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**MANAGEMENT AND OFFICE PROCEDURES  
CERTIFICATION FOR EMPLOYER WAGE CREDIT**

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Generally, case records and information on recipients shall be kept confidential. An exception exists when employers request verification of recipient status in order to qualify for a tax credit on wages paid to recipients, as specified below:

The Revenue Act of 1978 (Public Law 95-600) combines the WIN and Welfare Tax Credits and provides for the continuation of these tax credits on a permanent basis. The legislation allows a tax credit to employers equal to a specified portion of wages paid to certain AFDC recipients hired after September 26, 1978.

County welfare departments shall insure that certification is provided to employers, at their request, as to whether the employee hired under these provisions was federally eligible for AFDC on the date he was hired and had continuously received such financial assistance during the 90-day period which immediately preceded the date on which the individual was hired by the designated employer.

Forms furnished to the employer or to the county welfare department by the Employment Development Department should be used for this purpose.

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**MANAGEMENT AND OFFICE PROCEDURES  
ASSIGNMENT OF STATE NUMBERS**

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**DIVISION 23 MANAGEMENT AND OFFICE PROCEDURES**

**CHAPTER 23-250 ASSIGNMENT OF STATE NUMBERS**

**23-251 COUNTY CODES 23-251**

The following are the numbers designated for each county as the portion of the state number that identifies the county.

County	County Code No.	County	County Code No.	County	County Code No.
Alameda	01	Marin	21	San Mateo	41
Alpine	02	Mariposa	22	Santa Barbara	42
Amador	03	Mendocino	23	Santa Clara	43
Butte	04	Merced	24	Santa Cruz	44
Calaveras	05	Modoc	25	Shasta	45
Colusa	06	Mono	26	Sierra	46
Contra Costa	07	Monterey	27	Siskiyou	47
Del Norte	08	Napa	28	Solano	48
El Dorado	09	Nevada	29	Sonoma	49
Fresno	10	Orange	30	Stanislaus	50
Glenn	11	Placer	31	Sutter	51
Humboldt	12	Plumas	32	Tehama	52
Imperial	13	Riverside	33	Trinity	53
Inyo	14	Sacramento	34	Tulare	54
Kern	15	San Benito	35	Tuolumne	55
Kings	16	San Bernardino	36	Ventura	56
Lake	17	San Diego	37	Yolo	57
Lassen	18	San Francisco	38	Yuba	58
Los Angeles	19	San Joaquin	39		
Madera	20	San Luis Obispo	40		

**23-253 CASE IDENTIFICATION NUMBER 23-253**

.1 Case Number Format

The case number format shall be as follows:

Co - Aid - Ser - AU - Per  
00 - 00 - 0000000 - 0 - 00

- .11 County identification; two digits.
- .12 Aid program; two digits or alphanumeric.

**23-253**      **CASE IDENTIFICATION NUMBER** (Continued) **23-253**

- .13 Serial; a seven digit sequential number shall remain constant throughout the individual's, family's, or food stamp household's eligibility in the county regardless of the aid program.
  - .14 Assistance Unit; one numeric digit. This field may be utilized for internal purposes but must be reported to the State Department of Health Services (SDHS) as part of the fourteen digit case identification number. This number must be the same for each member of the AU.
  - .15 Persons number; a two digit number assigned to a specific individual within the case.
  - .16 For the Foster Care Information System (FCIS), refer to the FCIS Reporting Instructions Manual Section 26-552.22, Item B.1.
- .2 Basic System

The aid identification system provides for a two-digit or alphanumeric identification of the public assistance programs now in operation and offers the opportunity for further expansion as new programs are created, and as combination of programs occur.

Counties shall use two-digit or alphanumeric Public Assistance Program and subprogram codes as specified in Handbook Section 23-275.

**23-255**      **COUNTY SERIAL NUMBERS** **23-255**

- .1 Case serial numbers used in the "state number" shall be assigned by the county to applications in numerical sequence beginning with the number following the last number assigned. In no event may the serial number exceed seven digits. If a case serial number was previously assigned to an individual, family, or food stamp household, use the former case serial number except that a new number may be assigned if the case record bearing the former number has been destroyed under the provision of MPP Regulations, Section 23-353.
- .2 Counties changing from an independent series of serial numbers for each program to a single sequential series or changing the numeric assignment of AU and/or person numbers for specific procedures, shall notify SDSS and SDHS prior to establishing an anticipated effective date.

**23-275 ASSIGNMENT OF AID CODES****23-275****.1 Objective**

This aid code identification system provides for a two-digit or alphanumeric state case number to identify specific programs and subprograms. These codes are necessary to better distinguish, control and report certain kinds of information.

**.2 Aid Code Assignment and Definition**

The assignment of aid codes to cases as part of the case number is mandatory for all counties. Their use is limited to the specified purpose and precludes use for other reporting purposes.

Any aid code which has not been assigned by the State Department of Social Services (SDSS) or the State Department of Health Services (SDHS) cannot be used for reporting or identification purposes. Counties who choose to assign aid codes, which have not been authorized by SDSS or SDHS, for internal identification of specific individuals, should be aware that:

1. Such codes should not be reported to the SDSS or SDHS; and,
2. Should these aid codes subsequently be authorized by SDSS or SDHS for identification and reporting purposes, the county must be able to immediately discontinue internal use of the code.

As the need develops for the assignment and utilization of additional numbers, changes to this section will be released by SDSS. SDHS will also release changes as they occur via the Medi-Cal Eligibility Manual, Procedures Section, 5C.

The aid codes, programs and definitions are outlined in Section 23-275.4.

**.3 Pre-Post Indicator**

The one-digit Pre-Post indicator, which permits further categorizing within aid codes, was established for Medi-Cal eligibility reporting purposes as a result of Chapter 1240 of the Statutes of 1974. Current Pre-Post codes are contained in the State Department of Health Services, MEDS User Manual and indicated below.

**23-275 ASSIGNMENT OF AID CODES (Continued)****23-275**

<u>PRE ELIGIBILITY</u>		<u>POST ELIGIBILITY</u>	
<u>Value</u>	<u>Description</u>	<u>Value</u>	<u>Description</u>
0	Prior Month	A	Continuing Month
1	1st month prior	B	1 month continuing
2	2nd month prior	C	2 months continuing
3	3rd month prior	D	3 months continuing
4	1st and 2nd months prior	E	4 months continuing
5	1st and 3rd months prior		
6	2nd and 3rd months prior		
7	1st, 2nd and 3rd months prior		

Other Pre-Post indicator codes are reserved for future use by the state.

Note: These codes are not part of the case number format, but are used for reporting pre-post information via the Medi-Cal Eligibility Data System (MEDS).

**23-275 ASSIGNMENT OF AID CODES (Continued)****23-275**

## .4 Aid Codes, Programs, Definitions

	<u>Aid Code</u>	<u>Program</u>	<u>Definition</u>
1.	Cash Grant		
	*01	RCA	Refugee Cash Assistance (FFP) -- Includes unaccompanied children. Refugees from Cambodia, Laos, Vietnam and all other refugees who are eligible, may receive benefits during their first 12 months in the U.S. Unaccompanied children are not subject to the 12-month limitation provision. (See 45 CFR, Part 400 and Section 50257, Title 22, CAC.)
	03	AAP	Adoption Assistance Program (FFP) -- A program to facilitate the adoption of hard-to-place children who would require permanent foster care placement without such assistance. (See Section 30665, Division 2, Title 22, CAC.)
	04	AAP/AAC	Adoption Assistance Program/Aid for Adoption of Children (non-FFP) -- See Aid Code 03 for definition of AAP. The Aid for Adoption of Children cases are eligible for financial assistance through the Adoption Assistance Program, providing an Aid for the Adoption of Children Agreement was executed prior to October 1, 1982. (See Section 30674, Division 2, Title 22, CAC.)

\* FFP is available under the Title XIX program for individuals under 21 years of age. Other federal funds are available through the Refugee Resettlement Program for both children and adults.

**23-275 ASSIGNMENT OF AID CODES (Continued)****23-275**

<u>Aid Code</u>	<u>Program</u>	<u>Definition</u>
+ 05	SED	Seriously Emotionally Disturbed (non-FFP) -- Provides payments for 24-hour out-of-home care on behalf of any seriously emotionally disturbed child who has been placed out-of-home pursuant to an individualized education program. These payments do not constitute an aid payment or aid program. (See Welfare and Institutions Code Sections 18350 through 18356.)
*08	ECA	Entrant Cash Assistance (FFP) --Cuban/Haitian entrants, including unaccompanied children who are eligible, may receive Entrant Cash Assistance benefits during their first eighteen (18) months in the U.S. (For entrants, the 18 months begins with their date of parole.) Unaccompanied children are not subject to the 18-month limitation provision. (See 45 CFR, Part 400 and Section 50257, Title 22, CAC.)
10	AGED	SSI/SSP Aid to the Aged (FFP) -- A cash assistance program administered by the Social Security Administration which pays a grant to needy persons 65 years of age or older.
+ 12	AGED-SC (Optional)	Aid to the Aged-Special Circumstances -- Special Circumstances payments to aged adult recipients of SSI/SSP and SSP only.
20	BLIND	SSI/SSP Aid to the Blind (FFP) -- A cash assistance program administered by the Social Security Administration which pays a cash grant to needy blind persons of any age.

\* FFP is available under the Title XIX program for individuals under 21 years of age. Other federal funds are available through the Refugee Resettlement Program for both children and adults.

+ No Medi-Cal card(s) issued for this aid code.

**23-275 ASSIGNMENT OF AID CODES (Continued)****23-275**

<u>Aid Code</u>	<u>Program</u>	<u>Definition</u>
+ 22	BLIND-SC (Optional)	Aid to the Blind-Special Circumstances -- Special Circumstances payments to blind adult recipients of SSI/SSP and SSP only.
30	AFDC-FG/ Federal	Aid to Families with Dependent Children -Family Group (FFP) -- Aid to families with dependent children in a family group in which the child is deprived because of the absence, incapacity or death of either parent. (See MPP Section 40-103.)
32	AFDC-FG/ Non-Federal	Aid to Families with Dependent Children -non-Family Group (non-FFP) -- Aid to families with dependent children in a family group in which the child is deprived because of the absence, incapacity or death of either parent. (See MPP Section 40-103.)
**33	AFDC-U/Non- Federal	Aid to Families with Dependent Children -Unemployed Parent (non-FFP) -- Aid to families with dependent children in a family group in which the child is deprived because of the unemployment of a parent living in the home. (See MPP Section 40-103.)
35	AFDC-U/ Federal	Aid to Families with Dependent Children -Unemployed Parent (FFP) -- Aid to families with dependent children in a family group in which the child is deprived because of the unemployment of a parent living in the home. (See MPP Section 40-103.)

+ No Medi-Cal card(s) issued for this aid code.

\*\* State Only AFDC-U Cash Grant -- Only individuals under 21 years of age and pregnant women are eligible for Medi-Cal benefits.

**23-275 ASSIGNMENT OF AID CODES (Continued)****23-275**

<u>Aid Code</u>	<u>Program</u>	<u>Definition</u>
40	AFDC-FC/ NON-FED	Aid to Families with Dependent Children-Foster Care (Non-Federal) (non-FFP) --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. (See MPP Section 45-100.)
42	AFDC-FC/ FED	Aid to Families with Dependent Children -Foster Care (Federal) (FFP) --See Aid Code 40 for definition of Foster Care Program.
60	DISABLED	SSI/SSP Aid to the Disabled (FFP) -- A cash assistance program administered by the Social Security Administration which pays a cash grant to needy persons who meet the federal definition of disability.
+ 62	DISABLED-SC (Optional)	Aid to the Disabled-Special Circumstances -- Special Circumstances payment to adult recipients of SSI/SSP and SSP only.
+ 90-99	GR/GA (Optional)	General Relief/General Assistance -- For county use in the local General Relief/General Assistance Program.

+ No Medi-Cal card(s) issued for this aid code.

**23-275 ASSIGNMENT OF AID CODES (Continued)****23-275**2. **OTHER PUBLIC ASSISTANCE PROGRAMS**

<u>Aid Code</u>	<u>Program</u>	<u>Definition</u>
***16	AGED PICKLE ELIG.	Aid to the Aged-Pickle Eligibles (FFP) -- Persons 65 years of age or older who were eligible for and receiving SSI/SSP and Title II benefits concurrently in any month since April 1977 and were subsequently discontinued from SSI/SSP but would be eligible to receive SSI/SSP if their Title II cost-of-living increases were disregarded. These persons are eligible for Medi-Cal benefits as public assistance recipients in accordance with the provisions of the <u>Lynch v. Rank</u> lawsuit.
***26	BLIND PICKLE ELIG.	Aid to the Blind-Pickle Eligibles (FFP) -- Persons who meet the federal criteria for blindness and are covered by the provisions of the <u>Lynch v. Rank</u> lawsuit. See Aid Code 16 definition of Pickle Eligibles.
***66	DISABLED- PICKLE	Aid to the Disabled-Pickle Eligibles (FFP) -- Persons who meet the federal definition of disability and are covered by the provisions of the <u>Lynch v. Rank</u> lawsuit. These persons were discontinued from SSI/SSP as a result of the individual becoming entitled on or after July 1, 1987 to SSA child's benefits payable on the basis of a disability which began before age 22, or because of an increase in childhood disability benefits. No age limit for this aid code.

\*\*\* Note: This also includes persons who were discontinued from cash grant status due to the 20% Social Security increase under Public Law 32-336. These persons are eligible for Medi-Cal benefits as public assistance recipients in accordance with Section 50247, Title 22, CAC.

**23-275 ASSIGNMENT OF AID CODES (Continued)****23-275**

<u>Aid Code</u>	<u>Program</u>	<u>Definition</u>
***36	DISABLED-COBRA-WIDOW/ERS	Aid to Disabled Widow/ers (FFP) -- Persons who began receiving Title II SSA before age 60 who were eligible for and receiving SSI/SSP and Title II benefits concurrently and were subsequently discontinued from SSI/SSP but would be eligible to receive SSI/SSP if their Title II disabled widow/ers reduction factor and subsequent COLAs were disregarded. These persons are eligible for zero share-of-cost benefits as public assistance recipients in accordance with the provisions of COBRA.
46	AFDC-FC-20% SS	Aid to Families with Dependent Children -Foster Care-20% Social Security Disregard (FFP) -- See Aid Code 40 for definition of AFDC-FC and Aid Code 36 for definition of 20% Social Security Disregard.
39	INITIAL TRANSITIONAL MEDI-CAL (TMC)	Six Months Continuing Eligibility (FFP) -- Persons discontinued from cash grant due to increased earnings, increased hours of employment, or loss of the \$30 and 1/3 disregard but eligible for Medi-Cal only. See Section 50373 and 50243.5.
59	ADDITIONAL TRANSACTIONAL MEDI-CAL (TMC)	Additional Six Months Continuing Eligibility (FFP) -- Persons discontinued from AFDC due to the expiration of the \$30 plus 1/3 disregard, increased earnings or hours of employment, but eligible for Medi-Cal only, may receive this extension of TMC. See Aid Code 39 and Sections 50373 and 50243.5, Title 22, CCR.

\*\*\* Note: This also includes persons who were discontinued from cash grant status due to the 20% Social Security increase under Public Law 32-336.

**23-275 ASSIGNMENT OF AID CODES (Continued)****23-275**

<u>Aid Code</u>	<u>Program</u>	<u>Definition</u>
54	FOUR MO. CONT.	Four Month Continuing Eligibility (FFP) -- Persons discontinued from AFDC due to the increased collection of child/spousal support payments, but eligible for Medi-Cal only. See Sections 50243 and 50373, Title 22, CCR.
18	AGED-IHSS	Aid to the Aged-In-Home Supportive Services (FFP) -- Persons 65 years of age or older receiving In-Home Supportive Services, but not an SSI/SSP cash grant, provided they are using their net income (if any) in excess of the cash grant maximum payment level to pay toward the In-Home Supportive Services. (Includes persons who are eligible for IHSS under Chapter 1362 of the Statutes of 1978.) (See Section 50245, Title 22, CAC.) Also See Aid Code 65.
28	BLIND-IHSS	Aid to the Blind-In-Home Supportive Services (FFP) -- Persons who meet the federal definition of blindness and are eligible for In-Home Supportive Services. See Aid Code 18 for definition of eligibility for In-Home Supportive Services. Also see Aid Code 65.
68	DISABLED - IHSS	Aid to the Disabled-In-Home Supportive Services (FFP) -- Persons who meet the federal definition of disability and are eligible for In-Home Supportive Services. See Aid Code 18 for definition of eligibility for In-Home Supportive Services. Also see Aid Code 65.

**23-275 ASSIGNMENT OF AID CODES (Continued)****23-275**

<u>Aid Code</u>	<u>Program</u>	<u>Definition</u>
3.	CONTINUING MEDI-CAL - NO SHARE OF COST	
38	<u>EDWARDS V.</u> <u>KIZER</u>	Continuing Medi-Cal Eligibility (FFP) -- <u>Edwards</u> v. <u>Kizer</u> court order provides for uninterrupted no share-of-cost Medi-Cal benefits for families discontinued from AFDC until the family's eligibility or ineligibility for Medi-Cal only has been determined and an appropriate Notice of Action sent. See Medi-Cal Eligibility Procedures Manual 4-0.
4.	MEDICALLY NEEDED, NO SHARE OF COST	
14	AGED-MN	Aid to the Aged-Medically Needy (FFP) --Persons 65 years of age or older who do not wish or are not eligible for a cash grant but are eligible for Medi-Cal Only. No Share of Cost required of the beneficiaries.
24	BLIND-MN	Aid to the Blind-Medically Needy (FFP) --Persons who meet the federal criteria for blindness who do not wish or are not eligible for a cash grant but are eligible for Medi-Cal Only. No Share of Cost required of the beneficiaries.
34	AFDC-MN	Aid to Families with Dependent Children-Medically Needy (FFP) -- Families with deprivation of parental care or support who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal Only. No Share of Cost required of the beneficiaries.
64	DISABLED -MN	Aid to the Disabled-Medically Needy (FFP) -- Persons who meet the federal definition of disability and do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal Only. No Share of Cost required of the beneficiaries.

**23-275 ASSIGNMENT OF AID CODES (Continued)****23-275**

<u>Aid Code</u>	<u>Program</u>	<u>Definition</u>
65	DISABLED- SGA/ABD-MN (IHSS)-No SOC	Aid to the Disabled-Substantial Gainful Activity/Aged, Blind, Disabled-Medically Needy (In-Home Supportive Services) (non-FFP) -- Persons who (a) were once determined to be disabled in accordance with the provisions of the SSI/SSP program (Section 1614, Part A, Title XVI, Social Security Act) and were eligible for SSI/SSP, but became ineligible because of engagement in substantial gainful activity as defined in Title XVI regulations. They must also continue to suffer from the physical or mental impairment which was the basis of the disability determination. Or (b) are aged, blind or disabled medically needy and have the costs of In-Home Supportive Services deducted from their monthly income. (Share of Cost may be required of some beneficiaries - see Medically Needy SOC under same Aid Code 23-275.4-6.)
5. POVERTY LEVEL PROGRAMS - NO SHARE OF COST		
07	INFANT-OBRA 200% STATE-ONLY	Infant-Undocumented Alien/Temporary Visa (OBRA 86) -- Provides emergency services only for infants up to age one year, and beyond one year when inpatient status began before first birthday continues and family income at or below 200% of the federal poverty level.
44	PREGNANT- CITIZEN 185%	Pregnant (FFP) Citizen/Lawful Permanent Resident/PRUCOL, Conditional Resident -- Provides family planning, pregnancy related, and postpartum services for any age female and family income at or below 185% of federal poverty level. Pregnancy related services only.

**23-275 ASSIGNMENT OF AID CODES (Continued)****23-275**

<u>Aid Code</u>	<u>Program</u>	<u>Definition</u>
47	INFANT 185%	Infant (FFP)-Citizen/Lawful Permanent Resident/PRUCOL Conditional Resident -- Provides full Medi-Cal benefits to infants up to age one and beyond one year when inpatient status began before first birthday continues and family income at or below 185 percent of the federal poverty level.
48	PREGNANT - OBRA 185%	Pregnant-Undocumented Alien Status/Temporary Visa (OBRA 86) -- Provides family planning, pregnancy related, and postpartum services to females of any age and family income at or below 185% of federal poverty level. Routine prenatal care is non-FFP. Labor, delivery, and emergency prenatal care are FFP. The Medi-Cal card for these beneficiaries states "Valid for Pregnancy-Related Services Only."
49	PREGNANT - IRCA 185%	Pregnant-Immigration Reform and Control Act-Alien -- Provides for family planning, pregnancy related, and postpartum services to females any age with income at or below 185% of the federal poverty level. (50% Title XIX and 50% SLIAG). IRCA provided for a State Legalization Impact Assistance Grant to reimburse state costs for providing benefits to aliens applying for or granted amnesty, Special Agricultural Worker (SAWS) status, or Replenishment Agricultural Worker (RAWS) status. The Medi-Cal card for these beneficiaries states "Valid for Pregnancy-Related Services Only."

**23-275 ASSIGNMENT OF AID CODES (Continued)****23-275**

<u>Aid Code</u>	<u>Program</u>	<u>Definition</u>
69	INFANT-OBRA 185%	Infant (FFP)-Undocumented Alien/ Temporary Visa (OBRA 86) -- Provides emergency services only for infants under one year of age and beyond one year when continuing inpatient status began before first birthday continues and family income at or below 185 percent of the federal poverty level.
70	PREGNANT- CITIZEN/OBRA 200% STATE-ONLY	Pregnant-Citizen/Lawful Permanent Resident PRUCOL/Conditional Status and Undocumented Status/Temporary Visa (OBRA 86) -- Provides family planning, pregnancy related, and postpartum services under the state only funded expansion of the Medi-Cal program for a pregnant woman having income at or below 200% of the federal poverty level.
72	CHILD 133% FULL SCOPE MEDI-CAL	Child (FFP)-Citizen/Lawful Permanent Resident/PRUCOL/Conditional Status -- Provides full scope Medi-Cal benefits to children ages one up to age six and beyond six years when continuing inpatient status began before sixth birthday continues with family income at or below 133% of the federal poverty level.
74	CHILD-OBRA 133%	Child-Undocumented Alien/Temporary Visa (OBRA 86) (FFP) -- Provides for emergency services only for children ages one up to age six and beyond six years when inpatient status began before sixth birthday continues and family income is at or below 133% of the federal poverty level.
75	PREGNANT- IRCA 200% STATE-ONLY	Pregnant-IRCA Amnesty Alien -- Provides family planning, pregnancy related, and postpartum services for amnesty aliens under the state funded only expansion of the Medi-Cal program for a pregnant woman having income at or below 200% of the federal poverty level.

**23-275 ASSIGNMENT OF AID CODES (Continued)****23-275**

<u>Aid Code</u>	<u>Program</u>	<u>Definition</u>
76	60-DAY POSTPARTUM	60-Day Postpartum Program --Provides Medi-Cal at zero share of cost to women who, while pregnant were eligible for, applied for, and received Medi-Cal benefits. They may continue to be eligible for all postpartum and pregnancy related medical assistance as though they were pregnant. This coverage begins on the last day of pregnancy and ends on the last day of the month in which the 60th day occurs. (FFP)
79	INFANT 200% FULL MEDI-CAL STATE-ONLY	Infant-Citizen Lawful Permanent Resident/PRUCOL/Conditional Resident -- Provides full Medi-Cal benefits to infants up to age one year, and beyond one year when continuing inpatient status began before first birthday continues and family income at or below 200% of the federal poverty level.
80	QUALIFIED BENEFICIARY (QMB)	Provides payment of Medicare Part A premium and Part A and B coinsurance and deductibles for eligible low income aged, blind, or disabled individuals. See Section 50258, Title 22, CCR. (FFP)
6.	MEDICALLY NEEDED, SHARE OF COST	
17	AGED-MN-SOC	Aid to the Aged-Medically Needy, Share of Cost (FFP) -- See Aid Code 14 for definition of AGED-MN. Share of cost is required of the beneficiaries.
27	BLIND-MN-SOC	Aid to the Blind-Medically Needy, Share of Cost (FFP) -- See Aid Code 24 for definition of BLIND-MN. Share of cost is required of the beneficiaries.

**23-275 ASSIGNMENT OF AID CODES (Continued)****23-275**

<u>Aid Code</u>	<u>Program</u>	<u>Definition</u>
37	AFDC-MN-SOC	Aid to Families with Dependent Children-Medically Needy, Share of Cost (FFP) -- See Aid Code 34 for definition of AFDC- MN. Share of cost is required of the beneficiaries.
65	DISABLED-SGA/ ABD-MN (IHSS)	Aid to the Disabled-Substantial Gainful Activity/Aged, Blind, Disabled-Medically Needy (In-Home Supportive Services)- Share of Cost (non-FFP) -- Share of Cost is required of these beneficiaries; however this aid code may also be no share of cost (See Medically Needy No Share of Cost 23-275.4-4.)
67	DISABLED-MN- SOC	Aid to the Disabled-Medically Needy, Share of Cost (FFP) -- See Aid Code 64 for definition of Disabled-MN. Share of cost is required of the beneficiaries.

**7. MEDICALLY NEEDED LONG-TERM CARE**

(NOTE: These aid codes should be used for all individuals whose eligibility is determined in accordance with Sections 50203 and 50605, Title 22, CCR, regardless of whether or not there is share of cost involvement.)

13	AGED-LTC	Aid to the Aged-Long-Term Care Status (FFP) -- Persons 65 years of age or older who are medically needy and in long-term care status. Long-term care is inpatient medical care which lasts for more than the month of admission and is expected to last for at least one full calendar month after the month of admission.
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**23-275 ASSIGNMENT OF AID CODES (Continued)****23-275**

<u>Aid Code</u>	<u>Program</u>	<u>Definition</u>
23	BLIND-LTC	Aid to the Blind-Long-Term Care Status (FFP) -- Persons who meet the federal criteria for blindness, are medically needy, and are in long-term care status. (See Aid Code 13 for definition of long-term care).
63	DISABLED-LTC	Aid to the Disabled-Long-Term Care Status (FFP) - - Persons who meet the federal definition of disability who are medically needy and in long-term care status. (See Aid Code 13 for definition of long-term care.)
<b>8. MEDICALLY INDIGENT</b>		
45	CHILDREN SUPPORTED BY PUBLIC FUNDS	Children Supported in Whole or in Part by Public Funds (FFP) -- Children whose needs are met in whole or in part by public funds other than AFDC-FC. No share of cost. (See Section 50251, Title 22, CAC and Medi-Cal Procedures Manual 8C.)
81	MI	Medically Indigent Adults-Age 21 and Under 65 years - Aid Paid Pending -With or without Share of Cost (non-FFP) -- Medically Indigent adult, age 21 and under 65 years of age, whose aid is paid pending the outcome of an appeal, with or without a share of cost. (See Section 50251, Title 22, CAC.)

**23-275 ASSIGNMENT OF AID CODES (Continued)****23-275**

<u>Aid Code</u>	<u>Program</u>	<u>Definition</u>
*****82	MI- PERSON	Medically Indigent-Person-Under 21-No Share of Cost (FFP) -- Persons under 21 years of age (married or not married) who meet the eligibility requirements of medically indigent. No Share of Cost required of the beneficiaries. (See Section 50251, Title 22, CAC.)
*****83	MI-PERSON- SOC	Medically Indigent Person-Under 21-Share of Cost (FFP) -- Persons under 21 years of age (married or not married) who meet the eligibility requirements of medically indigent. Share of Cost is required of beneficiaries. (See Section 50251, Title 22, CAC.)
86	MI-PREGNANT-	Medically Indigent-Confirmed Pregnancy- 21 Years or Older-No Share of Cost (FFP) -- Persons, age 21 or older, with confirmed pregnancy, who meet the eligibility requirements of medically indigent. No Share of Cost is required of beneficiaries. (See Section 50251, Title 22, CAC.)
87	MI-PREGNANT- SOC	Medically Indigent-Confirmed Pregnancy -21 Years or Older-Share of Cost (FFP) -- Persons age 21 or older, with confirmed pregnancy, who meet the eligibility requirements of medically indigent. Share of Cost is required of the beneficiaries. (See Section 50251, Title 22, CAC.)

\*\*\*\*\*Note: These aid codes can be used for a person under 21 years of age in a Long-Term Care (LTC) status. However, an LTC indicator cannot be used with Aid Code 82 on the Medi-Cal Eligibility System (MEDS). An LTC indicator can be used with Aid Code 83, but should not be used when an individual must meet a Share of Cost using the MC 177 process.

**23-275 ASSIGNMENT OF AID CODES (Continued)****23-275**

<u>Aid Code</u>	<u>Program</u>	<u>Definition</u>
9. MEDICALLY INDIGENT - LONG TERM CARE		
53	MI-LTC STATE-ONLY	Medically Indigent-Long-Term Care-Age 21 or older and Under 65 Years-With or Without a Share of Cost (non-FFP) --Persons over 21 and under 65 years of age who are residing in a skilled nursing or an intermediate care facility and meet all other eligibility requirements of medically indigent, with or without a share of cost. Limited to LTC Services only. (See Section 50251, Title 22, CCR and Medi-Cal Eligibility Procedures Manual 19C.)
10. REFUGEE/ENTRANT MEDICAL ASSISTANCE - 100% FEDERAL FUNDS		
02	RMA/EMA	Refugee Medical Assistance/Entrant Medical Assistance -- Refugees and entrants who are not otherwise eligible for Medi-Cal under federally funded AFDC, SSI/SSP, MN, or Medically Indigent Child Programs may be eligible for Medi-Cal through the special federal programs of Refugee Medical Assistance (RMA) or Entrant Medical Assistance (EMA) for 12 months. FFP available under the Refugee Resettlement Program or Cuban/Haitian Entrant Program, not Title XIX. No Share of Cost required. (See Section 50257, Title 22, CAC.)

**23-275 ASSIGNMENT OF AID CODES (Continued)****23-275**

<u>Aid Code</u>	<u>Program</u>	<u>Definition</u>
11. MEDI-CAL SPECIAL TREATMENT PROGRAM		
#71	DP/DSP	Medi-Cal Dialysis Only Program/Medi-Cal Dialysis Supplement Program (non-FFP) -- Persons of any age who are eligible only for dialysis and related services and persons of any age who are eligible under the Medically Needy or Medically Indigent Programs and who also meet the specific eligibility requirements contained in Section 50264, Title 22, CCR and Article 17 of the Procedures.
#73	TPN/TPN Supp.	Medi-Cal TPN Only Program/Medi-Cal TPN Supplement Program -- Persons of any age who are eligible for parenteral hyperalimentation and related services and persons of any age who are eligible under the Medically Needy or Medically Indigent Programs and who also meet the eligibility requirements contained in Section 50264, Title 22, CCR and Article 17 of the Procedures. No FFP.
12. IMMIGRATION REFORM AND CONTROL ACT (IRCA)/OMNIBUS BUDGET RECONCILIATION ACT (OBRA) WITH OR WITHOUT SHARE OF COST (Also see poverty level programs 23-275.4-5.)		
51	IRCA Aliens	Immigration Reform and Control Act -Alien -- Full Medi-Cal benefits (50% Title XIX FFP, 50% SLIAG funds). IRCA of 1986 provides for a State Legalization Impact Assistance Grant (SLIAG) to reimburse the 50% state costs for providing benefits to Medi-Cal eligible amnesty aliens (pre-1982 legalization), granted temporary or permanent resident status under IRCA, who are ABD or children under 18. This aid code will expire on April 30, 1993. (SLIAG funds expire September 30, 1991.)

# Note: Restricted Medi-Cal card(s) issued for this aid code.

**23-275 ASSIGNMENT OF AID CODES (Continued)****23-275**

<u>Aid Code</u>	<u>Program</u>	<u>Definition</u>
52	IRCA Aliens: Restricted Services	Immigration Reform and Control Act -Amnesty Alien-Restricted Medi-Cal benefits. (FFP) (50% Title XIX FFP, 50% SLIAG funds, 50% state costs for providing emergency and pregnancy-related Medi-Cal benefits to eligible amnesty aliens (pre-1982 legalization status) granted temporary or permanent resident status under IRCA, who are not ABD or children under 18. This aid code will expire on April 30, 1993. (SLIAG funds expire September 30, 1991.)
56	IRCA Special Agricultural Workers (SAWS) (RAWS)	Immigration Reform and Control Act Special Agricultural Worker Replenishment Agricultural Worker Alien- Full Medi-Cal benefits. (FFP) (50% Title XIX FFP, 50% SLIAG funds.) - IRCA of 1986 provides for a SLIAG to reimburse the 50% state costs for providing Medi-Cal benefits to eligible Special Agricultural Worker (SAW) or Replenishment Agricultural Worker (RAW) aliens granted temporary or permanent resident status under IRCA who are ABD or children under 18. This aid code will expire on November 30, 1993. (SLIAG funds expire September 30, 1991.)
57	IRCA SAWs Restricted Benefits RAWS	Immigration Reform and Control Act Special Agricultural Worker/Replenishment Agricultural Worker Alien-Limited Scope Medi-Cal (FFP) (50% Title XIX FFP, 50% SLIAG funds). - IRCA of 1986 provides for SLIAG to reimburse the 50% state costs for providing emergency and pregnancy- related Medi-Cal benefits for eligible SAW or RAW aliens granted temporary or permanent resident status under IRCA, who are not ABD or children under 18. This aid code will expire on November 30, 1993. (SLIAG funds expire September 30, 1991.)

**23-275 ASSIGNMENT OF AID CODES (Continued)****23-275**

<u>Aid Code</u>	<u>Program</u>	<u>Definition</u>
58	OBRA Aliens: Restricted Benefits	Omnibus Budget Reconciliation Act Alien restricted Medi-Cal benefits (FFP) (50% Title XIX FFP for emergency services, 100% State General Fund for Pregnancy- related services). OBRA of 1986 allows emergency services including emergency labor and delivery, and dialysis services to Medi-Cal eligible undocumented and nonimmigrant aliens. The aliens are also eligible for state- only pregnancy-related services. (Only one card issued.)

## 13. COUNTY MEDICAL SERVICES PROGRAM (CMSP)

(NOTE: These aid codes are used by those counties that have exercised their option of contracting back with the State Department of Health Services for CMSP administrative services. In addition, non-CMSP counties may use these aid codes to report food stamp issuance for their medically indigent population.)

50	MI Restricted	Persons who have undetermined immigration status. Limited to emergency services only. Also used for out-of-county persons for emergency services only.
84	MI-A	Medically Indigent-Adults-Age 21 and over but Under 65 Years-No Share of Cost (non-FFP) -- Persons, age 21 and under 65 years of age, who meet the eligibility requirements of medically indigent. No share of cost required of the beneficiaries. (See Section 50251, Title 22, CCR).

**23-275 ASSIGNMENT OF AID CODES (Continued)****23-275**

<u>Aid Code</u>	<u>Program</u>	<u>Definition</u>
85	MI-A-SOC	Medically Indigent-Adults-Age 21 and over but under 65 years-Share of Cost (non-FFP) -- Persons, age 21 and under 65 years of age, who meet the eligibility requirements of medically indigent. Share of cost required of the beneficiaries. (See Section 50251, Title 22, CCR.)
88	MI-A-DISAB. PEND.	Medically Indigent-Adults-Age 21 and under 65 Years-Disability Pending-No Share of Cost (non-FFP) -- Persons, age 21 and over but under 65 years of age, who meet the eligibility requirements of medically indigent and have a pending Medi-Cal disability application. No share of cost required of the beneficiaries. (See Section 50251, Title 22, CCR.)
89	MI-A-DISAB. PENDING SOC	Medically Indigent-Adults-Age 21 and over but under 65 Years-Disability Pending-Share of Cost (non-FFP) -- See Aid Code 88 for definition of Medically Indigent-Adults-Disability Pending. (See Section 50251, Title 22, CCR.)

**14. SERVICES ONLY - OPTIONAL CODES**

+ 11	AGED-SO (Optional)	Aid to Aged-Services Only -- Persons age 65 or older who do not receive a cash grant, but are receiving social services as income eligibles with or without regard to income.
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+ No Medi-Cal card(s) issued for this aid code.

**23-275 ASSIGNMENT OF AID CODES (Continued)****23-275**

<u>Aid Code</u>	<u>Program</u>	<u>Definition</u>
+ 21	BLIND-SO (Optional)	Aid to the Blind-Services Only -- Persons who meet the federal criteria for blindness and do not receive a cash grant, but are receiving social services as income eligibles with or without regard to income.
+ 31	AFDC-FG-SO (Optional)	Aid to Families with Dependent Children-Family Group-Services Only --See Aid Code 30 for definition of AFDC-FG. Families who do not receive a cash grant, but are receiving social services as income eligibles with or without regard to income.
+ 41	AFDC-FC-SO (Optional)	Aid to Families with Dependent Children-Foster Care-Services Only --Families in the Foster Care program who do not receive a cash grant but are receiving social services as an income eligible with or without regard to income.
+ 61	DISABLED-SO (Optional)	Aid to the Disabled-Services Only -- Persons who meet the federal definition of Disability who do not receive a cash grant but are receiving social services as an income eligible with or without regard to income.

**15. FOOD STAMP PROGRAM**

+ 09	F/S	Food Stamp Program -- Participants are not public welfare recipients, but need a case number to receive food stamps.
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+ No Medi-Cal card(s) issued for this aid code.

**23-275 ASSIGNMENT OF AID CODES (Continued)****23-275**

## .5 Aid Code Master Chart

<u>Aid Code</u>	<u>Program</u>	<u>Aid Code</u>	<u>Program</u>
01	RCA	*+ 21	BLIND-SO
02	RMA/EMA	*+ 22	BLIND-SC
03	AAP-Federal	23	BLIND-LTC
04	AAP/AAC-Non-Federal	24	BLIND-MN
05	Seriously Emotionally Disturbed	26	BLIND-PICKLE ELIG.
#~07	200% Program (OBRA Infant)- Emergency Services	27	BLIND-MN-SOC
08	ECA	28	BLIND-IHSS
+ 09	F/S	30	AFDC-FG/Federal
10	AGED	*+ 31	AFDC-FG-SO
*+ 11	AGED-SO	32	AFDC-FG/Non-Federal
*+ 12	AGED-SC	33	AFDC-U/Non-Federal
13	AGED-LTC	34	AFDC-MN
14	AGED-MN	35	AFDC-U/Federal
16	AGED-PICKLE ELIG.	36	AFDC-20% SS
17	AGED-MN-SOC		
18	AGED-IHSS		
20	BLIND		

\* Optional

+ No Medi-Cal card(s) issued for this aid code.

# Restricted Medi-Cal card(s) issued for this aid code.

~ OBRA = emergency and pregnancy related services only.

## 23-275 ASSIGNMENT OF AID CODES (Continued)

23-275

<u>Aid Code</u>	<u>Program</u>	<u>Aid Code</u>	<u>Program</u>
37	AFDC-MN-SOC	#52	IRCA Amnesty Alien Restricted Medi-Cal Benefits
38	EDWARDS v. MYERS		
39	Transitional Medi-Cal	#53	MI-A-Nursing Facility (Limited Scope)
40	AFDC-FC/Non-Federal	54	FOUR MO. CONT.
*+ 41	AFDC-FC-SO	\$56	IRCA SAW/RAW Alien-Full Medi-Cal Benefits
42	AFDC-FC/Federal	#57	IRCA SAW/RAW Alien-Restricted Medi-Cal Benefits
#44	185% Program (Pregnancy Related/Postpartum)		
45	Children Supported by Public Funds	~58	OBRA Undocumented/VISA Alien (Restricted Medi-Cal Benefits)
46	AFDC-FC-20% SS		
47	185% Program (Infant-Full Scope)	59	Additional Transitional Medi-Cal
#48	185% Program (OBRA Pregnancy/Related/Postpartum)	60	DISABLED-(SSI/SSP)
		*+ 61	DISABLED-SO
		*+ 62	DISABLED-SC
#49	185% Program (IRCA Pregnancy Related/Postpartum)	63	DISABLED-LTC
\$@50	CMSP Alien and Out-of-County Care	64	DISABLED-MN (No SOC)
\$51	IRCA Amnesty Alien Full Medi-Cal Benefits	65	DISABLED-SGA/ABD-MN (IHSS) SOC/NO SOC

\* Optional

+ No Medi-Cal card(s) issued for this aid code.

# Restricted Medi-Cal cards issued for this aid code.

@ County Medical Services Program (CMSP) ID cards issued for this aid code.

~ OBRA = emergency and pregnancy related services only.

\$ IRCA = ABD and under 18 = full scope.

**23-275 ASSIGNMENT OF AID CODES (Continued)****23-275**

<u>Aid Code</u>	<u>Program</u>	<u>Aid Code</u>	<u>Program</u>
66	DISABLED-PICKLE ELIG.	@84	MI-A
67	DISABLED-MN-SOC	@85	MI-A-SOC
68	DISABLED-IHSS	86	MI-Pregnant No SOC
#~69	185% Program (OBRA Infant- Emergency Services)	87	MI-Pregnant-SOC
#70	200% Program (Citizen and OBRA Pregnancy Related/ Postpartum)	@88	MI-A-DISAB. PEND.
#71	Dialysis/Dialysis Support	@89	MI-A-DISAB. PEND.-SOC
72	133% Program	*+ 90-99	GR/GA
#73	TPN/TPN-Support(Parenteral Hyperalimantation)		
#74	133% Program (OBRA)		
75	200% Program IRCA Pregnancy Related/Postpartum		
76	60-Day Postpartum		
79	200% Program-Infants (Full Scope)		
#80	Qualified Medicare Beneficiary		
81	MI-A		
82	MI-Person under 21		
83	MI-Person Under 21-SOC		

\* Optional

+ No Medi-Cal card(s) issued for this aid code.

# Restricted Medi-Cal cards issued for this aid code.

@ County Medical Services Program (CMSP) ID card issued for this aid code.

~ OBRA = emergency and pregnancy related services only.

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**MANAGEMENT AND OFFICE PROCEDURES  
DISPOSITION OF WELFARE RECORDS**

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**CHAPTER 23-350 DISPOSITION OF WELFARE RECORDS**

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<b>23-350</b>	<b>DISPOSITION OF WELFARE RECORDS</b>	<b>23-350</b>
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<b>23-351</b>	<b>DEFINITIONS OF WELFARE RECORDS</b>	<b>23-351</b>
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- .1 The welfare case history consists of all documents and forms relating to eligibility determinations for public assistance including, but not limited to documents necessary to support the granting or denying of aid, case narratives, personal documents, budget forms, referrals to and from other agencies, and correspondence to and from the recipient.
  - .11 A case narrative is the chronological listing of data or events recorded throughout the life of the case, which does not appear elsewhere in the case record, or which is necessary to augment or reconcile data or information recorded in forms or correspondence.
  - .12 Personal documents of the recipient are those documents owned by a recipient which have been placed in the case history.
  - .13 Permanent records are those which are necessary to document the recipient's continuing eligibility for public assistance. Examples of such records include birth certificates, marriage licenses, divorce decrees, court orders mandating spousal or child support, certain Special Circumstances Program records (Section 46-425) and Emergency Loan Program records which pertain to the nonrepayment of loans (Section 46-335).
- .2 Special Investigative Unit records are records kept by the SIU after a fraud investigation.
- .3 Medical or psychological records are records which show diagnosis or treatment of a recipient.
- .4 Warrant register is the listing of county welfare warrants maintained pursuant to Government Code 26907.
- .5 General administrative and fiscal records are all other records kept by the department which do not pertain to a particular case.

**23-353 RETENTION PERIODS****23-353**

The general statute in California (Welfare and Institutions Code Section 10851) requires that public social service records (aid and services) be maintained for three years from the last date of aid or services. It also provides that certain records in active cases may be destroyed after three years. Federal law (45 CFR 74.20) requires that case records which provide the basis for fiscal claims are to be retained for three years, starting on the day the state submits the last expenditure report to HHS for the period. In the case of supplemental expenditure reports this might require retention for a much longer period than three years.

Under these requirements, counties shall insure that records needed to prove eligibility may not be destroyed unless three years have passed from the date the last state expenditure report was made to HHS for the period in which such records were last used to document eligibility.

.1 Case Narratives

The Board of Supervisors may authorize destruction within the rules stated above.

.2 Other Case Documents

The Board of Supervisors may authorize destruction within the rules stated above. However, documents which were not necessary to show eligibility may, with board authorization, be destroyed when they are over three years old.

.3 Permanent records, as specified in Section 23-351.13, shall be retained until all records for that particular case are destroyed.

.4 Warrant registers must be retained for fifteen years. County welfare warrants must be retained for five years.

<b>23-353</b>	<b>RETENTION PERIODS</b> (Continued)	<b>23-353</b>
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.5 Certain Special Circumstances records shall be retained as outlined in Sections 23-356.2 and .3.

.6 Alternate Retention Period

Unless a county has made or intends to make a supplemental expenditure report concerning specific cases which it wishes to purge or destroy, it may consider the retention period to be 3-1/2 years from the date a document was last needed to document eligibility or 3-1/2 years from the date the case was closed. Using this retention period will insure that the records are retained at least 3 years beyond the filing of the final state expenditure report.

.7 Duplicates

Copies of records need not be retained unless the originals are not available.

.8 Records Related to Civil or Criminal Actions

Notwithstanding the above, if a civil or criminal action is commenced before the expiration of the retention period, no portion of the case record of such person shall be destroyed until such action is terminated.

.9 Potential Future Collection of IV-A Cases

The county shall retain Form ABCD 278L or its equivalent for a period of ten years following case closure in all cases where notification to do so by the child support agency has been received.

**23-355 DESTRUCTION OF CASE RECORDS****23-355**

- .1 All case histories are confidential and caution must be taken in their destruction to maintain confidentiality, and to prevent unauthorized disclosure.
- .2 All original personal records of a recipient should be returned to the recipient or to his/her family by certified letter once the case has been closed. If they cannot be returned they should be destroyed as part of the case history.
- .3 SIU records and medical and psychological records which were not submitted by the recipient are to be destroyed as part of the case history.

**23-356 RETENTION REQUIREMENT - ADULT AIDS****23-356**

- .1 In general, the requirements for retention of active adult aid files, specifically APSB cases, are the same as outlined in Section 23-353.
- .2 Special Circumstances Program (Section 46-425) records which pertain to provision for one-time allowances, such as Sections 46-425.65 and .66, Moving Expense Allowances, and 46-425.68, Payment to Prevent Foreclosure, shall be retained as permanent records for the life of the recipient, or for ten years from the date of the last action if the CWD, from the available facts, has no reason to believe that the recipient is alive.
- .3 Records related to one-time allowances per piece of property or dwelling, such as Sections 46-425.64, Supplemental Housing Repairs, and 46-425.67, Housing Modifications, shall be retained as described above, or may be retained in accordance with Section 23-353 if the recipient secures new housing or property and thus reestablishes eligibility for these allowances. Records related to renewable allowances, such as Sections 46-425.61, Catastrophe, and 46-425.63, Required Housing Repairs, may be retained in accordance with Section 23-353.
- .4 Emergency Loan Program (Section 46-335) records which pertain to the nonrepayment of loans shall be retained as permanent records for the life of the recipient, or for ten years from the date of the last action if the CWD, from available facts, has no reason to believe the recipient is alive. Records which are not related to nonrepayment of loans may be retained in accordance with Section 23-353.

**23-359 COUNTY RESPONSIBILITY FOR INDEX FILES 23-359**

The county shall establish and maintain index files to identify active and inactive agency records, relating to persons applying for or receiving aid or service, their spouses and their children (AFDC).

**23-361 COUNTY RESPONSIBILITY FOR CONTROL FILES 23-361**

The county is also responsible for maintaining necessary control files to insure that required actions are taken when due.

These include:

- a. Pending applications, reapplications, and requests for restoration.
- b. Reinvestigation of eligibility.
- c. Transfer to or from another county.
- d. Anticipated changes in need, income, efforts toward self-support or other eligibility factors.
- e. Collection activity (See Fiscal Manual Chapter 25-400).
- f. Service cases and activities.
- g. Birth, 6, 16, 18, and 21st birthdays.
- h. Determination of Degree of Blindness.

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**MANAGEMENT AND OFFICE PROCEDURES  
FORMS MANAGEMENT**

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**23-400 FORMS MANAGEMENT****23-400**

County welfare departments and other agencies (CWDs/agencies) subject to the regulations of the Department shall supply and process information to maintain records and submit reports as prescribed by regulations of the Department of Social Services. The specific ongoing reports and forms required by the Department, copies of forms and instructions for their preparation and submittal, and general information pertinent to forms and reporting responsibilities are contained in the appropriate divisions of the Manual of Policies and Procedures.

Fiscal forms information is found in Chapter 25-600 of the Fiscal Manual. Statistical forms information is interspersed throughout Division 26, Statistical Reports.

Information necessary for CWD determinations of the client's eligibility and grant amounts shall be provided by the clients and processed by the CWD on forms as prescribed in the Manual of Policies and Procedures. For the AFDC and Adult programs, copies of forms and instructions for their preparation are contained in the Appendix 2 of the Eligibility and Assistance Standards (EAS) Manual. For Food Stamps, this information is found in Chapter 63-1200 of the Food Stamp Manual.

.1 Development of Forms for County Use

- a. The Department will ordinarily develop and make available forms for CWD/agency use in any of the following circumstances:
  - (1) Law or regulations require use of a specific form or uniform method of data collection.
  - (2) Regulations require that certain information be gathered from or given to all clients within a particular program.
  - (3) A situation exists such that there is a common need among all counties for a form to cover a particular situation or circumstance; or
  - (4) Uniformity is desirable to (a) ensure equitable treatment, (b) protect client rights, or (c) facilitate case review for quality control or auditing purposes.

**23-400 FORMS MANAGEMENT (Continued)****23-400**

- b. The Department may develop and make available forms for CWD/agency use in any of the following circumstances:
- (1) The form will be used by CWDs/agencies in conjunction with other local agencies; or
  - (2) The form will be used to communicate information between CWDs/agencies or between CWDs/agencies and some state or federal agency; or
  - (3) The development of individual CWD/agency forms would require excessive total amounts of CWD/agency administrative time.

.11 Categories of Department Developed Forms

Department forms developed in accordance with the above criteria are divided into the following types:

.111 Required Form - No Substitute Permitted

Forms in this category are required forms that the CWD/agency may not modify or restructure. However, overprinting or reformatting under the conditions outlined in Section 23..400.211, Overprinting Required Forms and 23-400.212, EDP Modifications, is permitted.

A Department developed form is assigned to this category if (a) the form is legally mandated or federally required, (b) uniformity is necessary in the gathering or reporting of data or (c) the forms will be used to communicate information between CWDs/agencies or between CWDs/agencies and some state or federal agency.

**23-400 FORMS MANAGEMENT (Continued)****23-400****.112 Required Form - Substitute Permitted**

Forms in this category are required forms for which modifications or substitutions with prior Department approval are permitted (see Section 23-400.22, Approval Procedure). The CWDs/agencies may modify these forms to add or obtain information that does not (1) conflict with program policy/regulations, or (2) change the legal content of the form. Ordinarily, merely rewording the content of a form in this category will not be approved. However, such suggestions for language improvement will be considered by the Department in future revisions.

Department developed forms are assigned to this category if (a) legal or regulatory considerations require only certain content in the form, or (b) uniformity is desirable, but variations in CWD/agency systems or demographic characteristics require flexibility so that the form will be more useful and so that the development of supplementary forms can be avoided.

**.113 Recommended Forms**

Recommended forms are those forms that CWDs/agencies may modify without prior Department approval or may opt not to use. A Department developed form is assigned to this category if (a) it is used within the internal operation (not for client use) of the CWD/agency with no specific use or reference required by the Department, (b) it is a referral or verification form used within the CWD/agency which does not require uniformity or specific interagency coordination, or which is not legally mandated, or (c) it is a model or experimental form being tested in CWDs/agencies prior to general use.

**23-400 FORMS MANAGEMENT (Continued)****23-400****.2 County Welfare Department Forms Responsibilities**

In order for the Department to provide forms that meet the needs of the CWDs/agencies, it is important and necessary that the CWDs/agencies communicate their forms need to the Department. These include: (a) specifying needs for new forms, (b) identifying problem areas in the use of current Department forms, (c) suggesting improvements on current Department forms, and (d) requesting prior Department approval for any modification or substitution of a required Department form. The CWDs/agencies shall submit their forms concerns, requests and suggestions to the program or office responsible for the form as designated in the County Forms Catalog (see Section 23-400.4).

**.21 Modification or Substitution of Required Forms**

The CWDs/agencies may print supplies of Department developed forms. However, any modification or substitution of a required Department form must be approved by the Department before CWD/agency use.

**.211 Overprinting Required Forms**

In relation to required forms, overprinting is a process by which the CWD/agency prints additional information over a current required form without modifying the format, structure, or legal content of the form. This can be done either by overprinting an actual Department form or by printing a Department form locally with the CWD/agency information added to it. The CWDs/agencies may overprint required forms provided that the information added does not conflict with program policy/regulation. The following have been identified as acceptable overprinting purposes and do not require prior state approval: (a) to identify the CWD/agency, (b) to add information to the "County Use Only" section, or (c) to add EW instructions. Overprinting for purposes other than those specified above must be approved by the Department before CWD/agency use.

**.212 EDP Modifications**

CWDs/agencies may reformat or restructure required Department forms for the purpose of accommodating individual CWD/agency Electronic Data Processing (EDP) systems, provided that prior Department approval is obtained.

**23-400 FORMS MANAGEMENT (Continued)** **23-400**

.22 Approval Procedure

When the CWDs/agencies intend to modify or substitute a required form, they shall submit a written request for approval of the proposed version to the Department before implementing the proposed version. The written request for approval shall (a) identify the proposed changes or explain how the substitute deviates from the required form, (b) explain how the proposed changes improve the form, and (c) include a draft of the proposed version. If the CWD/agency intends to or is required to translate the form into another language, translations of the proposed version should be submitted for approval simultaneously with the English version. (See Section 23-400.7) The Department will normally notify the CWD/agency in writing of the action taken within 30 to 60 days of receiving the request.

.3 Obsolete Forms

The Department will obsolete a form or version of a form if (a) it no longer meets state and/or federal laws, regulations, or program standards, or (b) it is associated with a program that has been phased out.

.31 When the Department obsoletes a form it shall be removed from use immediately.

The CWDs/agencies will be notified of the obsolescence by form GEN 127, "Notice of Forms Change". (Section 23-400.5)

.32 When the Department revises a form, the CWDs/agencies will be notified of the disposition of the prior version on form GEN 127 "Notice of Forms Change". (See Section 23-400.5)

- a. If the prior version of the form is not obsolete, the Department warehouse may issue the prior version until stock is depleted.
- b. If the prior version of the form is to be obsoleted, the Department warehouse will destroy all copies of the version. The CWDs/agencies shall remove their obsoleted stock from use.

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.4 County Forms Catalog

The Department will distribute forms to be used by CWDs. The County Forms Catalog, issued at least annually by the Department will provide information on whether a form is free or to be sold, its price, ordering instructions, and other current information. It also indicates whether a form is required with no substitute permitted, required with substitutes permitted, or recommended for use, and identifies the program or office responsible for the form.

.5 Notice of Form Change (GEN 127)

The CWDs/agencies will be notified about new, revised and obsoleted forms through form GEN 127, "Notice of Form Change". The notice will contain information about the following:

- .51 Order unit and price.
- .52 Information on whether the form is required, substitute permitted, or recommended. (See Section 23-400.1)
- .53 Instructions on whether previous versions can be used or shall be removed from use. (See Section 23-400.3)
- .54 Effective dates to use new forms.
- .55 A list of changes for revised forms.
- .56 References to manual sections, and all-county correspondence containing instructions and policy about the new form.

CWDs/agencies should use the Notice of Forms Change to update their County Forms Catalog.

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.6 Cost of Forms

Since forms are a county administrative expense, the Department will sell certain forms to the CWDs/agencies in order to obtain the county share and appropriately identify the federal, state and county share.

The prices for sold forms are based upon printing and distribution costs. In order to ensure accurate billing, free and sold forms should be ordered separately. Information regarding the cost of forms is available in the County Forms Catalog. (See Section 23-400.4)

.61 Sold Forms

Any form reproduced by the Department for use by the CWDs/agencies will be sold as specified in the DSS Forms Catalog.

.7 Translated Forms

CWDs/agencies shall utilize all client use forms in a manner that communicates fully and effectively with, and provides the same level of services to non-English speaking clients as is provided to the English speaking welfare population (see Section 21-115).

.71 Client use forms provided by the Department shall be available in English and Spanish.

.72 When a CWD/agency modifies a state form under the criteria in Sections 23-400.112 and 23-400.22 above, it shall be responsible for ensuring full and effective communication to the non-English speaking clients in accordance with Section 21-115.

.73 The Public Inquiry and Response Bureau (PIAR) of the Department provides a translation exchange service to CWDs/agencies. PIAR maintains a file of county translations of forms. Forms from this file are available to assist CWDs/agencies in the development of new translations.

.74 Client use forms that are developed by CWDs/agencies shall also be translated in accordance with Section 21-115.