

2019

Monterey County
Department of Social
Services
Community Benefits

GENERAL ASSISTANCE PROGRAM HANDBOOK

MAY 2021

Table of Contents

90-100 GENERAL PROVISIONS..... 3

90-101 NOTICES OF ACTION (NOA).....4

90-200 ELIGIBILITY REQUIREMENTS.....5

90-201 INCOME.....10

90-202 PROPERTY.....13

90-300 APPLICATION PROCESS.....17

90-301 FACE TO FACE REQUIREMENT.....18

90-400 NEED AND DETERMINATION OF GRANT AMOUNT.....22

90-500 APPLICATION PROCESSING PROCEDURES.....23

90-501 IMMEDIATE NEED.....25

90-502 BUDGET PERIOD.....26

90-600 DETERMINATION OF HOUSEHOLD COMPOSITION.....26

90-700 AID CATEGORY DEFINITIONS.....27

90-701 METHOD OF PAYMENT.....28

90-702 VOUCHER COMPLETION AND PROCESSING.....29

90-800 GENERAL ASSISTANCE WORK EXPERIENCE PROGRAM (GA-WEP).....32

90-801 GA-WEP WORKER'S COMPENSATION.....44

90-802 INCAPACITY.....48

90-900 OVERPAYMENTS.....51

90-901 UNDERPAYMENTS.....52

90-1000 RIGHT TO HEARING-APPEALS PROCESS.....53

90-1001 AID PAID PENDING (APP).....59

90-1002 RECOVERY OF ASSISTANCE.....60

90-1003 INTERIM ASSISTANCE PROGRAM (IAR).....63

90-1100 BOARD AND CARE (B&C).....66

90-1200 C-IV CASE FILING.....69

90-1300 CASE COUNT ACTION.....69

90-1400 SPECIAL PROGRAMS (CW/FC Cases).....71

90-1500 CASELOAD MANAGEMENT.....75

90-1600 GENERAL ASSISTANCE AUDIT PROCESS.....79

90-1700 SUPERVISOR REVIEWS PROCESS.....80

INTRODUCTION

The General Assistance (GA) program is, by nature, a residual assistance program for those persons who are ineligible for aid under any federal or state program which is designed to meet applicant/recipient's needs, such as CalWORKs, CalFresh or Supplemental Security Income (SSI). It is in large part an emergency assistance program to be used when other resources are not available or cannot be developed to meet the needs of the applicant(s).

The Eligibility Specialist (ES) is responsible for securing, verifying, and evaluating information and evidence to determine the amount of need, eligibility, and for explaining the applicant/recipient's rights and requirements under the program. Respect for the integrity and self-esteem of the applicant/recipient is essential in promoting and encouraging self-reliance and independence during the determination of initial and continuing eligibility, each applicant/recipient shall assume as much responsibility as possible within their physical, emotional, educational, or other limitations.

90-100 GENERAL PROVISIONS

General Assistance and Emergency Aid are programs established by Resolution of the Monterey County Board of Supervisors in accordance with Section 17000-17409 of the Welfare and Institutions Code [GA WIC Codes 17000-17613.4](#). Assistance is to be granted to needy persons in accordance with rules and regulations adopted by the Board of Supervisors and policies and procedures established by the Director of the Department of Social Services.

.1 Program Costs

Program costs, including assistance granted and costs of administration are entirely County Funds. There is no State or Federal participation. Reimbursement may be obtained for those cases granted Interim Assistance Reimbursement (IAR) from the recipient when approved Supplemental Security Income (SSI). Federal reimbursement may be obtained for certain legal permanent residents under the Immigration Reform and Control Act of 1986.

.2 Right to Apply for Aid

Any person who believes himself/herself to be eligible for General Assistance or emergency aid has the right to apply and shall be allowed to complete an application.

.3 Right to Manage Own Affairs

The applicant/recipient has the right to determine his/her own living situation and make his/her own arrangements.

.4 Inter-County Transfers

.41 There are no inter-county transfers of General Assistance cases. Care must be taken to determine the applicant's place of residence. Persons in this County solely for the purpose of medical care, alcoholic, or drug abuse treatment, and who have a home or intend to return to their county of residence, are referred to the originating county for assistance.

.5 Promptness Requirement

.51 Eligibility must be determined and action taken to grant or deny assistance within thirty (30) days of the date of application.

.52 Denial action may be taken sooner if the applicant fails to cooperate, withdraws the application, or fails to keep an appointment.

.6 Redeterminations/Renewals

.61 A redetermination/renewal of eligibility, via completion of the SAWS2PLUS in C-IV, will be made at least once every twelve months.

.62 ESs are required to review the SSI/SSP application status of recipients at renewal. A new SSP 14 Interim Assistance Reimbursement (IAR) form must be completed annually at renewal and submitted to the BIR supervisor within 10 days of securing signatures and dates. Including ES contact with the SSI Advocate assigned to the recipient's case.

900-101 NOTICES OF ACTION (NOA)

.1 A written or system generated Notice of Action (NOA) is a document that informs an applicant/recipient of any action that affects their eligibility, duration of benefits, including termination of benefits or benefit levels (amount received). For example, an applicant/recipient might receive a notice of action when their aid has been changed in some way, reduced, denied, or terminated.

Written or system generated Notices of Action shall be issued and mailed or handed directly to applicants/recipients whenever any action affecting eligibility, duration of benefits or benefit levels regarding an applicant or recipient is taken by the Department of Social Services.

All written notices shall be made available in alternative formats (e.g., large print, audio, Braille, as provided in HHSA Americans with Disability Act policy and CDSS Civil Rights Plan provisions) to applicants/recipients who need them for effective communication. Determination of specific alternative formats will be made at the time of application and as needed. All written notices shall be provided in the applicant/recipient's preferred language.

Applicants who are denied assistance will be provided a Notice of Action. Advance notice is not required when aid is denied to first time applicants. The

“effective date” (date when assistance was denied) is listed on the Notice of Action but is typically the date the Notice of Action is issued for this type of action.

When an application is approved for continuing benefits, an approval Notice of Action must be provided. The Notice of Action must specify the amount of the grant and how the grant was calculated, and duration of potential eligibility.

When an application is approved for a specific period of time, an approval notice will be issued identifying the period of eligibility.

The Notice of Action in cases of discontinuance, grant reduction or program status change, must be provided with a 10-day-notice prior to the effective date of action. The effective date will be stated in the Notice of Action.

.2 10-day Notice Requirement

10-day notice is required for benefit reduction due to increased income or case discontinuances. Note: There is no requirement to issue a GA Change NOA for benefit month if customer fails to work all assigned hours.

90-200 ELIGIBILITY REQUIREMENTS

To be eligible for aid, every person shall meet the following requirements:

.1 Residence

Be a resident of Monterey County. No duration period of residence in the County is required. A person establishes residence in the county by physical presence for purposes not temporary in a nature. Residence, once established, continues until the person leaves the County and establishes residence elsewhere.

.12 Exceptions to physical presence factor in residence:

.121 Persons sent from the first county to a second county for the purpose of receiving medical care or treatment for drug or alcohol abuse remains the responsibility of the prior county.

.122 A person who comes to Monterey County of his/her own volition for such care but who maintains a home in another county, or who considers another county to be his/her residence and intends to return there, retains residence in that county. Persons in Monterey County solely for vacation purposes shall not be considered a resident.

.123 Persons described in .121 and .122 will be referred to their county of residence to apply for General Assistance.

Note: Care must be taken to thoroughly explore place of residence of persons referred for a period of convalescence in rest homes and nursing homes upon discharge from hospital. These persons sometimes are not Monterey County residents.

.13 Verification of residence:

.131 Applicant's statement or evidence showing address in which the person states they reside.

.14 Non-Residency in Drug/Alcohol/Mental Health Treatment Facility:

Must not be a resident in a drug and/ or alcohol and/or mental health residential treatment facility which is a community care facility that requires a license under Chapter 3 (commencing with Section 1500) of Division 2 of the Health and Safety Code of the State of California. [CA Health and Safety Code Ch.3 1500-1567](#).

Some treatment facilities in which residence **precludes** eligibility for General Assistance are:

- Genesis House
- Sun Street Residential Facility/STOP Program
- Door to Hope
- Victory Outreach (Depending upon the specific facility)
- Victory Mission (Depending upon the specific facility)
- Turning Point of Central California
- Manzanita House
- Interim Inc. (Mental Health facility)

Those facilities which do not qualify as residential treatment facilities are Sun Street Day Care facility and the Interim Transitional satellite houses.

.2 Citizenship and Legal Permanent Residence

.21 Be a Monterey County resident who is either:

.211 A citizen of the United States (defined for eligibility purposes to include persons who, though not United States citizens, are nationals of the United States by reason of their birth in certain unincorporated United States territories, such as American Samoa or the American Virgin Islands). The applicant must provide one of the following: a birth certificate, baptismal certificate, U.S. passport certificate of

naturalization or military discharge papers or MEDS 'J' verified.

or

.212 A legal permanent resident admitted for permanent residence,

or

.213 A legal permanent resident permanently residing in the United States as a conditional entrant (refugee) pursuant to Section 207(c) of the Immigration and Nationality Act (INA),

or

.214 A legal permanent resident lawfully in the United States for an indefinite period as a parolee pursuant to Section 212 (d) (5) of the INA,

or

.215 A legal permanent resident lawfully in the United States under the Immigration Reform and Control Act of 1986 pursuant to Section 245A, 210, and 210A of the INA.

.22 Aid shall not be granted to ineligible non-citizens pending verification of their legal permanent resident status. The status of undocumented legal permanent residents shall be verified by referral to the USCIS office to obtain verification of current legal permanent resident status. The verification will be completed using the online G-845/S process and referred to USCIS for Secondary Verification under the SAVE program.

Note: The CA64 must accompany these documents if the legal permanent resident is present under "SAWS" or "Amnesty Legal Permanent Resident" programs.

.23 Aid shall be granted up to a period of 60-days pending verification of citizenship. Questionable citizenship shall be treated as in .22 above.

.231 ES shall implement a Vital Records Request, CO198 or CO 199, [CO198](#) [CO199](#) to assist customer in obtaining proof of citizenship, if the customer states they are unable to obtain one.

.232 After 60 days, if verification not received, case reviews will be completed and a good cause/no good cause determination will be made. Case status will stand until verification is received.

- .24 Federal reimbursement is available to counties who aid certain legal permanent residents through the General Assistance Program. Counties must complete the DFA 876, State Legalization Impact Assistance Grant Funds Climbbable Based on Expenditures for Eligible Legalized Legal permanent residents General Assistance (SLIAG) report. Eligible legal permanent residents include:
 - .241 Pre-1982 legal permanent residents granted temporary resident status under Section 245A of the INA. The legal permanent resident will be issued a Temporary Resident Legal permanent resident Card, I 688-A, to verify legal permanent resident status. When permanent status is granted, an I-551 will be issued.
 - .242 Special Agricultural Workers (SAWS) will receive the I-688-A card when granted temporary residence status. Permanent residence status may be granted after one year. At that time, the I-551 will be issued. This program ended in 1990.
 - .243 Replenishment Agricultural Workers (RAWS or a SAWS) will be issued an I-688 and I-688-A when granted temporary status. After three years, the legal permanent resident may apply for permanent residence status. At that time, the I-551 will be issued. This program ended in 1993.

The following procedure will be used to report eligible legal permanent residents in order to obtain reimbursement.

- .244 Eligible legal permanent residents will be coded with the C-IV Pay Code of 9D (Amnesty Alien 100% Reimbursement). The legal permanent resident will be in a separate case if there is more than one member in the GA case.
 - a. The payment amount for the individual will be the payment standard for one.
 - b. The other household member will receive an amount, which reflects the difference in the payment standard between the total in the household and the individual legal permanent resident.

EXAMPLE:

Father (SAWS) applies for aid for his wife and child who are U.S. citizens. We will establish two blocks in one C-IV case: one managed GA case for the father

and one CW's for the wife and one child, if CW's eligible. Father will receive the maximum for one with his GA block with a Pay Code of 9D. Other two family members will receive CW's in the amount of the difference as follows:

CW's Payment Standard for 3: \$878

Father (CW for 1): - 340

CW's Family (aid for 2): \$538

- a. Both cases would be carried by the same ES. Forms would be imaged into both cases, so the family does not have to complete duplicate forms.
 - b. Shelter and utilities would be pro-rated between the cases.
 - e. Persons not exempt are required to do GA-WEP.
 - f. The report, DFA 876, will be completed by Fiscal on the 20th of each month.
- (1) This type of GA case will appear on the payroll as aid code 90, and a Pay Code of 9K "Other".
 - (2) A copy of the payroll must be attached to the report.
 - (3) A copy of the report will be sent to the GA Analyst.
 - (4) Retroactive reimbursements will be shown as adjustment on the payroll.

.3 Age

The minimum age requirement is:

- .31 age 18, or
- .32 any age if legally married, or previously married, or
- .33 any age if a legally emancipated minor (with documentation to substantiate)

- .4 All applicants/recipients must be 18 to 64 years of age. If 65 or older, the applicant must apply for SSI/SSA or ineligible for SSI/SSP. If 62 or older, the applicant must apply for, and show proof of application to receive Social Security benefits (RSDI) and be ineligible for these benefits to be potentially eligible to receive GA.

- .41 Age shall be verified by birth certificate or other identification, such as driver's license, Department of Motor Vehicles (DMV) Identification (ID), baptismal certificates, school records, or other documentation.
- .42 Unmarried minors under 18 years of age are not GA eligible. Unmarried is defined as never married or marriage annulled. Persons who are married, divorced or legally separated are not considered minors. Legal marriage and/or divorce or dissolution shall be verified by documentary evidence prior to granting aid; i.e., marriage/divorce certificate or court order.

90-201 INCOME

.1 Definitions:

Income is defined as any benefit, either in cash or in kind, which is received by an applicant/recipient:

- .11 Earned income is income which is received in return for work performed by the applicant/recipient.
- .12 Unearned income are benefits such as UIB, DIB, Worker's Compensation, a contribution by relatives, friends, or sponsors deemed income, Income-in-Kind, interest dividends, and pensions.
- .13 Self-employment income. Two options for allowable deductions.

.2 Treatment of Income

Applicants/recipients must pass the gross income test to determine potential GA eligibility. For example; customer reports at application \$400 a month in recycling income, maximum GA benefit is \$340. If this income was to continue the customer would be IE to GA. If it was just initial month income, and the customer did not expect it to continue, or expected a lower amount in the second and subsequent months, they would be potentially eligible to receive GA benefits.

- .21 Earned income-mandatory deductions and reasonable and necessary work expenses will be deducted from gross earnings. The remainder is net non-exempt income.
 - .211 Earned income receives a 20% deduction, the balance is then used in the calculation for GA benefits. (e.g. Earned income is \$100/month; 20% deduction is \$20; full GA grant is \$340; \$340-\$80=\$260 for a full month allotment).

.22 Unearned Income-all income, other than earned income, is net non-exempt income.

.221 Customer receives \$100 in UIB/month; $\$340 - \$100 = \$240$ full month GA allotment.

.23 Self-employment income. If a customer reports to their worker that they are self-employed the worker must inform the customer that they have the following options:

.231 The customer can select a 40% deduction from the gross reported self-employment income, the net is used in the GA grant calculation.

Example:

- \$200 self-employment income reported,
- Customer selects the 40% deduction. (\$80)
- Calculation would be $\$200 - \$80 = \$120$.
- Calculation would then be $\$120 \times .2 = \24
- Calculate $\$120 - \$24 = \$96$
- Full month GA grant is $\$340 - \$96 = \$244$
- \$244 would be the GA grant for the month.

.232 The customer can select to use the actual expenses related to their self-employment, though verifications must be submitted to use this option. After deductions, the net income is used in the GA grant calculation.

Example:

- \$200 self-employment income reported,
- Customer selects actual deductions of \$125.
- Calculation would be $\$200 - \$125 = \$75$.
- Calculation would then be $\$75 \times .2 = \15
- Calculate $\$75 - \$15 = \$60$
- Full month GA grant is $\$340 - 60 = \280
- \$280 would be the GA grant for the month.

.24 Charitable Contributions, income-in-kind received in November and December from a tax-exempt source is exempt with verification.

.25 Emergency vouchers for housing or utilities paid by other agencies, or issued by a Social Worker, are not considered income.

.251 If issued by a GA specialist the amount of the voucher is subtracted from the potential GA grant amount for that month. Any balance in the expense is allowed as a need item. Any

excess income after the expense is paid which is available to the customer is unearned income.

- .252 If issued by a Social Worker, the amount of the voucher is not counted against any potential GA grant amount for that month.
- .26 Educational grants, loans, and scholarships, are treated as in the CalFresh regulations. Educational expense is allowed as a need item. Any excess income after the expense is paid which is available to the customer is income.
 - .261 Any monies retained for school expenses is not counted as a resource once it is counted as income.
 - .262 Any monies existing after school has ended or the customer has dropped out of school will be considered a resource and counted towards the total allowable property limit.
- .27 Other income applicant/recipient receives in support, other than money, from others, the immediate cash value of which, by itself or when added to his/her money income does not exceed the standard of assistance as adopted by the Board of Supervisors.
 - .271 Free housing (income in kind) [IIK] is not counted.
 - .272 Applicant/recipient has income deemed from a sponsor which does not exceed the payment standard for the legal permanent resident when an amount equal to the payment standard for the number of legal permanent residents sponsored is deducted.

.3 Treatment of Lump Sum Income

- .31 Non-recurring lump sum payments are those accrued over more than one month and not expected to be received in the same intervals in the future, or payments whose receipt is not related to any time period.
- .32 Non-recurring lump sum payments shall be considered income in the month of receipt and personal property/resource on the first of the following month.
- .33 When, as a result of the receipt of such payment, the applicant/recipient's total personal property/resource on the first of

the following month exceeds the maximum allowable, the case shall be discontinued.

- .34 Tax returns, Earned Income Tax Credits (EITC), Renters Credit are also considered non-recurring lump sum payments.

90-202 PROPERTY

- .1 The legal or equitable owner of real or personal property shall have a combined net market value of \$2,250 or less.
- .2 The following types of property shall be exempt for purpose of determining said limit:
 - .21 Real or personal property used as a home.
 - .22 Household furniture and appliances
 - .23 Clothing
 - .24 Tools and vehicles necessary for the individual's trade.
 - .25 Equity in a motor vehicle of \$2,250. If the equity in the motor vehicle exceeds the \$2,250 limit, the excess above \$2,250 shall be included in determining the property limit specified above.
 - .26 Burial plot, vault, or crypt for use by any member of the family.
- .27 Up to but not exceeding \$1500 equity in property belonging to the legal permanent resident's individual sponsor.
- .3 Non-Exempt Property
- .31 The Net Market Value (NMV) of real or personal property is the owner's equity in that property. Determine NMV by subtracting the encumbrances of record from the market value.
 - .32 NMV of older vehicles in excess of the \$2,250 property exemption. Total value shall be calculated by one of the following methods:
 - .321 The value may be calculated by using the Fair Market Value (FMV) tab on the Property page in C-IV.
 - .322 Multiply the annual license fee (which does not include the registration or weight fees) by 50.

.323 If the license fee is not available, the value shall be established by consulting the vehicle license fee chart provided by the Department of Motor Vehicles. Go to DMV, Vehicle License Fee Rate Table.

.324 The online Kelly Blue Book (KBB) may also be utilized.

.325 If the value cannot be established by the license fee, the customer must provide one quick-sale bid, from a licensed mechanic or car sales lot, or an auto sales circular.

.33 Household owns an excess of \$340 in liquid resources. This includes cash on hand or in bank accounts, and other financial instruments including but not limited to securities, stocks, bonds, mutual fund shares, cash surrender value of insurance policies, promissory notes, mortgages, deeds of trust, trust funds (excluding "Special Needs" trusts) and pensions.

.34 Property deemed available to the legal permanent resident from the sponsor shall be determined as follows:

.341 Add the net value of personal property owned by the sponsor and sponsor's spouse.

.342 Subtract \$1500

.343 Divide the remainder by the number of legal permanent residents which are sponsored by the sponsor.

.344 Determine if remainder deemed to the legal permanent resident and determine if it exceeds the property limit.

.4 Utilization of Property

Property other than the home must be utilized to provide for the needs of the applicant/recipient.

.41 Utilization is defined as rental or bona fide attempts to rent or sell the property concerned at fair market value.

.42 A reasonable return on utilization of property is established as 6% of the total market value, not net market value. Property tax rolls or tax statements must be revised.

.43 Applicants will be allowed three months from the beginning date of aid in which to make and initiate a plan for utilization of property.

- .44 An applicant/recipient who refuses to consider development of a plan for utilization property becomes ineligible immediately.
- .45 An applicant or recipient may be given one year (including the initial three months) in which to successfully implement the plan of utilization.

.5 Sale of Property as Utilization

- .51 If other means of utilization prove unfeasible, sale of property may be indicated. Sale is considered to be an adequate plan of utilization if the property is listed or advertised for sale at an amount consistent with current market value and on terms of sale that are consistent with the requirements of reasonable contribution toward current needs.
- .52 Sale is not considered reasonable if the property is a multiple dwelling, one unit of which is used as the home of the applicant or recipient.
- .53 Sale is not considered feasible if the net return would not exceed the General Assistance property maximum.

.6 Utilization of Other Resources:

- .61 Applicants are directed to take all actions necessary to obtain unconditionally available income, including public assistance, a relative's offer of contribution, benefits available to veterans of military service, Social Security, Unemployment Benefits, possible Sponsor contributions, trust funds (excluding "Special Needs" trusts), and retirement or pension plans.
- .62 Applicants/recipients who appear to be eligible for other aid programs (e.g. SSI, UIB, etc.) must follow-through with the eligibility determination. All applicants/recipients must be informed of the agency's SSI Advocacy services available through DSS. Failure to follow-through without good cause will result in ineligibility for GA.
- .63 Verification of application for SSI is a condition of eligibility and is a mandatory requirement if the applicant/recipient has stated they have a medical/mental condition that has/will last longer than twelve (12) months and that precludes them from the General Assistance Work Experience Program (GA-WEP). Verification of application for and attendance to the interview for SSI must be provided and imaged into C-IV case record.

- .631 If SSI is denied, verification of a pending appeal must be provided.
- .632 At renewal customer must provide verification his/her SSI application is still pending. This requirement is met if the customer is currently working with a DSS SSI Advocate Social Worker. (A CO222 on file is verification). Otherwise, the customer will be required to reapply for SSI.

- .64 If, when owed a legal duty of support by another, the applicant/recipient does not unreasonably neglect or refuse to enforce, or permit the enforcement of such duty of support.

- .65 Does not refuse to provide requested information regarding the income and resources of a sponsor, or sponsor's spouse.

- .66 Exploration of Resources Available from Relatives
 - .661 Willingness and ability to receive a contribution and support of a relative will be explored. However, if a relative, other than a spouse, is unwilling or unable to contribute, there is no requirement that they do so, even though the applicant/recipient may be living with a relative.
 - .662 General Assistance applicant/recipient living with SSI/SSP relative (including spouse): no income may be considered in the GA budget from the SSI/SSP relative, unless there is a voluntary contribution.
 - .663 General Assistance applicant/recipient living with a CalWORKs recipient (including his/her spouse) the CalWORKs recipient may not be required to make a contribution to the General Assistance applicant/recipient whether or not they are related except for the earned income exemption.

90-300 Application Process

The following are policy and procedures related to the General Assistance Program application process.

The applicant is expected to apply in person at any county district office. Complete all necessary forms, provide all required information and fulfill all applicable program requirements.

If the applicant is unable to complete the application form, an authorized representative who has knowledge of the application forms, knowledge of

the applicant's income and resources may do so, with applicant's approval. An MC306 must be completed for A/R authorization.

.1 Application Form

Completion of the SAWS1, and SAWS2PLUS Statement of Facts (SOF), either in C-IV or hardcopy, is the required application for all General Assistance applicants:

- .11 The GA applicant must sign and date the completed SAWS2PLUS application and verify the information provided therein.
- .12 The applicant's representative may sign the SAWS2PLUS on behalf of the applicant if the applicant is physically unable to sign.
- .13 An applicant who is unable to sign his/her name shall be assisted to sign with an "X" or other mark. The "X" must be formally witnessed by two persons (this may include the AR and ES).
- .14 The SAWS2PLUS SOF must be signed and dated in ink. It must be signed in the presence of the ES. When both spouses are in the home, each must be included on the SAWS2PLUS, and sign and date the SOF in the presence of an ES, even if one is an excluded person for GA.
- .15 A signature page, with the applicant/recipient's original signature, must be scanned into the Perceptive Content Imaging System
- .16 The SAWS2PLUS SOF may be completed with the assistance of another person; however, this person must also sign the SAWS2PLUS SOF.
- .17 A new SAWS2PLUS SOF is required in all of the following circumstances:
 - a) Applications
 - b) Renewal's
 - c) When adding a spouse
- .18 If the C-IV system is down, or there is a complete power outage the hardcopy SAWS2PLUS must be used.

.2 Mandatory Application Forms

- a) CO 986, Intake data collection form
- b) SAWS1
- c) SAWS2PLUS Application for GA, including Rights and Responsibilities

- d) CO 58 Lien Agreement (signed and dated by applicant/AR, and the Intake ES)
- e) SSP 14, required whenever the applicant or recipient reports that they are unable to work (includes Cash Assistance Program for Immigrants [CAPI] applications).
Note: The SSP14 must be submitted to BIR Supervisor within 10 days of signature and date of applicant and ES.
- f) CO 551 Job Search Form, required for applicants who are designated to the GA-WEP.
- g) CO 673-S Timesheet for GA-WEP participants
- h) CO25 EDD (EDD Office) for GA-WEP applicants (in Salinas ONLY)
- i) CO2001-GA-WEP Participation Rules (Signed and dated by applicant and ES)

90-301 Face to Face Interview Requirement

- .1 A face to face (in person) interview with the applicant is required PRIOR to granting aid. Married couples (with a marriage certificate to verify the union) living together are required to apply together, be interviewed together and sign the application and other documents together. Both must sign the SAWS2PLUS GA application and CO 58 Lien Agreement. Both individuals will be on the same C-IV Managed GA case.
 - .12 Couples putting themselves out to the community as married (but not legally married), or stating they are “common law” spouses must each be a separate GA case. If a CalFresh (CF) case is involved, the GA cases must be linked as “companion” cases, to ensure that the GA allotments are counted together in the single CF case.
- .2 Authorized Representatives (AR)
 - .21 The ES must make an assessment of the customer's ability to participate in the interview process. The individual must be capable of participating, understanding and complying with GA requirements.
 - .22 The AR requested/selected by the applicant/recipient may assist the customer. For example; assistance may be required in obtaining required program verifications.
 - .23 The AR may also represent the GA customer if/when a GA Hearing is filed/held.
- .3 Informing Requirements

The ES is responsible for informing the applicant, authorized representative/conservator of their rights and responsibilities and discussing **ALL** the following (as appropriate) during the intake or renewal interview:

- .31 The ES must inform the applicant of the categories of aid for which the applicant may apply. (The individual may apply for any type of public assistance.)
- .32 The county and applicant's responsibility for exploring all facts concerning eligibility, needs and income and the applicant's responsibility for presenting or obtaining records or documents to support his/her statements.
- .33 The applicant's responsibility to apply for and take all appropriate steps to obtain specific benefits for which she/he appears to be potentially eligible including but not limited to: UIB, DIB, VA OASDI, CAPI, SSA, Private and/or Public Pensions.
- .34 The responsibilities for reporting all facts and changes to the ES within 5 days of the change.
- .35 The right to request a Fair Hearing for any GA action they disagree with. This must be submitted within 30 days of the action being taken. Example: Case set to DC 8/31, customer must submit a hearing request by 9/30.
- .36 That furnishing a photo ID and Social Security Number (SSN) is a condition of eligibility.

.4 Rights & Responsibilities Explanation

The ES must fully explain the General Assistance Program rights and responsibilities to the customer and review the GA Agreement section of the SAWS2PLUS:

- .41 Responsibility to pick up mail a minimum of once a week sent to General Delivery if homeless;
- .42 Responsibility to report the following changes to their ES within five (5) days by phone, office visit or mail;
 - a) Any change in residence.
 - b) If anyone moves in or out of the household.
 - c) If anyone in the household gets married, separates, or divorces.
 - d) If anyone starts or stops working, starts or stops school, or becomes unable to work.
 - e) Any change in property (this does not include personal

- belongings).
- f) Responsibility to report any change in income, i.e., earned income, unearned income, loans, disability payments, etc.
- g) Responsibility to report income and resources of sponsor when the income and resources have been deemed available to the applicant/recipient legal permanent resident.

.5 Timelines of Eligibility Determination

- .51 The county shall make a determination of eligibility to the GA Program within 30 days of receipt of a complete interview and a signed and dated SAWS2PLUS application.
- .52 A previously denied or discontinued GA application/case may be eligible for a potential rescind. The assigned ES must review the action taken, discuss the action with the customer and if “good cause” can be applied, the staff are required to take the action and rescind back to the first of the month following the month of the discontinuance for ongoing cases, or in the case of an application denial, back to the potential BDA.

.6 Withdrawal of Application

- .61 The GA applicant may voluntarily withdraw their application verbally or in writing at any time prior to granting.
- .62 CW 10 Notice of Withdrawn Application should be given to the applicant or mailed to applicant if they wish to withdraw their application.
- .63 If completed and returned to the assigned ES the application is withdrawn and the CW10 is imaged into the case and the appropriate NOA is sent to the applicant.

.7 Date of Filing

- .71 The ‘date of filing’ is the date on which the applicant submits a signed SAWS2PLUS, or Initial application for CalFresh, Cash Aid and/or Medi-Cal/Health Care Programs (SAWS 1).
- .72 Pending Applications-All GA applications are to be pended in C-IV, during a face to face interview, or within one (1) working day after the completion of a signed SAWS2PLUS, or SAWS1.

.73 Documentation in the C-IV case journal must reflect the applicant's circumstance as reported during the intake interview. Discrepancies must be clarified. Documentation and verification must in the case record/images so that any reviewer is able to accurately determine eligibility and grant amount.

.8 Beginning Date of Aid

.81 The beginning date of aid is the date on which SAWS 1 or SAWS2PLUS application is signed, dated and received by the county, if all eligibility requirements are met. Or, the first day of the month following the date of application, if that is when all eligibility requirements are met.

a) Example: Bob Smith completes a SAWS 1 on Saturday, March 19, but does not come into the CWD office for the intake interviews until Monday, March 21. The beginning date of aid is March 21, if all eligibility requirements are met.

b) Example: Customer applies on November 26th. Applicant was previously active on GA but was discontinued effective November 30th for failure to comply with verification of medical condition. The beginning date of aid is December 1, if all other program eligibility requirements are met.

.9 Ineligibility to GA Prior to Granting

.91 Aid will not be allowed in those instances in which:

a) The applicant becomes ineligible before action is taken to grant aid.

b) The applicant leaves the county before action is taken to grant aid, even though it may appear that he/she may have been eligible at the time of application.

90-400 NEED AND DETERMINATION OF GRANT AMOUNT

.1 A person or family is determined to be needy for the purposes of General Assistance, if the applicant passes the gross income test and if net non-exempt income is less than the Standard of Assistance set by the Board of Supervisors.

.11 Determine the net non-exempt income anticipated to be available to the applicant/recipient.

.12 Subtract the net non-exempt income from the amount of the GA the applicant is potentially eligible to receive. The difference, if any, shall be the amount of aid a person or family is entitled to.

- .13 Payments in-kind to the applicant/recipient are not treated as income.
- .2 The amount of payment to a student attending high-school who has been excluded from the CalWORKs grant due to the requirement to graduate prior to their 19th birthday, will be the difference in the CalWORKs payment with the student included and excluded. CalWORKs AU of 4-CalWORKs AU of 3= GA payment amount for this individual.

Example- CalWORKs AU of four \$1060
CalWORKs AU of three -\$ 878
General Assistance for one \$182

This is the GA payment for the HS student aged out of the CalWORKs program.
- .3 Income shall be used concurrently in the month of receipt. If a recipient obtains employment mid-month, eligibility and benefit amount shall be redetermined for that month. An under issuance or over payment will be assessed.
- .4 The amount of income deemed available from their sponsor(s) to the legal permanent resident is to be determined as follows:
 - .41 Income of the sponsor and sponsor's spouse shall be totaled.
 - .42 A 20% disregard shall be applied to earned income.
 - .43 An amount equal to the payment standard for the number of the sponsor's dependents shall be deducted.
 - .44 The remainder shall be pro-rated by the number of legal permanent residents sponsored.

90-500 APPLICATION PROCESSING PROCEDURES

- .1 Customer obtains an Intake Packet from Reception.
- .2 Eligibility specialist will complete the SAWS2PLUS, with the assistance of the applicant, in the C-IV. After printing and reviewing the completed SAWS2PLUS and root question responses, the applicant will sign and date the document.
- .3 If customer is designated as a GA-WEP participant they are to also review, sign, and date the CO2001-GA-WEP Participation Rules form. Once both ES and customer sign and date it is imaged in the case and the customer is given the form for their records. [CO2001 GA-WEP Participation Rules \(eng 9-18-18\)](#)
[CO2001 GA-WEP Participation Rules \(span 9-1-18\)](#)

- .4 Review General Assistance-Statement of Rights and Responsibilities (CO 604-E) and What is Welfare Fraud (CO 800-E). Applicant must sign these forms.
- .5 Interview Requirement
 - .51 A face-to-face interview is required on all applications except those cases in which a Board and Care or Personal Need Payment is authorized upon placement by the Public Guardian/Conservator's Office.
- .6 If the applicant is financially eligible and:
 - .61 Potentially employable, a Work Registration (GEN 827) is issued and he/she is required to register for work with the Work Experience Program and EDD. Work Registration at EDD is confirmed with the completion of the CO 25, including a stamp from EDD (Salinas applicants **ONLY**, as there is no physical EDD office to send a customer to in Seaside of King City).

OR

 - .62 States he/she is unable to work for medical reasons, a Medical Report, form CO 840-E, is issued and the individual is advised to take it to their private physician/care provider if the applicant/recipient states they have one. If and when the CO 840-E is returned verifying an inability to work the applicant is eligible to receive General Assistance for the period of disability as reported on the CO 840-E. A new CO 840-E must be completed at each renewal.
 - .63 If an applicant/recipient states they have no physician/primary care provider, for Salinas and Seaside customers **ONLY**, staff are to set up a Doctor's on Duty job readiness exam. Staff are to call 755-4472 and ask the receptionist for an appointment. Once the date/time is secured staff are to complete a CO951E and CO840E and image both to the case and give originals to applicant/recipient to take to their Doctor's on Duty appointment.
 - .621 If the disability is noted as "permanent" on the doctor's medical report or the completed CO840E (twelve months or longer), the applicant is referred to the Social Security Administration (SSA) to apply for SSI/SSP. The services of an SSI Advocate are also explained to the applicant/recipient as a condition of eligibility.
 - .6211 All permanently disabled applicants/recipients are referred automatically at granting to the DSS SSI Advocacy Unit via a monthly report that targets "permanently disabled" customers, as coded in C-IV by the assigned ES.

.6212 Applicants/recipients designated as Permanently Disabled on a CO840E (or in a report from their provider, on the provider's letterhead), that designation is valid for three (3) years from the date of the CO840E or provider's medical report. The month prior to the end of the CO840E or report, the assigned ES must send out a new CO840E to the recipient for completion and submission by a specified deadline.

.622 If the disability looks to be temporary, the applicant is directed to apply for State Disability (SDI) but will not be referred to the SSI Advocate's office.

NOTE: If the customer is deemed "temporarily disabled" over a series of CO840E submissions over a 12-month period, staff are to establish the pay code in C-IV for the customer as "permanently disabled" and ensure that a referral is completed for the SSI Advocacy Unit.

.623 If the CO 840-E or other medical form/letter is returned with a "work with limitations" designation from the doctor, the applicant/recipient has two options:

- a) The applicant/recipient may be assigned a worksite slot, as long as it is deemed appropriate for the limitations the applicant/recipient currently has. If this is selected, the case is assigned an pay code of "Employable" individual in C-IV and reimbursement is not pursued when the case is discontinued.
- b) If the applicant/recipient limitation cannot be accommodated based on the limitations listed on the CO 840-E or other medical form, the applicant/recipient may still receive GA benefits under pay code "Job Search" in C-IV, though they must be informed that any payments issued under this pay code must be reimbursed once the GA case is discontinued. They must also complete a monthly job search (CO551); ten (10) in the initial month, twenty-four (24) in the second and subsequent months.

[CO551-E Job Search \(eng 8-2015\)](#)

[CO551-E Job Search \(span 8-2015\)](#)

.7 Home Visits

Definition: An applicant who declares an inability to come to the DSS office for an initial interview must be evaluated for a home visit. **Note:** This includes inpatients at Natividad Medical Center (NMC).

90-501 IMMEDIATE NEED

- .1 Immediate need exists if at application the customer:
 - .11 Has no resources to meet current living expenses and or personal needs.
 - .12 Has no place to stay
 - .13 Has received an eviction notice or a 24-hour utility shut-off notice.
 - .14 Is without food or cash on hand with which to purchase food.
 - .15 Is stranded and in need of transportation or other assistance.
- .2 General Assistance eligibility not yet established.
 - .21 Needs will be met by:
 - .211 Emergency Aid (\$100.00 maximum)
 - OR**
 - .212 CalFresh
 - .213 Emergency Vouchers
 - a. Voucher for food or essentials.
 - b. Voucher of gas. Customer must have a vehicle and destination.
 - c. Voucher for hotel/motel.

NOTE: Any “emergency” voucher issued for a case that receives a partial initial month and will move into ongoing mode will have the value of the voucher subtracted from the balance of the initial month eligibility.

Example; Customer has an emergency and needs \$25 for gas and a voucher is issued, when the case granting is completed and the customer is eligible for a pro-rated amount of \$300 the ES would subtract \$25 from the \$300 and issue a payment of \$275 to complete the initial month payment.

90-502 BUDGET PERIOD

- .1 General Assistance budgets will be computed on a prospective basis with income applied to needs in the month the income is received.

- .11 If there is a realistic expectation that an applicant/recipient will work during a future month, income should be predicted and applied against future needs for that month.
- .12 If the needs increase within a month, a revised budget is computed for that month. An underpayment is established for that month if appropriate. The GA-WEP hours are adjusted accordingly if possible to reflect the increased payment amount.
- .13 If the needs decrease within a month, a revised budget is computed for that month. An overpayment is established if appropriate.

90-600 DETERMINING HOUSEHOLD COMPOSITION

- .1 Two people who are married (with a marriage certification to verify), will be treated as a couple under one case. (Regardless if both are eligible to GA or not).
- .2 Parents with minor children (under the age of 19) or with minor children attending high school shall be treated as one unit and informed that they would need to apply for CalWORKS, unless the father to be has no children in common with the mother to be, then there is potential GA eligibility. This potential GA eligibility extends to the last trimester prior to the birth of said child.
- .3 Parents living in the home with minor children shall be treated as one unit regardless of spousal relationship and informed that they would need to apply for CalWORKs, unless the father to be has no children in common with the mother to be, then there is potential GA eligibility. This potential GA eligibility extends to the last trimester prior to the birth of said child.

EXAMPLE: Unmarried mother and father with minor children claim not to be living as husband and wife but as boarders. This case would be treated as one unit because of the relationship to the children.
- .4 Unmarried father of unborn child where mother receives CalWORKs is eligible to GA until the birth of the child. At which time the father is possibly CalWORKs eligible. The father would receive the CalWORKs payment standard differential, not a full allowance.

90-700 AID CATEGORY DEFINITIONS

.1 General Assistance Regular - Ongoing Eligibility

Aid to eligible residents of Monterey County who are not eligible for a categorical aid program and whose income and resources are inadequate to meet basic needs according to the County Standards as established by the Board of Supervisors.

.2 General Assistance Temporary – One-time payment

Aid to persons who are not Monterey County residents shall be given only pending the return of such persons to the State or County of their residence, and, in any event, for a period of not more than fifteen (15) calendar days, and in an amount not to exceed one hundred dollars * (\$100) per person.

.21 The eligibility standard of non-residents shall be determined by using the same standards as are prescribed for County aid to its residents, except that residence in the County is not required.

.22 The County will incur all reasonable and necessary expenses in transporting eligible non-residents to their places of residence if no other funds are available for such purpose. Staff will call a contact individual for the customer in the prior county to ensure that the customer has a place to return to before allowing the transportation expense.

.23 Employable single persons and married couples without children are not eligible for Temporary General Assistance. They may apply for Regular General Assistance and must meet those eligibility standards.

.24 Payments under this category must be approved by the eligibility supervisor prior to authorization by the unit Program Manager.

.8 Pay Codes for General Assistance in C-IV:

C-IV Pay Code	Case Type
9K	Other (Student, ESL, etc.)
8B	Temporarily Disabled
9H	Known CalWORKs/SSI customer
9N	GA Worker's Compensation (GA-WEP injury)
8C	Employable (GA-WEP)
9B	Job Search (Reimbursable)
8A	Permanently Disabled
9M	Assistance Program

9L	Pregnancy Assistance
9I	Time-Expired Refugee
8P	Time-Expired Refugee Interim Assistance
9D	Amnesty Alien Subject to 100% Reimbursement
8E	CAPI (Pending Cases)
9J	One Stop Services (HIV/AIDS Cases)

.9 Inactive Cases-Cases that have not received aid for one calendar month shall be discontinued.

.91 Customer must be given 10-day notice prior to discontinuance.

.92 Beginning date of aid rules apply if the customer reapplies in the month of discontinuance after action has been taken.

.93 The discontinuance may be rescinded and aid restored if the customer has good cause for failure to cooperate

90-701 METHOD OF PAYMENT

.1 Aid shall be given either by county warrant, vendor payment, vouchers, or Electronic Benefit Transfer (EBT)/automated payments via the C-IV system. Currently, payments are made through the C-IV System onto the customer's EBT card, however they may be paid through the manual warrant writer system in emergency/extenuating situations.

.2 When an emergency need arises, and C-IV EBT or a vendor payment is not possible, a manual warrant can be processed by the Benefit Issuance/Recovery Unit (BIR).

.21 Requests are submitted to the BIR supervisor using the "Request for Warrant Issuance via PC Warrant Writer." Request must be signed by a supervisor and a program manager.

.3 Vendor payments shall always be used in the following situations:

.31 Where it is determined that grounds exist for believing that the applicant will not apply money/aid exclusively toward the purchase of the necessities of life.

.32 Where it is determined that the applicant is in immediate need of the necessities of life and a vendor payment can be made more quickly than a county warrant.

.33 As requested by Interim Inc. to ensure that housing obligations are paid promptly from the GA recipients monthly allotment.

.4 Emergency Aid Payments (Voucher Payments)

Except for prohibitions and limitations listed below, Emergency Aid may be granted for the limited relief of a financial crisis related to the urgent needs of an individual or individuals for food, shelter, clothing, utilities, transportation, employment, health, or safety.

- .41 Such Emergency Aid is non-continuing and issued on a one-time basis when income is not immediately available for the relief of urgent needs.
- .42 Such Emergency Aid may not be used to (a) augment need items covered by State or Federally shared programs, (b) cover poor money management, or (c) augment regular GA allowances.
- .43 Eligibility for Emergency Aid shall be determined by the same standards as are prescribed for county aid to its residents, except that (a) residence in this County is not required, (b) proof of citizenship and legal permanent residence requirements may be waived, (c) personal and real property limitations may be waived, and (d) the maximum amount of aid may not exceed one hundred dollars * (\$100.00) per person.
- .44 The value of Emergency Aid shall not be considered when determining eligibility and benefits amount for Regular General Assistance.

* In extenuating circumstances, the Director, Branch Director, or Director's designee of Community Benefits may authorize an amount not to exceed the payment standard for that size household. The person requesting the authorization must prepare a narrative summary to justify the payment. This will include all pertinent information concerning eligibility, available resources, and the continuing plan for services. That person's supervisor and manager will approve this prior to submission to the Director.

90-702 VOUCHER COMPLETION AND PROCESSING INSTRUCTIONS

- .1 The Voucher, CO 105, is completed by authorized eligibility specialists during regular office hours or Emergency Social Workers during standby hours as follows:
 - .11 Standby hours are defined as Monday through Friday between 5 P.M. and 8 A.M., Saturdays, Sundays, and holidays.
 - .12 Completion of the CO 105 Voucher is as follows:

- a) Branch: Enter “CB” followed by the name of the District Office from where the voucher is issued.
- b) Issuing Specialist: Enter name of worker issuing Voucher
- c) Vendor: Enter the complete name of the Vendor
- d) Address: Enter complete address of the Vendor-street or box number and the city
- e) Date: Enter the date the Voucher is issued to the recipient or vendor
- f) Case No.: Enter the case number if known. If not, enter aid code and clerical will enter case number.
- g) Program: Enter “GA”
- h) Customer: Enter the complete name of the recipient-first and last name.
- i) Address: Enter the recipient’s address-street number or P.O. box and city.
- j) Persons: Enter the number of persons in the case.
- k) Goods or Services to be received: Check one box only:
 - l) Description: Describe the articles or services being purchased. For purchases that cover a period of time, enter the beginning and ending date.
- m) Example: Rent
- n) Amount: Enter the total amount of the purchase.
 - i. Tax: Enter tax amount
 - ii. Total: Enter the total amount of the voucher (amount plus tax)
 - iii. Dollars: Print onto the form the amount of the Voucher.
 - iv. Example: One Hundred and 000/100 dollars.
 - v. Issuing Specialist Signature: Specialist who authorizes the Voucher enters his/her name and

Specialist number. (Either GA Specialist or
Emergency Social Worker)

vi. Customer Signature: Recipient Signature:

- o) Vendor instructions and Certification: Self-explanatory, to be completed by Vendor, and signed and dated by the employee of the business accepting the voucher or the business owner.
- p) Customer Signature: To be signed and dated by the recipient after goods or services are received.
- q) Once completed and signed, the issuing County employee gives the vendor the white copy of the CO105 and informs the vendor to submit it to DSS for reimbursement. The yellow copy is retained by the issuing employee and submitted to the clerical supervisor the next working day. The Clerical Supervisor enters this information on the CO876-G for tracking purposes., and forwards the yellow copy to ASB Accounts Receivable, LFB Suite 306.
- r) CO105 is imaged into case file.

- .2 The Voucher Form, CO 105 (**rev 05-01**), is completed following instructions for vouchers by authorized Eligibility specialists or Social Workers during Standby hours.
- .3 All Vouchers are to be treated as cash and will be stored in a locked cabinet or file during non-working hours.
 - .31 Each District Office Program Manager or designee will assure that security measures for vouchers are met.
 - .32 The Office Program Manager or designee will check Voucher disposition and security by his/her staff each month and take appropriate corrective action as necessary.
- .4 Each District Office Manager and the Standby Supervisor will appoint two persons to be authorized to requisition Vouchers from ASB Central Benefit Issuance in the Salinas District Office.
 - .41 To requisition Vouchers, designated staff shall email ASB Central Benefit Issuance at 501-ASB-BI-BRU to request Vouchers.

- .42 Vouchers shall be issued in increments of \$50.
 - .43 The Benefit Issuance Clerk shall complete the GA Voucher Requisition Control Log, CO 875-G, and have the authorized staff person sign the Control Log prior to issuance of the Vouchers.
 - .44 The Benefit Issuance Clerk and the person requisitioning the Voucher shall inspect them to assure the correct amount of Vouchers with correct serial numbers are being issued.
- .5 Persons authorized to requisition Vouchers in each office shall also control the issuance of Vouchers within their office on the GA Voucher Requisition Control Log.
- .51 The Control Log shall remain with the supply of Vouchers and be completed each time Vouchers are removed.
- .6 Persons authorized to issue Vouchers shall control the issuance to recipients through the use of the GA Vouchers Issuance Control Log, CO 876-G.
- .61 Vouchers that are voided shall be entered on the Log prior to forwarding to ASB Account Receivable, LFB Suite 306.
 - .62 A separate Log shall be maintained for each calendar month by each District Office and Standby unit.
 - .63 The Logs shall be retained in the District Office for twelve (12) months from the issuance month, and then may be destroyed.
 - .64 If a C-IV case exists, image all relevant documents into casefile.
 - .65 If no C-IV case exists, staff are to file clear and build a shell case in C-IV to house the documents. A Journal entry is mandatory in both scenarios.

All vouchers completed by the emergency Social Workers will be forwarded to the Benefit Issuance & Recovery Manager forwards to designated Intake ES who will submit the paperwork as a “pend to deny” the GA case in C-IV so as to create a paper trail for accounting purposes.

90-800 GA-WORK EXPERIENCE PROGRAM (GA-WEP):

Effective September 1, 2018, Monterey County instituted a Six Month Employable Program for able-bodied GA applicants/recipients. There are two documents; Intake GA procedures-Six Month Employable, and Ongoing GA Procedures-Six Month Employable.

Click on the appropriate hyperlink here for details:

[Intake GA Six Month Employable Procedures \(rev.8-2019\)](#)

[Ongoing GA Six Month Employable Procedures \(rev.8-2019\)](#)

.1 As a condition of eligibility to GA Program, employable adults are required to participate in the GA-Work Experience Program (GA-WEP) each month, unless the individual qualifies for an exemption. GA-WEP applicants are required to complete a monthly job search, complete a worksite job assignment with a specific assignment of GA-WEP hours to complete, and provide any other required pending verification(s) prior to issuance of the application month benefit allotment.

GA-WEP recipients are required to complete job searches (10 in the application month, 24 in Ongoing months) and a monthly work assignment prior to issuance of the benefit month allotment. GA-WEP recipients must sign and date the “GA-WEP Participation Rules” document (CO2001 eng/span), as well as the assigned ES. This is imaged into the casefile.

.11 GA applicants or recipients may not refuse, without verified good cause, to register for and accept employment, or training with the California Employment Development Department (EDD). Good cause includes, but is not limited to, physical or mental illness, disability, injury, pregnancy or age.

.112 The referral process to EDD is as follows (Salinas applicants/recipients only):

- a) The customer will be given the form, CO 114, to be used as the proof of registration document and record of contacts with EDD. EDD referrals will be made at intake and renewal.
- b) EDD will explain the expiration period for work registration. Registration must be renewed prior to the end of the period.
- c) EDD will use the GEN 827 to notify the worker when the customer registers, refuses to register, or refuses to cooperate.
- d) EDD will stamp the CO 114 when the customer renews the registration.
- e) The EDD will stamp and initial the CO25.

- .12 Individuals may be deferred based upon an evaluation of their age, skills, personality and behavior, location (no EDD office). If deferred, referrals for other services will be made as appropriate.
 - .13 If EDD requires an appointment in order to register for work aid will not be delayed pending registration for work with that agency.
 - .14 Does not refuse to work, as a condition of aid, on a work experience program under the direction of the Board of Supervisors pursuant to Section 17200 of the Welfare and Institution Code. Persons exempt from work registration may be exempt from this requirement.
 - .15 Work performed by a recipient under the GA-WEP shall be considered to be reimbursement of the amount of aid granted at the value of the current Federal or State minimum wage, whichever is higher.
 - .16 Applicants shall not be required to reimburse the county for payments received under the GA-WEP when eligibility is established. An overpayment may be computed and collection action taken if aid was paid based on fraudulent or erroneous information.
 - .17 Recipients, who have received GA prior to participation in the work program, will have to complete their assignment before any further payments will be issued. (e.g. there are no worksites available in the initial month, but have completed the job search form and EDD form, must work assigned hours and complete the next job search prior to issuance of a future GA payment.)
- .2 In cases where there is no assignment due to unavailability of placements, eligibility will continue as long as other GA requirements are met.
- .21 The customer will still be required to complete the Job Search document, have the CO114 and CO25 completed by EDD, and they will be obligated to reimburse the County for GA payments received in this situation.
 - a) Payment must be issued under Pay Code Job Search-(9B) Reimbursable in C-IV.
 - b) Properly coded in C-IV. all Job Search-(9B) Reimbursable payments will be tracked in C-IV and reviewed by the unit supervisor.

- c) A report will be run, as needed, by the GA analyst each month to determine the number of “Job Search” cases are active.

.3 To determine the worksite placement hours, the GA grant amount is divided by the current State minimum wage to equal the number of hours required to be completed. The number of hours multiplied by the State minimum wage cannot exceed the amount of the payment.

- .31 A person will not be required to more than 40 hours weekly regardless of the payment amount to the household.
- .32 A person failing to complete the work assignment will be paid only for the number of hours worked, and may be discontinued if no good cause exists.

.4 Non-Compliance with GA-WEP

- .41 GA-WEP customers who fail to comply with requirements of the program will be discontinued with 10-day notice if good cause is not determined.
- .42 GA-WEP requirements include:
 - .421 Registering with EDD (Salinas Office only)
 - .422 Work as a condition of eligibility, i.e., completion of monthly work assignment, states that:
 - a) Assigned ES and customers must sign and date the CO2001 GA-WEP Participation Rules, explaining what is expected of a GA-WEP participant.
[CO2001 GA-WEP Participation Rules \(eng 9-2018\)](#)
[CO2001 GA-WEP Participation Rules \(span 9-2018\)](#)
 - b) Customers that are banned from a worksite due to their behavior are not in compliance with GA-WEP.
 - c) The assigned ES will reassign the customer to a different worksite, with the understanding that if they are again banned, they may be discontinued from the GA program.
 - d) Compliance with worksite rules as outlined by the worksite supervisor.

- e) Completion of monthly job search form and submission by due date as noted by Eligibility specialist on job search form.
- f) Keeping all scheduled appointments made by the Eligibility specialist.
- g) Customer must complete their job search accurately and complete their worksite assignment, without any issues at the site, to continue to receive GA-WEP benefits.
- h) If the customer completes their worksite assignment, but not their job search, the customer will be paid for their hours, but will be discontinued (with 10 days' notice). This will also count as one month of their customer's 6 months out of 12 in the six-month GA-WEP.

.64 Non-Compliance with GA-WEP Good Cause

Eligibility staff will evaluate for good cause for each instance of non-compliance prior to discontinuing the case:

- .641 If the worker determines that there is not good cause for compliance, the GA case will be discontinued with 10-day notice.
- .642 The customer is suffering from a documented physical or mental condition which prevented completion of required action.
- .643 The failure to complete a program requirement is directly attributable to county error.
- .644 There are other extenuating circumstances:
 - a. To minimize the impact to intake and ongoing case management; if the customer completes at least 1/2 of the assigned worksite hours, allow good cause. The applicant/recipient will be paid **only** for hours worked.
 - b. Good cause must be clearly documented in the C-IV case journal.

.7 Gleaning Program-Currently on hiatus until further notice.

The Monterey County GA Program provides manpower provided by the Work-Experience Program participants for the gleaning program run by Ag Against Hunger.

Ag Against Hunger operates the gleaning project in Monterey County. It functions during the months that growers allow people to enter the fields to obtain the produce which is left after the field has been harvested.

The produce will be used by the Food Bank for Monterey County to provide fresh fruit and vegetables to emergency food providers. General Assistance customers will be allowed to retain some of the produce harvested or receive a compensatory bag of food from the Food Bank.

CRITERIA:

.71 This program is available for the following employable individuals:

.711 Those employable who have not been able to perform at the assigned work site and there are no appropriate work sites available.

.712 Those employable who need fill-in work to complete their assignment.

.713 Those employable who volunteer to work in the gleaning program.

.72 Employable GA applicants/recipients will not be referred if there is a history of medical problems, which would make this assignment unsuitable. Example: back, neck, shoulder or arm injuries. The GA worker will closely screen potential referrals.

.73 Participants will be closely supervised while performing the gleaning assignment because there is a higher risk of injury in this type of work. All injuries will be reported to Risk Management using the Worker's Compensation form.

.74 Participants will receive training by the work site supervisor on the harvesting process as well as training on how to prevent injury prior to beginning their job.

.741 Participants will be trained to use tools in the field to harvest the produce, or they will use baskets to carry the gleaned produce to awaiting trucks for transport to the produce to the coolers

ELIGIBILITY PROCESS:

- .75 The GA Worker will explain the program.
 - .751 The requirement is for the participant be available for gleaning one or two three-hour days per month. Credit of ten hours work will be given for each day of participation in the gleaning project. If gleaning is not available that week, an assignment to another work site will be made. This work may include cleaning, sorting and boxing the produce that was gleaned.
 - .752 The participant will be closely screened for any physical condition which may preclude him/her from the program. The participants will self-certify their condition until medical verification can be obtained. Employable applicants/recipients will not be referred if they claim any type of work.
 - .753 The participant will be instructed to appear at the Ag Against Hunger cooler at 495 Brunken Ave. in Salinas at 9:30 A.M. on the designated day.
 - .754 Bus tickets to the Ag Against Hunger cooler (or the nearest stop) may be given to the participants to get to the cooler. Transportation from the cooler to the field and back will be provided by car pool by other volunteers from Ag Against Hunger. This is done using the MST Plan a Ride option.
 - .755 The participant(s) will be instructed to report any injuries immediately to the work site supervisor.
 - .756 Assignments will be made as follows:
 - a. The Ag Against Hunger Gleaning Coordinator will phone the GA Supervisor each Friday by noon to confirm the gleaning day for that week.
 - b. Participants will be instructed to phone or come in to see the GA Worker on Friday afternoons before 3: 00 P. M. during the gleaning season to receive their assignment.
 - c. If there is a cancellation of the week's gleaning, the gleaning coordinator will contact the GA supervisor immediately. This will allow for the possible rescheduling of assignments for GA-WEP participants to another worksite.

- .76 The CO 673-S, timesheet will be completed in triplicate. The pink copy is retained in the case record. The white and yellow copies are given to the participant to take to the work site supervisor. At end of the week's assignment, the recipient will return the completed form to the E.S. Worker.
- .77 Payment will be authorized when the work hours have been performed or the gleaning assignment is complete, whichever comes first. Job Search will be required to complete the participation requirement.
- .78 When an injury is reported, the Work Site Supervisor will immediately complete the forms 5020, accident report and EB 21, medical report.
 - .781 The 5020 is completed by the participant and signed by the participant as well as the work site supervisor. The GA ES will review the form and forward to the Safety Officer at Human Resources at DSS, LFB in Salinas.
 - .782 The EB 21 is completed by the Work Site Supervisor and given to the participant to take with them to the doctor. A copy will be made for the case record.

WORK SITE PROCESS:

- .79 Gleaning training will be provided for all participants by the Ag Against Hunger gleaning coordinator.
 - .791 Participants will be closely monitored to avoid injury. Participants who claim injury will be reported immediately to the Employment Services Worker.
 - .792 The work site supervisor will complete the 5020 and in the event of injury provide transportation for the GA-WEP participant to receive medical attention. Depending on severity, this may be a Doctor's on Duty, or the closest hospital emergency room, depending on the severity of the injury.
 - .793 The Ag Against Hunger will provide transportation to the work site via carpool.
 - .794 The work site supervisor will complete the CO 673-S, timesheet will be completed at the end of the day of gleaning. The yellow copy will be retained for work site records. The white copy will be given to the participant to return to their GA worker.

- .795 The work site supervisor will notify the GA Worker if there are work-related problems with any participant. If problems occur which cannot be resolved, the participant will not be referred to the program in the future.
- .796 The work site supervisor will assign additional duties at the Cooler if the gleaning day is less than three hours to provide a three-hour workday.

.8 Job Search Requirements

As a requirement for initial as well as ongoing GA benefits, a GA-WEP applicant shall make a good faith effort to obtain employment by completing twenty-four (24) job contacts in the initial application month (if the applicant “opts out” of the pro-rated initial month no job searches are needed) and twenty-four (24) in the first full/second and continuing months with potential employers. Job search contacts made by a recipient shall be reported on the CO 551-E Job Search form.

Failure to make a good faith effort to obtain employment shall constitute a failure to comply with the work experience program.

- a. Job searches maybe completed in person, online or by mail.
- b. The CO 551-E must be completed with contact information of whom the customer spoke with at a potential job in order to confirm contact by worker. This includes writing in the “Confirmation Number” if/when a customer applies online.
- c. Job searches will be checked, at random, by the assigned GA ES.
- d. Applicants/recipients must complete the unsupervised Job Search requirement in conjunction to the GA-WEP assignment. The number of job search contacts will be established by the worker but may not exceed 24 per month, for an intake/ongoing case.

.81 Transportation to Worksites

- .811 Participants must find their own transportation or walk to and from the work site if they live less than a mile from said worksite. A Bus tickets (daily/weekly) or gas vouchers may be issued for this purpose under the following guidelines:
 - a) If given bus tickets in \$1 increments, staff are to use the MST “Plan a Ride” option on the MST website to determine how many bus tickets will be

needed for the customer to complete their GA-WEP work assignment.

- b) If given a weekly bus ticket, the GA-WEP customer must complete their worksite assignment within the 7-day window of the ticket. (Staff are also directed to encourage the GA-WEP customer to use these 7 days to complete their job search (for in-person applications), as well as any other appointments they may have.
- c) Bus tickets are to be used for the intended purpose of assisting the customer complete the GA-WEP assignment and job searches only.
- d) The need for the bus ticket/s will be made on a case- by-case basis. The worker will evaluate the need and the expense as follows:
 - i. Bus tickets will not be issued if the customer lives within one mile of the work site
 - ii. Customer will be required to conduct job search while doing GA-WEP to reduce the number of tickets needed.
 - iii. The number of \$1 bus tickets cannot exceed the number of trips needed for each assignment.
- e) Customers who abuse the use of tickets will not be issued additional tickets until the value of the abused tickets is repaid. Good cause can be allowed for illness or family emergency beyond the control of the customer.
- f) Customers who abuse or misuse the bus tickets may lose the privilege of receiving them.

.82 GA Timesheets

- .821 An attendance record/timesheet, CO 673-S, will be completed in hardcopy or electronically. A copy will be imaged in the case record. The original will be taken to the job site by the customer for each day of the assignment. The original will be completed by the job supervisor (or their

designee) and given to the customer. A copy will be retained by the worksite supervisor. The customer must bring the original within three (3) working days of completing their GA-WEP assignment to the ES so that payment can be processed within three (3) working days and loaded onto the customer's EBT card. This allows the eligibility specialist to maintain a "flow" basis for their workload. The completed timesheet will be imaged into the casefile as well.

The assigned ES or their supervisor are the only individuals who may adjust the customer's hours on the CO 673-S. It is not to be changed by the customer or the worksite supervisor.

- a) The participant must notify his/her worker at least fifteen (15) minutes prior to not showing up for GA-WEP assignment and explain why he/she is unable to work. If a customer is sick and unable to work he/she may be reassigned hours, at the discretion of the assigned ES. Hours will be reassigned in the same month (if there are enough days remaining to complete assigned hours). If the participant does not notify the worker first, he/she cannot make up missed hours.
- b) If participant has a job interview, he/she must notify his/her worker and job site supervisor of the appointment prior to going to the appointment. If the participant does not notify worker/supervisor he/she cannot make up missed hours. Sick/injured/job interviews or court appearances are the only valid reasons for not showing up for work. There is no "sick pay" for GA customers. Hours may be reassigned only by the direction of the ES or supervisor.
- c) Recipients who work their hours in a Community Benefits Office must do the following:
 - i. Assigned hours must be completed timely.
 - ii. Recipient must review, sign and date a letter of confidentiality, AD# 95-02. Original is imaged into the case, and then given to customer.
 - iii. Recipient must be supervised by someone other than the GA specialist/supervisor. This supervisor

will sign all timesheets, and recipient will report to that supervisor.

.83 Adult School/ESL

.831 Recipients who lack language skills may be enrolled in an English as a Second Language (ESL) program as a substitute for the GA-WEP assignment. Job Search will be required if class time is less than 80 hours per month. Maximum term is 9 months or when minimum proficiency is reached as verified by the instructor.

- a) First month customer must turn in verification he/she is registered. Upon receipt customer is paid and given Monthly English as a Second Language (ESL) attendance verification form. The attendance form is to be returned filled out no sooner than the last day of the month or the last day of class.
- b) Attendance verification must show customer is cooperating, making progress and not just showing up to class.
- c) Upon receipt of a completed attendance form customer is given a new attendance form for the upcoming month and on the first day of the upcoming month is paid.

.832 Recipients who never graduated high school may be enrolled in General Education Development (GED) class as a substitute for the GA-WEP assignment. Job Search will be required if class time is less than 32 hours per month. Maximum term is 9 months or when customer receives his/her GED diploma.

- a) First month customer must turn in verification he/she is registered. Upon receipt customer is paid and given Monthly General Education Development (GED) attendance verification form. The attendance form is to be returned filled out no sooner than the last day of the month or the last day of class.
- b) Attendance verification must show customer is cooperating and making progress, not just showing up to class.

- c) Upon receipt of a completed attendance form customer is given a new attendance form for the upcoming month and on the first day of the upcoming month is paid.

.9 Training

- .91 Recipients may not be participating in training (unless approved under the Training Assistance Program [TAP]) including but not limited to, on-the-job training and/or schooling. Recipients must be available to work assigned GA-WEP hours, without restrictions.
- .92 Recipients enrolled but not participating the CWES program are not exempt from GA-WEP.
- .93 GA-WEP hours are not counted towards the CalWORKs requirement for connection with the labor force.
- .94 If recipient is injured on the job, they will be paid the balance of their hours that were pending at the time of their injury.

90-801 Worker's Compensation Process-GA-WEP Participants

The following procedures will be instituted when a GA-WEP participant is injured at a worksite in conjunction with the DSS Supervisor's Checklist: (All documents can be located in Share Point under Human Resources, Worker's Compensation.)

- .1 The customer must report the injury immediately to the worksite supervisor.

The worksite supervisor is required to have the following documents in the worksite office.

- a) County of Monterey Report of Employee Incident
- b) Division of Workers' Compensation Fact Sheet
- c) Workers' Compensation Claim Form (DWC-1)
- d) Medical Referral Form WC 2
- e) Modified Work Activity Form
- f) Incident Witness Statement Form
- g) Complete Written Employee Notification Regarding Medical Provider Network
- h) Monterey County Medical Provider Network List
- i) Privileged Confidential Incident Investigation Report to County Council

When a GA-WEP participant states he/she is injured they also need to state whether it is from a pre-existing injury or just happened on

the job. If it is an emergency and the GA-WEP participant is requiring immediate medical treatment the worksite supervisor needs to call 911. DSS HR Workers' Comp Coordinator/Safety Officer also needs to be notified immediately. Time permitting the worksite supervisor will give the participant a Medical Referral Form. The worksite supervisor will then notify the DSS GA worker alerting him/her to the situation and the medical facility the participant has been transported to. The DSS GA worker, or person receiving the message, will make a journal entry in C-IV.

- .11 For non-emergencies, the worksite supervisor will notify the DSS GA worker the same day of the injury. The DSS GA worker, or person receiving the message, will make a journal entry in C-IV. A task will be entered in C-IV to insure GA-WEP participant is OK, paperwork has been completed and signed, and Human Resources (HR) has been notified (when required) within 5 calendar days.

For non-emergencies, the worksite supervisor will give the GA-WEP participant a copy of the following to be filled out marked, Notice Only, and returned to his/her DSS GA worker within 24 hours:

- a) County of Monterey Report of Employee Incident (Filled out and signed by the person reporting the incident, and will also be signed by the DSS GA worker.)
 - b) Workers' Compensation Claim Form (DWC 1) (Filled out and signed by the person reporting the incident and will also be signed by the DSS GA worker.)
 - c) Division of Worker's Compensation Fact Sheet.
- .12 The worksite supervisor will complete and sign the Privileged Confidential Incident Investigation Report to County Counsel
 - a) The following are informational and do not need to be returned.
 - i. Complete Written Employee Notification Regarding Medical Provider Network Notice to Employees—Injuries Caused By DC 7 Medical-Referral Form WC 2
 - b) If the forms were mailed or picked up by an authorized representative for the injured GA-WEP participant, instruct the participant in writing of the five-day return requirements.

- c) If there are witnesses the worksite supervisor will give them the Incident Witness Statement Form, and return the filled-out form to the DSS placement worker with 24 hours.
 - d) If the GA-WEP participant is unable to receive the forms, the worksite supervisor will notify the DSS placement worker who will follow-up the same day to get the forms completed by making a home visit or hospital visit.
- .13 Upon receipt of the forms, the DSS eligibility specialist will image forms into C-IV and notify the secretary supporting their unit who will complete the Industrial Injury Log to indicate the date received. If the GA-WEP participant is not seeking medical assistance the secretary will retain the forms. If the customer is seeking medical treatment the secretary will forward the forms to DSS HR.
- a) If medical treatment has already been sought or will be sought DSS HR must be contacted immediately so that the Workers' Comp carrier is immediately notified.
 - b) The following forms are to be retained by the appropriate secretary or delivered to DSS HR when appropriate.
 - i. Workers' Compensation Claim Form (DWC 1)
 - ii. County of Monterey Report of Employee Incident Medical Referral Form WC 2
 - iii. County of Monterey Report of Employee Incident
 - iv. Privileged Confidential Incident Investigation Report to County Council
 - v. Incident Witness Statement Form

The DSS eligibility specialist, upon receiving the GA-WEP participant's timesheet, will assess whether or not participant is able to return to the worksite. If not the placement worker will pay the GA-WEP participant fully for the number of assigned GAWEP hours shown on the timesheet.

- a) It is important that DSS HR knows GA-WEP participant has been paid in full so this information is forwarded on to the insurance carrier to prevent them from also paying participant.

NOTE: All forms must be distributed, filled out, and returned within 10 days.

- .14 The worksite supervisor will phone the DSS ES the same day to report the injury. The DSS ES will make a C-IV journal entry in the case record.
- .15 Within 24 hours, the worksite supervisor will provide the injured employee with the form DWC-1, Division of Worker's Compensation Fact Sheet.
 - a) The work site supervisor will complete the supervisor's section of each form.
- .16 If the employee is unable to receive the forms, the worksite supervisor will contact the DSS placement worker who will follow-up the same day to get the forms completed by making a home visit or hospital visit.
- .17 The date the forms were given will be entered on the Industrial Injury Log and the Log forwarded to the DSS placement worker.
- .18 Inform the injured worker to return the forms within five calendar days (including weekends) to the DSS placement worker.
 - a) If the forms were mailed or picked up by an authorized representative for the injured worker, instruct the worker in writing of the five-day return requirements.
- .181 The DSS placement worker will set a control for the 5th day to insure the forms are received.
 - a) If the forms are not received, the injured worker will be contacted by phone or a home visit to obtain the forms.
- .182 Upon receipt of the forms, the DSS placement worker will make copies of the forms for the case record, complete the Industrial Injury Log to indicate the date received, and forward the following forms to DSS Human Resources at the Life Foundation Building by the 8th day of the injury:
 - a) Worker's Compensation Claim Form (DWC-1).
 - b) County of Monterey Report of Employee Incident Medical Referral form WC2.
 - c) County of Monterey Report of Employee Incident.
 - d) Privileged Confidential Incident Investigation Report to County Council.
 - e) Incident Witness Statement Form.
 - f) Industrial Injury Log.

- .183 DSS Personnel will follow existing procedures for distribution of the forms.

90-802 INCAPACITY

- .1 Definition: GA customers may state they are unable to participate in the GA-WEP due to an injury or disability. If this is the case, the customer has two options, temporary disability status, or permanent disability status.

Temporary Disability:

- .11 A physical or mental condition which is not severe enough or expected to continue for more than twelve (12) months that he/she would be eligible to State Disability Insurance Benefits (SDI), but which renders the applicant/recipient unable to obtain or continue sufficient employment to maintain him/herself on the GA payment standard, at any occupation for which he/she is qualified by education, training or experience. The cases of these individuals are designated with a pay code of "Temporary Disability".

Permanent Disability

- .12 A physical or mental condition which is severe enough, or has continued for or is expected to last twelve (12) months or more in duration that the individual may be eligible to SSI/SSP. The disability must also render the applicant/recipient unable to obtain/maintain sufficient employment to maintain him/herself on the GA payment standard, at any occupation for which he/she is qualified by education, training, or experience. The cases of these individuals are designated with a pay code of "Permanent Disability".

- .2 Medical Evidence Required:

- .21 A statement of incapacity must be submitted on a CO840-E or other medical form (a report from a personal physician, on the practice's letterhead) and include:

- .211 Diagnosis, and/or ICDA-code

- .212 Expected duration of illness

- .22 Statement of incapacity may be accepted from:

- .221 The patient's physician, or

.222 Doctor's on Duty work readiness evaluation, or

.223 Natividad Medical Center

.3 Verification of Incapacity:

.31 For all applicant/recipients, incapacity and duration of such, must be verified by a physician. Examinations shall be performed by qualified medical personnel, unless, for good cause, the Director requires or permits such examinations elsewhere. Customers have the right to obtain an examination by a physician of their choice if they pay for the examination. Application for Social Security benefits is not verification of incapacity.

.311 Verification will be obtained prior to the end of the period of disability for customers not permanently disabled.

.312 If disability ends mid-month, the period of eligibility will extend through the end of that month. A new medical report is due by negative notice deadline is the disability will continue. If the report is not received by negative notice deadline, the GA case will be discontinued.

.313 Enrollment in GA-WEP may occur in order to continue eligibility the following month, if the customer does not submit a new CO840E, or their doctor/provider states they are cleared to work.

.314 Verification will be obtained every twelve (12) months for those customers permanently disabled. (At RE or date shown on CO840-E).

.32 Participation in rehabilitation program does not automatically qualify an applicant/recipient as incapacitated. However, in those cases of marginal incapacity, the applicant/recipient's participation in a rehabilitation program can be made a mandatory eligibility requirement.

.4 Medical statements or forms will be evaluated and the decision regarding incapacity as the reason for receiving GA will be completed by the GA ES and supervisor (if needed) and is to be recorded in a C-IV journal entry.

.5 The applicant/recipient may be required to report to a Work Experience Program to learn new skills to enable him/her to work within restrictions of the affliction from which he/she suffers.

- .6 The applicant/recipient will be required to apply for and avail himself/herself of all other benefits to which he/she may be entitled.
 - .61 Veteran's Benefits
 - .611 If the applicant/recipient is a veteran or a survivor or dependent of a veteran, refer to the Veteran's Representative. The applicant/recipient will be given a CW 5 to complete and return within 10 working days. This form will determine if the individual may be eligible to Veteran's benefits.
 - .62 The applicant /recipient determined to be "temporarily disabled" will be required to apply for State Disability Insurance Benefits (SDI) if there is any work history and must present evidence that he/she has done so.
 - .63 If the incapacity is such that it appears the applicant/recipient may qualify for a categorical aid program (e.g. Social Security Disability, Social Security Retirement, etc.), he/she must apply for that aid. The applicant/recipient does not have the right to choose GA over another type of aid to which they may be eligible to receive.
 - .64 All customers who will be disabled a minimum of six (6) months will be referred to Social Security (SSA) to apply for disability benefits. See Section 90-202.6 for instructions.
 - .641 Failure to follow-through with the SSA application process will result in ineligibility to the GA program.
 - .642 A service referral will be made when the SSA application is denied and the SSI Advocate assigned to the applicant/recipient feels there is evidence to indicate the customer is eligible. The referral for these specific cases are done electronically to the SSI Advocacy Unit supervisor/manager. The social worker will determine if intervention is needed to assist the customer in the appeal process. Interim Assistance Reimbursement (IAR) will be continued while the customer is in the appeals process. SSI Advocacy Referral forms are; CO221 which is sent by the referring ES, and CO222 which is a form the SSI advocate uses to communicate with the assigned ES.
 - .644 The SSI Advocate will take appropriate action within five (5) working days when a referral is received. The social worker

will inform the ES of the status of the case and the customer's progress in following through with the application.

- .645 When a GA application coded as 8A (permanently disabled), C-IV will generate a report that the SSI Advocacy Unit receives on a monthly basis. The SSI Advocacy Unit supervisor uses this report to assign GA recipients to her SW staff to apply for and follow through on applications for SSI benefits.

90-900 OVERPAYMENTS

- .1 When an overpayment occurs due to the GA recipient receiving a GA payment they are not entitled to receive due to either administrative or applicant/recipient error an overpayment will be calculated against the customer's GA case.

Overpayments may be recovered by decreasing the grant payment to an otherwise eligible applicant/recipient. The grant amount to be adjusted shall be established in accordance with agency procedures.

Overpayments due to suspected fraud or misrepresentation shall be referred for investigation and possible criminal prosecution.

- .11 An overpayment is calculated for any month in which a customer received GA and did not work the assigned hours or the applicant/recipient had unreported income that was not used in the calculation of their GA grant. Once reviewed and approved by the ES's supervisor, the calculating ES will then send the overpayment NOA to the customer at their last known address.
 - .111 Once the GA case is closed and the O/P reviewed, written up and approved by the eligibility supervisor, the supervisor will forward the information, and CO 747E to Finance.
 - .112 Upon receipt, finance will open an external recovery account and alert the customer and, if active, the assigned ES that recoupment will begin with the next issuance, or voluntary payment.
- .12 An adjustment shall never exceed 10% of an applicant's/recipient's monthly grant unless the individual requests that a larger amount be adjusted.
- .13 It will be adjusted against the GA grant for the first month following the month of discovery, or in the first month in which action can be taken, allowing for 10-day notice.

.131 For customers participating in GA-WEP, the adjustment will be taken from the grant payable and hours will be assigned to the balance.

.14 The recipient will be notified of the action, but advance notice is not required. ES is to send a CO113 for Overpayment Collections.

.15 If aid is discontinued, and there is an outstanding overpayment, the recipient will be notified in writing of the amount due and requested to make arrangements for repayment. This information will be forwarded to BIR supervisor for assignment.

.16 At discontinuance, all cases that have active/existing overpayments must be reviewed and all applicable periods of aid must be reviewed to establish overpayment claims by GA supervisor. This information will be forwarded to BIR supervisor for assignment.

.161 See GA Overpayment Policy memo; linked here.
[GA Overpayment Procedure 11-1-19](#)

.2 Reimbursements of GA funds

.21 Customers who received GA and did not work in return for their GA payment (Job Search, Temporary or Permanent Disabled pay codes) will have a reimbursement calculation written up and submitted to BIR supervisor, along with the CO747-E. These individuals may receive SSI in the future and the County will be eligible to receive reimbursement when SSI is granted, as long as all documentation is completed and submitted timely to SSA (e.g. SSP14 submitted to SSA at application and annual renewal, or when there is a change in pay code to temporary/permanent disability, CO58-G, etc.).

.22 REMINDER: An SSP14 is mandatory for all customers receiving Temporary/Permanent Disabled GA benefits.

90-901 UNDERPAYMENTS

.1 When an applicant/recipient of General Assistance is underpaid, a supplement will be issued promptly upon discovery. Recipients should bring underpayments to the attention of the department as soon as possible. Administrative underpayments which occur more than sixty (60) days prior to the date of discovery are not correctable *unless* good cause for the delay can be shown or subject to an appeal hearing/decision.

The date of discovery is the earlier of the following dates: (1) the date the Department of Social Services is notified of or discovers the underpayment or (2) the date the claimant requests the correction. If the agency has lost contact with the applicant/recipient and is unable to issue a supplement within sixty (60) days from the date of discovery, no supplemental payment shall be made unless ordered by an appeal decision.

The amount of an underpayment shall be established in accordance with the regulations and grant amounts in effect at the time the underpayment occurred. An underpayment may be used to offset an overpayment.

Supplemental payments issued to correct an underpayment are not to be considered a resource or currently available in the month paid or the following month.

.2 Process:

If an underpayment occurs, either because of overestimation of income, or because of some other factor, the underpayment will be adjusted within 5 working days of discovery.

- .21 The ES will balance the underpayment against any unadjusted overpayment(s) outstanding within twelve months of the underpayment.
- .22 Any remaining supplemental payment, after recoupment of an existing O/P, shall be issued to the customer.

90-1000 RIGHT TO HEARING- APPEAL PROCEDURES

.1 Notification Requirements

- .11 An applicant/recipient will be notified in writing, on form CO 239-E Notice of Action of any actions taken to:
 - .112 Grant or deny General Assistance or Emergency Aid (CO112).
 - .113 Granting of a GA-WEP case and the NOA clearly states the six in 12-month requirement, as well as when GA-WEP eligibility begins/ends.
 - .114 Decrease amount of General Assistance (CO239E)
 - .115 Discontinuance of General Assistance - Medical (CO111)

- .12 Adverse actions require that the applicant/recipient receive 10-day notice and be notified in writing concurrently with that action. In the case of discontinuance, decrease, or change in the method of payment, the Notice of Action must be sent or delivered to the recipient with 10-days' notice prior to the effective date of the adverse action.
- .13 A copy of the NOA issued will be imaged to the case file.
- .14 Journal entry on all case actions are mandatory.
- .15 A written or system generated Notice of Action is a document that informs an applicant/recipient of any action that affects their eligibility, duration of benefits, including termination of benefits or benefit levels (amount received). For example, an applicant/recipient might receive a notice of action when their aid has been changed in some way, denied, or terminated.
- .16 Written Notices of Action shall be issued and mailed or handed to applicants/recipients whenever any action affecting eligibility, duration of benefits or benefit levels regarding an applicant or recipient is taken by the Department of Social Services.
- .17 All written notices shall be made available in alternative formats (e.g., large print, audio, Braille, as provided in HHS Americans with Disability Act policy and CDSS Civil Rights Plan provisions) to applicants/recipients who need them for effective communication. Determination of particular alternative formats will be made at the time of application and as needed. All written notices shall be provided in the applicant/recipient's preferred language.
- .18 Applicants who are denied assistance will be provided a Notice of Action. Advance notice is not required when aid is denied in the initial month of application. The "effective date" (date when assistance was denied) is listed on the Notice of Action, but is typically the date the Notice of Action is issued for this type of denial.
- .19 When an application is approved for continuing benefits, an approval Notice of Action must be provided. The Notice of Action must specify the amount of the grant and how the grant was calculated.
- .20 When an application is approved for a specific period of time, an approval notice will be issued identifying the period of eligibility.

- .21 The Notice of Action in cases of discontinuance, grant reduction or program status change, must be provided to the recipient with 10-day-notice prior to the effective date of action. The effective date will be stated in the Notice of Action.

.2 Conference

- .21 The applicant/recipient may request a conference with a unit supervisor, to discuss a Notice of Action, in writing, by phone or in person.

At the conference, the unit supervisor shall explain the reason for the action and shall permit the applicant/recipient to show that the action is incorrect.

If the applicant/recipient is able to show the action is incorrect, or is able to establish a good cause for the failure, the action shall be rescinded within three (3) working days.

If the unit supervisor does not change the Notice of Action, the applicant/recipient may file for an appeal to have the decision reviewed again.

Requesting a conference with a unit supervisor does not affect the applicant/recipient's right to appeal. Applicants/recipients do not need to have a conference before filing an appeal.

Applicant/recipients have only 30 days to ask for an appeal hearing. The 30 days starts on the effective date on the Notice of Action. If the applicant/recipient has good cause as to why they were not able to file for a hearing within the 30 days, they may still file for a hearing. If the applicant/recipient provides good cause, a hearing may still be scheduled.

.3 Appeal Hearing

Applicants/recipients may appeal an action directly to the Department of Social Services. The request for an appeal must be in writing (by completely filling out the back of the Notice of Action received-NABACK9) and returning the original Notice of Action form requesting an appeal, within the 30-day window (or show good cause for failure to do so), including, but not limited to, reasonable accommodations for persons with disabilities. A hearing will be scheduled where applicants/recipients can present their case. The hearing will be heard in front of a hearing officer. The Department of Social Services, through the hearing officer, will record the hearing. Applicants/Recipients are allowed to present written

evidence or witness testimony on their behalf. Applicants/Recipients are allowed to have someone represent them (stand in their shoes) at the hearing, as long as the representative is authorized by the Applicant/Recipient via a completed MC306-Authorized Representative form).

The Appeal Request Must:

- .31 Be requested in writing (and include the case number) or by filling out the back side of the Notice of Action (NABACK9) notifying of intent to appeal and return the form.
- .32 State the reason(s) for disagreement with the action and include the case number.
- .33 Be signed and dated.
- .34 Be filed within thirty (30) calendar days of the effective date on the Notice of Action.
 - .341 Applicants/Recipients have the right to ask for an appeal if they disagree with any county action. Applicants/Recipients have only 30 calendar days to request an appeal. The 30 calendar days' appeal request period starts from the date marked as the "Effective Date" on the Notice of Action and ends on the date the appeal is date stamped as received at the Department of Social Services, or the postmark date on the envelope, if the request is mailed. If the postmark date cannot be determined, the stamp date the request was received can be used. All requests for an appeal shall be date stamped on the day the request is received at the Department of Social Services.
 - .342 Last Date to File: If the last date to file the request for an appeal falls on a day when the Department of Social Services offices are closed, then the applicant/recipient shall have until the next working day to file the request.
 - .343 Claimants: Applicant/recipient will be referred to as the claimant after they have filed the appeal request.
 - .344 Good Cause: If applicant/recipient have good cause as to why they were not able to request an appeal within the 30

calendar days, they may still request an appeal and include evidence in their request that shows good cause. An appeal hearing may still be scheduled, if they are found to have shown good cause. Examples of good cause are; if the applicant/recipient was in jail or in the hospital during the 30 calendar days when they should have requested the appeal and have documentation of it; an applicant's/recipient's family member died during this timeframe and they have a copy of the obituary or death certificate, etc.

- .345 Claimants may represent themselves at the Hearing: The claimant may represent themselves during all aspects of the hearing process, or they may be represented by an attorney, an authorized representative, or any other person they designate, by signing a written statement to notify all parties of the claimant's intent to have a representative speak on their behalf during the appeal hearing. The claimant must authorize the person to be their representative in writing prior to the hearing if they do not attend the hearing.
- .35 Overview of Appeal Hearing: Claimants will receive a notice explaining the date, time and location of the appeal hearing. At the hearing, they will have an opportunity to present evidence (written and witnesses) and may be asked questions about the facts of their case. The Department of Social Services will record the appeal hearing. A decision will not be made at the appeal hearing. The appeal hearing officer will mail the claimant the decision within 30 days after the appeal hearing. If the claimant still disagrees with the decision of the hearing officer, they may file a written request for review by the Director of Monterey County Department of Social Services or their designee. The Director, or their designee, will review the decision and the case file and make a final decision. For more details on each of these steps, please continue to read the information below.
- .351 Appeal Hearing Rules:
- a) The claimant and/or authorized representative shall have the right to review the relevant sections of the case record, including any documents submitted by claimant and/or any other evidence used in making a determination of eligibility. Such review and copies of the relevant sections of the file shall be made available prior to the hearing.

- (b) Appeals shall be conducted in accordance with departmental procedures. All testimony shall be given under oath or by affirmation.
 - (c) Witnesses may only testify at the hearing in the claimant's or authorized representative's presence. Witnesses for the Department of Social Services or for claimant may submit a written declaration if they are unable to testify. For an acceptable format for such written declaration, the applicant/recipient must see their eligibility specialist.
 - (d) The claimant or authorized representative shall have the right to testify, present witnesses, present written documentation and cross/examine witnesses.
 - (e) Decisions by the Appeals Hearing Officer are adopted by the Department of Social Services.
 - (f) Claimants may file a petition for administrative mandamus in the Monterey County Superior Court within 90 days after the date the decision becomes final.
- .36 Denial of a Request for a Hearing: A claimant's request for an appeal hearing (or any portion of the request), may be denied in writing by sending a letter to the claimant when:
- .361 The issue is not within the jurisdiction of the Department of Social Services appeals process.
 - .362 The request for hearing is filed beyond the 30-calendar day time limit (with no good cause found).
 - .363 The Appeals Hearing Officer determines at the hearing that the claimant or authorized representative is unwilling to present the case.
 - .364 The Appeals Hearing Officer determines that the identical facts have been the subject of a previous hearing involving the claimant, within the previous twelve months (such as the same excuse for non-compliance) and are not part of recurring issue.
 - .365 The requestor of the hearing does not have standing to request the hearing.
 - .366 The claimant abandons the hearing by failing to confirm or appear at the hearing without good cause.

- .367 If the appeal is denied or dismissed, the claimant may file a written request for a review by the Director of the Monterey County Department of Social Services or their designee within ten (10) calendar days of the date the decision was adopted. The filing date shall be determined by the date the written request is received and date stamped by the Department of Social Services. Claimants will be informed within fourteen (14) calendar days if a request for review is granted.

90-1001 AID PAID PENDING (APP)

- .1 When the recipient filed an appeal prior to the effective date of the Notice of Action, aid shall be continued in the amount that the recipient would have been paid according to Department of Social Services procedures.

Recipients who file an appeal and receive Aid Paid Pending (APP) shall be required to comply with and cooperate with all GA eligibility and program requirements including participation in Job Search/Work Experience Program, pending the appeal decision.

- .2 Any APP the appeal decision becomes part of the repayable General Assistance amount. Aid paid pending an appeal is adjustable from future General Assistant grants when the decision supports the Department of Social Services' action.

- .21 **Exceptions:** APP shall not be paid or shall cease when:

- .211 The appeal hearing is withdrawn or abandoned.
 - .212 The appeal hearing is denied or dismissed.
 - .213 The Appeal Hearing Officer determines that the issue is one of law or regulation or change in law or regulation and not of incorrect application of the law or regulation.
 - .214 The claimant, without good cause, requests that the appeal hearing be postponed.
 - .215 The appeal hearing is rescheduled after the claimant and/or the authorized representative failed to appear without good cause.
 - .216 A final decision has been adopted.

- .217 Negative action unrelated to the hearing issues is proposed after an appeal has been filed and the claimant does not file a timely appeal on the new issue.
- .218 The eligibility renewal period expires.

90-1002 RECOVERY OF ASSISTANCE

The Welfare & Institutions Code permits counties to request repayment of General Assistance benefits made from county funds. Each application for General Assistance shall include the applicant's agreement to repay assistance (CO58-G) issued under the program from after acquired property.

When an applicant/recipient has a claim for Workers' Compensation, lawsuit, or other similar claim pending, a lien shall be signed against that claim for any aid extended. Applicants/recipients shall sign a form (SSP14) [SSP14 \(eng 09-2010\)](#) [SSP14 \(span 9-2010\)](#) authorizing payment to the County of Monterey for General Assistance received while an SSI application is pending from any lump sum retroactive SSI payments for the period for which the County provided General Assistance. The completed SSP14 must be submitted to BIR supervisor within 10 days of signatures and dates of applicant and assigned ES.

Failure of the applicant/recipient to sign a repayment agreement and/or a lien shall result in denial or discontinuance of General Assistance benefits.

The total aid granted, either continuously or intermittently including any aid paid pending an appeal is repayable. Repayment is expected for all aid paid if not worked for. The County shall also pursue recovery from the legal sponsor of a non-citizen for aid paid to the non-citizen during the time in which the sponsor has agreed, in writing, to provide for the non-citizen. The County may require the legal sponsor of the non-citizen applicant/recipient to sign a written agreement to repay any aid provided to the non-citizen pursuant to the Welfare & Institutions Code 17001.6(a).

The applicant/recipient shall be provided a Notice of Action specifying the amount of repayment and the right to appeal.

- .1 The County is authorized to pursue collection and recovery of all aid payments made through the GA Program from existing resources and resources which may be acquired in the future.
 - .11 Aid payments made through the General Assistance Work Experience Program (GA-WEP) pay code Employable, are not recoverable unless paid as a result of error or fraud.
 - .12 The County uses the services of the Administrative Services Branch, Benefit Recovery Unit of the Monterey County Department of Social Services for collection purposes.

- .13 The County uses the Interim Assistance Reimbursement (IAR) Program for recovery of payments made on a pending Social Security Administration (SSA) application.
- .2 All applicants must sign the Agreement to Reimburse and Grant of Lien, form CO 58-G, in the presence of a deputized GA worker.
 - .21 The CO 58-G is imaged in the case record and no further action taken if the customer is repaying through work in the General Assistance Work Experience Program (GA-WEP), by recoupment while case is active or repayment agreement by customer.
 - .22 If the status of the case changes or the customer refuses to work for payments already received, collection action is pursued.
- .3 Collection action is pursued through a referral to the Benefit Issuance/Recovery Unit no later than thirty days after the case is discontinued.
 - .31 A copy of the CO 58-G is attached to a CO 747-E, Collections Transmittal.
 - .32 The Benefit Recovery Unit pursues collection on cases which are closed and the following exists:
 - a) Whereabouts of the customer is known.
 - b) Customer has resources available for payment.
 - .33 Collection is pursued on active cases when the County becomes aware that the customer has newly acquired or unreported income.
 - .313 The CO 747-E is completed, one copy is imaged in the C-IV case record and the original is sent to the Benefit Recovery Unit, LFB Suite 209
 - .34 Liens are filed with the Benefit Issuance/Recovery Unit on cases where the customer has real property or pending cash settlements or entitlements.
 - .341 Liens cannot be filed on the following types of property:
 - a) Cash less than \$50.
 - b) Personal goods less than \$500.
 - c) Internment space or burial trusts up to \$500.
 - d) Income used to meet living expenses.

- .342 Obtain employer identification number, attorney information, date of injury, and insurance company for pending injury or accident settlements. Record on CO 58-G.
- .343 Complete the CO 747-E. Image copy to the C-IV case record and forward original to the Benefit Issuance/Recovery Unit, LFB Suite 209 with a copy of the CO 58-G for liens.
- .35 Provide needed information to the Benefit Issuance/Recovery Unit when necessary for collection or to enforce the lien.
 - .351 Forward required information using the CO 747-E.
 - .352 Image documents into the case record and send copy to the Benefit Issuance/Recovery Unit, LFB Suite 209.
- .36 Notify the Benefit Issuance/Recovery Unit of the following types of information on cases which have been referred:
 - .361 Customer files a request for Pre-Lien Enforcement Hearing through the County Administrative Office.
 - .362 Customer obtains additional property or income.
 - .363 Customer moves or whereabouts changes.
- .37 The Benefit Issuance/Recovery Unit will take the following actions on referrals.
 - .371 Establish the overpayment in the Miscellaneous Database
 - .372 Authorize Release of Lien as appropriate.
 - a) When the case record cannot be located on old liens preventing us from collecting required payment data.
 - b) When instructed to do so by administrative decision.
 - .373 Obtain case record when Title Company or attorney requests information on closed case.
- .38 The Benefit Issuance/Recovery Unit will take the following actions:
 - .381 File the lien on property as instructed.

- .382 Contact the GA Eligibility specialist when payment data is needed.
- .383 Suspend lien process when notified that customer has filed a request for pre-lien enforcement hearing.
- .385 Bill, track and report collection activity.
- .386 Submit eligible records to the Franchise Tax Board (FTB) for tax intercept.

90-1003 INTERIM ASSISTANCE PROGRAM (SSI REIMBURSEMENT)

- .1 This program allows the county to recover GA payments made to recipients during the time their SSI/SSP application is pending in the Social Security Administration (SSA). [IAR Process \(rev. 8-18-18\)](#)
 - .11 The initial payment is sent to the County from the SSA.
 - .12 The initial payment may be in more than one check as the SSA does not authorize checks for more than \$ 9,999.00.
 - .13 There must be a break in aid of more than twelve (12) months if the customer has received SSI/SSP previously.
 - .14 There is no initial payment if SSI/SSP is granted presumptive eligibility by the SSA.
 - .15 When SSI/SSP was paid for part of a month, the GA payment will be pro-rated by the number of days in that month to determine the reimbursable amount.

- .2 Form SSP 14, Authorization for Reimbursement for Interim Assistance Granted while SSI/SSP application is pending, is required as condition of eligibility, when the customer reports a disability that is expected to last a minimum of twelve (12) months. The SSP14 signed by both the applicant/recipient and the interviewing ES and submitted to BIR supervisor within 10 days of signatures and dates by customer and ES and must be completed every 12 months.

These persons completing an SSP14 include:

- .21 Person is 65 years of age or older

- .22 Person is 18 years of age or older and a disability prevents him/her from doing substantial gainful employment for a period of twelve (12) months or more or will result in death.
 - .23 A child under the age of 18 with a disability comparable in severity to one that would prevent an adult from working or would result in death.
 - .24 Regardless of age, a person who is mentally challenged or blind and would meet Social Security's definition of disabled.
 - .25 Income does not exceed the SSI payment standard*.
 - .26 Resources do not exceed the SSI resource limits*.
 - .27 Person meets residence requirement.
 - .28 Disabled/addicts/alcoholics must accept vocational rehabilitation or treatment.
 - .29 Applicant/Recipient is recommended to cooperate fully with the SSI Advocate in completion of the SSP 14 and all supporting documentation.
-
- .3 The original of the SSP 14 is sent via interoffice mail to ASB, BIR supervisor, on a flow basis within 10 days of signature date. Customer is given a copy of the SSP14 as well as a copy is imaged in the C-IV case record.
 - .4 Interim Assistance may be continued when the customer files an appeal on the SSA denial. A new SSP 14 is not needed. If the customer has been referred to SSI Advocate Unit, the SSI Advocate SW will assist the customer in the process of challenging the SSI denial.
 - .5 If the customer applies for Interim Assistance after an SSA denial, a new SSP 14 is needed.
 - .6 The total aid paid, including warrants and vouchers, beginning with the month of application for SSI/SSP (or the first month of Interim Assistance, whichever is later) is provided to Fiscal upon request by the ES or ES's supervisor.
 - .7 Fiscal will receive the Supplemental Security Income Notice of Interim Assistance Reimbursement Eligibility and Accountability Report, (SSA-8125), from the SSA within three days of receipt of the initial payment.
-
- .71 Upon receipt of the initial payment, the balance of the payment must be forwarded to the customer within

ten (10) working days from the date the SSI/SSP check is received by the county.

.72 When amount of reimbursement has been determined, the SSP-14 will be completed in triplicate. The original and copy will be sent Auditor for mailing to customer with check, one copy of claim goes to the ES and one copy is retained with the claim in Finance.

.73 The County claims form is completed in triplicate and distributed as above. Included on the claim is the customer identification information, computation of SSI/SSP grant and reimbursement, receipt number, and deposit number, date of receipt and statement:

THIS CLAIM MUST BE PAID WITHIN TEN (10) WORKING DAYS FROM THE DATE THE CHECK WAS RECEIVED.

Part II of the SSA-8125 is completed and copy sent to:

Social Security Administration
SSI Program Section
P.O. Box 4206
Richmond, Ca. 94804

THE SSA-8125 MUST BE COMPLETED AND RETURNED TO THE STATE WITHIN THIRTY (30) WORKING DAYS OF RECEIPT OF THE INITIAL CHECK.

.731 If the SSA-8125 is not received from SSA by the time the initial payment is received, the SSA Field Office is contacted in order to obtain the information to process the payment within the ten (10) working days.

.732 If the initial payment is received and the customer cannot be located, the balance of the payment is returned to the SSA Field Office. The SSA-8125 will be used to explain remittances to that office.

.733 If another agency in our county has submitted a SSP-14 to SSA after we submitted ours, we are the department authorized to receive the reimbursement first. The other agency will send us a copy of the

SSP-14 and we will forward their share of the payment to them.

This also works if we submitted our document after the other agency was designated at the “fiscal agent” of the SSI/SSP payment.

- .74 The General Relief and Interim Assistance Monthly Caseload and Expenditure Report, GR 237, is completed by the 8th working day of the following report month. The report is provided to:

DEPARTMENT OF SOCIAL SERVICES
Statistical Services Branch
744 P Street, M.S. 12-81
Sacramento, Ca 95814

90-1100 Board and Care Process

The amount of monthly payment for an eligible person residing in a foster home, Board and Care (B&C) home, nursing home, or similar facility shall be at the amount negotiated with the facility less the amount of the recipient’s net non-exempt income from other sources for that month, subject to:

- .1 To be eligible to B&C placement, the customer must meet the following criteria:
 - .12 Be an indigent patient currently admitted to Natividad Medical Center (NMC) and ready for release.
 - .13 A Medical Social Worker or ESIII stationed at NMC must complete a SAWS2PLUS application in C-IV (or manually if a bedside application), with the customer’s assistance.
 - .14 Customer must be potentially eligible to GA.
 - .15 Discharge Planner at NMC must contact B&C facility to inquire as to availability of a bed for placement.
 - .16 Once confirmed, the Discharge Planner is to give the customer documentation to present to the B&C operator.
 - .17 When the placement is confirmed, the Discharge Planner will contact the assigned GA ES and inform them of the placement and expected duration.
- .2 The pertinent maximum payment levels established by and appropriate rate setting body, including:

- .21 The Federal Government for Supplemental Security (SSI);
 - .22 The State Government for Supplemental Security Program (SSP);
and
 - .23 The Board of Supervisors
- .3 The amount of payment for a partial month of aid shall be prorated using a 30-day month, regardless of the number of days in the application month.
- .4 INDIVIDUALS REQUIRING BOARD AND CARE UPON RELEASE FROM NATIVIDAD MEDICAL CENTER

The following instructions are to be used when the indigent person is being discharged from NMC and requires Board and Care (B&C).

NMC SOCIAL WORKER

- .41 Medical Social Worker (MSW) obtains referral from physician/staff regarding possible B&C placement due to patient's medical condition and current living situation.
- .42 MSW completes a written psychosocial assessment and submits to physician. A summary of the assessment is attached to the referral to Adult Protective Services (APS) when a referral is deemed necessary.
- .43 CO 840-E or other Medical Report is completed by physician to include length of time B&C is needed.
- .44 MSW discusses plan with patient and/or family. Discussion to include cost of B&C, patient's obligation to pay, and other alternatives for payment.
- .45 If there is an open APS case, the NMC SW will discuss the discharge plan with Adult Protective Services SW.
- .46 If the patient unable to pay for B&C, a General Assistance Application is completed by NMC ESIII with input from the patient and/or authorized rep/family member and Social Worker.
- .47 The designated ESIII and/or Eligibility Supervisor at NMC or DSS will be contacted to obtain a signed CO-58 Agreement to Reimburse/Lien document and an SSP14. Only deputized DSS staff can counter sign the Lien.

- .48 The NMC SW will contact the NMC ESIII as soon as possible to alert them that a request is forthcoming. When possible, and if the NMC ESIII is unavailable, the basic information can be faxed to DSS Intake operations to begin the eligibility determination process when it must be established the same day.
- .49 GA application, medical report, and supporting documents must be provided to NMC ESIII or DSS for a determination of eligibility to GA.
 - .491 If same-day payment is needed, the NMC SW will phone the DSS Office and explain the urgency to provide advance notice to DSS staff.

DSS Adult Services Staff

- .5 If Adult Protective Services (APS) are identified, a referral to APS is made for care following discharge from B&C.
 - .51 Follow administrative directions for Emergency Response.
 - .52 Accept referral from NMC in cases when APS services are identified.

DSS Eligibility Staff

- .6 An eligibility determination shall be made within one working day from date the application is received from NMC staff. If an urgent response is needed, a conference may be needed with the ES Supervisor and the Program Manager.
 - .61 Notify the NMC Social Worker by phone on the day the eligibility determination is made.
 - .62 Issue an appropriate Notice of Action to the applicant.
 - .63 If eligible, mail the authorization document to the facility on the date eligibility is determined. In urgent situations, the document may be delivered to the NMC SW or delivered with the patient.
 - .64 When the completed document is received from the vendor for payment, it will be reviewed for correctness.
 - .641 The customer must have signed the document. If not, return it to the vendor with denial notice for payment. The document must be the original.

.642 Authorize payment for the number of days the customer stayed in the facility. If different from the authorized stay, the amount may be less.

- .7 Prepare a notice of action to the facility which explains the payment period and the amount.
- .8 Enclose an authorization document for the next month if the customer is still present at the facility.

DSS Eligibility Supervisors:

- .90 Review all authorizations for board and care payment.
- .91 Insure that the correct authorization document is in the case and signed by the customer.

90-1200 CASE FILING INSTRUCTIONS

- .1 For GA cases in C-IV, staff are to do the following:
 - .11 Follow the current Imaging Procedures Policy as posted in SharePoint. [CB Indexing Guide](#)

90-1300 CASE COUNT ACTIONS

- .1 Cases in which assistance has not been that granted in any form shall be pended.
- .2 Cases will not be pended prior to approval if any type of emergency assistance has been issued, such as a voucher issued by eligibility or SW standby staff.
 - .21 These cases will be discontinued at the end of the month if Emergency or Temporary Assistance has been granted on a one-time only basis.
 - .22 These cases will be approved and held for ten days if it is expected the recipient will return for Regular GA. If the recipient does not complete the process within 10-days, the case will be discontinued at the end of the month through the current process.
- .3 GA-WEP cases in which work hours have been assigned but assistance has not been issued will be pended. Staff will not approve the case until the work hours are submitted or a voucher is issued.

- .31 GA-WEP hours are assigned once the ES has determined the applicant is eligible, the job search is completed, and the amount of the grant is calculated.
 - .32 If the applicant does not work the assigned hours and/or complete the job search, the application is denied.
 - .33 If a GA customer works partial or complete GA-WEP assignment but does not submit the completed Job Search form they will be paid for what they worked, unless there is “good cause”, and the case will be discontinued.
- .4 Special Circumstances will be counted as an “Other Approval”. This will not be counted as a General Assistance approval.
- .5 Ongoing cases will be handled as follows:
- .51 Cases will be discontinued at the end of the month if the recipient does not complete the assigned hours and job search for that month. If the hours overlap into the next month for instances out of the control of the ES, the case will be discontinued at the end of that month.
 - .52 The ES will establish a control on active cases assigned hours. If the customer does not submit the timesheet within three days of the date the hours should have been submitted, the ES will contact the work site supervisor to determine if the hours were worked.
 - .53 If the customer comes in at a later date, a good cause determination can be made prior to rescinding the discontinuance. The customer can “make-up” the hours but will not have to complete a new application if circumstances have not changed and it has been less than thirty days since the discontinuance.
 - .54 Cases that have been granted and discontinued in the same month should be counted as active cases for the month of aid. These cases will also be counted as discontinued cases. This will capture the workload on cases issued voucher by standby and those granted Emergency Assistance.
 - .55 The worker who receives the case will count the case as a Transfer-In in the month received.
 - .56 A case will be counted as “transferred to another worker” by the worker sending the case. These two numbers should match on the countywide monthly report.

.561 These are not cases granted assistance by the standby worker and forwarded to eligibility.

.562 These are cases transferred between eligibility specialists.

90-1400 SPECIAL PROGRAMS

.1 REIMBURSEMENT OF FEDERAL MONEY ON SPECIAL CASES

.12 Refugee cases (pay code 8P,9I) are subject to Federal reimbursement when the refugees have been in this county 12 months of less from the date of admission.

.13 Amnesty Legal permanent residents and SAWS Legal permanent residents (pay code 9D) who have been granted temporary resident status are subject to Federal reimbursement until granted permanent status.

These include the pre-1982 Amnesty Legal permanent residents, Special Agricultural Workers, and Replenishment Agricultural Workers.

REIMBURSEMENT FOR SPECIAL CASES (CalWORKs-FC CASES)

.2 General

.21 EAS Manual Section 46-337.5 provides for SSI/SSP reimbursement for State and County funds expended for minors in a Foster Case setting when:

.211 The child is in a non-Federal case, and

.212 Costs are paid from General Assistance funds, or

.213 Costs are paid from non-Federal CalWORKs-FC funds.

.3 COUNTY-ONLY FOSTER CARE TO STUDENTS

On December 12, 1989, the Monterey County Board of Supervisors adopted a resolution to assist high school students not eligible to CalWORKs-Foster Care if they are not scheduled to complete high school prior to their nineteenth birthday, by being potentially eligible to continuing Foster Care.

The procedures are as follows:

- .31 Eligibility for Medi-Cal will be established through the Foster Care case.
- .32 Regular CalWORKs-Foster Care payments can continue in situations where the student remains in the home of the non-related legal guardianship was dismissed due to the student turning 18 years of age. Senate Bill 760 provide for continued CalWORKs-FC as long as the student remains in high school or the equivalent vocational or technical training and will graduate or receive a certificate of completion prior to the equivalent vocational or technical training and will graduate or receive a certificate of completion prior to the 19th birthday.

CRITERIA:

- .33 A service plan must be completed prior to discontinuance of the CalWORKs-FC case to insure continuance of aid and reduce disruption.
- .34 Verification from the school must be obtained to indicate expected date of completion graduation and grade point average. Current enrollment status will be verified each month with a CO-51 (school verification form).
 - .341 Student must maintain passing grades and comply with Educational Plan to remain eligible.
 - .342 Student must meet regular attendance requirements.
- .35 Student and caretaker must agree for caretaker to be the payee.
- .36 Student will be paid at the existing Foster Care rate. The Group Home rate will not be paid.
- .37 Students will be required to attend summer school, participate in a training program, or obtain a job in the summer months. Any income received during this time is exempt.
- .38 Aid will be terminated when the student obtains the high school diploma or equivalent, when eligibility for the program ends, when the student turns twenty years of age, or when payment has been made for a period of twelve months, whichever occurs first.
- .39 The foster family will sign an agreement to assume liability if payment is made incorrectly due to the failure of the student or the family to report changes in eligibility conditions.

FOSTER CARE ELIGIBILITY SPECIALIST (FC-ES):

- .4 The Foster Care Eligibility specialist (FC-ES) will notify the Social Worker (SW) and/or Probation Officer when the child is approaching 18-years of age and the school verification indicated the student will not graduate or receive a certificate of completion prior to the 19th birthday.
 - .41 The FC-ES will discontinue the CalWORKs-FC case at the end of the month following the student's 18th birthday.
 - .42 The FC-ES will obtain from the SW the recommendation to assist the student through County-Only Foster Care based upon the Social Worker's assessment.
 - .43 The CalWORKs-FC case will be transferred to County-Only Foster Care (aid code 91) without a break in aid when the customer has cooperated in the assessment process. A separate 278-L Sheet will be carried in the assessment process. A separate 278-L Sheet will be carried in the case under the aid code "82" for State Medi-Cal. A separate application is not required.
 - .44 The FC-ES will be responsible for determining ongoing eligibility. The requirements will be explained to the caretaker and student by the SW. The student must be attending regularly and be passing all of the subjects.
 - .441 Each school may have a different system for providing this verification each month. The student will contact the school to determine the procedure and notify the worker.
 - .442 If the student fails to provide this information, timely and adequate notice will be provided to hold the next payment and discontinue the case if the information which establishes eligibility is not provided.
 - .443 The SW will be notified that eligibility is in question.
 - .45 In April, the FC Worker will notify the caretaker that the student is required to attend summer school, participate in a training program or obtain a job for eligibility to continue through the summer months. A tickler will be made to insure this requirement is met for payment to continue when the school term is in recess. This requirement does not apply during other school holidays.
 - .46 Reporting requirements will be met through the Medi-Cal reporting process. (Reporting changes within 10 working days).

.47 All other eligibility requirements for CalWORKs-FC will apply.

SOCIAL WORKER AND PROBATION OFFICER:

- .5 When notified by the Foster Care Worker or when the situation becomes known, a meeting with the student and the school counselor will be held to determine if there is any way for the student to graduate by their 19th birthday.
 - .51 The student may earn extra credits by attending summer school.
 - .52 The student may earn extra credits by completing special assignments/projects.
 - .53 The student may transfer to Continuation School where credits may be earned at a faster rate.
 - .54 At the age of eighteen, the SW will have the student sign the SOC 155B, Mutual Agreement for Eighteen Year Olds. The student will be enrolled in the Independent Living Skills program.
 - .55 The SW will meet with the student and the caretaker to explain the requirements for eligibility under the county program. The agreement (CO 12FCSx) will be signed by the family and the student to ensure that the family understands its liability if payment is made incorrectly due to failure to report changes in eligibility conditions.
 - .56 The SW will assess the situation to determine if the student meets eligibility criteria and is a candidate for the program
 - .561 Will the student commit him/herself to the program?
 - .562 Is it likely that the student will obtain the diploma and in what length of time?
 - .563 Will the student be able to remain in the current home to avoid disruption in the program?
 - .57 The SW will obtain supervisory approval prior to making a recommendation to the Foster Care E.W.
 - .58 The SW will develop a plan and forward a recommendation to the FC-ES prior to discontinuance of the CalWORKs-FC case.

.581 The SW will set the case for a six-month Administrative Review.

.59 The SW will report any known changes to the FC-ES as needed to insure the integrity of the program.

MONITORING:

An annual report will be completed and incorporated into the Annual Report to the Board by the Branch Director for Family and Children's Services.

90-1500 CASELOAD MANAGEMENT

Staff are to use the following C-IV system generated reports to properly maintain their GA caseload. All of the following GA related reports are available in SharePoint, staff are to follow this path to locate: ASB>Data Development>Reports>C-IV GA Reports.

.1 WEEKLY REPORTS:

.11 C-IV Generated-Pending Cases

The C-IV – Pending Cases report is distributed each Monday in each office to the Program Manager, GA Supervisor, and in Salinas, to the designated MAIL who does the following:

The GA Supervisor follows up with the GA specialists that have any GA cases pending that are due (30 days) in the upcoming week. The GA specialists report to the GA Supervisor when their pending cases are either granted or denied. In Salinas, the GA Supervisor alerts the MAIL when all cases are processed for the week who in turn alerts the Program Manager at the end of each week.

NOTE: If cases are processed after 30 days the GA Supervisor must write a memorandum of explanation which goes to the Program Manager and Branch Director.

.2 MONTHLY REPORTS:

.21 C-IV GAO501M03-GENERAL ASSISTANCE DETAILED CASE LISTING REPORT

The GA Monthly Assistance Detailed Case Listing Report is available in SharePoint the first Thursday of each month. This report is a set with standard, column noted information, as follows: Office; Unit; Assigned ES; Pay Code (numeric/alpha); Pay Code (description); Case #; Case Status (Active, Discontinued, etc.);

Case Name; Language; RE Date; Medical RE Date; Last Payment Date.

The report also shows the subtotal of all pending and active cases for each office. The last page shows the total of all three offices in the County.

This report is available to; Program Manager, GA Analyst, and GA Supervisor. The supervisor shall use this information to balance assignment of the intake and ongoing GA cases among the GA workers and ensure that all cases are accounted for.

.22 C-IV GAO501M04-RENEWALS (RE's)

The GA Monthly Renewals (RE) Report is available in SharePoint the third working day of each month, the for the month the month the RE was due.

This report is broken down by Office; Unit; Assigned ES; Pay Code (numeric/alpha); Pay Code (description); Case #; Case Status (Active, Discontinued, etc.); Case Name; Language; RE Date; Medical RE Date; Last Payment Date. There are office specific tabs at the bottom of the spreadsheet.

This report is available to; Program Managers, GA Analyst, and GA Supervisors.

.23 C-IV GAO501M05-MEDICAL RENEWALS (RE's)

The GA Monthly Medical Renewals Report is available in SharePoint the third working day of each month, for the month the Medical RE is due.

This report is broken down by Office; Unit; Assigned ES; Pay Code (numeric/alpha); Pay Code (description); Case #; Case Status (Active, Discontinued, etc.); Case Name; Language; RE Date; Medical RE Date; Last Payment Date. There are office specific tabs at the bottom of the spreadsheet.

This report is available to; Program Managers, GA Analyst, and GA Supervisors.

.24 C-IV GAO501M06-OVERDUE RENEWALS (RE's)

The GA Monthly Overdue Renewals Report is available in SharePoint the third working day of each month, the month following the month the RE was due.

This report is broken down by Office; Unit; Assigned ES; Pay Code (numeric/alpha); Pay Code (description); Case #; Case Status (Active, Discontinued, etc.); Case Name; Language; RE Date; Medical RE Date; Last Payment Date.

This report is available to; Program Managers, GA Analyst, and GA Supervisors.

.25 C-IV GAO501M07-OVERDUE MEDICAL RENEWALS

The GA Monthly Overdue Medical Renewals Report is available in SharePoint the third working day of each month, the month following the month the Medical RE was due.

This report is broken down by Office; Unit; Assigned ES; Pay Code (numeric/alpha); Pay Code (description); Case #; Case Status (Active, Discontinued, etc.); Case Name; Language; RE Date; Medical RE Date; Last Payment Date. There is one tab per office on the spreadsheet, also separate tabs for Intake or Ongoing caseloads.

Staff are to use this report to ensure that all Medical RE's are completed within the month they are due. Supervisors are to use this report to review with staff at each monthly conference, annotating any late case work, and ensuring all casework is completed and customers receive the benefits they are eligible to receive.

This report is available to; Program Managers, GA Analyst, and GA Supervisors.

.26 C-IV GAO501M10-ACTIVE GA CASES SUMMARY BY PROGRAM

The GA Monthly Active GA Cases Summary by Program Report is available in SharePoint the third working day of each month.

This report summarizes all three District Offices, detailing, by GA Pay code, the breakdown for each office vertically, as well as GA pay code totals horizontally.

This report is available to; Program Managers, GA Analyst, and GA Supervisors.

.27 C-IV GAO501M14-GA FAMILY CASE COUNT

The GA Monthly Family Case County Report is available in SharePoint and available the third working day of each month.

This report is broken down by Pay Code; Case #; Last 4 of SSN; Person Name; Person Number Program Status (AC, DC), Specialist Number. This is a PDF report that displays 2 person GA households receiving GA benefits.

This report is available to; Program Managers, GA Analyst, and GA Supervisors.

.3 Staff are to complete a reconciliation of all cases listed on the report with their C-IV Workload Inventory Report.

.31 Review that all cases are a GA Aid Code 90. If any other cases with different codes are on the report they should be investigated and resolved.

.32 Check all GA cases for upcoming or overdue renewal dates.

.321 Send out renewal packets as needed

.33 Check any Medical Report dates, and for any that are due to expire in a month send the customer a reminder them that they need to request another examination from their provider, or ask for a Doctor's on Duty appointment.

.331 The CO951E- Referral for Work Limitations/Medical Evaluation letter is not sent at this time as it is only given out at Intake which is the one time that Social Services pays for the visit to Doctor's on Duty.

.332 The customer is to be directed to use their own doctor/provider to complete the CO840E, and only if they do not have their own doctor are they to receive a Doctor's on Duty referral (CO951E).

.34 GA specialists should annotate on the right-hand side of each report to record their reconciliation findings, and note any actions taken on the case during the month.

.4 CalFresh Employment and Training Caseload Management

- .41 The CFET Worker should check any cases that are not CFET (Pay Code 8C) on their report and take immediate action to resolve the case discrepancy. The CFET Worker must locate the assigned GA specialist and ensure that it is properly transferred into their caseload.
- .42 The CFET Worker should update renewal dates according to CalFresh recertification dates in C-IV (if a GA and CalFresh case) and discontinue any legacy cases once the CalFresh case is closed.

90-1600 General Assistance Audit Process

- .1 The GA Analyst will conduct an audit on an annual and bi-annual basis. The audit will be completed during Spring each year.
 - .11 The annual audit on odd years will consist of a full review of every active GA case in Monterey County, even years is a random sample audit. A random sampling of GA Intake will be completed as well.

The audit will review the following criteria:

.111 Targeted demographics including verification of:

- ✓ Applicant/recipient name
- ✓ Applicant/recipient address, current
- ✓ Applicant/recipient social security number
- ✓ CA Identification Card/Driver's License, or Passport
- ✓ Birth Certificate
- ✓ Disability documentation
- ✓ Income; earned or unearned
- ✓ Household composition
- ✓ Property limit review
- ✓ U.S. Citizenship, alien status
- ✓ If LPR, check for possible sponsorship
- ✓ Current renewal date (no overdue renewals)
- ✓ Correct Pay Code for the case situation
- ✓ E&T paperwork, mandatory/exempt
- ✓ GA-WEP worksite verification
- ✓ GA-WEP timesheets (correct, current, complete)
- ✓ Budget calculation (correct and complete)
- ✓ GA-WEP work hours calculation (correct, complete)
- ✓ If a stand-alone GA case, check Journal Entries (current and up to date)

Copies of the following documents

- ✓ SAWS1 (current and complete with documentation in County Use Section)

- ✓ CO 262-G (Reception form)
- ✓ SAW2PLUS (current and up to date, signed and dated)
- ✓ CO 58E (Lien, signed by both customer and ES)
- ✓ SSP14 (SSA document for SSI application, signed and dated)
- ✓ CO 840-E (completed medical report)
- ✓ GEN 827 from EDD (For Salinas cases only)
- ✓ CO 25-EDD work registration verification (current and complete) (For Salinas cases only)
- ✓ CO 673-S (completed GA-WEP timesheets)
- ✓ For a Worker's Comp case:
 - DWC-1
 - Sate form 5020
 - Industrial Injury Log
- ✓ CO 551-S GA-WEP Job Search form (current and accurate, annotated to show ES review)
- ✓ CO2001 GA-WEP Participation Rules (Signed and Dated)
- ✓ CO 747-E if case has an existing O/P
- ✓ Copies of proper NOA's for each case action (CO 239-E)
- ✓ CO 604-E (GA R&R's)
- ✓ CO 800-E (What is Welfare Fraud pamphlet)

.2 The Bi-Annual audit will consist of a random draw of each GA caseload in each District office.

.21 Each office will have an accuracy rate calculated based upon total GA benefits issued divided by the total issued in error.

.22 The accuracy rate has been established as 97% for all GA cases.

90-1700 Supervisor Review Process

.1 This formal review process has a two-fold positive impact for staff as well as the Community Benefits Branch. The review process allows the GA supervisor to set a foundation of accuracy to base future employee evaluations on, as well as identify possible training needs. For the Community Benefits Branch, it acts as vehicle to quickly determine an overall County accuracy rate and ensures that all GA customers with active cases are eligible to receive benefits.

.11 Number of cases to review per specialist

.111 GA supervisors will begin to complete formal General Assistance Supervisor Reviews. The number of cases to be reviewed will be based on the worker's current accuracy level as established in the Supervisor Review Guidelines dated June 29, 2006. In a given quarter a minimal number of

General Assistance reviews will be completed and combined with other case reviews for the program assignment of that worker.

.112 Level 3 (98.5% to 100% Accuracy Rate)

- A specialist on Level 3 has three (3) formal case reviews completed per month, the case review total for a quarter is nine (9) cases. Three of the nine cases per quarter will be reviewed for General Assistance.

.113 Level 2 (97% to 98.4% Accuracy Rate)

- A specialist on Level 2 has five (5) formal reviews completed per month, the case review total for a quarter is fifteen (15) cases. Five of the fifteen cases per quarter will be reviewed for General Assistance.

.114 Level 1 (less than 97%)

- A specialist on Level 1 has ten (10) formal reviews completed per month, the case review total for a quarter is thirty (30) cases. Ten of the thirty cases per quarter will be reviewed for General Assistance.

- .2 It is expected that the GA supervisor will complete all formal reviews, however GA ESIII's may assist the GA supervisor in completing non-formal case reviews, as well as complete formal GA case reviews if the GA supervisor is absent.

Program Managers must give approval for GA ESIII's to complete formal GA case reviews. Any dollar error cited by a GA ESIII must be approved by the GA supervisor prior to finalizing the case review.

Any exceptions must be discussed and approved by the Program Manager

.3 Accuracy Rate Calculation

- .31 Each month the GA supervisor will calculate the accuracy rate using the same formula used to calculate the CalFresh case review accuracy rate (The document used for the GA Review is located in the Excel Program used for the supervisor reviews process/policy. CalFresh Roll-ups. CO730E Supervisor Case Review (12-02))

.32 At the end of each quarter the GA supervisor is to combine all three months of review into one accuracy rate for each GA specialist.

.33 The GA supervisor is to submit a CO730E (12-02) [Excel Supervisor Roll-Up] with the following:

- Specialist Number
- Caseload Number
- Number of Cases Reviewed
- Number of Cases in Error
- GA Dollars Issued
- GA Dollars Issued in Error
- Accuracy Rate is calculated by the Excel Program

.4 Types of Errors

The General Assistance Supervisor will submit the individual unit accuracy rates to the Program Managers by the 7th of the following month. The Program Managers will forward a copy of their respective office GA accuracy reports to the GA Analyst and the Branch Director by the 15th working day of the following quarter.

.41 The formal GA review process began July 1, 2006 in all Community Benefits Offices. The Branch accuracy goal for Intake and Ongoing staff members is 97% for General Assistance.

- Dollar Errors
- Procedural Errors
- Unable to Determine

.42 A GA case will be determined to have a **dollar error** (overpayment, underpayment) if any of the following are discovered lacking during a case review:

- Failure to verify citizenship/alien status.
- Failure to verify income.
- Failure to obtain SSN or proof of application for SSN.
- Failure to determine correct HH composition.
- Failure to determine resource level.

- Mathematical computation errors which affect the GA allotment.
- Overdue or late renewal for a GA case with an FBU of other than cases designated “Employable”. The EBT benefits will continue to issue on these specific cases.

A GA case will be determined to have a **procedural error** if any of the following are discovered during a case review:

- Failure to complete the SAWS2PLUS according to current policy and procedure.
 - Failure to document all customer/department contact in case comments in a C-IV journal entry.
 - Overdue or late case renewal for cases designated “Employable”.
 - Failure to provide 10-day notice.
 - Failure to retain a copy of current NOAs in the case file. This may include; discontinuances, denials, grantings, or change in GA grant amount.
 - Failure to take action when information is reported in timely manner by the applicant/recipient, and an eligibility error has not occurred.
 - Case alerts not set for a future action, or not acted upon and an error has not occurred.
 - Agency caused error for failure to process an application in a timely manner (within the prescribed 30-day window to take action on all GA applications).
- .43 A GA case will be given a designation of **Unable to be Determined** (UTD) if the GA case file does not contain documentation or verification, at the time of the supervisor review/audit to determine or verify eligibility as outlined in the GA Handbook.

.431 Case review allotment verification

When reviewing a GA case, supervisors are to review the following:

For active/discontinued GA cases:

- Refer to the C-IV Issuance History that corresponds with the month of the GA case review.
- Ensure that the Issuance History in C-IV and the NOA in the case file correspond with the amount issued.
- If there is a discrepancy, deeper case review is mandatory.
- Once rectified, the issued versus correct allotment will determine the actual error.

For denied GA applications:

- The dollar amount attributed to the accuracy level must correspond with the HH composition and other case variables.

For example:

- Single, homeless individual maximum allotment is \$340. If the case is denied, we can attribute \$340 to a properly denied GA application.
- Single individual, with a maximum allowable of \$340. If the case is denied, we can attribute \$340 to a properly denied GA application.
- Single individual, with housing costs, maximum allowable is \$340 and has \$100 in SDI. If the case is denied, we can attribute \$240 to a properly denied GA application.