflicting, and

(B) The attempts to obtain verification are documented in the case record.

HANDBOOK BEGINS HERE

.143 Conflicting Evidence — When evidence is conflicting, the principles of gathering evidence in Section 40-157 shall apply.

HANDBOOK ENDS HERE

.2 Determining the Caretaker Relative — The county shall determine who the caretaker relative is by reviewing actual circumstances in each case to determine who exercises care and control responsibility for a child.

82-808 CARETAKER RELATIVE REQUIREMENTS (Continued) **82-808**

.3 Care and Control Factors

The following factors shall be considered when determining responsibility for care and control. A single factor may not be determinative. The factors include, but are not limited to:

.31 Deciding where the child attends school or child care.

.32 Dealing with the school on educational decisions and problems.

.33 Controlling participation in extracurricular and recreational activities.

.34 Arranging medical and dental care services.

.35 Claiming the child as a tax dependent.

.36 Purchasing and maintaining the child's clothing.

.4 Alternating Arrangements

The determination of the caretaker relative relationship, when the child stays alternately with different persons, shall be made as follows:

.41 Less than One Month

If a child stays alternately for periods of one month or less with each of his/her parents who are separated or divorced, the caretaker relative shall be determined as follows:

.411 Where Child Stays

In most circumstances, the parent with whom the child stays for the majority of the time shall be the caretaker relative. The temporary absence of the parent or the child from the home does not affect this determination.

(a) The parent with whom the child stays for less than the majority of the time may be the caretaker relative, if that parent can establish that he/she has majority responsibility for care and control of the child.

82-808 CARETAKER RELATIVE REQUIREMENTS (Continued) **82-808**

.412 Applying Parent

When the child spends an equal amount of time with each parent and each parent exercises an equal share of care and control responsibilities, the parent who applies for aid shall be the caretaker relative, providing that the child's other parent is not currently applying for or receiving aid for the child.

.413 Equal Time

When each parent exercises an equal share of care and control responsibilities, and each has applied for aid for the child, the caretaker relative shall be determined in the following order:

(a) The parent designated in a current court order as the primary caretaker for purposes of public assistance, under Civil Code Section 4600.5(h).

HANDBOOK BEGINS HERE

Civil Code Section 4600.5(h) states:

In making an order of joint physical custody or joint legal custody, the court may specify one parent as the primary caretaker of the child and one home as the primary home of the child, for the purposes of determining eligibility for public assistance.

HANDBOOK ENDS HERE

(b) When no court order designation exists and only one parent would be eligible for aid, the parent who would be eligible shall be the caretaker relative.

(c) When both parents would be eligible, the parents shall designate one parent as the caretaker relative. The agreement shall be documented by a CA 13.

(d) If the parents cannot reach agreement on the designation of a caretaker relative, the parent who first applied for aid for the child shall be the caretaker relative.

82-808 CARETAKER RELATIVE REQUIREMENTS (Continued) **82-808**

.414	Remains Caretaker	The parent who has been determined to be the caretaker relative of a child who stays with the other parent for alternating period of one month or less shall remain the caretaker relative while the child is with the other parent.
.42	One Full Calendar Month or More	When a child stays alternately for periods of one full calendar month or more with different persons who are not living together, the caretaker relative shall be the person with whom the child is staying at the time. That person will have to apply for aid on behalf of the child.

HANDBOOK BEGINS HERE

See Section 82-812.5 for definition of one full calendar month.

HANDBOOK ENDS HERE

.5	Number of Caretaker Relatives	An AU may have more than one caretaker relative. However, an eligible child shall have only one caretaker relative at one time.
.6	Minor Parent/Caretaker Relative	A child who is a caretaker relative shall not be considered a child to establish eligibility for a senior parent.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: 42 USC 408(a)(10); 42 USCA 606; 45 CFR 206.10; 45 CFR 206.10(a)(8); 45 CFR 233.90; 45 CFR 233.90(c)(1)(iii); 45 CFR 233.90(c)(1)(v); 45 CFR 233.90(c)(1)(v)(A); and 45 CFR 233.90(c)(2); Federal Register, Vol. 45, Page 58125, September 2, 1980; 45 CFR 237.50(b)(2); SSA-AT-86-01; ACF-AT-91-33; and Sections 10553, 10554, 10604, 11203, 11269, and 11450, Welfare and Institutions Code; and Sections 297 and 297.5(a)-(d), Family Code.

82-812 TEMPORARY ABSENCE 82-812

.1 Who Can Be Temporarily Absent	Any member of an AU may be considered temporarily absent from the home.
.2 Living With the Caretaker Relative	A child is considered to be living in the home of a caretaker relative even though the child and/or the caretaker relative is temporarily absent from the home.
.3 Care and Control	For the child to be considered temporarily absent, the caretaker relative shall continue to exercise responsibility for care and control of the child (see Section 82-808.3).
.4 Determining Factors	The following factors shall be considered when determining temporary absence status. A single factor may not be conclusive.
.41 Temporary Absence	The factors include, but are not limited to:
.411 Actual Situation	The actual family circumstances (even if it is inconsistent with a court custody order).
.412 Decision Making	If the caretaker relative is involved in making the major and minor decisions regarding the child.
.413 Ability to Return	If the person has the ability to return or the caretaker relative has the ability to require the return of the child to the home.
.414 Intent to Return	If the person intends to return to the home.
.415 Paying Costs	If the person is contributing to the costs for the child's needs.
.5 One Full Calendar Month Time Limit	Any member of the AU shall be considered temporarily absent when absent from the home for one full calendar month or less.
.51 One Full Calendar Month	For the purpose of this section, one full calendar month shall be from the first of the month through the last day of the month.

82-812 TEMPORARY ABSENCE (Continued) **82-812**

(a) If the individual has been absent for the entire month of February, but less than 30 days, the calendar month will not be deemed completed until the individual has been absent for 30 days.

HANDBOOK BEGINS HERE

.52 Examples

(a) On February 2nd, a member of the AU leaves the home to visit an uncle in Nevada and returns on March 16th. The person was not gone for one full calendar month and would be considered temporarily absent.

(b) On April 16th, a member of the AU leaves home because of a death in the family. The person does not return until June 3rd. The person was gone more than one full calendar month and was not eligible for aid in June.

(c) In a non-leap year an individual leaves the home on February 1. The individual is not considered permanently absent until March 3, after 30 days away from the home.

HANDBOOK ENDS HERE

.6 Exceptions to One Full Calendar Month Time Limitation — Exceptions include:

.61 Correctional Facility — A person confined in a correctional facility on the first of any month and expected to remain for one full calendar month or more shall be considered permanently absent.

.62 Child in a Public Hospital — A child in a public hospital for up to two full calendar months shall be considered temporarily absent.

.63 Hospitalization — A person hospitalized, other than a child in a public hospital, may be considered temporarily absent for the duration of the hospital stay.

82-812 TEMPORARY ABSENCE (Continued) **82-812**

.631 For the purpose of this section, hospitalization includes a stay in a medical hospital, psychiatric care facility, or drug and/or alcohol rehabilitation treatment facility.

.64 Employment

A person absent from the home due to employment may be considered temporarily absent for the duration of the employment/job activity.

.65 Attending Educational or Vocational Training School

A person absent from the home due to attendance at an institution of high learning, an educational school leading to a high school diploma or equivalent, or a vocational school leading to employment, may be considered temporarily absent for the duration of the schooling or training when there is no educational or vocational school within the vicinity of the person's home that provides the education or vocational training.

.66 Child with Special Needs

A child who attends a school which meets the special needs of the child shall be considered temporarily absent for the duration of the schooling when:

.661 The child has a current Individualized Education Plan (IEP); and no school that meets the child's needs, as described in the IEP, is located close enough to the child's home that the child can continue to live at home while attending school.

.67 Child in a Group Home

A child who is in a licensed group home due to a crisis situation (i.e., hospitalization or incapacity of the parent, parents receiving respite services to maintain family stability, etc.) shall be considered temporarily absent for the duration of the crisis when:

.671 The licensed group home does not receive AFDC-FC for the child, and the caretaker relative continues to have care and control concerning any major health and welfare decisions.

82-812 TEMPORARY ABSENCE (Continued) **82-812**

.68 Children Receiving Out-of-Home Care

.681 A child(ren) may be considered to be temporarily absent for a period of up to 180-consecutive days and the parent or parents remaining in the home shall be eligible for CalWORKs services when all of the following conditions are met, and a reunification plan, as defined in Section 80-301(r) is in effect:

(a) The child(ren) has been removed from the parent(s) and placed in out-of-home care.

(b) The AU was receiving CalWORKs assistance when the child(ren) was removed from the parent(s), and

(c) The county child welfare services agency has determined that provision of CalWORKs services is necessary for family reunification.

.682 A biological or adoptive parent of a child who is temporarily absent and receiving out-of-home care, may continue to receive CalWORKs services. In order to receive these services, an otherwise eligible parent also must have a reunification plan as defined in Section 80-301(r)(5).

.683 Reunification parents shall not receive a cash grant. If not all of the children in the family are removed from the home, and the parent remains eligible for a cash grant, the parent is not a reunification parent and the family is not a reunification family.

HANDBOOK BEGINS HERE

(a) Reunification parents, cases, plan, and services are defined in Section 80-301.

HANDBOOK ENDS HERE

82-812 TEMPORARY ABSENCE (Continued) **82-812**

.684 Reunification parents are eligible for welfare-to-work services as described in Section 42-700 et seq.

.685 Reunification parents are eligible for supportive services pursuant to Section 42-750.

.686 Reunification parents are subject to the rules regarding supportive services underpayments and overpayments as set forth in Section 42-751.

.687 The following are eligibility and reporting requirements that will apply to the family reunification parent.

(a) Section 82-812.687(a)(QR) shall become inoperative and Section 82-812.687(a)(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) Quarterly eligibility reporting requirements for reunification cases are set forth in Section 40-181.223(QR).

(SAR) Semi-Annual eligibility reporting requirements for reunification cases are set forth in Section 40-181.223(SAR).

(b) The reunification case will be subject to an eligibility redetermination every six months pursuant to Section 40-181.1(e)(4).

(c) An eligibility redetermination pursuant to Section 40-181.1(e)(5) will be conducted to restore cash aid to the CalWORKs case when an AU is reunified.

82-812 TEMPORARY ABSENCE (Continued) **82-812**

(d) Pursuant to Section 42-711.61, the county may utilize the county child welfare services agency reunification plan as defined in Section 80-301(r)(5) as the required welfare-to-work (WTW) plan or amend the WTW plan and include all or part of the WTW activities in the reunification plan.

(e) Pursuant to Section 42-711.512 and Section 42-721.13, reunification parents who are in a WTW Sanction, are not precluded from receiving CalWORKs reunification services.

(f) For Maximum Family Grant purposes and pursuant to Section 44-314.2, a month in which children are temporarily absent from the home shall be considered a month in which the AU did not receive aid.

.688 The county child welfare services agency may grant a good cause extension to the 180-day temporary absence in the following situations:

(a) An extension is needed for the number of days between the date of the children's removal and the date the court orders a reunification plan.

(b) The county child welfare services agency determines that additional time is needed, beyond the 180 days, to complete the reunification plan. This extension can be in effect until termination of the family reunification plan.

82-812 TEMPORARY ABSENCE (Continued) **82-812**

HANDBOOK BEGINS HERE

(c) Example of Good Cause Extension of 180-day Family Reunification Plan

A family consists of a parent and two children. The children are removed by the county child welfare services agency on June 14, 2003. The parent has completed all of the requirements of the Family Reunification Plan by February 1, 2004. However, the social worker in the case recommends to the court, and the court agrees, that the parent needs an additional six months of services. A six-month extension is ordered by the court and the parent receives an extension of CalWORKs services which ends on July 31, 2004.

HANDBOOK ENDS HERE

.7 Documentation of Temporary Absence — The county shall document the basis for the temporary absence.

[Previous cite: 44-203.22(a)(3), 42-500]

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Sections 11203, 11269, 11323.4, 11327.5(d), and 11454, Welfare and Institutions Code; and 42 USC 608(a)(10).

82-820 INCLUDED PERSONS **82-820**

.1 Assistance Unit — An AU shall be established when all eligibility factors have been met and aid has been authorized.

.2 Minimum Requirements — An AU shall have at least one of the following:

.21 Child — One eligible child.

.22 Caretaker Relative — A caretaker relative of an SSI/SSP child, Kin-GAP child or of a child receiving federal, state or local foster care maintenance payments. For purposes of this section, local foster care maintenance payments are payments made with county-only funds for the board and care costs of children in 24-hour out-of-home care who have an open child welfare services case file.

82-820 INCLUDED PERSONS (Continued) **82-820**

.23 Pregnant Woman — A pregnant woman.

.24 Relative of WTW Sanctioned Child — A relative of a child who is sanctioned by WTW.

.3 Mandatory Inclusion — Section 82-820.3(QR) shall become inoperative and Section 82-820.3(SAR) shall become operative in a county on the date that SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) — The AU shall include the following persons when living in the same home and eligible at the time of initial family application (see Section 44-317) or at the beginning of the QR Payment Quarter following the mandatory reporting of the individual on the QR 7 (see Section 44-318):

(SAR) — The AU shall include the following persons when living in the same home and eligible at the time of initial family application (see Section 44-317) or at the beginning of the SAR Payment Period following the mandatory reporting of the individual on the SAR 7 or SAWS 2 (see Section 44-318):

.31 Applicant Child — The applicant child.

.32 Siblings — Any eligible sibling or half-sibling of the applicant child who meets the age requirement.

.33 Parents — Any parent, except for alternatively sentenced parents, of:

.331 — The applicant child, or

.332 — The applicant child's eligible siblings or half-sibling who meet the age requirement.

HANDBOOK BEGINS HERE

.333 — For exceptions to the mandatory inclusion requirements applicable to pregnant or parenting minors who are participants of the California Work Pays Demonstration Project, see Section 89-201.5.

HANDBOOK ENDS HERE

82-820 INCLUDED PERSONS (Continued) **82-820**

.4	Who Determines AU	The county shall determine who is mandatorily included and excluded from the AU. The county and the applicant/recipient shall determine whether or not an optional person will be included in the AU.
.5	Penalty	The county shall deny the application or discontinue CalWORKs when a mandatorily included person refuses to be included.

[Previous Cites: 44-205.1, 44-205.4 and 44-205.51]

NOTE: Authority cited: Sections 10553, 10554, 10604, and 11369, Welfare and Institutions Code. Reference: 42 USCA 606; 45 CFR 206.10(a)(1); 45 CFR 233.10(a)(1), (a)(1)(iv) and (vii); 45 CFR 233.90(c)(1)(v)(A); 45 CFR 237.50(b)(5); 45 CFR 250.34; SSA-AT-86-01; Section 242, California Civil Code; Edwards v. Healy, Civ. S. 91-1473 DFL (1992); Sections 10553, 10554, 10604, 11000, 11254, 11265.3, 11400, 11450, and 11450.16, Welfare and Institutions Code; and ACF-AT-94-5; Federal Register, Vol. 75, No. 19, dated January 29, 2010, pages 4928 and 4929 [7 CFR 273.12(a)(1)(vii)].

82-824 ASSISTANCE UNITS THAT SHALL BE COMBINED **82-824**

.1	Combining AUs	Two or more AUs in the same home shall be combined into one AU when:
.11	Marriage	A caretaker relative is married to another caretaker relative in another AU, or
.12	Child in Common	Two caretaker relatives in the home have separate children and also have an eligible child in common, or
.13	One Caretaker Relative	There is only one caretaker relative.
.14		Section 82-824.14(QR) et seq. shall become inoperative and Section 82-824.14(SAR) et seq. shall become operative in a county on the date that SAR becomes effective in that county, pursuant to the County's SAR Declaration.

82-824 ASSISTANCE UNITS THAT SHALL BE COMBINED (Continued) **82-824**

(QR) .14 Combining AUs Mid-Quarter

(QR) .141 When a voluntary report is made that would combine separate AUs mid-quarter, the county shall determine if the mid-quarter action of combining the AUs would increase or decrease aid for the separate AUs.

(QR) .142 The county shall compare the monthly grant for the combined AUs to the total combined monthly grants of the separate AUs.

(QR) .143 If the combined AU's monthly grant would be higher than the total combined monthly grant of two separate AUs, the county shall take mid-quarter action to combine the AUs the first of the month following the voluntary report.

(QR) .144 If the combined AU's monthly grant does not result in an increase to the total combined monthly grant of the separate AUs, the county shall not take mid-quarter action to combine the AUs. The combining of the separate AUs shall be effective the first of the next QR Payment Quarter, after the change(s) is reported on the QR 7.

(SAR) .14 Combining AUs Mid-Period

(SAR) .141 When a voluntary report is made that would combine separate AUs mid-period, the county shall determine if the mid-period action of combining the AUs would increase or decrease aid for the separate AUs.

(SAR) .142 The county shall compare the monthly grant for the combined AUs to the total combined monthly grants of the separate AUs.

(SAR) .143 If the combined AU's monthly grant would be higher than the total combined monthly grant of two separate AUs, the county shall take mid-period action to combine the AUs the first of the month following the voluntary report.

82-824 ASSISTANCE UNITS THAT SHALL BE COMBINED (Continued) **82-824**

(SAR) .144 If the combined AU's monthly grant does not result in an increase to the total combined monthly grant of the separate AUs, the county shall not take mid-period action to combine the AUs. The combining of the separate AUs shall be effective the first of the next SAR Payment Period, after the change(s) is reported on the SAR 7 or SAWS 2.

[Previous Cite: 44-205.3]

NOTE: Authority cited: Sections 10553, 10554, and 10604, Welfare and Institutions Code. Reference: 45 CFR 206.10(a)(1); 45 CFR 233.90; 45 CFR 237.50(b)(5); United States Department of Health and Human Services, Office of Family Assistance, Aid to Families with Dependent Children Action Transmittal No. SSA-AT-86-1; Section 242, California Civil Code; Anderson v. Edwards 115 S.Ct. *1291* (1995); and Sections 10553, 10554, 10604, 11000, 11265.3, and 11450, Welfare and Institutions Code; Federal Register, Vol. 75, No. 19, dated January 29, 2010, pages 4928 and 4929 [7 CFR 273.12(a)(1)(vii)].

82-828 OPTIONAL PERSONS **82-828**

.1 County Responsibility

.11 Identify Optional Persons — The county shall identify, for the applicant or recipient, any person living in the home who may be included in the AU.

.111 This shall be done at the time of application, redetermination, or at any other time the county is informed of a change in the number of persons living in the home.

.12 Effect on AU — The county shall explain to the applicant or recipient the effect of including or excluding the optional person. The applicant or recipient shall decide who is to be included.

.121 The explanation shall include a description of the AU composition which will result in the maximum aid to which the family is eligible, considering the income and resources of each person who may be included.

82-828 OPTIONAL PERSONS (Continued) **82-828**

.2	Optional Persons	The following persons who are not otherwise required to be in the AU shall be included upon request of the applicant/recipient.
.21	Nonparent Caretaker Relatives	Any nonparent relative who has been determined to be the caretaker relative.
.22	Other Eligible Children	Any other eligible children, including, but not limited to, a niece or nephew.
.23	Essential Persons	Any essential person who meets the requirements of Section 44-209.3.

[Previous cite: 44-205.5, 44-203.3, 44-118.11]

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: 42 USCA 606(a) and (b)(1); 45 CFR 206.10(a)(1)(vii) and (a)(2)(i), 45 CFR 233.20(a)(2)(vi), and 45 CFR 237.50(b)(3)(i) and (b)(4)(i); SSA-AT-80-32 and SSA-AT-86-01; and Section 11203, Welfare and Institutions Code.

82-832 EXCLUDED PERSONS **82-832**

.1	Person Who Is Excluded By Law	A person excluded from the AU by law is a person who:
(a)	Child of AFDC-FC or Kin-GAP Child	Is a child living with his/her minor parent who is receiving AFDC-FC or Kin-GAP.
(b)	Citizenship/ Alienage	Does not meet the citizenship/alien status requirements.
(c)	Father of Unborn	Is an unborn child's father who is living in the home with the pregnant woman and who is:
	.131	Not the parent or caretaker relative of an eligible child, or
	.132	Not an essential person.
(d)	Other Aid	Receives SSI/SSP, Refugee Repatriate Payment (RRP), Kin-GAP or AFDC-FC.

82-832 EXCLUDED PERSONS (Continued) **82-832**

(e)	Sponsored Noncitizen	Is a sponsored noncitizen whose needs are being met by a sponsor's deemed income.
(f)	Spouse of Eligible Child	Is a spouse of an eligible child, living with the child in the senior parent's home, when there is no child in common for whom deprivation exists.
(g)	Refugee Eligible for Alternative Project	Is a refugee who is eligible for and required to participate in an alternative project implemented pursuant to Section 412(e)(7) of the federal Immigration and Nationality Act 8 USC 1522(e)(7).
(h)	Fleeing Felon	Is fleeing to avoid prosecution, or custody or confinement after conviction for a crime or attempt to commit a crime that is a felony. The existence of a warrant for arrest shall be presumed to be evidence of fleeing, unless rebutted by other evidence sufficient to prove that the individual had no knowledge that he/she is being sought by law enforcement.
(i)	Violation of Probation or Parole	Is in violation of a condition of probation or parole. The initial offense for which probation or parole was ordered need not have been a felony.
(j)	Convicted Drug Felon	Has been convicted in a state or federal court of a felony that has as an element, the possession, use or distribution of a controlled substance. The conviction must be after December 31, 1997. Controlled substance is defined in Section 102(6) of the Controlled Substances Act (21 U.S.C. Section 802(6)) or Division 10 (commencing with Section 11000) of the Health and Safety Code. The term 'convicted' also includes a plea of guilty or nolo contendere.

.2 Sanctioned Persons — A person excluded from the AU due to a sanction, is:

.21 Child/Spousal Support — A parent, pregnant woman, or caretaker relative who refuses to assign support rights.

82-832 EXCLUDED PERSONS (Continued) **82-832**

.22	Citizenship	A person who fails to cooperate in the verification of his/her citizenship or alien status.
.23	Welfare-to-Work	A non-exempt welfare-to-work participant who fails or refuses without good cause to meet program requirements, and:
	.231	When the participant is a principal earner, the second parent is also ineligible unless he/she is participating in welfare-to-work activities.
.24	Social Security Number	An applicant or recipient; or a child whose parent, caretaker relative, or legal guardian who:
	.241	Refuses or fails to furnish an SSN or evidence of a completed application for an SSN, or
	.242	Refuses or fails to cooperate in verifying an SSN.
.25	Striking	A striker who is not a caretaker relative.
.26		Repealed by Manual Letter No. EAS-98-03, effective 7/1/98.

.3 Add a Person Who Becomes Ineligible Prior to Authorization of Aid

Section 82-832.3(QR) shall become inoperative and Section 82-832.3(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR)

A new person who has been mandatorily reported on the QR 7 and determined eligible based on the QR 7 information, shall be treated as an excluded person for the next QR Payment Quarter when ineligibility occurs after the QR Data Month but prior to the authorization of aid (see Section 40-171.221). This person's income and needs, as reported on the QR 7, shall be treated in accordance with Section 44-133.5 for the next QR Payment Quarter and the AU shall be discontinued at the end of that quarter in which the individual was treated as an excluded person, if the subsequent QR 7 establishes that ineligibility continues to exist for the AU.

82-832 EXCLUDED PERSONS (Continued) **82-832**

(SAR) A new person who has been mandatorily reported on the SAR 7 and determined eligible based on the information provided, shall be treated as an excluded person for the next SAR Payment Period when ineligibility occurs after the SAR Data Month but prior to the authorization of aid (see Section 40-171.221). This person's income and needs, as reported on the SAR 7, shall be treated in accordance with Section 44-133.5 for the next SAR Payment Period and the AU shall be discontinued at the end of that SAR Period in which the individual was treated as an excluded person, if the following SAWS 2 establishes that ineligibility continues to exist for the AU.

(a) Section 82-832.3(a)(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(SAR) If a new person is mandatorily reported on the SAWS 2 and ineligibility occurs before the redetermination is processed and aid is authorized, the new person shall not be added to the AU. Furthermore, if the new person is found to make the entire AU ineligible, aid will be discontinued for the entire AU at the end of the SAR Payment Period in which the new person was mandatorily reported. (See section 40-105.1 for applicant and recipient reporting responsibilities and county action.)

HANDBOOK BEGINS HERE

Handbook Section 82-832.3(QR) shall become inoperative and Handbook Section 82-832.3(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

HANDBOOK CONTINUES

82-832 EXCLUDED PERSONS (Continued) **82-832**

HANDBOOK CONTINUES

(QR) Example:

An AU is aided based on absent parent deprivation. The current QR Payment Quarter is January/February/March. In January, the absent father returned to the home and is reported for the first time on the QR 7 for the Data Month of February. The father, who was determined to be the principal earner, was receiving UIB in the first month (January) and in the Data Month and was initially determined eligible as an unemployed parent based on the QR 7 information. However, when the county completed the interview in the Submit Month, it was learned that the father had accepted a full-time job in the Submit Month of March. Since the principal earner has accepted full-time employment and deprivation due to unemployment was not established prior to the authorization of aid for the father, the county shall deny aid to the father in accordance with Section 40-171.221(g) and instruct the AU to report the father's full-time employment on the QR 7 due in June (for May). Because ineligibility for the father has occurred after the QR Data Month but prior to the authorization of aid, his reasonably anticipated income as reported on the QR 7 for February, and his needs shall be treated as those of an excluded person in accordance with Section 44-133.5 for the next QR Payment Quarter. The existing AU's deprivation is not affected until the father's full-time employment that occurred mid-quarter (in March) is reported on the subsequent QR 7. If the subsequent QR 7 establishes that ineligibility exists for the AU, the county shall discontinue cash aid at the end of that quarter once timely and adequate notice has been provided.

(SAR) Example 1:

An AU is aided based on absent parent deprivation. The current SAR Payment Period is January through June. In March, the absent father returned to the home and is reported for the first time on the SAR 7 for the Data Month of May. The father, who was determined to be the principal earner, was receiving UIB in the Data Month and was initially determined eligible as an unemployed parent based on the SAR 7 information. However, when the county completed the interview in the Submit Month, it was learned that the father had accepted a full-time job in the Submit Month of June. Since the principal earner has accepted full-time employment and deprivation due to unemployment was not established prior to the authorization of aid for the father, the county shall deny aid to the father in accordance with Section 40-171.221(g) and instruct the AU to report the father's full-time employment on the SAWS 2 due in December (for November). Because ineligibility for the father has occurred after the SAR Data Month but prior to the authorization of aid, his reasonably anticipated income as reported on the SAR 7 for May, and his needs shall be treated as those of an excluded person in accordance with Section 44-133.5 for the next SAR Payment Period. The existing AU's deprivation is not affected until the father's full-time employment that occurred mid-period (in June) is reported on the subsequent SAWS 2. If the subsequent SAWS 2 establishes that ineligibility exists for the AU, the county shall discontinue cash aid at the end of that SAR Period once timely and adequate notice has been provided.

HANDBOOK CONTINUES

82-832 EXCLUDED PERSONS (Continued) **82-832**

HANDBOOK CONTINUES

(SAR) Example 2:

An AU is aided based on absent parent deprivation. The current SAR Payment Period is January through June. In March, the absent father returned to the home and is reported for the first time on the SAWS 2 in June. The father, who was determined to be the principal earner, was receiving UIB at the time the SAWS 2 was completed and was initially determined eligible as an unemployed parent based on the SAWS 2 information. However, when the county completed the interview in the Submit Month, it was learned that the father had accepted a full-time job. Since the principal earner has accepted full-time employment and deprivation due to unemployment was not established prior to the authorization of aid for the father, the county shall deny aid to the father in accordance with Section 40-171.221(g). Furthermore, since the AU no longer meets the deprivation requirements to be eligible for aid, the entire AU will be discontinued effective June 30, with timely and adequate notice.

HANDBOOK ENDS HERE

[Previous cite: 44-206]

NOTE: Authority cited: Sections 10553, 10554, 10604, 11270, and 11369, Welfare and Institutions Code. Reference: 8 CFR 213a. and 299; 45 CFR 205.42(d)(2)(v)(A) and (B), as printed in Federal Register, Vol. 57, No. 198, Tuesday, October 13, 1992, page 46808, 45 CFR 205.52, 45 CFR 206.10(a)(5)(i), 45 CFR 232.12(d), 45 CFR 233.10(a)(1)(i), (a)(1)(i)(B), and (a)(3), 45 CFR 233.20(a)(1)(i), (a)(3)(ii)(C) and (F), and (a)(3)(ix), 45 CFR 233.50, 45 CFR 233.51, 45 CFR 233.90(c), (c)(1), and (c)(2)(iv), 45 CFR 233.100(a)(5)(ii), 45 CFR 233.106, 45 CFR 240.22, and 45 CFR 250.34(a) and (c), and (c)(2); and Sections 11008.13, 11104, 11157, 11201(b), 11203, 11251.3, 11263.5, 11265.1, 11265.2, 11265.3, 11268, 11270, 11315, 11320.6(e), 11327.5(c), 11406.5, 11450, 11450.5, 11454, 11454.5, 11477, 11477.02, 11486, and 11486.5, Welfare and Institutions Code; and the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, Section 115; Federal Register, Vol. 75, No. 19, dated January 29, 2010, pages 4928 and 4929 [7 CFR 273.12(a)(1)(vii)].

82-833 TIMED-OUT ADULTS 82-833

.1 A timed-out adult is an adult who has been removed from the AU due to exceeding the 48-month CalWORKs time limit specified in MPP Section 42-301. See MPP Section 44-133.8 for treatment of income and needs of timed-out adults.

NOTE: Authority cited: Sections 10553, 10554, 11270, and 11369, Welfare and Institutions Code. Reference: 45 CFR 205.42(d)(2)(v)(A) and (B), as printed in Federal Register, Vol. 57, No. 198, Tuesday, October 13, 1992, page 46808, 45 CFR 205.52, 45 CFR 206.10(a)(5)(i), 45 CFR 232.12(d), 45 CFR 233.10(a)(1)(i), (a)(1)(i)(B), and (a)(3), 45 CFR 233.20(a)(1)(i), (a)(3)(ii)(C) and (F), and (a)(3)(ix), 45 CFR 233.50, 45 CFR 233.51, 45 CFR 233.90(c), (c)(1), and (c)(2)(iv), 45 CFR 233.100(a)(5)(ii), 45 CFR 233.106, 45 CFR 240 240.22, and 45 CFR 250.34(a) and (c), and (c)(2); and Sections 11008.13, 11104, 11157, 11201(b), 11203, 11251.3, 11263.5, 11268, 11270, 11315, 11320.6(e), 11327.5(c), 11406.5, 11450, 11454, 11454.2, 11454.5, 11477, 11477.02, 11486, and 11486.5, Welfare and Institutions Code; and the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, Section 115.

82-836 FEDERAL AFDC PROGRAM FOR PREGNANT WOMEN 82-836

.1 AU of One — An AU of one without an eligible child shall be established when a pregnant woman, regardless of age, meets all of the following conditions:

.11 Verification — Medical verification of pregnancy is provided to the county, and

.12 Eligibility — The pregnant woman and unborn child, if born and living with the mother, would be eligible for federal AFDC in the payment month, and

.13 Duration of Pregnancy — The pregnancy has reached the three-month period before the month of anticipated birth (see State AFDC For Pregnant Women), and

82-836 FEDERAL AFDC PROGRAM FOR PREGNANT WOMEN **82-836**
(Continued)

.14	No Other AU Eligibility	The pregnant woman could not be included in another AU.

HANDBOOK BEGINS HERE

.15		See Section 42-762.7 regarding federal eligibility during the first and second trimesters for pregnant Cal-Learn participants with no other eligible children.
.2	Pregnancy Special Need	A pregnant woman may be eligible to receive a pregnancy special need payment.

HANDBOOK ENDS HERE

[Previous cite: 44-205.6]

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: 45 CFR 233.10(a)(1) and (a)(1)(iv), 45 CFR 233.90(c)(2)(iv), and 45 CFR 206.10(a)(1)(vii); and Section 11450(b), Welfare and Institutions Code.

This page is intentionally left blank

TABLE OF CONTENTS

CHAPTER 88-400 CHART FOR DETERMINING RELATEDNESS OF CARETAKER RELATIVES

Section

Repealed by Manual Letter No. EAS-96-07, effective 9/1/96 88-410

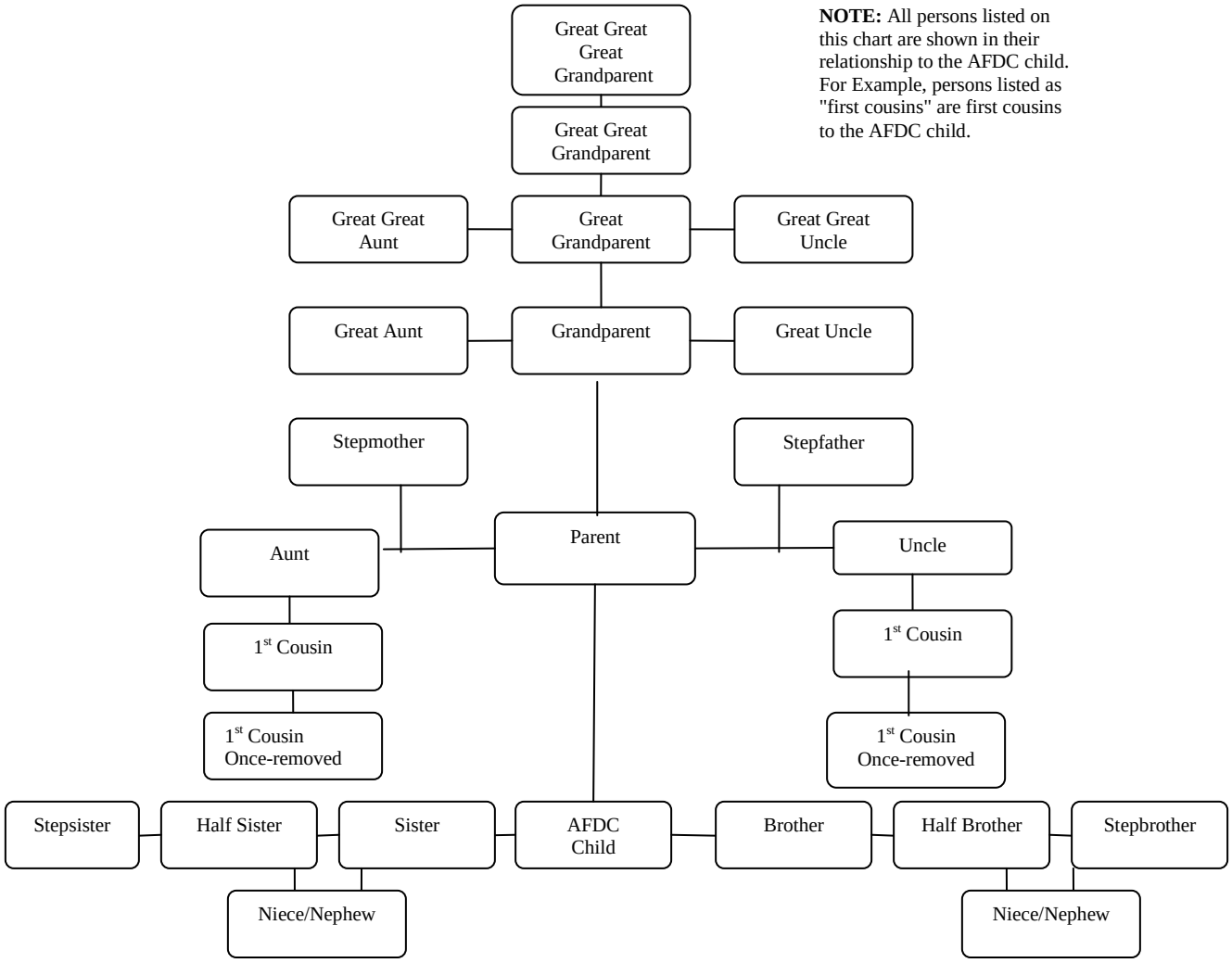
Chart for Determining Relatedness of Caretaker Relatives .....Appendix A

This page is intentionally left blank.

APPENDIX A

HANDBOOK BEGINS HERE

CHART FOR DETERMINING RELATEDNESS OF CARETAKER RELATIVES



NOTE: All persons listed on this chart are shown in their relationship to the AFDC child. For Example, persons listed as "first cousins" are first cousins to the AFDC child.

1) The caretaker relative also includes the spouse or former spouse of the relatives listed above.

2) The caretaker relative also includes the adoptive parents and their relatives as listed above.

HANDBOOK ENDS HERE

This page is intentionally left blank.

TABLE OF CONTENTS

Chapter

DIVISION 89 DEMONSTRATION PROJECTS

Assistance Payments Demonstration Project (APDP) and California Work Pays Demonstration Project (CWPDP) 89-100

Minor Parent 89-200

Renumbered to Chapter 89-100 by Manual Letter No. EAS-95-06, effective 7/9/95 89-300

Renumbered to Chapter 89-100 by Manual Letter No. EAS-95-06, effective 7/9/95 89-400

Renumbered to Chapter 89-100 by Manual Letter No. EAS-95-06, effective 7/9/95 89-500

Repealed by Manual Letter EAS-98-05, effective 12/28/98 89-700

This page is intentionally left blank.

TABLE OF CONTENTS

CHAPTER 89-100 ASSISTANCE PAYMENTS DEMONSTRATION PROJECT (APDP) AND CALIFORNIA WORK PAYS DEMONSTRATION PROJECT (CWPDP)

Section

Federal Demonstration Projects - Introduction 89-101

Background 1
Control Group 2

Repealed by Manual Letter No. EAS-98-03, effective 7/1/98 89-105

Maximum Aid Payment (MAP) Level and MAP Restriction 89-110

MAP Amount 1
Exempt and Nonexempt AUs 2
Handbook Examples 3
Relocation Family Grant 4

Increased Property Limits for Recipients 89-115

General 1
Excess Property Discovered 2

$2,000 Property Limit for Recipients 89-120

General 1
Example 1 2
Example 2 3
Example 3 4

Increased Motor Vehicle Limit for Recipients 89-125

General 1
Example 2

Restricted Accounts for Recipients 89-130
Renumbered to 42-213 by Manual Letter No. EAS-09-04; Effective 10/22/09

This page is intentionally left blank.

CHAPTER 89-100 ASSISTANCE PAYMENTS DEMONSTRATION PROJECT (APDP) AND CALIFORNIA WORK PAYS DEMONSTRATION PROJECT (CWPDP)

89-101 FEDERAL DEMONSTRATION PROJECTS - INTRODUCTION 89-101

HANDBOOK BEGINS HERE

.1 Background

Pursuant to state law, the California Department of Social Services has requested and received federal approval for two California Demonstration Projects entitled the Assistance Payments Demonstration Project and the California Work Pays Demonstration Project. These Projects enable California, in accordance with their federally mandated Terms and Conditions, to implement certain new AFDC provisions.

The Assistance Payments Demonstration Project provisions are contained in Division 89. They include work incentive provisions, MAP reductions and a relocation grant restriction. The California Work Pays Demonstration Project provisions contained in Division 89 include increased property limits, restricted accounts, and the California Alternative Assistance Program. (For "Cal Learn" see Division 42.)

HANDBOOK ENDS HERE

.2 Control Group

Except for the provisions found in Chapter 89-700, related to the California Alternative Assistance Program, the county shall not apply the Division 89 Assistance Payments Demonstration Project and the California Work Pays Demonstration Project provisions to those applicants and recipients who are designated as members of the Projects' control groups. CAAP applies to both the experimental and control groups in all APDP/CWPDP counties. The designation and treatment of the control groups shall be accomplished pursuant to the Projects' mandated parameters outlined in the Federal Terms and Conditions as approved by the Secretary of the Department of Health and Human Services.

89-101 FEDERAL DEMONSTRATION PROJECTS - INTRODUCTION (Continued) 89-101

NOTE: Authority cited: Sections 10553, 10554, 11201.5, 11209, and 11450(g), Welfare and Institutions Code. Reference: Sections 11155.1, 11155.2, 11201.5, 11280, 11450.01, and 11450.03, Welfare and Institutions Code; 45 CFR 233.20(a)(3)(I)(B); Federal Terms and Conditions for the California Assistance Payments Demonstration Project as approved by the United States Department of Health and Human Services on October 30, 1992; and Federal Terms and Conditions for the California Work Pays Demonstration Project as approved by the United States Department of Health and Human Services on March 9, 1994.

89-105 ELIMINATION OF TIME LIMITATIONS FOR 30 AND 1/3 EARNED INCOME DISREGARD AND ELIMINATION OF THE 100-HOUR LIMIT 89-105

Repealed by Manual Letter No. EAS-98-03, effective 7/1/98.

89-110 MAXIMUM AID PAYMENT (MAP) LEVEL AND MAP RESTRICTION 89-110

HANDBOOK BEGINS HERE

.1 MAP Amount

See Section 44-315.321, Handbook for the MAP levels in effect as of 7/1/2012.

HANDBOOK ENDS HERE

.2 Exempt and Nonexempt AUs

The CWD shall determine whether an AU is an Exempt or Nonexempt AU for purposes of the MAP amounts specified in Section 44-315.311 by using the rules in this section.

.21 Rule

An Exempt AU is one in which the following persons meet at least one of the conditions listed in Sections 89-110.22 through .24.

.211 Parent/Relative

Each parent, aided stepparent, and caretaker relative of a child who lives in the home of the aided child; or

89-110 MAXIMUM AID PAYMENT (MAP) LEVEL AND MAP RESTRICTION 89-110
(Continued)

.212	Aided Parent of Unaided Child	Each parent receiving aid because of an unaided excluded child; or
.213	Pregnant Woman Only	The pregnant woman in an AU consisting of the woman only; or
.214	RCA AU	Each adult or parent of a child aided under RCA in a Refugee Cash Assistance AU.
.22	Receives Benefits	Receives at least one of the following:
.221	SSI/SSP	Supplemental Security Income/State Supplemental Payments (SSI/SSP); or
.222	IHSS	In-Home Supportive Services (IHSS); or
.223	SDI	State Disability Insurance (SDI); or
.224	TWC	Temporary Worker's Compensation (TWC - Temporary Disability Indemnity - TDI).
.225	Repealed by Manual Letter No. EAS-98-01, effective 1/1/98.	
.23	Unaided Non-parent Caretaker	Is an unaided, non-parent caretaker relative.
.24	(Reserved)	
.25	Minor Parents and Pregnant Women	For purposes of Section 89-110.21:
.251	Minor Parent	A minor parent aided as an eligible child is considered to be a parent.
.252	Pregnant Woman	A pregnant woman is not considered in the determination of an AU's exempt status unless she is a parent, caretaker relative or aided stepparent of existing children or the sole member of an AU consisting of a pregnant woman only or an adult aided under RCA.

89-110 MAXIMUM AID PAYMENT (MAP) LEVEL AND MAP RESTRICTION 89-110
(Continued)

.26	Review of AU Exemption Status	The CWD shall review AU exemption status when:
.261	WTW Exemption	An AU member is determined exempt from WTW due to incapacity as specified in Section 42-712.44 or care of another individual in the household as specified in Section 42-712.46.
.262		Section 89-110.262(QR) shall become inoperative and Section 89-110.262(SAR) shall become operative in a county on the date that SAR becomes effective in that county, pursuant to the County's SAR Declaration.
(QR)	Quarterly Eligibility Report Received	The county processes the Quarterly Eligibility Report submitted by the AU.
(SAR)	Semi-Annual Eligibility Report Received	The county processes the SAR 7 or the SAWS 2 submitted by the AU.
.263	Application or Add Person	The AU makes an initial application, reapplication or requests that a parent or caretaker relative be added to the AU.
.264	Request a Review or Report a Change	A parent, caretaker relative or RCA adult associated with the AU requests review of AU status or reports a change applicable to the AU status.
.27	Exempt AU Status	The CWD shall consider that an AU is an Exempt AU when, on or after application for CalWORKs, the AU meets the rule in Section 89-110.21 and is also eligible for CalWORKs or, for RCA AUs, eligible for RCA.
.271	If Exempt Status Results from Request for Review	When Exempt AU status results from a request for review by the AU, the CWD shall not treat the AU as an Exempt AU for any month prior to the month of request.

89-110 MAXIMUM AID PAYMENT (MAP) LEVEL AND MAP RESTRICTION 89-110
(Continued)

.28 Section 89-110.28(QR) et seq. shall become inoperative and Section 89-110.28(SAR) shall become operative in a county on the date that SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) Use of Exempt/Nonexempt Amount The county shall use the Exempt or Nonexempt AU MAP corresponding to the AU's MAP status that is reasonably anticipated for the QR Payment Quarter. (Also see Sections 89-110.291(QR) and .292(QR).)

(SAR) Use of Exempt/Nonexempt Amount The county shall use the Exempt or Nonexempt AU MAP corresponding to the AU's MAP status that is reasonably anticipated for the SAR Payment Period. (Also see Sections 89-110.291(SAR) and 89-110.292(SAR).)

.29 When the AU status changes between exempt and nonexempt, the county shall change the MAP status effective as follows:

.291 Section 89-110.291(QR) shall become inoperative and Section 89-110.291(SAR) shall become operative in a county on the date that SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) If the change is reported on the QR 7, the change in status shall be effective the first day of the next QR Payment Quarter.

(SAR) If the change is reported on the SAR 7 or the SAWS 2, the change in status shall be effective the first day of the next SAR Payment Period.

89-110 MAXIMUM AID PAYMENT (MAP) LEVEL AND MAP RESTRICTION 89-110
(Continued)

.292 Section 89-110.292(QR) shall become inoperative and Section 89-110.292(SAR) shall become operative in a county on the date that SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) If the change is reported mid-quarter and the change in status will increase cash aid as specified in Section 44-316.31(QR), the change in status shall be effective the first day of the month following the report of the change when verification has been provided.

(SAR) If the change is reported mid-period and the change in status will increase cash aid as specified in Section 44-316.31(SAR), the change in status shall be effective the first day of the month following the report of the change when verification has been provided.

HANDBOOK BEGINS HERE

.3 Handbook Section 89-110.3(QR) shall become inoperative and Handbook Section 89-110.3(SAR) shall become operative in a county on the date that SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) Examples of Exempt and Nonexempt AUs, Financial Eligibility Determination, Quarterly MAP Status Determination, and Mid-Quarter MAP Status Changes

(SAR) Examples of Exempt and Nonexempt AUs, Financial Eligibility Determination, Semi-Annual MAP Status Determination, and Mid-Period MAP Status Changes

.31 Examples of Exempt and Nonexempt AUs

Example 1 – Exempt AU – Receipt of SDI and SSI/SSP

The family consists of two parents and their two children with eligibility based upon incapacity. One parent receives SDI and the second parent receives SSI/SSP. Since each parent receives one of the benefits specified in Section 89-110.22, the CWD uses the Exempt MAP.

HANDBOOK CONTINUES

89-110 MAXIMUM AID PAYMENT (MAP) LEVEL AND MAP RESTRICTION 89-110
(Continued)

HANDBOOK CONTINUES

Example 2 – Exempt AU – Disabled Pregnant Woman Only (PWO)

Because a pregnant woman is the only member of her AU and receives one of the benefits specified in 89-110.22, the CWD uses the Exempt MAP.

Example 3 – Nonexempt AU – Receipt of Private Disability Insurance

The AU consists of a parent and his aided child. The parent receives private insurance benefits from his employer; however, this income is not one of the benefits specified in Section 89-110.22 and the parent does not meet any other criterion to receive an exemption. The CWD uses the Nonexempt MAP.

Example 4 – Exempt AU – Unaided Non-Parent Caretaker Relative

An aunt is receiving aid for her nephew. The AU consists of the child only. The CWD uses the Exempt MAP as the aunt meets the exemption in 89-110.23; she is an unaided non-parent caretaker relative.

Example 5 – Nonexempt AU – Parent with SSI/SSP Child

The AU consists of a mother and her child, who receives SSI/SSP. The mother does not receive one of the benefits specified in Section 89-110.22 or meet any other criterion to receive an exemption. Because the parent in the AU must meet the criteria in Section 89-110.21 and .22, the CWD uses the Nonexempt MAP.

Example 5a – Exempt AU – SSI/SSP Parent with Child.

The AU consists of a father who receives SSI/SSP and his child. The father receives one of the benefits in Section 89-110.22. The CWD uses the Exempt MAP.

Example 6 – Nonexempt AU – Minor Parent

The AU consists of a senior parent and her children. One of the senior parent's children is a 17-year-old minor parent. The minor parent's child is also in the AU. The senior parent receives SDI. The minor parent aided as an eligible child in the senior parent's case is considered to be a parent as specified in Section 89-110.251. The minor parent does not receive one of the benefits specified in Section 89-110.22 or meet any other criterion to receive an exemption. Because both senior parent and minor parent are considered parents in determining exempt status, and all parents in an AU must receive one of the benefits in Section 89-110.22, the CWD uses the Nonexempt MAP

HANDBOOK CONTINUES

89-110 MAXIMUM AID PAYMENT (MAP) LEVEL AND MAP RESTRICTION 89-110
(Continued)

HANDBOOK CONTINUES

Example 7 – Nonexempt AU – Aided Stepparent

The AU consists of a father, the father's children, and an aided stepmother. The stepmother is pregnant, but she is not the parent or caretaker relative of any of the aided children. The father receives temporary workers compensation (TWC). The aided stepmother does not receive one of the benefits specified in Section 89-110.22 or meet any other criterion to receive an exemption. The CWD uses the Nonexempt MAP as both the parent and the aided stepmother must meet an exemption as required by Section 89-110.211.

Example 8 – Exempt AU – Unaided Stepparent

The family consists of a mother, the mother's children and an unaided stepfather. The mother receives SSI/SSP and is not in the AU. The stepfather, who is not the parent of any of the aided children, is unaided; therefore, he is not considered in determining the AU's exemption status. The CWD uses the Exempt MAP.

Example 9 – Nonexempt AU – Undocumented Immigrant Father

The family consists of a mother, the mother's children, and the father, who is an undocumented immigrant. Eligibility is based on unemployment. The mother receives SDI. The father does not receive one of the benefits specified in Section 89-110.22 or meet any other exemption criterion. The CWD uses the Nonexempt MAP, as each parent must meet one of the criterion to receive an exemption even if they are not aided due to exclusion.

Example 10 – Request for Review of AU Status by the AU

The AU consists of two parents and their two children, with deprivation based on unemployment. The AU receives the Nonexempt MAP. In June, the father requests a review of the AU status, as he has been determined to be exempt from welfare-to-work participation due to disability as specified in Section 42-712.44. The wife's application for IHSS was denied and she does not meet any other criterion for an exemption. Since both the father and the mother must receive one of the benefits specified in Section 89-110.22 or meet one other criterion to receive an exemption, the CWD uses the Nonexempt MAP.

HANDBOOK CONTINUES

89-110 MAXIMUM AID PAYMENT (MAP) LEVEL AND MAP RESTRICTION 89-110
(Continued)

HANDBOOK CONTINUES

.32 Determining MAP Status for Applicants

Handbook Section 89-110.32(QR) Example 11 shall become inoperative and Handbook Section 89-110.32(SAR) Example 11 shall become operative in a county on the date that SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) Example 11 – Determining MAP Status for Applicants

(QR) An initial application is made January 4 for an AU consisting of a father and two children. The applicant AU is placed in a January/February/March quarter. When applying for aid, the father was in receipt of SSI/SSP. The SSI/SSP ends on February 28. Since the MAP status is determined prospectively for the entire quarter based on the applicant's status at the time application is approved, the county uses the Exempt MAP to determine financial eligibility and cash aid for the entire quarter.

(SAR) Example 11 – Determining MAP Status for Applicants

(SAR) An initial application is made January 4 for an AU consisting of a father and two children. The applicant AU is placed in a January through June SAR Payment Period. When applying for aid, the father was in receipt of SSI/SSP. The SSI/SSP ends on February 28. Since the MAP status is determined prospectively for the entire period based on the applicant's status at the time application is approved, the county uses the Exempt MAP to determine financial eligibility and cash aid for the entire SAR Payment Period.

.33 Determining MAP Status for Recipients

Handbook Section 89-110.33(QR) Example 12 through 16 shall become inoperative and Handbook Section 89-110.33(SAR) Example 12 through 16 shall become operative in a county on the date that SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) Example 12 – Determining Status for Recipients

(QR) An existing AU is in an October/November/December quarter. On the November QR 7, the recipient reported the receipt of SDI in the Data Month. The county verifies the recipient's QR 7 information and uses the Exempt MAP status to determine financial eligibility and cash aid for the next QR Payment Quarter.

HANDBOOK CONTINUES

89-110 MAXIMUM AID PAYMENT (MAP) LEVEL AND MAP RESTRICTION 89-110
(Continued)

HANDBOOK CONTINUES

(SAR) Example 12 – Determining Status for Recipients

(SAR) An existing AU is in a July through December SAR Payment Period. On the November SAR 7, the recipient reports the receipt of SDI in the Data Month. The county verifies the recipient's SAR 7 information and uses the Exempt MAP status to determine financial eligibility and cash aid for the January through June SAR Payment Period.

(QR) Example 13 – Late Discovery Due to Client's Failure to Timely Report

(QR) The AU consists of a parent and his child. The AU is in an April/ May/June quarter. The father starts receiving SDI in May but does not report the information on the QR 7. On July 2, the father voluntarily requests mid-quarter review of his status and provides the appropriate verification of his exempt status. The first month the Exempt MAP status is effective is August. Section 89-110.271 provides that the MAP status change shall not be effective for any months prior to a request for review when the status change results from a request for review and Section 89-110.292(QR) provides that increases to aid due to a recipient mid-quarter voluntary report are not effective until the first of the month following the report.

(SAR) Example 13 – Late Discovery Due to Client's Failure to Timely Report

(SAR) The AU consists of a parent and his child. The AU is in an April through September SAR Payment Period. The father starts receiving SDI in the Data Month of August but does not report the information on the SAR 7. On October 2, the father voluntarily requests mid-period review of his status and provides the appropriate verification of his exempt status. The first month the Exempt MAP status is effective is November. Section 89-110.271 provides that the MAP status change shall not be effective for any months prior to a request for review when the status change results from a request for review and Section 89-110.292(SAR) provides that increases to aid due to a recipient mid-period voluntary report are not effective until the first of the month following the report.

HANDBOOK CONTINUES

89-110 MAXIMUM AID PAYMENT (MAP) LEVEL AND MAP RESTRICTION 89-110
(Continued)

HANDBOOK CONTINUES

(QR) Example 14 – Late Discovery Due to Administrative Error

(QR) The AU consists of a mother and her child. The AU is in an April/May/June quarter. The mother's SDI benefits end on May 11 and the mother no longer qualifies for the Exempt MAP status. The AU reports the information correctly on their May QR 7 due in June. However, the county incorrectly processes the QR 7 and continues to use the Exempt MAP status for the July/August/September quarter. In July, the county discovers the error. Since the effective date of the MAP status change for the QR Payment Quarter was July 1, the county shall take mid-quarter action to correct the error. The county shall recompute eligibility and cash aid for the entire QR Payment Quarter using the nonexempt status. The county shall recompute aid for the remaining months of the quarter and shall make an overpayment or underpayment determination for the month of July.

(SAR) Example 14 – Late Discovery Due to Administrative Error

(SAR) The AU consists of a mother and her child. The AU is in a January through June SAR Payment Period. The mother's SDI benefits end on May 11 and the mother no longer qualifies for the Exempt MAP status. The AU reports the information correctly on their May SAR 7 due in June. However, the county incorrectly processes the SAR 7 and continues to use the Exempt MAP status for the July through December SAR Payment Period. In July, the county discovers the error. Since the effective date of the MAP status change for the SAR Payment Period was July 1, the county shall take mid-period action to correct the error. The county shall recompute eligibility and cash aid for the entire SAR Payment Period using the nonexempt status. The county shall recompute aid for the remaining months of the SAR Payment Period and shall make an overpayment or underpayment determination for the month of July.

(QR) Example 15 – Mid-Quarter Status Review Request

(QR) An existing AU, a father and his child, is in an April/May/June quarter. Eligibility and cash aid for this quarter has been determined using the February QR 7 information. On May 15, the recipient voluntarily reports mid-quarter that they began receiving SDI in lieu of their full time job on May 7. The recipient provides the necessary verification within 10 days of the report. The county determines that this voluntary mid-quarter report will increase cash aid (see Section 44-316.31(QR)). The county changes the recipient's MAP status for the AU from Nonexempt MAP to Exempt MAP beginning in June and will continue to use the status until the AU reports a status change on either the QR 7 or a mid-quarter report.

HANDBOOK CONTINUES

89-110 MAXIMUM AID PAYMENT (MAP) LEVEL AND MAP RESTRICTION 89-110
(Continued)

HANDBOOK CONTINUES

(SAR) Example 15 – Mid-Period Status Review Request

(SAR) An existing AU, a father and his child, is in a January through June SAR Payment Period. Eligibility and cash aid for this period has been determined using the December SAR 7 information. On April 15, the recipient voluntarily reports mid-period that they began receiving SDI in lieu of their full time job on April 7. The recipient provides the necessary verification within 10 days of the report. The county determines that this voluntary mid-period report will increase cash aid (see Section 44-316.31(SAR)). The county changes the recipient's MAP status for the AU from Nonexempt MAP to Exempt MAP beginning in May and will continue to use the exempt MAP status until the AU reports a status change on either the SAR 7, SAWS 2 or a mid-period report.

(QR) Example 16 – Mid-Quarter Voluntary Report to Add a Person

(QR) An AU of one, a pregnant woman only case, is in an October/November/December quarter. The AU has been receiving aid based on exempt MAP status in accordance with Section 89-110.213. On November 5, the mother voluntarily reports the birth of the child and requests aid for the child. When determining the eligibility to add the child December 1, the county determines that the potentially "new AU" (the existing AU and the added person) does not meet exempt MAP status. The county uses the Nonexempt MAP status to determine if the child is CalWORKs eligible and if the newborn's addition into the existing AU increases the grant. If the newborn increases cash aid for the existing AU, the Nonexempt MAP status shall be effective December 1 and will continue until a change in status is reported on either a QR 7 or a mid-quarter report.

(QR) If the newborn's addition into the AU would decrease cash aid, the Nonexempt MAP status shall be effective the first day of the next QR Payment Quarter and will continue until a change in status is reported on either a QR 7 or a mid-quarter report.

(SAR) Example 16 – Mid-Period Voluntary Report to Add a Person

(SAR) An AU of one, a pregnant woman only case, is in an October through March SAR Payment Period. The AU has been receiving aid based on exempt MAP status in accordance with Section 89-110.213. On November 5, the mother voluntarily reports the birth of the child and requests aid for the child. When determining the eligibility to add the child December 1, the county determines that the potentially "new AU" (the existing AU and the added person) does not meet exempt MAP status. The county uses the Nonexempt MAP status to determine if the child is CalWORKs eligible and if the newborn's addition into the existing AU increases the grant. If the newborn increases cash aid for the existing AU, the Nonexempt MAP status shall be effective December 1 and will continue until a change in status is reported on the SAR 7, SAWS 2, or a mid-period report.

HANDBOOK CONTINUES

89-110 MAXIMUM AID PAYMENT (MAP) LEVEL AND MAP RESTRICTION 89-110
(Continued)

HANDBOOK CONTINUES

(SAR) If the newborn's addition into the AU would decrease cash aid, the baby will be added to the AU and the Nonexempt MAP status shall not be effective until the first day of the next SAR Payment Period and will continue until a change in status is reported on the SAR 7, SAWS 2, or a mid-period report.

HANDBOOK ENDS HERE

.4 Relocation Family Grant

IN ACCORDANCE WITH THE GREEN V. ANDERSON COURT ORDER, THIS PROVISION SHALL NOT BE IMPLEMENTED UNTIL A DETERMINATION BY A COURT OF APPROPRIATE JURISDICTION ALLOWS SUCH IMPLEMENTATION.

Relocation Family Grant (RFG) means the maximum amount of aid payable to an AU when no member of the AU has lived in California for 12 consecutive months immediately prior to the date of application.

.41 Relocation Family Grant Rule

When the RFG is applicable, the county shall compare and base aid on the lesser of:

.411 CA Computed Grant Amount

The California computed actual grant amount for a full month, excluding overpayment adjustments, or

.412 Other State MAP

The MAP amount of the previous state or U.S. Territory of residence, plus California special needs when included in Section 89-110.411.

(a)

When all members of the AU have not lived in the same prior state, the county shall compare the California computed grant amount to the highest MAP amount of the prior states of residence involved.

89-110 MAXIMUM AID PAYMENT (MAP) LEVEL AND MAP RESTRICTION 89-110
(Continued)

(b) The county shall semi-annually update the other state MAP amounts effective with the April and October payment months with figures provided by the California Department of Social Services which are based upon U.S. Department of Health and Human Services data.

HANDBOOK BEGINS HERE

.42 Grant Adjustment

Upon determination of the lesser amount of either the California computed actual grant amount or the prior state MAP, the grant will be adjusted for partial month proration, homeless assistance payment and overpayments, as applicable.

HANDBOOK ENDS HERE

.43 Reduced Income Supplemental Payment (RISP), Homeless Assistance Payment for Permanent Housing and Overpayment Adjustment Computation

For the purpose of determining the RISP, homeless computing assistance payment for permanent housing, and overpayment adjustments, the MAP specified in Sections 44-402, 44-211.531 and 44-352.41 shall be the lesser of the California MAP or the MAP of the previous state of residence used in the RFG computation.

.44 How Long

The county shall apply the RFG rule until any member of the AU has lived in California for 12 consecutive months.

HANDBOOK BEGINS HERE

.45 RFG Example

A mother and her three children arrive in California from Mississippi in April. Four months later (August), they apply for AFDC. The RFG rule will apply to the AU for eight months. (Twelve month residency requirement minus four months in California equals eight RFG months). Their RFG period will end March 31st of the following year.

HANDBOOK CONTINUES

89-110 MAXIMUM AID PAYMENT (MAP) LEVEL AND MAP RESTRICTIONS 89-110
(Continued)

HANDBOOK CONTINUES

After the AU received aid for one month, the children's father moves into the home (September). He is the unemployed principal earner and there is federal eligibility. The father has been in California for ten months and was living in Nevada prior to coming to California.

Since the father lived in California longer than anyone else in the AU, the AU will only have two remaining RFG months, which includes the first month of aid for the father. Therefore, the AU's new RFG period will end October 31st.

The county will use Nevada's MAP which is higher than Mississippi's MAP when applying the RFG rule.

HANDBOOK ENDS HERE

NOTE: Authority cited: Sections 10553, 10554, 11209, and 11450(g), Welfare and Institutions Code. Reference: Sections 10553, 10554, 11265.1, 11265.2, 11265.3, 11450.01, 11450.015, 11450.03, and 11450.5, Welfare and Institutions Code; Federal Terms and Conditions for the California Assistance Payments Demonstration Project as approved by the United States Department of Health and Human Services on October 30, 1992; and Memorandum of Decision and Order in Green v. Anderson, (Civ. S-92-2118) dated January 28, 1993; and Letters from the Department of Health and Human Services, Administration for Children and Families, dated February 29, 1996, March 11, 1996, and March 12, 1996; Federal Register, Vol. 75, No. 19, dated January 29, 2010, pages 4928 and 4929 [7 CFR 273.12(a)(1)(vii)].

89-115 INCREASED PROPERTY LIMITS FOR RECIPIENTS 89-115

.1 General

The county shall apply the following property limits to an AU which includes at least one recipient:

.11 $2,000 Property Limit

$2,000 for property as specified in Section 89-120,

.12 $4,500 Motor Vehicle

$4,500 for one motor vehicle as specified in Section 89-125, and

.13 $5,000 Restricted Account

$5,000 for restricted accounts as specified in Section 89-130.

.2 Excess Property Discovered

When an application has been approved and the county subsequently discovers that the AU's property exceeded the $1,000 property limit on the date of approval, the county shall not apply any of the increased property limits specified in Section 89-115.1 until the first day of the month following the date the AU's property is at or below the $1,000 property limit for applicants.

HANDBOOK BEGINS HERE

.21 Example 1

On July 1st, a family applies for aid and the county approves the AFDC application (i.e., authorizes aid) based on the following property:

$ 700	savings account
+150	cash surrender value on life insurance policy
$ 850	total countable property

In November, a Quality Control reviewer discovers that the cash surrender value of the life insurance policy was actually $350 on July 1st (total property = $1,050). The county determines that the AU had excess property over the $1,000 limit for applicants from July through October (when the AU spent down their savings).

HANDBOOK CONTINUES

89-115 INCREASED PROPERTY LIMITS FOR RECIPIENTS 89-115
(Continued)

HANDBOOK CONTINUES

The AU is overpaid from July through October, but is eligible in November and will have the higher property limits beginning November 1st.

.22 Example 2

In September a family applies for aid and is approved; they have the following property:

$ 300	checking account
+600	savings account
$ 900	total countable property

In October the AU opens a restricted savings account with a balance of $200.

In November the caretaker relative reports that he has just discovered a paid-up life insurance policy he had forgotten about which had a cash surrender value (CSV) of $500 since September.

The AU's property is as follows:

$ 300	checking
+600	savings
+500	CSV life insurance
$ 1400	total
-1000	limit for applicants
$ 400	excess property September & October
+ 200	restricted account opened in October
$ 600	excess property beginning November

The county sends a timely notice to discontinue aid effective November 30th. The caretaker relative immediately withdraws the $200 from the restricted account and $400 from the savings account to buy a new refrigerator on November 29th.

HANDBOOK CONTINUES

89-115 INCREASED PROPERTY LIMITS FOR RECIPIENTS **89-115**
(Continued)

HANDBOOK CONTINUES

The new date of eligibility for increased property limits is December 1st (the first day of the month following the date the AU was at or below the $1,000 limit for applicants). The AU is overpaid for September, October, and November.

Since the AU exceeded the $1,000 property limit when the application was approved, the AU was not eligible for any of the higher property limits and the "restriction" on the second savings account is not applicable. As such, a period of ineligibility for a nonqualifying withdrawal also does not apply.

HANDBOOK ENDS HERE

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Sections 10553, 10554, 11155, 11155.1, 11155.2, and 11257, Welfare and Institutions Code; 45 CFR 233.20(a)(3)(i)(B); and the Federal Terms and Conditions for the California Work Pays Demonstration Project as approved by the United States Department of Health and Human Services on March 9, 1994.

89-120 $2,000 PROPERTY LIMIT FOR RECIPIENTS 89-120

.1 General

When an AU includes a recipient, the county shall apply a $2,000 limit to the net market value of the AU's countable property without regard to the $5,000 restricted account specified in Section 89-130.

HANDBOOK BEGINS HERE

.2 Example 1

A family applies for AFDC on February 3rd. The otherwise eligible AU has countable property of $700. The county approves the application on March 13th. The family reports that on March 15th, they received stocks from an inheritance worth $1,000. Their total property on March 15th was $1,700.

The AU is eligible because their property did not exceed the $1,000 limit for applicants until after their application was approved and they are under the $2,000 limit for recipients.

.3 Example 2

A minor mother and her child moved out of her senior parent's home to live with her child's father on June 3rd. The minor mother and her child were receiving aid in the senior parent's AU through June 30th.

On June 5th, the minor mother requests aid for herself, her child, and the father of her child; the beginning date of aid is July 1st. The new AU's property is as follows:

$ 300	minor mother's cash
+1,500	father's savings account
$ 1,800	AU's total property

The county applies the $2,000 property limit for recipients because the minor mother and her child did not have a break in aid, and thus are considered recipients.

HANDBOOK CONTINUES

89-120 $2,000 PROPERTY LIMIT FOR RECIPIENTS 89-120
(Continued)

HANDBOOK CONTINUES

.4 Example 3

An AU which includes a recipient has countable property of $1,700. The AU reports that another child moved in with them on May 31st. The child has a $500 savings account. The county determines that the entire AU is ineligible due to excess property effective June 1st:

$ 500	savings account of new child
+1,700	AU's other property
$ 2,200	AU's total property
-2,000	property limit for recipients
$ 200	excess property

The county sends a timely notice of action to discontinue aid effective June 30th and determines an overpayment for June.

If the AU spends down to the $2,000 limit on or before June 30, the county will rescind the discontinuance; however, the overpayment will remain. If the AU does not spend down to the $2,000 limit, it will be subject to the $1,000 property limit for applicants if it reapplies later.

HANDBOOK ENDS HERE

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Sections 10553, 10554, 11155, 11155.1, and 11257, Welfare and Institutions Code; 45 CFR 233.20(a)(3)(i)(B); and the Federal Terms and Conditions for the California Work Pays Demonstration Project as approved by the United States Department of Health and Human Services on March 9, 1994.

89-125 INCREASED MOTOR VEHICLE LIMIT FOR RECIPIENTS 89-125

.1 General

The county shall exempt up to $4,500 for one motor vehicle that is owned by a member of an AU which includes a recipient.

.11 Vehicle Over $4,500

When the vehicle's net market value exceeds the $4,500 limit, the excess value shall be included in the $2,000 property limit specified in Section 89-120. See Section 42-215.4 for determining the value of a motor vehicle.

HANDBOOK BEGINS HERE

.2 Example

An AU which includes a recipient reports they now have the following property (net market values are shown):

1st motor vehicle:	$2,500
2nd motor vehicle:	$1,200
savings account:	$ 500

The county exempts the 1st motor vehicle because it has the highest value. The 2nd motor vehicle's value is added to the AU's other countable property ($1,200 + $500 = $1,700). The AU is property eligible because the countable property does not exceed the $2,000 property limit for recipients.

HANDBOOK ENDS HERE

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Sections 10553, 10554, 11155, 11155.1, and 11257, Welfare and Institutions Code; 45 CFR 233.20(a)(3)(i)(B); and the Federal Terms and Conditions for the California Work Pays Demonstration Project as approved by the United States Department of Health and Human Services on March 9, 1994.

89-130 RESTRICTED ACCOUNTS FOR RECIPIENTS 89-130

Renumbered to 42-213 by Manual Letter No. EAS-09-04, effective 10/22/09.

TABLE OF CONTENTS

CHAPTER 89-200 MINOR PARENT

Section

Minor Parent Requirement 89-201

Requirement 1
Exemption 2
Referral 3
Payee 4
Senior Parent Income 5
Minor Meets Exemption 6

This page is intentionally left blank

CHAPTER 89-200 MINOR PARENT

89-201 MINOR PARENT REQUIREMENT 89-201

.1 Requirement	A never-married minor, under the age of 18 years old, who is pregnant or who has a dependent child(ren) in his/her care shall, as an additional condition of eligibility, reside with:
.11 Senior Parent	A senior parent; or
.12 Legal Guardian	A legal guardian; or
.13 Adult Relative	An individual who meets the degree of relatedness criteria specified in Section 82-808.1 and is age 18 years or older; or
.14 Licensed Home	A state licensed adult-supervised supportive living arrangement which includes:
.141	A group home; or
.142	A maternity home.
.2 Exemption	The minor parent and his/her dependent child(ren) shall be exempt from the minor parent requirement when any of the following conditions exist:
.21 Deceased	The minor parent has no parent or legal guardian who is living;
.22 Whereabouts Unknown	The minor parent has no parent or legal guardian whose whereabouts are known;
.23 Not Allowed To Live In Home	The minor parent has no parent or legal guardian who will allow the minor parent to live in his/her home;
.24 Health/Safety	It is determined by a child protective services worker that the physical or emotional health or safety of the minor parent or his/her dependent child(ren) would be jeopardized if the minor parent and his/her dependent child(ren) lived in the home with the minor's parent, legal guardian, or other adult relative;

89-201 MINOR PARENT REQUIREMENT **89-201**
(Continued)

.25	Live Apart for 12 Months	The minor parent has lived apart from the minor's parent or legal guardian for a period of at least twelve months prior to the month of:
	.251	The youngest dependent child's birth; or
	.252	Application for aid.
.26	Emancipation	The minor parent is legally emancipated.
.3	Referral	A referral to county Child Welfare Services shall be made when the minor parent meets any of the exemptions pursuant to Section 89-201.21 through .25.
.31	Discontinuance of Minor Parent	If the minor parent is determined to be ineligible for CalWORKs, the eligibility worker shall notify CWS of the minor's discontinuance.
.4	Payee	Unless the minor parent is exempt from the Minor Parent Requirement, the county shall pay aid on behalf of the minor parent to the adult living in the home or to the group/maternity home pursuant to Section 89-201.1.
.41	Adult Refusal	If the adult living in the home refuses to act as payee on behalf of the minor parent, the minor parent may be the payee.
.42	Minor Parent Refusal or Failure to Cooperate	If the minor parent refuses or fails to cooperate in obtaining verification of the adult's consent or refusal to act as payee on his/her behalf, the minor parent's AU is ineligible for CalWORKs.
.43	Determination That Minor Parent Should Be Payee	Whenever it is determined to be in the best interest of the minor parent and his/her child(ren), the minor parent may be the payee of his/her case instead of the adult living in the home with the minor parent.

89-201 MINOR PARENT REQUIREMENT (Continued) **89-201**

.44 Documentation

The county shall document the following:

.441 The payee understands that these CalWORKs payments are for the support of the minor parent and his/her dependent child(ren); and

.442 The individual's agreement to act as payee; or

.443 The individual's refusal to act as payee.

.444 The minor parent's refusal or failure to cooperate in obtaining verification of the adult's consent or refusal to act as payee.

.445 The reason(s) or factors leading to the determination that it is in the best interest of the minor parent and his/her child(ren) for the minor parent to be the payee for his/her case rather than the adult living in the home.

HANDBOOK BEGINS HERE

.45 Example 1:

A minor parent applies for CalWORKs for herself and her dependent child. The minor states her parents are divorced and living at different residences. The minor states that her mother forced her and her child out of the home and will not allow them to return. Further, the minor states that she has not lived with her father (the other senior parent) for over 12 months.

The minor provides a statement from her mother that the minor had been living with her for the past two years, but that she will no longer allow the minor and child to live with her. Since the minor meets the exemption for each senior parent, the county will: (1) not apply the Minor Parent Requirement, and (2) grant aid to the minor parent and/or her child if they are otherwise eligible, and (3) refer the case to CWS for Minor Parent services.

HANDBOOK CONTINUES

89-201 MINOR PARENT REQUIREMENT (Continued) **89-201**

HANDBOOK CONTINUES

.46 Example 2:

A minor parent applies for CalWORKs for herself and her dependent child. The minor parent states that she has been living with a friend for the past three months.

The minor parent states that her mother forced her to move out of the home and will not allow her to return. The minor's friend told her that she needs to find another place to live by the end of the month.

The minor parent is unable to obtain a statement from her mother confirming that she is not allowed to return to the parent's home. In a collateral call to the minor parent's mother, the mother indicates that her daughter ran away from home three months ago and refuses to return. The mother indicates that she is willing to allow the minor parent and her dependent child to live with her. The minor parent then states that she fears for her safety and the safety of her dependent child if she returns to her mother's home. A child protective services worker completes an evaluation of the mother's home and determines that there would be no risk to either the minor parent or her dependent child if they were to live with the minor's parent.

Since the minor parent does not meet any of the exemption criteria, she and her dependent child must live with her parent, legal guardian, or other adult relative to be eligible for CalWORKs. The minor parent refuses to return to her mother's home and no other adult relative will allow her to live with him/her. The minor parent and child are not eligible for CalWORKs and the application is denied.

HANDBOOK ENDS HERE

.5 Senior Parent Income

In cases where the minor parent lives with his/her parent(s), the income and needs of the senior parent(s) shall be considered. Eligibility and grant amount for senior parent/minor parent cases shall be determined in accordance with Sections 44-133.5, 44-207 and 44-315 as appropriate, based on the specific circumstances of the case.

89-201 MINOR PARENT REQUIREMENT (Continued) **89-201**

.51 Senior Parent/Minor Parent Eligibility and Grant Amount

When considering income of the senior parent(s), pursuant to Sections 44-133.5, 44-207 and 44-315, and that income does not result in ineligibility of the minor and his/her child(ren), and:

.511 Minor in Own AU

The minor parent is eligible to be included in his/her own AU (See Section 82-808), or

.512 Eligible Minor in AU of Senior Parent(s)

The minor parent is eligible to be included in the AU of the senior parent(s) (See Section 82-808), then

.513 Grant Amount

The income of the senior parent(s) shall be considered and the actual grant amount calculated pursuant to Section 44-315.3.

HANDBOOK BEGINS HERE

(a) Example: Eligible Minor Parent in own AU

The persons residing together are the senior parent, her minor daughter (minor parent) and her minor daughter's child. The senior parent is not in the AU. The senior parent earns $1,025 per month. The minor parent has no income. The family resides in Region 1 and is nonexempt.

The eligibility/grant computation is as follows:

$1,025	Reasonably Anticipated Family Earned Income
- 112	$112 Earned Income Disregard
$ 913	
- 456	50% Earned Income Disregard*
$ 456	Net Nonexempt Income*
$ 638	MAP for an AU of Three
- 456	Total Net Nonexempt Income
$ 182	Potential Grant
$ 516	MAP for an AU of Two
$ 182	Actual Grant Amount (lesser of potential grant or AU MAP)

HANDBOOK CONTINUES

89-201 MINOR PARENT REQUIREMENT (Continued) **89-201**

HANDBOOK CONTINUES

* 50% Earned Income Disregard and Net Nonexempt Income must be rounded down to the nearest dollar amount: MPP Section 44-315.34

(b) Example: Eligible Minor Parent in AU of Senior Parent(s)

Minor parent lives with both her parents. The senior parents are in the AU with the minor parent and the minor's child. One senior parent earns $900 per month. The other senior parent earns $400 per month and receives $125 in State Disability Insurance benefits. The minor parent has no income. The AU is nonexempt and resides in Region 1.

The eligibility/grant computation is as follows:

$ 125	Reasonably Anticipated Monthly Disability-Based Unearned Income
- 225	$225 Disability-Based Unearned Income (DBI) Disregard
0	Net Disability-Based Unearned Income
$ 100	Remainder of $225 DBI Disregard
$1,300	Reasonably Anticipated Monthly Family Earned Income
- 100	Remainder of $225 DBI Disregard
$1,200	
- 600	50% Earned Income Disregard
$ 600	Net Nonexempt Earned Income
+ 0	Other Nonexempt Unearned Income
$ 600	Total Net Nonexempt Income
$ 762	MAP for an AU of Four
- 600	Net Nonexempt Income
$ 162	Grant Amount

HANDBOOK ENDS HERE

.6 Minor Meets Exemption

A minor who does not reside with a senior parent shall have his/her aid payment calculated based on existing income regulations.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code; SB 72 (Chapter 8, Statutes of 2011), Section 42. Reference: Sections 11008.14, 11017, 11254 (Ch. 1022, Stats. 2002), 11450, 11451.5, 11453, and 16506(d), Welfare and Institutions Code; 42 USCA 608(a)(5).

(Next page is Page 958)

TABLE OF CONTENTS

CHAPTER 89-300 WORK INCENTIVES

Chapter 89-300 title repealed by Manual Letter No. EAS-95-06, effective 7/9/95.

Section

Elimination of Time Limitations for 30 and 1/3 Earned Income
Disregard and Elimination of the 100-Hour Limit..... 89-301

Renumbered to Section 89-105 by Manual Letter No. EAS-95-06, effective 7/9/95.

This page is intentionally left blank.

CHAPTER 89-300 WORK INCENTIVES

Chapter 89-300 title repealed by Manual Letter No. EAS-95-06, effective 7/9/95.

89-301 ELIMINATION OF TIME LIMITATIONS FOR 30 AND 1/3 EARNED INCOME DISREGARD AND ELIMINATION OF THE 100-HOUR LIMIT 89-301

Renumbered to Section 89-105 by Manual Letter No. EAS-95-06, effective 7/9/95.

This page is intentionally left blank.

TABLE OF CONTENTS

CHAPTER 89-400 AID PAYMENTS

Chapter 89-400 title repealed by Manual Letter No. EAS-95-06, effective 7/9/95.

Section

Maximum Aid Payment (MAP) Level and MAP Restriction..... 89-402

Renumbered to Section 89-110 by Manual Letter No. EAS-95-06, effective 7/9/95.

This page is intentionally left blank.

CHAPTER 89-400 AID PAYMENTS

Chapter 89-400 title repealed by Manual Letter No. EAS-95-06, effective 7/9/95.

89-402 MAXIMUM AID PAYMENT (MAP) LEVEL AND MAP RESTRICTION 89-402

Renumbered to Section 89-110 by Manual Letter No. EAS-95-06, effective 7/9/95.

This page is intentionally left blank.

TABLE OF CONTENTS

CHAPTER 89-500 PROPERTY LIMITS FOR RECIPIENTS UNDER THE CALIFORNIA WORK PAYS DEMONSTRATION PROJECT

Chapter 89-500 title repealed by Manual Letter No. EAS-95-06, effective 7/9/95.

Section

Increased Property Limits for Recipients..... 89-501

Renumbered to Section 89-115 by Manual Letter No. EAS-95-06, effective 7/9/95.

$2,000 Property Limit for Recipients 89-502

Renumbered to Section 89-120 by Manual Letter No. EAS-95-06, effective 7/9/95.

Increased Motor Vehicle Limit for Recipients 89-503

Renumbered to Section 89-125 by Manual Letter No. EAS-95-06, effective 7/9/95.

Restricted Accounts for Recipients..... 89-504

Renumbered to Section 89-130 by Manual Letter No. EAS-95-06, effective 7/9/95.

This page is intentionally left blank.

CHAPTER 89-500 PROPERTY LIMITS FOR RECIPIENTS UNDER THE CALIFORNIA WORK PAYS DEMONSTRATION PROJECT

Chapter 89-500 title repealed by Manual Letter No. EAS-95-06, effective 7/9/95.

89-501 INCREASED PROPERTY LIMITS FOR RECIPIENTS 89-501

Renumbered to Section 89-115 by Manual Letter No. EAS-95-06, effective 7/9/95.

89-502 $2,000 PROPERTY LIMIT FOR RECIPIENTS 89-502

Renumbered to Section 89-120 by Manual Letter No. EAS-95-06, effective 7/9/95.

89-503 INCREASED MOTOR VEHICLE LIMIT FOR RECIPIENTS 89-503

Renumbered to Section 89-125 by Manual Letter No. EAS-95-06, effective 7/9/95.

89-504 RESTRICTED ACCOUNTS FOR RECIPIENTS 89-504

Renumbered to Section 89-130 by Manual Letter No. EAS-95-06, effective 7/9/95.

This page is intentionally left blank.

TABLE OF CONTENTS

CHAPTER 89-700 CALIFORNIA ALTERNATIVE ASSISTANCE PROGRAM (CAAP)

Entire Chapter repealed by Manual Letter No. EAS-98-05, effective 12/29/98.

This page is intentionally left blank.

CHAPTER 89-700 CALIFORNIA ALTERNATIVE ASSISTANCE PROGRAM (CAAP)

Repealed by Manual Letter No. EAS-98-05, effective 12/29/98.

89-701 THE CALIFORNIA ALTERNATIVE ASSISTANCE PROGRAM (CAAP) 89-701

Repealed by Manual Letter No. EAS-98-05, effective 12/29/98.

89-705 DEFINITIONS 89-705

Repealed by Manual Letter No. EAS-98-05, effective 12/29/98.

89-710 PROGRAM ELIGIBILITY 89-710

Repealed by Manual Letter No. EAS-98-05, effective 12/29/98.

89-715 PAYMENT ELIGIBILITY 89-715

Repealed by Manual Letter No. EAS-98-05, effective 12/29/98.

89-720 CHILD CARE PAYMENT COMPUTATION 89-720

Repealed by Manual Letter No. EAS-98-05, effective 12/29/98.

89-725 CAAP PARTICIPANT'S RESPONSIBILITIES 89-725

Repealed by Manual Letter No. EAS-98-05, effective 12/29/98.

89-730 COUNTY RESPONSIBILITIES 89-730

Repealed by Manual Letter No. EAS-98-05, effective 12/29/98.

89-735 UNDERPAYMENTS AND OVERPAYMENTS 89-735

Repealed by Manual Letter No. EAS-98-05, effective 12/29/98.

89-740 DATA COLLECTION 89-740

Repealed by Manual Letter No. EAS-98-05, effective 12/29/98.

TABLE OF CONTENTS

Chapter

DIVISION 90 KINSHIP GUARDIANSHIP ASSISTANCE PAYMENT PROGRAM

Kinship Guardianship Assistance Payment (Kin-GAP) Program 90-100

This page is intentionally left blank.

TABLE OF CONTENTS

CHAPTER 90-100 KINSHIP GUARDIANSHIP ASSISTANCE PAYMENT (KIN-GAP) PROGRAM

Section

Definitions and Forms 90-101

Non-CalWORKs Requirements 90-105

CalWORKs Requirements 90-110

Payment 90-115

This page is intentionally left blank.

90-101 DEFINITIONS AND FORMS 90-101

.1 The definitions in Sections 80-301 and 45-101 apply to the Kin-GAP Program. The following definitions also apply, and for the Kin-GAP Program only, supersede those in Sections 80-301 and 45-101, where dual or conflicting definitions exist:

(a) (1) Approved home of a relative means the home of a relative which has been determined to be suited to the needs of the child by a social worker as specified in Section 45-101(a)(2)(A).

(b) Reserved

(c) Reserved

(d) Reserved

(e) Reserved

(f) Reserved

(g) Reserved

(h) Reserved

(i) Reserved

(j) Reserved

(k) Reserved

(l) (1) Legal guardian means the individual appointed guardian of the child by a California court pursuant to Welfare and Institutions Code Section 366.26.

(m) Reserved

(n) Reserved

(o) Reserved

(p) (1) A Parent means the natural or adoptive father or mother, whether married or unmarried.

(q) Reserved

90-101 DEFINITIONS AND FORMS (Continued) **90-101**

(r) (1) A relative means a person related to the child by blood, marriage, or adoption who is within the fifth degree of kinship to the child by virtue of being one of the following:

(A) The father, mother, brother, sister, half-brother, half-sister, uncle, aunt, first cousin, first cousin once removed, nephew, niece, or any such person of a preceding generation denoted by the prefixes grand-, great-, or great-great, or great-great-great.

(B) The stepfather, stepmother, stepbrother, or stepsister.

(C) The spouse of any person named in Section 90-101(r)(1)(A) or (B) above, even after the marriage has been terminated by death or dissolution.

(s) Reserved

(t) Reserved

(u) Reserved

(v) Reserved

(x) Reserved

(y) Reserved

(z) Reserved

.2 The forms in Section 80-310 apply to the Kin-GAP Program. The following forms also apply, and for the Kin-GAP Program only, supersede those in Section 80-310 where they serve the same function:

(a) Reserved

(b) Reserved

(c) Reserved

(d) Reserved

(e) Reserved

(f) Reserved

90-101 DEFINITIONS AND FORMS (Continued) **90-101**

(g) Reserved

(h) Reserved

(i) Reserved

(j) Reserved

(k) (l) KG 1 The Mutual Agreement for 18-Year Olds is used to obtain an 18-year old child's agreement to remain in the Kin-GAP Program after his/her 18th birthday, in accordance with the Age requirements of Section 42-101.

(2) KG 2 The "Statement of Facts Supporting Eligibility for Kinship Guardianship Assistance Payment (Kin-GAP) Program" (Rev. 11/99) is used to collect information necessary to determine Kin-GAP eligibility at the time of application and redetermination.

(3) KG 2-A "Rights, Responsibilities and Other Important Information" is used to inform relative caretakers of their rights and responsibilities under the Kinship Guardianship Assistance Payment (Kin-GAP) Program (Rev. 12/99)

(4) Repealed by CDSS Manual Letter No. EAS-00-12, effective 12/21/00.

(l) Reserved

(m) Reserved

(n) Reserved

(o) Reserved

(p) Reserved

(q) Reserved

(r) Reserved

90-101 DEFINITIONS AND FORMS (Continued) **90-101**

(s) (l) SOC 369 The "Agency-Relative Guardianship Disclosure" (Rev. 12/99) is used to inform relative foster parents of the funding options available should they choose to take legal guardianship of their related foster child.

(t) Reserved

(u) Reserved

(v) Reserved

(x) Reserved

(y) Reserved

(z) Reserved

NOTE: Authority cited: Sections 10553, 10554, 10604, and 11369, Welfare and Institutions Code. Reference: Sections 366.26, 11054, and 11362, Welfare and Institutions Code.

90-105 NON-CALWORKS REQUIREMENTS **90-105**

.1 Placement Requirements

.11 Eligible Facility

.111 In order to be eligible for Kin-GAP, the child must be living in the approved home of a relative.

.112 For purposes of Kin-GAP, the home must have been approved by the county, but the approval may occur prior to the child's transfer to the Kin-GAP Program, and need not be reassessed after the child transfers from CalWORKs or AFDC-FC to Kin-GAP.

.12 Durational Requirements

.121 The child must have lived in the same relative's home for at least 12 consecutive months before the child is eligible for Kin-GAP payments.

.13 Guardianship/Dependency

.131 The child must be in a court ordered guardianship pursuant to Welfare and Institutions Code 366.26.

90-105 NON-CALWORKS REQUIREMENTS (Continued) **90-105**

.132 The child's dependency must be dismissed after January 1, 2000.

.2 County of Responsibility

.21 The county of responsibility for a child receiving a Kin-GAP payment is the county which had legal custody of the child as required in Section 40-125.8 immediately prior to the dismissal of the custody court order and establishment of the legal guardianship by the court.

.3 Assistance Unit Composition

.31 Each Kin-GAP child shall constitute his/her own assistance unit (AU) of one. No other person, including siblings, shall be in the same AU with the Kin-GAP child.

NOTE: Authority cited: Sections 10553, 10554, and 11369, Welfare and Institutions Code. Reference: Sections 366.26, 366.3, 11361, 11362, 11363, and 11465, Welfare and Institutions Code.

90-110 CALWORKS REQUIREMENTS **90-110**

.1 The following CalWORKs regulations shall apply to children receiving Kin-GAP benefits:

(a) The reception and application requirements of Sections 40-101 through 40-117 and 40-119 through 40-121, Sections 40-125.9 and 40-126 through 40-129, Sections 40-157 through 40-181.216, Sections 40-181.25 through 40-181.26, Sections 40-181.4 through 40-183, Sections 40-187 through 40-190, and Section 40-197.

(b) The age requirements of Section 42-100.

90-110 CALWORKS REQUIREMENTS (Continued) **90-110**

(c) The property requirements of Section 42-200.

(1) For purposes of determining property eligibility, children in the Kin-GAP Program shall be treated in all aspects as a recipient, not as an applicant.

(d) The residence requirements of Sections 42-400 through 42-424.

(e) The citizenship, alienage and language fluency requirements of Sections 42-430 through 42-435.

(f) The responsible relative requirements of Sections 43-100 through 43-205.

(g) The income requirements of Sections 44-100 through 44-133, and Section 44-207.

(1) For purposes of determining income eligibility, children in the Kin-GAP Program shall be treated in all aspects as a recipient, not as an applicant.

(h) The aid payment requirements of Sections 44-300 through 44-305, Sections 44-313; Sections 44-316 and 44-317, Sections 44-319 through 44-353.

(i) The Records requirements of Section 48-000.

(j) The Child Support Enforcement Program requirements of Sections 82-502 through 82-520.

(k) The Temporary Absence requirements of Section 82-812.

(l) The excluded persons requirements of Section 82-832.

(m) The Restricted Accounts requirements of Section 89-130.

.2 Methods of Periodic Determination of Eligibility

.21 Regulations governing the method of initial determination also govern all continuing and periodic determinations. (See Section 40-157.)

90-110 CALWORKS REQUIREMENTS (Continued) **90-110**

.22 The recipient's statements or the statements of his/her guardian or any other person acting for him/her and completing the Statement of Facts, together with information obtained from all other sources, shall be assessed in the light of facts previously known and in relation to potentials for change in eligibility status or amount of grant.

.3 Repealed by CDSS Manual Letter No. EAS-00-12, effective 12/21/00.

NOTE: Authority cited: Sections 10553, 10554, and 11369, Welfare and Institutions Code. Reference: Section 11367, Welfare and Institutions Code.

90-115 PAYMENT **90-115**

.1 Need Standard

The Kin-GAP rate, as determined in Chapter 11-300, shall constitute the need standard for a child receiving Kin-GAP. The child's net-nonexempt income as determined in Chapter 44-100 shall not exceed the need standard. Income received by the child's parents, legal guardians or relatives shall not be used to determine the Kin-GAP aid payment.

.2 Infant Supplement

.21 An infant supplement shall be paid in addition to a minor parent's Kin-GAP payment for the care and supervision of a child living with his/her minor parent in the same eligible facility when the minor parent is eligible for Kin-GAP.

.22 A child living with his/her Kin-GAP eligible minor parent in the same eligible facility does not need a separate eligibility determination. The eligibility for the infant supplement is based on the minor parent's Kin-GAP eligibility determination.

.23 The infant supplement amount shall be determined pursuant to Section 11-415.12.

NOTE: Authority cited: Sections 10553, 10554, and 11369, Welfare and Institutions Code. Reference: Section 11465, Welfare and Institutions Code.

This page is intentionally left blank.

TABLE OF CONTENTS

CHAPTER 90-200 SUPPORTIVE TRANSITIONAL EMANCIPATION PROGRAM (STEP)

Section

Step Purpose..... 90-200

Definitions..... 90-205

Step Eligibility Requirements 90-210

County Responsibilities 90-215

Step Rates 90-220

This page is intentionally left blank.

90-200 STEP PURPOSE 90-200

.1 The purpose of the Supportive Transitional Emancipation Program (STEP) is to provide financial assistance for those youth who have emancipated from the Foster Care system and are in need of financial assistance.

.2 In administering the regulations in Chapter 90-200, the county must comply with all civil rights laws, and the rules, and regulations of Division 21. This provision also applies to contractors and subcontractors performing any and all county functions.

NOTE: Authority cited: Sections 10553, and 10554, Welfare and Institutions Code. Reference: Section 11403.1, Welfare and Institutions Code.

90-205 DEFINITIONS 90-205

The following definitions shall apply to the terms used in the STEP Program:

(a) through (c) (Reserved)

(d) (1) Dependent means a child who has been adjudged a dependent child of the court pursuant to Welfare and Institutions Code, Section 300.

(e) through (k) (Reserved)

(l) (1) Legal Guardian means the individual appointed permanent or temporary guardian of the person or of the person and estate of a child by a California court pursuant to Probate Code Section 1514 or 2250, if guardianship was established prior to January 1, 1984; or Welfare and Institutions Code Section 360, or 366.26.

(m) through (q) (Reserved)

(r) (1) Relinquishment means that the child has been given up for adoption by one or both parents to a licensed public or private adoption agency or to a district adoptions office of the Department.

(s) (1) Supportive Transitional Emancipation Program – Transitional Independent Living Plan (STEP - TILP) (STEP 8, Rev. 8/02) means the document designed by the Department that outlines specific skills, education or training goals needed to facilitate a successful transition to adulthood, mutually agreed upon by eligible 18 to 21 year old emancipated foster/probation youth and the county welfare or probation department or the Independent Living Coordinator. The document will include the specific tasks youth and other relevant parties will complete in order to achieve these goals, agreed upon timelines, outcomes, and identify all individuals responsible for assisting in completion of the plan.

(t) (1) Termination of Parental Rights means that the rights of one or both parents have been involuntarily terminated as the result of an order of the court issued under Family Code Section 7800 et seq., Family Code Section 7660 et seq., or Welfare and Institutions Code Section 366.26.

(u) (Reserved)

(v) (1) Voluntary Placement means an out-of-home placement of a child by (1) the county welfare department after the parents or guardians have requested the assistance of the county welfare department and have signed a voluntary placement agreement; or (2) the county welfare department, a licensed public or private adoption agency, or the Department acting as an adoption agency, after the parents have requested the assistance of either the county welfare department, the licensed public or private agency, or the Department acting as an adoption agency for the purpose of adoption planning, and have signed a voluntary placement agreement.

90-205 DEFINITIONS (Continued) **90-205**

(w) (1) Ward means a child who has been adjudged a ward of the court pursuant to Welfare and Institutions Code, Section 601 or 602.

(x) through (z) (Reserved)

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Sections 300, 601, 602, and 11403.1(b)(1), Welfare and Institutions Code.

90-210 STEP ELIGIBILITY REQUIREMENTS 90-210

In order to be eligible for a STEP payment, the youth shall meet the following eligibility criteria:

.1 Age Requirement

.11 A youth meets the minimum age requirement for STEP on his or her 18th birthday. Eligibility for STEP ceases the day before the youth's 21st birthday.

.2 Emancipation from Foster Care or the Kinship Guardianship Assistance Payment (Kin-GAP) Program

.21 The applicant must have been receiving a Kin-GAP Payment on their 18th birthday; or

.22 The applicant must have been in Foster Care on the day before their 18th birthday and:

.221 The applicant was a court dependent; or

.222 The applicant was in a Foster Care placement pursuant to a voluntary placement agreement; or

.223 The parental rights of the parent(s) of the applicant were either relinquished or terminated involuntarily and the applicant was in a Foster Care placement; or

.224 The applicant was a ward of the court and receiving an Aid to Families with Dependent Children – Foster Care payment; or

.225 The applicant was the ward of a legal guardian and receiving a State Aid to Families with Dependent Children - Foster Care payment.

HANDBOOK BEGINS HERE

..23 It is important to note that in most instances the funding source while the youth was in Foster Care does not affect the applicant's eligibility for STEP; so long as the applicant meets one of the conditions in Sections 90-210.221 through .223 above, the applicant may be eligible. For example, an applicant who was a dependent of the court and receiving a CalWORKs payment, an SSI/SSP payment, or county only funding, may be eligible to participate in STEP.

HANDBOOK ENDS HERE

90-210 STEP ELIGIBILITY REQUIREMENTS (Continued) 90-210

.3 Supportive Transitional Emancipation Program - Transitional Independent Living Plan (STEP - TILP) (STEP 8, Rev. 8/02)

.31 A STEP - TILP must be in place for the youth which includes educational, vocational, or other goals related to self-sufficiency.

.32 The youth must be participating in the activities identified in the STEP - TILP.

.4 Participating County

.41 The youth must have emancipated, as defined in Section 90-210.2, from a county which is participating in the STEP. If the county is not participating in the STEP, the youth is ineligible for a STEP payment.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Sections 300, 601, 602, 11363, 11401, 11403.1(a)(3), and (b), Welfare and Institutions Code.

90-215 COUNTY RESPONSIBILITIES 90-215

.1 County with Payment Responsibility

.11 The county which had payment responsibility for the Foster Care or Kin-GAP child prior to emancipation shall have payment responsibility for the STEP payment if that county is participating in the STEP Program.

.2 County Responsibilities

.21 The county with payment responsibility shall process the youth's application.

.22 The county with payment responsibility shall prepare a STEP - TILP (STEP 8, Rev. 8/02) for each STEP youth and work with the youth to attain the goals identified in the STEP - TILP.

.23 A redetermination of all of the STEP youth's circumstances which are subject to change shall be completed annually.

.231 The county worker shall review the youth's STEP - TILP annually. Once the county worker has reviewed the STEP - TILP and determined that the youth is continuing to participate in the STEP - TILP as required in Section 90-210.32, the county worker will forward the STEP 2 – Referral, Transmittal, and Communication Form (STEP 2, Rev. 7/02) to the eligibility worker.

.232 The eligibility worker shall annually review the youth's age, placement type, STEP - TILP status, and any other eligibility factors subject to change.

.3 Optional Program

.31 Participation

Participation in the STEP Program is at county option. Counties who wish to participate in the STEP Program shall file a Letter of Intent with the California Department of Social Services (CDSS) no later than April 1st of each year.

.32 Program Termination

.321 Notification

Once a county has chosen to participate, it may also choose to discontinue participation. Once a county decides to discontinue STEP, they must notify CDSS 90 days prior to the proposed termination date of the county program.

90-215 COUNTY RESPONSIBILITIES (Continued) **90-215**

.322 Youth Currently Being Served

Once a county has notified CDSS of its discontinuance of the STEP Program as required in Section 90-215.321, that county must continue to serve those youth currently participating in STEP consistent with the provisions of his or her STEP - TILP or until they are no longer age eligible for the program. The county is not required to serve any new youth.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Sections 10554,11403.1(a)(3), (b)(2), (b)(4), (c), (g), and (g)(1), Welfare and Institutions Code.

90-220 STEP RATES **90-220**

.1 Counties shall determine STEP rates in accordance with Welfare and Institutions Code Section 11403.1(e).

HANDBOOK BEGINS HERE

.11 The STEP rate effective July 1, 2001, is $597. (The STEP rate is the equivalent of the AFDC-FC rate for the 15 to 19 year-old age group.)

HANDBOOK ENDS HERE

.2 STEP payments shall be delivered in one amount no later than the fifth of the month and shall be paid on a prospective basis.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Sections 10554 and 11403.1(e), Welfare and Institutions Code.

This page is intentionally left blank.

TABLE OF CONTENTS

DIVISION 91

Chapter

Pass-on of Federal Penalties 91-100

This page is intentionally left blank

TABLE OF CONTENTS

CHAPTER 91-100 PASS-ON OF FEDERAL PENALTIES

Section

Definitions 91-101

CWD Reporting Responsibilities 91-110

CWD Reporting for CDSS' Appeal of Any Federal Penalties 91-120

Pass-on Federal Penalties 91-130

Relief from Pass-on of Federal Penalties 91-140

This page is intentionally left blank

CHAPTER 91-100 PASS-ON OF FEDERAL PENALTIES

91-101 DEFINITIONS 91-101

The following definitions are for the purposes of Chapter 91-100 only.

.1 "All family" means all Temporary Assistance for Needy Families (TANF) cases with at least one work-eligible individual in the home.

.2 "MOE" means maintenance-of-effort and is the statewide expenditure of state and local funds that must be made in order for the state to receive its TANF block grant funding.

.3 "Caseload Reduction Credit" means a reduction in the minimum federal work participation rate standard if the state's average monthly TANF assistance caseload decreased the previous federal fiscal year in comparison to its average monthly TANF caseload in the base year. This definition includes the surplus MOE caseload reduction credit found in 45 Code of Federal Regulations (CFR) Section 261.43.

.4 "County MOE" means county maintenance-of-effort and is the required amount that each county shall expend in their CalWORKs and Food Stamps programs from their own funds, either from the county's general fund or from the social services account of the county health and welfare trust fund to support the administration of programs providing support to needy families.

.5 "County Work Participation Rates (Co WPRs)" means a calculation (based on federal TANF rules) to determine the rate of TANF families that are meeting federal work participation requirements. There are two rates calculated for each county: one is for two-parent families and the other is for all families, which is an overall work participation rate.

.6 "Department" or "CDSS" means the California Department of Social Services.

.7 "Two-parent family" means a TANF family with two work-eligible natural or adoptive parents (of the same minor child) living in the home, unless both are minors and neither is a head-of-household.

.8 "Work-eligible individual" means the same as defined in 45 CFR Section 261.2 (n).

HANDBOOK BEGINS HERE

.81 The TANF rule issued by the Department of Health and Human Services at 73 Federal Register 6772-6828 (February 5, 2008) clarified the definition of a work-eligible individual as an adult (or minor child head-of-household) receiving assistance under TANF or a separate state program or a non-recipient parent living with a child receiving such assistance unless the parent is:

HANDBOOK CONTINUES

91-101 DEFINITIONS (Continued) **91-101**

HANDBOOK CONTINUES

.811 A non-citizen who is ineligible to receive assistance due to his or her immigration status,

.812 A minor parent and not the head-of-household,

.813 At state option on a case-by-case basis, a recipient of Supplemental Security Income (SSI) benefits, Social Security Disability Insurance (SSDI) or Aid to the Aged, Blind and Disabled in the Territories,

.814 A parent providing care for a disabled family member living in the home, provided that the need for such care is supported by medical documentation, or

.815 An individual in a family receiving MOE-funded assistance under an approved Tribal TANF program, unless the state includes the Tribal family in calculating work participation rates.

HANDBOOK ENDS HERE

.9 "Work Participation Rate" (WPR) means, per federal definition, the adjusted work participation rate after the caseload reduction credit is considered.

Authority cited: Sections 10544, 10553, and 10554, Welfare and Institutions Code. Reference: Sections 10540.5, 10544, 11521, 15200, 15204.2, 15204.25, and 15204.4 Welfare and Institutions Code**;** 45 Code of Federal Regulations (CFR) Sections 260.30 through 260.33, 261.2, 261.40, 261.41, 261.42, 261.43, 261.44, 262.2, and 263.1.

91-110 CWD REPORTING RESPONSIBILITIES 91-110

.1 Each county welfare department (CWD) shall review, report, and submit to CDSS accurate, timely, and complete data, as required by CDSS, to comply with federal and state disaggregated data, which consist of individual and case-level, reporting requirements and to determine the CWD's degree of compliance with federal TANF and state performance requirements. The data and performance areas to be reviewed and reported shall include, but are not limited to, the following:

.11 Family characteristics,

.12 Funding source,

91-110 CWD REPORTING RESPONSIBILITIES (Continued) **91-110**

.13 Time on aid,

.14 Incomes available to the family,

.15 Actual hours of participation in work activities, and

.16 Employment data.

.2 Each CWD shall:

.21 Use the sample of county-specific and/or state cases referred by CDSS within the time frames determined by CDSS,

.22 Conduct data reporting activities as required by CDSS to provide statistically valid data for county-specific and/or state outcome measurement and other purposes as required by federal or state law, and

.23 Ensure the timeliness, accuracy, and completeness of the county-specific and state data submitted for transmission and analysis.

.3 Each CWD shall provide data from county-specific and/or state cases each month consistent with federal and state requirements.

.31 A random sample of county-specific and/or state cases shall be reviewed monthly.

.32 CWD sample reviews shall comply with standards as prescribed by current federal and state regulations.

.33 All case reviews shall be completed and transmitted by CWD staff to CDSS as required by CDSS and/or the United States Department of Health and Human Services (DHHS).

.4 CWDs shall perform data collection activities as part of the CWD sample case review required by this section.

.5 Substantial noncompliance by a CWD in meeting the requirements of this section, as documented by CDSS, shall subject that CWD to the provisions of Welfare and Institutions Code Section 10544. Examples of substantial noncompliance include the following:

.51 Chronically missing state and federal deadlines;

91-110 CWD REPORTING RESPONSIBILITIES (Continued) **91-110**

.52 Chronically not meeting federal and state accuracy regulations;

.53 Willfully misrepresenting data;

.54 Failure to submit accurate, complete, and timely data, without good cause; and/or

.55 Failure to submit complete data for each sample case for every month in a federal fiscal year.

.6 CDSS shall select and review a sample of cases to validate the data reported by the CWD on the federal and/or county-specific sub-samples and/or state sub-samples and inform the county of the results of the review. CDSS may change review findings based on a difference in findings between CWD review and CDSS review of CWD cases.

.61 A CWD shall have twenty (20) working days from the CWD's date of receipt of a notice from CDSS of a difference in finding to dispute each difference in finding identified by CDSS.

.62 The burden of proof rests with the CWD to provide documentation and verification of why the CWD's finding differs with CDSS' finding.

.63 CDSS will evaluate and review the documentation provided by the county. Based on that review, CDSS may use the CDSS findings and/or subsequent revisions, to determine if a CWD failed to meet the federal requirement and to determine penalty pass-ons.

Authority cited: Sections 10541.7, 10544, 10553, 10554, 10809, 10852, and 10853, Welfare and Institutions Code. Reference: Section 10540.5, 10541.7, 10544, and 11521.5, Welfare and Institutions Code; 45 CFR 261.2, 262.3, 262.5and 265.3.

91-120 CWD REPORTING FOR CDSS' APPEAL OF ANY FEDERAL PENALTIES **91-120**

.1 When the state is notified that it is subject to a federal penalty, CDSS will exhaust all reasonable and available federal administrative remedies to avoid or minimize the amount of the penalty. CDSS shall require all CWDs that did not meet the federal requirement and request all other counties to provide sufficient and relevant information and documentation that may establish the basis for the state's appeal to the federal government. CWDs shall have at least 30 days from the date of notice from CDSS to provide this information. Examples of specific CWD circumstances that may be included as part of the state's appeal for having good cause for its failure to meet the work participation rate or to achieve TANF outcomes required by federal law include the following:

91-120 CWD REPORTING FOR CDSS' APPEAL OF ANY FEDERAL PENALTIES (Continued) **91-120**

.11 Natural disasters and other calamities (e.g. hurricanes, earthquakes, fire) whose disruptive impact was so significant as to cause the CWD's failure;

.12 Isolated problems of minimal impact that are not indicative of a systemic problem;

.13 Formally issued federal guidance that provided incorrect information resulting in the CWD's failure;

.14 Failure to meet WPRs is attributable to the CWD's provision of federally and state recognized good cause domestic violence waivers [i.e., it provides evidence that it achieved the applicable work rates when individuals receiving federally recognized good cause domestic violence waivers of work requirements, in accordance with the provisions at 45 Code of Federal Regulations Sections 260.54 (b) and 260.55, are removed from the calculations in Sections 261.22 (b) and 261.24 (b)]; and

.15 Failure to meet the work participation rates is attributable to the state's provision of assistance to refugees in federally approved alternative projects, in accordance with 45 Code of Federal Regulations Section 261.52(b)(2).

HANDBOOK BEGINS HERE

.2 PENALTY PASS-ON STEPS

Step 1: CDSS receives WPR failure notice from DHHS.

Step 2: CDSS notifies all counties that the state failed to meet the federal WPR and that a pass-on may be imposed (Section 91-130.21). This first notification shall require all counties that did not meet the WPR and ask all other counties to provide sufficient and relevant information and documentation that may establish the basis for the state's appeal of the penalty. CWD's have 30 days from the date of the notice from CDSS to provide this information (Section 91-120.1).

Step 3: If state appeal is unsuccessful, CDSS shall notify (2nd notification) in writing each county that contributed to the state's failure to meet the federal WPR requirement that a penalty pass-on may be imposed. The CWD is invited to present its arguments to appeal the penalty pass-on. Each CWD shall have 60 days from the date of CDSS' notification to provide the appeal information (Section 91-140.3). Concurrently, CDSS pursues administrative remedies with the federal government. No pass-on of penalty costs shall be applied during the CWD's appeal filing and determination period, until all state appeals and remedies have been exhausted, and DHHS determines the final federal fiscal penalty amount. (Section 91- 130.7).

HANDBOOK CONTINUES

91-120 CWD REPORTING FOR CDSS' APPEAL OF ANY FEDERAL PENALTIES (Continued) 91-120

HANDBOOK CONTINUES

Step 4: Notification (3rd notification) of the counties of the final federal penalty amount, the amount of penalty for each county not meeting the required WPR, and/or the outcome of the county's appeal.

Step 5: Reduction in the county's single allocation costs, which will occur in the state fiscal year immediately following CDSS final determination of the county's penalty pass-on amount. If a CWD is granted relief or waiver from its share of the penalty, that portion of the total penalty shall not be imposed on the other CWDs that failed to meet the WPR. (Section 91-140.42).

HANDBOOK ENDS HERE

Authority cited: Sections 10544, 10553, and 10554, Welfare and Institutions Code. Reference: Sections 10540.5, and 10544, Welfare and Institutions Code; 45 CFR 261.2, 261.52, 262.1, 262.3, 262.4, and 262.5.

91-130 PASS-ON OF FEDERAL PENALTIES 91-130

.1 When DHHS imposes a TANF fiscal penalty on the state for failing to achieve TANF outcomes required by federal law, the penalty is subject to pass-on as provided in this section after exhaustion by CDSS of all reasonable and available federal administrative remedies. Federal penalties that are subject to pass-on include, but are not limited to, the following:

.11 Failure of the CWDs to meet the WPR required for the state under federal law.

.2 When the state incurs a federal penalty for failure to meet the federal WPR, the CWDs' share of any federal penalty is 50 percent. The total amount of the CWDs' 50 percent share is subject to pass-on as provided in this section to those CWDs that failed to meet the federal requirements, less any amount reduced per Section 91-140.

.21 CDSS shall notify all the counties in writing that the state failed to meet the federal requirement and that a pass-on of penalty costs will be imposed.

.22 If the state fails only the all family (overall) participation rate or both the all family and two-parent rates, a CWD's penalty will be the penalty associated with not meeting the all family rate.

91-130 PASS-ON OF FEDERAL PENALTIES (Continued) **91-130**

.23 If the state fails only the two-parent participation rate, a CWD's penalty will be the penalty associated with not meeting the two-parent rate.

.3 CDSS shall determine that a CWD has failed to meet applicable federal requirements when a CWD fails, without good cause, to submit accurate, timely, and complete data used to measure work participation, as required by CDSS.

.31 Good causes shall include, but not be limited to, the lack of accurate, timely, and complete instructions from CDSS.

.32 CDSS shall use all available data, including data reported pursuant to Section 91-110, to determine whether a CWD has failed to meet federal and state requirements.

.33 CDSS shall determine the CWD annual WPR using CWD data collected in a manner consistent with federal TANF data reporting requirements. The WPR calculations shall be based on data from a monthly sample of CWD cases as specified in Section 91-110.

.331 A CWD's monthly all family (overall) WPR is equal to the number of TANF cases that include a work-eligible individual who meets the federal participation requirements, divided by, the number of TANF cases that include a work-eligible individual, minus the number of such families that are in sanction in that month for no more than three of the preceding 12 months and minus the number of families with a single custodial parent who is caring for a child under age one and who does not meet TANF work participation requirements. The overall TANF all family work participation rate for a federal fiscal year (FFY) is the average of the CWD's overall TANF WPRs for each month in the FFY. The overall TANF work participation rate for each county will be the required federal rate, less the state's caseload reduction credit pursuant to federal regulations.

.332 The two-parent family WPR shall apply to two-parent families with two work-eligible individuals. When one of the parents is a work-eligible individual with a disability, pursuant to federal data reporting rules, the family shall not be considered a two-parent family and shall not be included in either the numerator or denominator of the two-parent WPR.

.333 A CWD's monthly two-parent family WPR is equal to the number of two-parent TANF family cases in which both parents are work-eligible individuals and together they meet the participation requirements, divided by, the number of two-parent family cases in which both parents are work-eligible individuals during the month, minus, the number of such two-parent families that are in sanction in that month and for no more than three of the preceding 12 months. The TANF two-parent family WPR for a FFY is the average of the CWD's two-parent TANF work participation rates for each month in the FFY. The two-parent TANF work participation rate for each county will be the required federal rate, less the state's caseload reduction credit pursuant to federal regulations.

91-130 PASS-ON OF FEDERAL PENALTIES (Continued) **91-130**

.334 A CWD that fails, without good cause, to send accurate, timely and complete data, as required by Sections 91-110.3 and 91-130.3 for any month in a given FFY, will have its work participation rate calculated for each month the data is missing by dividing the numerator of zero by the number of TANF cases during the month as determined by CDSS.

.4 When the state does not achieve the outcomes required by federal law and, after exhaustion of all reasonable and available federal administrative remedies, is subject to a fiscal penalty, the dollar amount of the federal penalty that shall be passed on to a CWD shall be determined as follows:

.41 Determine the state and a CWD's share of the penalty by multiplying the dollar amount of the state's federal fiscal penalty by 50 percent,

.42 Determine the number of cases a CWD needed to meet the minimum WPR required by subtracting the average monthly caseload of the CWD that met the federally required WPR from the average monthly caseload required to meet the federal WPR,

.43 Determine a CWD's penalty percentage dividing the number of cases needed to meet the minimum WPR of each failing CWD by the total number of the cases needed to meet the minimum WPR for all of the failing counties,

.44 Determine a CWD's penalty pass-on amount by multiplying the dollar amount from the CWDs' 50 percent share of the federal fiscal penalty by the percentage from a CWD's penalty percentage.

HANDBOOK BEGINS HERE

(a) Determining the state and CWD's share of penalty:

Assume a federal penalty in the amount of $186,650,000. The state share would be $93,325,000, and the CWDs' share would be $93,325,000.

State 50 percent share	$93,325,000 ($186,650,000 x 50%)
CWDs' 50 percent share	$93,325,000 ($186,650,000 x 50%)

(b) Determining the number of cases a CWD needed to meet the minimum WPR required:

HANDBOOK CONTINUES

91-130 PASS-ON OF FEDERAL PENALTIES (Continued) **91-130**

HANDBOOK CONTINUES

Assume that four CWDs failed to meet the federal WPR requirement.

	County A	County B	County C	County D	Total
Cases subject to WPR	2,750	1,870	6,670	15,000	26,290
Cases required to meet WPR	1,375	935	3,335	7,500	13,145
Cases meeting WPR	1,250	370	1,670	5,000	8,290
Cases failing WPR	1,500	1,500	5,000	10,000	18,000
WPR	45.5%	19.8%	25.0%	33.3%	31.5%
(Required–Meeting)	(1375–1250)	(935-370)	(3,335-1,670)	(7,500 - 5,000)	
Number of cases needed to meet minimum WPR	125	565	1,665	2,500	4,855

NOTE: Required WPR is assumed to be 50 percent for purposes of this example. Actual required WPR may be lower than 50 percent based on the state's federally-approved caseload reduction credit for that FFY.

(c) Determining a CWD's penalty percentage:

	County A	County B	County C	County D	Total
Number of cases needed to meet minimum WPR, divided by the total needed to meet minimum WPR	125 4,855	565 4,855	1,665 4,855	2,500 4,855	4,855

HANDBOOK CONTINUES

91-130 PASS-ON OF FEDERAL PENALTIES (Continued) **91-130**

HANDBOOK CONTINUES

Percent of total cases needed to meet minimum WPR*	2.6%	11.6%	34.3%	51.5%	100.0%

*NOTE: Percentages are rounded for example purposes only. Actual penalty pass-on determination will use actual numbers for calculation of penalty amount.

(d) Determining a CWD's penalty pass-on amount:

CWDs that failed to meet requirement	CWDs' 50% share of federal penalty (Example A)		CWD's penalty percentage (Example D)		Dollar amount passed on to CWD
1. County A	$93,325,000	x	2.6%	=	$ 2,426,450
2. County B	$93,325,000	x	11.6%	=	$ 10,825,700
3. County C	$93,325,000	x	34.3%	=	$ 32,010,475
4. County D	$93,325,000	x	51.5%	=	$ 48,062,375

Total Dollar Amount of Federal Penalty Passed on to CWDs $ 93,325,000

(e) Using the example described in Handbook section about "Determining the state and CWS's share of penalty" the penalty relief amount for those counties that failed to meet the required WPR is described in the following:

(1) Determining the number of cases that are not required to participate in work activities under the CalWORKs program rules but are required to participate in work activities under TANF rules. The four types of CalWORKs cases and the source of the county-level information follows:

(A) CalWORKs cases where all work-required adults have a WTW sanction of more than 3 month in length and are not meeting TANF work requirements.

(B) CalWORKs cases where all work-required adults have a CalWORKs exemption from work requirements and are not meeting the TANF work requirements.

(C) All CalWORKs Safety Net cases whether meeting or not meeting the TANF work requirements.

(D) CalWORKs one-parent cases with a Good Cause exemption.

HANDBOOK CONTINUES

91-130 PASS-ON OF FEDERAL PENALTIES (Continued) **91-130**

HANDBOOK CONTINUES

(f) Determining the number of cases that are not required to participate in work activities under the CalWORKs program rules but are required to participate in work activities under TANF rules that exceed 50 percent of the TANF work-required cases in each county.

Assume that four CWDs failed to meet the federal WPR requirement.

	County A	County B	County C	County D	Total
Cases subject to WPR	2,750	1,870	6,670	15,000	26,290
Cases required to meet WPR	1,375	935	3,335	7,500	13,145
TANF work-required cases but not CalWORKs*	1,550	630	1,250	7,900	
TANF work-required cases but not CalWORKs that exceeds 50%	(1,500-1,375) 175	(630-935) 0	(1,250-3,335) 0	(7,900-7,500) 400	

*NOTE: TANF work-required cases but not CalWORKs equals the sum of cases in (e)(1)(A) through (D).

(g) Determining a CWD's penalty relief amount:

	County A	County B	County C	County D	Total
Number of cases needed to meet minimum WPR	125	565	1,665	2,500	4,855
TANF work-required cases but not CalWORKs that exceeds 50%	175	0	0	400	
Cases not meeting minimum WPR after adjustment	(125-175) 0	(565-0) 565	(1,665-0) 1,665	(2,500-400) 2,100	

HANDBOOK CONTINUES

91-130 PASS-ON OF FEDERAL PENALTIES (Continued) **91-130**

HANDBOOK CONTINUES

Adjusted percentage of total of cases not meeting minimum WPR divided by the total cases	0 4,855	565 4,855	1,665 4,855	2,100 4,855
Adjusted percentage after relief	0%	11.6%	34.3%	43.3%

(h) Determining a CWD's penalty pass-on relief amount:

CWDs that failed to meet requirement	CWD's 50% share of federal penalty		CWD's penalty adjusted percentage		Dollar amount passed on to CWD	Relief Amount*
1. County A	$93,325,000	x	0%	=	$0	$2,426,450
2. County B	$93,325,000	x	11.6%	=	$10,825,700	$0
3. County C	$93,325,000	x	34.3%	=	$32,010,475	$0
4. County D	$93,325,000	x	43.3%	=	$40,409,725	$7,652,650

Total Dollar Amount of Federal Penalty Passed on to CWDs After Relief
$83,245,900

*NOTE: The penalty relief amount is the difference in the amount of penalty calculated in "Determining a CWD's share of penalty section" (a) above and the penalty amount calculated in (h) above with adjusted percentage.

HANDBOOK ENDS HERE

.5 CDSS shall notify in writing each county that contributed to the state's failure to meet the federal requirement that a pass-on of penalty costs may be imposed. The CWD is allowed to present its arguments to appeal the penalty pass-on pursuant to Section 91-140.

.6 CDSS shall pass on federal penalties by reducing the county's reimbursement of the single allocation expenditures by the dollar amount of the penalty pass-on determined under this section, subject to any reduction pursuant to Section 91-140.

.7 The reduction in the county's single allocation costs shall occur in the state fiscal year (SFY) immediately following CDSS' final determination of the county's penalty pass-on amount. CDSS shall determine the penalty pass-on amount when: (1) all state appeals and remedies have been exhausted; (2) any county appeal under Section 91-140 is resolved; and (3) DHHS determines the final federal fiscal penalty amount.

91-130 PASS-ON OF FEDERAL PENALTIES (Continued) **91-130**

.8 When a county's reimbursement of their single allocation expenditures is reduced by the state to offset the county's share of any federal penalty imposed, the county shall utilize county funds to replace the offset amount, so that total funding remains equal to the county's single allocation expenditures. These funds shall be in addition to the funds required to meet the county's MOE requirement.

Authority cited: Sections 10544, 10553, and 10554, Welfare and Institutions Code. Reference: Sections 10540.5, 10544, 11521.5, and 15204.4 Welfare and Institutions Code; 45 CFR 261.20, 261.22, 261.24 261.51, 262.1, and 262.3.

91-140 RELIEF FROM PASS-ON OF FEDERAL PENALTIES 91-140

.1 A CWD may appeal the pass-on of penalty costs based upon good cause, pursuant to this section, and may have their penalty reduced or waived.

.2 No pass-on of penalty costs shall be applied during the CWD's appeal filing period, pursuant to this section, or until CDSS has made a decision on the CWD's appeal.

.3 Each CWD shall have 60 days from the date of CDSS' notification to provide the appeal information, pursuant to this section.

.4 CDSS shall determine which CWD-raised issues meet the criteria for potential penalty relief pursuant to this section and may be considered in reducing or eliminating potential CWD liability for the penalty pass-on.

.41 A CWD may be provided relief, in whole or in part, from a penalty if CDSS determines that there were circumstances beyond the control of the county, including but not limited to the following:

.411 Natural disasters and other calamities (e.g., hurricanes, earthquakes, fire) whose disruptive impact was so significant as to cause the CWD's failure for which the burden of proof rests with the CWD;

.412 Combination of work-required exempt, safety net, work-required sanction and good cause population exceed 50 percent of the county's work-eligible population. This condition takes into account the differences between state and federal program requirements, and provides penalty relief based on the degree of success in meeting state participation requirement;

91-140 RELIEF FROM PASS-ON OF FEDERAL PENALTIES 91-140

.413 County actions resulting from erroneous state written policy interpretations;

.414 Mistakes made by state staff in the establishment of the county work participation rate;

.415 The county significantly improves its county-specific work participation rate during the state's Corrective Action period and in accordance with CDSS' corrective action plan negotiated with the DHHS. Relief will be provided as follows:

(a) If the state does not receive a penalty reduction for significant improvement, the county will receive a penalty reduction if there is a significant improvement defined as at least equal to or over 50 percent of the rate the county is required to meet after the state's federally-approved caseload reduction credit has been applied within the same period covered by the state's DHHS accepted corrective compliance plan.

(b) If the state does not receive a penalty waiver, the county will receive a penalty waiver if the county meets federal WPR requirements within the same period covered by the state's DHHS accepted corrective compliance plan.

.416 Other circumstances the county believes were beyond their control.

.42 When a CWD is granted relief from all or a portion of its share of the penalty, that portion of the total penalty shall not be imposed on the other CWDs that failed to meet the federal requirement.

.5 CWDs that have submitted an appeal, pursuant to this section, shall be notified in writing within 60 days of any amounts that have been reduced or eliminated.

.6 CDSS will notify the CWD in writing within 60 days of the outcome of its appeal.

.7 If CDSS determines that the county has not provided sufficient relevant information and documentation to establish the reason(s) for penalty relief, then relief shall not be granted.

Authority cited: Sections 10544, 10553, and 10554, Welfare and Institutions Code. Reference: Section 10544, Welfare and Institutions Code; 45 CFR 261.52, 262.4, 262.5, 262.6 and 262.7.