

David A. Paterson *Governor*

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE 40 NORTH PEARL STREET ALBANY, NY 12243-0001

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Commissioner

Administrative Directive

Section 1

Transmittal:	08-ADM-11		
To:	Local District Commissioners		
Issuing Division/Office:	Center for Employment and Economic Supports		
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Subject:	Interim Assistance Reimbursement (IAR) Consolidated Policy and Procedures		
Suggested Distribution:	Accounting Supervisors Child Assistance Program Coordinators Employment Coordinators Fair Hearing Officers Food Stamp Directors Medical Assistance Directors		
	Staff Development Coordinators		
	Temporary Assistance Directors		
Contact	TOP Coordinators		
Person(s):	Temporary Assistance Questions Contact Temporary Assistance Bureau at 1-800-343-8859, extension 4-9344. Fiscal Questions: Regions 1 - 4: James Carroll (518) 474-7549 E-mail address: James. Carroll@otda.state.ny.us		
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	E-mail address: Michael.Borenstein@otda.state.ny.us Region 6: Marian Borenstein (212) 961-8250 E-mail address: Marian.Borenstein@otda.state.ny.us Medicaid – Upstate Local District Liaison at (518) 474-8887, Medicaid New York City Liaison at (212) 417- 4500 Attachment A: Definitions		

Attachment B: Frequ	uently Asked Questions
Attachment Available On – Line:	Yes

Filing References

Previous	Releases	Dept. Regs.	Soc. Serv. Law &	Manual Ref.	Misc. Ref.
ADMs/INFs	Cancelled		Other Legal Ref.		
08 ADM-06	97 LCM-14	Part 353	SSL 158	TA Energy	
08 ADM-05	93 INF-12	Part 358	SSL 211	Manual Section	
07 ADM-06	91 LCM-50	Part 359		IV	
07 LCM-04	90 INF-28	Part 370.5			
04 ADM-05	81 ADM-59	Part 371		TASB Chapter	
99 ADM-07	74 ADM-176	Part 360		10	
99 LCM-20					
94 ADM-01					
94 ADM-10					
93 INF-12					
89 ADM-02					
88 LCM-16					

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I. Summary

This Administrative Directive (ADM) communicates the required actions that Social Services Districts (SSDs) must perform to comply with the Interim Assistance Reimbursement (IAR) agreement the State has with the Social Security Administration (SSA) and ensures that Interim Assistance (IA) can be recovered. This directive also consolidates IAR policy and required SSD actions into a single document.

The IAR agreement sets forth specific steps that SSDs must perform to be reimbursed by the SSA for IA provided to recipients of Safety Net Assistance (SNA) while their Supplemental Security Income (SSI) applications are pending. Failure to adhere to these guidelines may jeopardize reimbursement. Therefore, it is essential that all SSDs review their current operations to ensure that their internal procedures support the required actions listed in this directive.

II. Purpose

The purpose of this directive is to make SSDs aware of the required actions they must perform to comply with the IAR agreement the State has with the SSA. This directive also consolidates IAR policy and required SSD actions into a single document.

III. Background

Section 211 of the Social Services Law provides the authority for the State to enter into an agreement with the federal government to obtain reimbursement for SNA or any other payment made exclusively from State or local funds to meet basic needs, during the pendency of individuals' SSI application, or during a period in which their SSI benefits were incorrectly suspended or terminated and subsequently restored (referred to as post eligibility IA).

Payments for basic needs are defined by 18 New York Codes, Rules and Regulations (NYCRR) 353.2 (2) as including, but not being limited to:

- Safety Net Assistance (SNA)
- Veterans Assistance
- Institutional care for adults pursuant to 18 NYCRR Part 371 which allows for cost incurred to shelter adults in a city or county home.
- Foster care payments funded totally from State and local funds (i.e., no federal funding). (For more information see section V.P of this Administrative Directive for instructions and/or 94 ADM-01.)

Section 1616 of the Social Security Act provides for the State and federal government to enter into an agreement whereby the federal government may transmit the IAR payment directly to the SSD if certain requirements are met. Since 1974, this Office has had an ongoing agreement with the SSA which identifies the conditions and responsibilities New York State must follow to allow the SSA to withhold an SSI recipient's initial or post eligibility SSI payment, and forward it to a SSD as reimbursement for IA. Effective July 1, 2005, the Office of Temporary and Disability Assistance (OTDA) and the United States Department of Health and Human Services (HHS) entered into a newly revised "Agreement for Reimbursement to State for Interim

Assistance Payments between the Social Security Administration (SSA) and the State of New York".

IV. Program Implications

This ADM provides instructions for the actions SSDs are required to perform to comply with the conditions identified in the revised IAR agreement to obtain IAR directly from the SSA. If SSDs do not follow the required actions listed in this ADM, their ability to be reimbursed for IA directly by the SSA may be jeopardized or denied. It is essential that all SSDs review their current operations to assure that their internal procedures support the required actions listed in this ADM.

V. Required Actions

A. Actions Social Services Districts Must Perform

- 1. If an applicant or recipient is determined eligible for IA, the SSD must issue interim assistance for as long as eligibility continues.
- 2. Pursuant to SSL 158 (2), a Temporary Assistance (TA) applicant or recipient must authorize SSA to transmit a payment for IAR directly to the SSD from the individual's initial SSI Payment or initial post eligibility payment. The SSA's required written authorization language is found in the Statewide Common Application form (LDSS-2921), the Recertification Application (LDSS-3174) and the Mail-In Recert/Eligibility Questionnaire (LDSS-4887). In order to ensure that the SSD obtains the appropriate authorization, all adult TA applicants and recipients (at each recertification) must, as a condition of eligibility, sign and date the application or recertification form. This authorization remains valid until SSA has made a final determination on the SSI applicant or recipient's claim. A signed authorization applies to any IA paid to a SNA applicant or recipient.
- 3. The applicant or recipient's application (or recertification) date must be entered in the Welfare Management System (WMS). Recertification date is defined as the date a signed and dated recertification form is submitted to a SSD.
- 4. Timely calculate the amount of IA to be recovered.
- 5. The TA household's eligibility must be immediately reevaluated and appropriate action must be taken including, if necessary, reducing or discontinuing assistance. The SSD may use electronic or non-electronic notification from the SSA as documentation that a TA applicant or recipient has been determined eligible for SSI. If the SSI income changes a TA recipient's grant amount or results in ineligibility for TA, an adequate notice must be provided.
- 6. Within ten working days of the SSD receiving the IAR payment from the SSA, provide every TA recipient with a complete accounting of his/her SSI benefits withheld as reimbursement for IA by completing and mailing a LDSS-2425 "Repayment of Interim Assistance Notice" or a W128HH (NYC) notice.

- 7. After the SSD has received an individual's entire initial <u>direct</u> SSI payment or post eligibility payment from the SSA, the SSD must complete and maintain an accounting of the IA reimbursed to the SSD, and send the balance of the initial payment, if any, to the recipient **within ten working days**. (See section V.D of this ADM for instructions on the direct SSI payment method.)
- 8. When the SSD has been notified by the SSA that an individual is eligible for an initial installment SSI payment or post eligibility payment, the SSD must complete the accounting of the IAR amount to be paid directly to the SSD from the SSA by completing and faxing the SSA accounting form, SSA-8125-F6, within 10 working days of receiving the form. If the SSD fails to fax the SSA-8125-F6 within 10 working days, the SSA will send a second request to the SSD, and the SSD must fax the completed form to the SSA Field Office (FO) within 15 working days of receiving the second request. If the SSD fails to provide SSA with the completed form within the required time frame, the SSD will lose IA for this recipient. The SSA will disburse the entire initial SSI payment to the recipient in installments. (See section V.E of this ADM for instructions on the installment SSI payment method.)
- 9. For districts outside of New York City (NYC), the Benefit Issuance Control System (BICS), Cash Management System (CAMS) or district accounting records must be reviewed to determine if an overpayment was paid to, or on behalf of, a SNA recipient during the IA period. Any overpayment issued to a SNA recipient via BICS during the IA period can be recovered from the individual's initial SSI payment. For NYC, all system or accounting records must be reviewed to determine if an overpayment was paid to, or on behalf of, a SNA recipient during the IA period. (See section V.K of this ADM for instructions on the recovery of overpayments.)
- 10. The SSD must determine if any recoupment amounts deducted from the Automated Budgeting Eligibility Logic (ABEL) budget during the IA period can be recovered. SSDs can recover the entire amount of an SNA grant paid during the IA period, including the amount withheld by recoupment for overpayments that originated prior to the IA period. (See section V.K of this ADM for instructions on the recovery of recoupments.)
- 11. If IA was recovered by any other means, such as a lawsuit settlement, lottery offset, and/or lien, the IA amount must be reduced to reflect the recovery.
- 12. The SSD must determine if during the IA period multiple SSD(s) provided IA to the same individual. If so, the SSDs must follow the instructions in section V.H of this ADM.
- 13. SSDs must keep accurate accounting records concerning each recipient and the records must be available for inspection by this Office and by SSA. These records must include all of the following information:
 - (a) The amount of the initial payment received from SSA;
 - (b) The amount of IA paid to the individual; and
 - (c) The date the initial payment was received from SSA.

- 14. The completed OTDA-3073 "Transmittal of SSA-8125s", and all supporting SSA-8125s, SSA-8125-F6 or, if appropriate, LDSS-2425s or W128HHs (NYC), must be mailed, in a single batch, to this Office by the fifteenth of the following month in which the SSD received IAR. (See section V.M of this ADM for instructions.)
- 15. All IAR case processing records such as forms from the SSA, application/recertification forms, and SNA payment records, must be maintained for at least six years.

B. Determine the Interim Assistance Period

Initial Eligibility

The term "initial eligibility" refers to the period of time between which an individual applied for SSI benefits and the time the individual is eligible to receive an SSI payment.

For initial eligibility, the IA period begins with the first month the individual was
eligible for <u>payment</u> of SSI benefits and ends with and includes, the month in
which the initial SSI payment is received or the following month if the SSD
cannot promptly stop making the last SNA payment.

For example: An individual applied for SSI on June 25, 2007. On October 6, 2008 the SSD received an SSA-8125–F6 that the individual was eligible for an SSI payment retroactively from July 1, 2007 to October 31, 2008 with ongoing SSI payments beginning on November 1, 2008. The individual continuously received SNA benefits effective August 1, 2007. The individual received a SNA payment and was eligible to receive a SSI payment for the entire time period he received TA. The IA period is from August 2007 to October 2008.

Post Eligibility

The term "post eligibility" refers to the period of time when an SSI recipient's benefits were wrongfully terminated and subsequently reinstated.

 For post eligibility, the IA period begins on the first day for which a TA recipient's SSI benefits were retroactively reinstated after a period of wrongful suspension or termination, and ends with the month the individual's SSI benefit payments resume, or the following month if the SSD cannot promptly stop making the last SNA payment.

For example: An individual's SSI benefits were wrongly suspended on January 1, 2008. On January 3, 2008 the individual applied for TA. The individual received SNA beginning February 16, 2008. On March 2, 2008 the SSD received an initial post eligibility check for the payment period from January 1, 2008 to March 31, 2008 with notice of ongoing SSI benefits to begin April 1, 2008. The IA period is from February 2008 to March 2008.

SSDs are reminded that once notification is received that a recipient is eligible for an SSI initial or post eligibility payment the household's eligibility must be immediately reevaluated and appropriate action must be taken including, if necessary, reducing or discontinuing assistance. In addition, reasonable effort must be taken to timely stop the last SNA payment from being issued.

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C. Calculate the Amount of the Interim Assistance Reimbursement

All of the following actions must be taken to accurately calculate the amount of IA to be recovered.

- 1. Determine the IA period.
- 2. Determine the SSI initial eligibility payment period. The SSI initial eligibility period is the period of time between which an SSI recipient was <u>eligible</u> to receive SSI payments and the time ongoing SSI payments began. For example, a SSD received a payment summary notification from SSA that reflected Mr. Brady was eligible to receive SSI of \$690 per month from July 1, 2008 to September 30, 2008 and ongoing SSI payments to begin on October 1, 2008. The initial SSI payment period is July 1, 2008 to September 30, 2008.
- 3. Do not recover any payments that are federally funded including:
 - Home Energy Assistance Payments (HEAP)
 - Food Stamps benefits
 - Emergency Assistance to Families (EAF)
 - Family Assistance benefits
 - Employment payments financed with federal funds.
- 4. Do not recover any Safety Net Non-Cash Assistance Federally Participating, case type 12, payments (SN-FP).
- 5. Determine the amount of SNA payments issued (date of check) to the recipient during the IA period. These payments include:
 - Safety Net Assistance payments Case Type 16 (SN CSH) and 17 (SN FNP)
 - Veterans Assistance payments
 - Institutional Care for adults pursuant to 18 NYCRR Part 371 which allows for cost incurred to shelter adults in a city or county home.
 - Foster Care payments funded totally from State and local funds (i.e., no federal funding). (For more information see section V.P of this ADM for instructions and/or 94 ADM-01.)

The SNA amount issued to a recipient during the IA period may include the following:

- Any recoupment amount subtracted from the ABEL budget during the IA period to repay overpayment claims that apply to overpayments that originated <u>prior</u> to the IA period. (For more information see section V.K of this ADM.)
- Any payment for basic needs made from 100% State or local funds paid during the IA
 period regardless of whether or not the payments are for expenses <u>incurred</u> during the
 interim period. For example, an SSD can recover the amount of SNA paid for fuel during
 the interim period even though the bill was for fuel provided prior to the interim period.
 Conversely, a bill for fuel received during the interim period but paid by the SSD after

the IA period cannot be recovered. An exception is the payment for energy restrictions must be within the IA period.

• The total monthly amount of SNA paid can be recovered from the total <u>sum</u> of the recipient's initial SSI payment as long as, for the month SNA was paid, the recipient was eligible to receive <u>both</u> an SNA payment and an SSI payment. For example, a single SNA individual was eligible to receive SNA payments from January 1, 2007 to June 30, 2007. The SSI eligibility period was February 2007 to June 2007 (the ongoing SSI payment began July 2007). During the IA period the recipient received the following SNA payments and was eligible to receive the following SSI payments:

	Recipient Income	IA Payments	SSI
January	0	352	0
February	0	600	424
March	0	352	724
April	340	12	724
May	0	352	724
June	0	352	724
Total	340	2,020	3,320

In February, the SNA payment of \$600 included a payment for emergency housing. Even though the SNA recipient was only eligible to receive \$424 in an SSI payment the entire \$600 of SNA paid to the recipient in that month can be recovered from the total initial SSI amount. No IA amount can be recovered for the month of January because both a SNA and an SSI payment were not received for that month.

- 6. Do not recover any IA made prior to the SSA's determination of initial SSI eligibility.
- 7. Do not recover any IA for any month that the recipient was not eligible to receive both an SNA payment and a SSI payment.

For Example:

A SNA recipient is eligible for an initial SSI payment. SNA payments were paid as follows:

Date of Payment	<u>Date of Service</u>	<u>Amount</u>
10/18/07	09/06/07-09/30/07	\$336.00
10/18/07	10/01/07-10/31/07	\$336.00
11/01/07	11/01/07-11/30/07	\$336.00

Information from the SSA provided the following summary of initial SSI eligibility payments that the individual was determined eligible to receive:

<u>From</u>	<u>To</u>	<u>Amount</u>
08/07	08/07	\$710.00
09/07	12/07	\$ 0.00
01/08	01/08	\$103.38
02/08	02/08	\$447.67

Zero IA can be recovered from the initial SSI payment. **Districts must not recover any IA for any month that the recipient was not eligible to receive both an SSI payment and a SNA payment.** The September 6, 2007 service date was not paid until October 18, 2007 and the recipient did not receive any initial SSI for the month of October or any other months a SNA payment was made; therefore, zero can be recovered.

NOTE: For New York City. The WMS Benefit Issuance History inquiry along with other additional NYC issuance systems can be used to determine payments made to the recipient. For SSDs outside of NYC, BICS can be used to determine payments made to the recipient. The SSDs outside of NYC can request the Case Record of Assistance Report through BICS Production Request (BPR) 44. The report can be requested for a specific case number and time period. It is recommended that the requested "from" and "to" dates be at least one month greater than the actual SSI period to ensure that all eligible payments are included on the report.

Examples – Calculating Amount of IA

The following is an example of calculating the IA period and total IAR due for an initial <u>direct</u> SSI payment:

Example: On August 15, 2008 the SSD received an initial SSI direct payment check from SSA in the amount of \$2,070. The TA recipient received Food Stamps, Medicaid, HEAP and \$296 monthly SNA beginning April 1, 2008. The individual was found eligible to receive SSI from June 1, 2008 to August 31, 2008 and ongoing SSI effective September 1, 2008. The IA period is June 2008 to August 2008.

The following payment summary information was provided by SSA on the SSA-8125:

Month	Year	Amount of SSI paid to Comments
		Recipient
June	2008	\$690
July	2008	\$690
August	2008	\$690
Total		\$2,070

An SSD provided SNA from April 1, 2008 to August 31, 2008 in the amount of \$1,480:

Month	Year	Amount of SNA Paid to
		Recipient
April	2008	\$296
May	2008	\$296
June	2008	\$296
July	2008	\$296
August	2008	\$296
Total		\$1,480

The SSD is entitled to recover \$888 from the SSI retroactive check as follows:

Month	Year	Amount of	Comments
		Recoverable IAR	
April	2008	0	Cannot recover because
			date is prior to SSI
			eligibility date
May	2008	0	Cannot recover because
			date is prior to SSI
			eligibility date
June	2008	\$296	
July	2008	\$296	
August	2008	\$296	
Total		\$888	

The SSD cannot recover Food Stamps, Medicaid or HEAP because they are paid at least in part from federal funds. The SSD can recover the \$296 it paid monthly for June, July and August. The SSD cannot recover any money for April or May because these months are prior to the SSI eligibility date. The SSD must send the balance of the SSI retroactive payment of \$1,182 to the recipient within 10 working days of receiving the SSI check from the SSA.

The following is an example of calculating the IA period and the total IAR due for posteligibility:

Example: Mr. Joe Bobbin was receiving ongoing SSI benefits (living alone) until they were wrongly suspended on January 1, 2008 because the SSA incorrectly identified him as being incarcerated. Mr. Bobbin immediately contacted the SSA to have his SSI benefits reinstated. On January 1, 2008, Mr. Bobbin applied for TA while he was awaiting SSI reinstatement. Mr. Bobbin received SNA beginning February 2, 2008. On March 26, 2008, the SSD received an initial post eligibility check in the amount of \$1,998 for the payment period of January 1, 2008 to March 31, 2008. Ongoing SSI benefits became effective April 1, 2008. The IA period is from February 2008 to April 2008 (the 4/1 SNA payment could not be stopped).

The following payment summary information was provided by the SSA on the SSA-8125.

Month	Year	Amount of SSI Paid to Recipient
January	2008	\$666
February	2008	\$666
March	2008	\$666
Total		\$1,998

The SSD provided IA to Mr. Bobbin in the amount of \$592 from 2/17/2008 to 4/15/2008 (the 4/1 SNA payment could not be stopped).

Month	Year	Amount of IA Paid to
		Recipient
February	2008	\$148
March	2008	\$296
April	2008	\$148
Total		\$592

The IA period is February 2008 to April 2008. The SSD is entitled to recover \$592 from the SSI initial payment, as follows:

Month	Year	Amount of Recoverable IAR	Comments
January	2008	\$0	Zero IA was paid during this month, therefore no IA can be recovered but the initial SSI payment may be used to repay IA during the IA period
February	2008	\$148	-
March	2008	\$296	
April	2008	\$148	Can recover because unable to stop last TA payment
Total Recoverable IA		\$592	

The SSD may recover the \$148 it paid monthly for February, \$296 for March, and \$148 for April, a total of \$592. The total amount of the initial post eligibility payment (including January) is used to recover IA paid out during the IA period. The SSD must send the balance of the retroactive SSI post eligibility payment in the amount of \$1,406 to the recipient within 10 working days of receiving the check from SSA.

D. Direct SSI Payments

"Direct payment" is the method of disbursing retroactive SSI benefits that the SSA uses when it sends an individual's entire initial SSI payment or post eligibility payment to the SSD, and the SSD disburses the money. Effective May 8, 2006, this method is utilized only when the initial SSI payment amount is no more than three (3) times the maximum monthly SSI benefit (Federal benefit rate plus the federally administered State supplement amount).

18 NYCRR Part 353, New York's IAR agreement with the federal government, and federal law all require SSDs to process an individual's initial SSI payment, or post eligibility payment within **10 working days** from the date the SSD receives the SSI payment.

The SSD <u>must</u> complete the following actions when a direct payment is received from the SSA:

- 1. Document the date the SSA 8125 is received by the SSD.
- 2. Within 10 working days of receipt of an individual's initial direct payment SSI check from the SSA:
 - Determine the IA period;
 - Calculate and retain the IAR amount; and
 - Timely disburse any balance to the TA recipient.

The SSD must make every effort to meet the 10 working day requirement.

Note: If an SSD receives an IAR check from SSA but does not receive the SSA accounting form (SSA-8125), the SSD must contact the local SSA Field Office (FO) immediately and obtain the necessary information. SSDs must document in the case record how long it takes SSA to respond to the SSD's request for information. This will document delays in processing IAR caused by the SSA. This information must be maintained and made available for fair hearings, court cases and this Office.

- 3. Reevaluate the household's TA eligibility and take appropriate action, if necessary, by reducing or discontinuing assistance. An adequate notice must be provided.
- 4. Complete and send the LDSS-2425 "Notification of Repayment of Interim Assistance" (Rest of State) or the W128HH (NYC). This notice is sent when the SSD sends the balance due from the initial SSI check to the individual.
- 5. Federal regulations mandate that if a SSD is unable to disburse the balance of the IAR to the recipient (address unknown or deceased), the SSD must refund the balance to the SSA.
- 6. Complete the "States Accountability Report" section of the SSA-8125 for each TA recipient receiving an initial direct SSI payment. The SSD must retain a copy of the

SSA-8125 to complete the monthly OTDA-3073 form. All SSA-8125s and SSA-8125-F6s received during a month must be bundled with the OTDA-3073, and sent in a single batch to this Office monthly in accordance with the instructions provided in section V.M of this directive.

7. Maintain all IAR case processing records such as the SSA-8125, application/recertification and SNA payment records for at least six years.

Example - Direct Payment Method

Rainn Brady applied for SSI benefits on June 6, 2008. He applied for TA benefits on August 8, 2008 because he was unable to meet his basic living expenses. Due to a shelter emergency, Mr. Brady began receiving SNA benefits of \$296 monthly effective August 8, 2008. Mr. Brady also received Food Stamps and Medical Assistance.

On September 7, 2008, the SSD received the automated SSA form, SSA-8125. The SSA-8125, payment summary reflected that Mr. Brady was eligible to receive SSI of \$690 per month from July 1, 2008 to September 30, 2008. Ongoing payments began on October 1, 2008. On September 9, 2008, the SSD received an initial SSI check in the amount of \$2,070 for Mr. Brady.

Once notified that Mr. Brady was eligible to receive SSI, the SSD reevaluated his TA eligibility and determined that the case must be discontinued. An adequate notice was provided.

The IA period is August 2008 to September 30, 2008. <u>Food Stamps and Medical Assistance are not recoverable payments</u>. The IA amount to be recovered by the SSD is \$592. The amount of the retroactive check to be returned to Mr. Brady is \$1,478. The check was mailed to him on September 15, 2008 which was within the 10 work day requirement. Along with the \$1,478 check, the SSD sent a manual notice, LDSS-2425 or the W12HH (NYC), to the recipient.

The SSD must complete the "State's Accountability Report" section of the SSA-8125. The SSD must retain a copy of the SSA-8125 to complete the monthly OTDA-3073 form. The SSD also must retain a copy of the SSA-8125, to bundle with remaining copies of the SSA-8125 and manual SSA-8125s received during the month, to send to this Office monthly, in accordance with the SSA agreement.

E. Installment SSI Payments

The SSA is required by law to disburse initial SSI payments in installments when the past due SSI benefits exceed three (3) times the maximum monthly SSI benefit (Federal benefit rate plus the federally administered State supplement amount).

When an SSI recipient is eligible to receive an initial installment payment, the SSA will prepare and fax to the SSD a SSA-8125-F6 "IAR Payment Pending Case State Due Payment". The form can be distinguished by the identifier "IAR - Payment Pending Case" appearing on page one of the form. When the local SSA FO receives the completed SSA-8125-F6 from the SSD, the SSA FO will review for completeness and, if correct, will authorize and transmit an amount to be paid to the SSD as IAR. Any remaining balance from the initial SSI amount will be disbursed by the SSA directly to the recipient in installments.

The SSA Field Office (FO) notifies the SSD of a recipient's eligibility for an initial installment SSI payment by faxing the SSD an SSA-8125-F6 "IAR Payment Pending Case State Due Payment" form. Once this is received, the SSD <u>must</u> complete the following actions:

- 1. Document the date the SSA-8125-F6 is received by the SSD.
- 2. Complete the "State's Account of Reimbursement Claimed" section of the SSA-8125-F6 and fax the form within **10 working days** to the SSA FO, listed on page one of the form.

If the SSD fails to fax the SSA-8125-F6 within **10 working days** to the SSA FO, the SSA FO will send a second request to the SSD. The SSD must then fax the completed form to the SSA FO within **15 working days** of receiving the form. If the SSD fails to provide the SSA FO with the completed form within **15 working days**, the SSD will not receive IA for this recipient. The SSA will then disburse the entire initial SSI payment to the recipient in installments.

If the SSA has notified the SSD that they have faxed the form, but have not received a completed SSA-8125-F6, and the form was never received by the SSD, the SSD must contact the appropriate SSA FO to determine if the first copy had been lost. The SSD must document the situation in the case record to assist in documenting delays in processing IAR caused by the SSA. This information must be maintained and made available for fair hearings, court cases, and this Office.

- 3. Develop and maintain a record keeping system that identifies the amounts of IAR received from the SSA. This information will be necessary to comply with auditing requirements. Complete the monthly OTDA-3073 form and satisfy record keeping requirements listed in the IAR agreement with SSA.
- 4. Reevaluate the household's TA eligibility and take appropriate action as necessary, including reducing or discontinuing assistance. An adequate notice must be provided; a timely notice is not necessary.
- 5. Complete and mail an LDSS-2425 "Repayment of Interim Assistance Notice" or W128HH (NYC) notice to the TA recipient within 10 working days of receiving the IAR payment from the SSA.
- 6. Retain a copy of the SSA-8125-F6 to complete the monthly OTDA-3073 form. All SSA-8125-F6s received during the month must be bundled with the OTDA-3073, and sent in a single batch to this Office monthly in accordance with the instructions provided in section V.M of this directive.
- 7. Maintain all IAR case processing records such as the SSA-8125-F6, application/recertification and SNA payment records for at least six years.

Example - Installment Method:

Brad Prescott applied for SSI benefits on September 23, 2005. He applied for TA on March 15, 2006. Effective May 1, 2006, he became eligible for a SNA benefit of \$296 monthly. On October 22, 2008, the SSD received a SSA-8125-F6 for Brad Prescott.

The SSA–8125-F6 provided the following information:

- Date of SSI payment eligibility: 10/01/2005
- Amount of SSI retroactive benefits due: \$13,738
- Month and amount of recurring SSI payment 11/2008 \$676 monthly

The SSD has 10 working days to complete the SSA-8125-F6 "State's Account of Reimbursement Claimed" section and fax the SSA-8125-F6 to the SSA FO. To complete the "State's Account of Reimbursement Claimed" the SSD must determine the IA period and calculate the IAR amount.

The IA period is May 2006 to November 2008 (last SNA benefit could not be stopped). Mr. Prescott received a SNA and was eligible to receive an SSI payment during the entire IA period. The total IAR amount is \$5,476 (\$296 per month from 5/1/2006 to 10/31/2008 plus an additional \$148 can be added because the last SNA benefit for 11/1/2008 to 11/15/2008 could not be stopped).

Once notified that Mr. Prescott was eligible to receive SSI, the SSD reevaluated his TA eligibility and determined that his assistance must be discontinued because his SSI income exceeded his TA needs. An adequate notice was provided.

On October 30, 2008, the SSD faxed the completed SSA-8125-F6 to the SSA FO. A copy of the completed SSA-8125-F6 must be retained in the recipient's case record. After SSA receives the SSA-8125-F6 from the SSD, it will review the form and distribute an amount for IAR to the SSD. Any remaining balance from the initial SSI check will be disbursed in installments by SSA directly to the recipient. A LDSS-2425 or a W12HH (NYC) notice must be provided to the recipient.

F. Interim Assistance Calculation for Individual Who is Part of a Multi-Person Household

The **incremental budgeting method must be used** to determine the amount of IA that can be recovered from the initial SSI benefit of an individual who was part of a multiperson household. Incremental budgeting is:

- The difference between the SNA benefits the family received during the IA period with the SSI recipient included in the household count, and his/her income and/or additional allowance(s) budgeted; and
- The amount of SNA the family would have received during the IA period with the SSI individual deleted from the household count along with the deletion of the SSI individual's income and additional SNA allowance(s).

To determine the amount of IA to be recovered from a multi-person household, complete the following steps:

- 1. Determine the IA period;
- 2. Determine the actual amount of SNA the family received during the IA period with all household members (including the SSI recipient's) included in the household count, all income, and additional allowances included in the budget;
- 3. Determine the amount of SNA the remaining household members would have received during the IA period. Be sure to delete the SSI individual from the household count and delete his/her income and or additional allowances from the budget; and
- 4. Subtract the total of number 3 from the total of number 2.

The SSDs cannot recover emergency SNA provided to members of a multi-person household that includes an SSI recipient during the IA period, unless the district can determine that the assistance provided was specifically for the SSI individual. For example, the amount of the SSI recipient's share of a utility shut-off payment made to a multi-person household during the interim period can not be distinguished from the other household members and therefore cannot be recovered. However, an emergency payment directly attributable to the SSI recipient, such as a restaurant allowance, can be recovered.

TA eligibility for the remaining household members must be determined as follows:

Special consideration is required when family members form a filing unit and the SSI family member would be a required filing unit member but for the receipt of SSI.

For TANF-funded cases (case types 11 and 12), an individual in receipt of SSI is not included in the case's household or case count. Additionally, the individual's income is not considered in determining the eligibility of the remaining household members. *Example:* A husband, wife, and a 6-year-old child in common reside together and the child is an SSI recipient. The family is in receipt of FA. The case would not include the SSI child or the child's income in the case. Therefore, the case is budgeted as a household (HH) of 2 and case (CA) of 2.

For SNA cases (case types 16 and 17), you must determine if the household is subject to <u>Rice</u> proration budgeting, <u>Rice</u> budgeting applies *only* when:

- The SSI recipient is a "legally responsible relative" (LRR) and
- There are no children on the case under age 18 (or age 18 and in full-time secondary school or the equivalent).

When the SSI recipient is also a legally responsible relative, the SSI recipient is included in the household count, but not the case count. (See *Rice Budgeting*, 94 ADM 10). *Example:* A husband, wife, and 20-year-old daughter reside together and the wife is an SSI recipient. The husband and wife are legally responsible for each other and for the daughter who is under 21. The SSI wife/mother is included in the household count but not the case count, therefore, the case is budgeted as a household (HH) of 3 and case (CA) of 2.

Note: No SNA case that is eligible to be claimed for Maintenance of Effort (MOE) can have the Rice proration applied even if the child is not active on the case.

Example: A husband, wife, and a 12-year-old child in common reside together and the wife is an SSI recipient. The family is in receipt of SNA (case type 16) after exhausting TANF-funded benefits and transitioning to SNA. Because this is an SNA/MOE case, we would not include the SSI wife or the wife's income in the case. Therefore, the case is budgeted as a household (HH) of two and case (CA) of two.

The following are examples that will illustrate the steps needed to calculate IAR for multi-person households:

Example: Two Person Household - One receives SSI

Mr. and Mrs. Warren applied for TA benefits on January 5, 2008. They began receiving cash SNA benefits on February 18, 2008. Based on a review of Mr. Warren's medical documentation, the SSD determined that he may be eligible for SSI and required Mr. Warren to apply for SSI as a condition of eligibility for TA. On July 15, 2008, the SSD received Mr. Warren's initial direct SSI check in the amount of \$2,408. On July 16, 2008, the SSD received the SSA-8125. The SSA-8125 payment summary reflected that Mr. Warren was eligible to receive SSI effective May 1, 2008. Ongoing SSI payments began August 1, 2008.

Step 1: Determine the IA period. The IAR period is three months - May 2008 through July 2008.

Step 2: Determine the amount of SNA the family received during the IAR period with the SSI recipient and his/her additional allowances and income included in the budget/household count. The amount of SNA the two person household received during the IA period is \$1,350 (\$450 x 3). Step 2 is illustrated with the following ABEL budget:

```
CASE NAME
                   CASE NO.
                             OFC UNIT WORKER TRAN CASE IVD
                      SCRATCHPAD
WARREN, DAVID
                                         LLF
                                               05
                                                  16
                                      ***** EARNED INCOME
HH CA DP-HH DP-CA HC LF PI SI PSP PSF
*****
02 02
          01
                       # LN 30I 30M SRC FRQ D HRS CCR
TY R
        ACTUAL ALLOW
                                1:
   BASIC
             17900
                          2:
   ENRGY
               2250 **** OTHER INCOME ****
                                             0 GROSS
                                                         0
                                                           0
   SPMNT
               1700 LN SRC F AMOUNT EXEMPT
                                               0 TAXES
           25000 17700
01 E SHELT
                              0
                                      0 NYS DIS
                                                  0
                0
                         0
                             0
                                                0
   WATER
            0
                                 0 WORK EXP
               5500
 1 X FUEL
                          0
                              0
                                  0 EXEMPT
                                               0
   OTHER
            0
                0
                    TOTAL NET
                                  0
                                      0 CH CARE
                                                   0
   OTHER
            0
                0
                    $$$$ PA GRANT $$$$$
                                         0 CH CARE
                                                       0
   OTHER
            0
                0
                    TOTAL NEEDS 45000
                                         0 CH CARE
                                                       0
   TOTAL NEEDS
                 45000
                         TOTAL INC
                                      0
                                           0 DISREGARD
                                                          0
****** RECOUPMENT ******* CD / AMT D 45000
                                                   0 TOT DED
                                                                0
TY BALANCE %
                MO AMT REM RECOUPMENT
                                               0
                                                   0 UNAVAIL
                                                                 0
                             2500
                                                 0
    0.000
             0
                0 UTIL/RES
                                    0 NET INC
    0.000
             0
                0 SHELT/RES
                              25000
    0.000
             0
                0 RESTRICTED
                               5500 * EFFECTIVE DATE *
RECALC
         0.00
                 0
                     SEMI CASH
                                  6000 050108 TO 073108
```

Step 3: Determine the amount of SNA the remaining household members would have received during the IAR period with the SSI recipient and their additional TA allowances (if any) and/or income deleted from the budget/household count. The amount of SNA that a one person household would have received is \$1,032 (\$344 x 3). Step 3 is illustrated with the following ABEL budget:

```
CASE NAME
                   CASE NO.
                             OFC UNIT WORKER TRAN CASE IVD
WARREN, DAVID
                      SCRATCHPAD
                                        LLF
                                              05 16
                                      ***** EARNED INCOME ******
HH CA DP-HH DP-CA HC LF PI SI PSP PSF
01 01
          01
                       # LN 30I 30M SRC FRQ D HRS CCR
TY R
        ACTUAL ALLOW
                               1:
  BASIC
                          2:
             11200
  ENRGY
              1410 **** OTHER INCOME ****
                                                         0
                                            0 GROSS
              1100 LN SRC F AMOUNT EXEMPT
                                                          0
  SPMNT
                                              0 TAXES
01 E SHELT 25000 15200
                             0
                                 0
                                     0 NYS DIS
                                                 0
  WATER
            0
                0
                         0
                            0
                                 0 WORK EXP
                                               0
              5500
                                 0 EXEMPT
                                              0
1 X FUEL
                          0
                             0
  OTHER
            0
                0
                   TOTAL NET
                                 0
                                     0 CH CARE
                                                   0
  OTHER
            0
                0
                   $$$$ PA GRANT $$$$$
                                         0 CH CARE
                                                      0
            0
                0
                   TOTAL NEEDS 34400
                                         0 CH CARE
                                                      0
  OTHER
  TOTAL NEEDS
                 34400
                        TOTAL INC
                                          0 DISREGARD
                                      0
****** RECOUPMENT ******* CD / AMT D 34400
                                                  0 TOT DED
                                                                0
TY BALANCE %
               MO AMT REM RECOUPMENT
                                              0
                                                  0 UNAVAIL
                                                                0
    0.000
            0
               0 UTIL/RES
                             2500
                                                0
                                   0 NET INC
    0.000
            0
               0 SHELT/RES
                             25000
                0 RESTRICTED
                               5500 * EFFECTIVE DATE *
    0.000
            0
RECALC
         0.00
                0
                     SEMI CASH
                                  700 050108 TO 073108
FS CASE NO.
                    SEMI N-CASH
                                   0 DATE STORED //
```

Step 4: Determine the amount of IA that can be recovered by subtracting the total of step number 3 from the total of step number 2.

The SNA amount the household received during the IAR period with the SSI recipient included in the budget/ household count was \$1,350. The amount of SNA the household would have received during the IAR period with the SSI recipient removed from the budget/household count is \$1,032. The amount of IAR that can be recovered is \$318. The SSD would deduct \$318 IAR from the initial direct SSI check. The \$2,090 balance of the initial SSI would be disbursed to the recipient within 10 working days of the SSD's receipt of the SSI check from SSA.

Example: Multi-Person Household and One Parent receives SSI

Mr. and Mrs. Smith applied for TA. Due to reaching the State 60-month time limit, Mr. and Mrs. Smith and their three children began receiving SNA-FNP (case type 17) effective August 1, 2007. Any TA the family received prior to August 8, 2007 was claimed as FA. On May 2, 2008, the SSD received an SSA-8125-F6 from the SSA. The SSA-8125-F6 payment summary reflected that Mr. Smith was eligible to receive SSI effective December 1, 2004. Ongoing SSI payments began June 1, 2008.

Step 1: Determine the IAR period. The IAR period is August 2007 through May 2008.

Step 2: Determine the amount of SNA the family received during the IA period with the SSI recipient and their additional allowances and income included in the budget/household count. The amount of SNA the five person household received was \$8,720 (\$872 x 10). Step 2 is illustrated with the following ABEL budget:

```
** PA BUDGET **
WBGTPA
                           VERSION
CASE NAME
                   CASE NO.
                             OFC UNIT WORKER TRAN CASE IVD
                    SCRATCHPAD
SMITH.ROBERT
                                       LLF
                                             05
                                                17
                                      ***** EARNED INCOME
HH CA DP-HH DP-CA HC LF PI SI PSP PSF
*****
          02
                       # LN 30I 30M SRC FRQ D HRS CCR
05 05
TY R
        ACTUAL ALLOW
                               1:
   BASIC
             37900
                          2:
              4770 **** OTHER INCOME ****
                                                        0
   ENRGY
                                            0 GROSS
                                                          0
   SPMNT
              3700 LN SRC F AMOUNT EXEMPT
                                              0 TAXES
01 P SHELT 45000 34900
                             0
                                 0
                                     0 NYS DIS
                                                 0
            0
                         0
                            0
                                 0 WORK EXP
                                               0
   WATER
                0
              6000
                                 0 EXEMPT
1 X FUEL
                          0
                             0
                                              0
   OTHER
                0
                   TOTAL NET
            0
                                 0
                                     0 CH CARE
   OTHER
            0
                0
                   $$$$ PA GRANT $$$$$
                                         0 CH CARE
                                                      0
   OTHER
                   TOTAL NEEDS 87200
                                         0 CH CARE
                                                      0
                0
            0
   TOTAL NEEDS
                 87200
                        TOTAL INC
                                          0 DISREGARD
                                      0
****** RECOUPMENT ******* CD / AMT D 87200
                                                  0 TOT DED
                                                               0
               MO AMT REM RECOUPMENT
TY BALANCE %
                                              0
                                                  0 UNAVAIL
                                                               0
    0.000
            0
                0 UTIL/RES
                             3500
                                   0 NET INC
                                                0
    0.000
                0 SHELT/RES
                             45000
                               6000 * EFFECTIVE DATE *
    0.00.0
                0 RESTRICTED
RECALC 00.0
                0
                     SEMI CASH
                                 16350 080107 TO 123107
FS CASE NO.
                    SEMI N-CASH
                                   0 DATE STORED //
```

The following budget represents the time 01/01/08 to 05/31/08:

```
** PA BUDGET **
                   VERSION
                             OFC UNIT WORKER TRAN CASE IVD
CASE NAME
                   CASE NO.
SMITH.ROBERT
                    SCRATCHPAD
                                       LLF
                                            05
HH CA DP-HH DP-CA HC LF PI SI PSP PSF
                                     ***** EARNED INCOME
*****
05 05
          02
                       # LN 30I 30M SRC FRO D HRS CCR
        ACTUAL ALLOW
TY R
                               1:
   BASIC
             37900
                         2:
              4770 **** OTHER INCOME ****
                                           0 GROSS
                                                       0
   ENRGY
   SPMNT
              3700 LN SRC F AMOUNT EXEMPT
                                             0 TAXES
                                                         0
01 P SHELT 45000 34900
                             0
                                0
                                    0 NYS DIS
                                                0
   WATER
            0
                0
                        0
                            0
                                0 WORK EXP
                                              0
1 X FUEL
              6000
                         0
                             0
                                 0 EXEMPT
                                              0
   OTHER
                0
                   TOTAL NET
                                 0
                                     0 CH CARE
                                                  0
            0
                                                     0
   OTHER
            0
                0
                   $$$$ PA GRANT $$$$$
                                        0 CH CARE
                0
                                                     0
   OTHER
            0
                   TOTAL NEEDS 87200
                                        0 CH CARE
   TOTAL NEEDS
                 87200
                        TOTAL INC
                                     0
                                         0 DISREGARD
****** RECOUPMENT ******* CD / AMT D 87200
                                                 0 TOT DED
                                                               0
TY BALANCE % MO AMT REM RECOUPMENT
                                                 0 UNAVAIL
                                                               0
```

```
0
    0.000
                 0 UTIL/RES
                              3500
                                      0 NET INC
    0.00.0
             0
                 0 SHELT/RES
                               45000
    0.000
             0
                 0 RESTRICTED
                                 6000 * EFFECTIVE DATE *
RECALC
         0.00
                 0
                      SEMI CASH
                                   16350 010108 TO 053108
                                     0 DATE STORED //
FS CASE NO.
                      SEMI N-CASH
```

Step 3: Determine the amount of SNA the household members would have received during the IAR period with the SSI recipient and their additional TA allowances (if any) and/or income deleted from the budget/household count. The amount of SNA a four-person household would have received if the SSI recipient was removed from the household count is \$7,460 (\$746 x 10). Step 3 is illustrated with the following ABEL budgets:

```
** PA BUDGET **
WBGTPA
                            VERSION
CASE NAME
                              OFC UNIT WORKER TRAN CASE IVD
                   CASE NO.
SMITH.ROBERT
                     SCRATCHPAD
                                       LLF
                                             05
                                                17
HH CA DP-HH DP-CA HC LF PI SI PSP PSF
                                      ****** EARNED INCOME
*****
04 04
          02
                       # LN 30I 30M SRC FRQ D HRS CCR
TY R
        ACTUAL ALLOW
                                1:
             30700
   BASIC
                          2:
               3870 **** OTHER INCOME ****
   ENRGY
                                            0 GROSS
                                                         0
   SPMNT
              3000 LN SRC F AMOUNT EXEMPT
                                              0 TAXES
                                                           0
01 P SHELT 45000 31400
                             0
                                     0 NYS DIS
                                                  0
   WATER
            0
                0
                             0
                                 0 WORK EXP
                         0
 1 X FUEL
              5700
                          0
                             0
                                  0 EXEMPT
                                               0
                    TOTAL NET
   OTHER
            0
                0
                                  0
                                      0 CH CARE
                    $$$$ PA GRANT $$$$$
                                         0 CH CARE
                                                      0
   OTHER
            0
                0
   OTHER
                    TOTAL NEEDS 74600
                                         0 CH CARE
   TOTAL NEEDS
                 74600
                        TOTAL INC
                                          0 DISREGARD
                                      0
****** RECOUPMENT ******* CD / AMT D 74600
                                                   0 TOT DED
                                                                0
TY BALANCE %
               MO AMT REM RECOUPMENT
                                                  0 UNAVAIL
                                                                0
                                              0
    0.000
                0 UTIL/RES
                             3500
                                    0 NET INC
                                                0
    0.000
             0
                0 SHELT/RES
                              45000
                               5700 * EFFECTIVE DATE *
    0.000
             0
                0 RESTRICTED
RECALC 00.0
                 0
                     SEMI CASH
                                 10200 080107 TO 123107
FS CASE NO.
                     SEMI N-CASH
                                   0 DATE STORED //
```

The following represents the time period from 01/01/08 to 5/31/08:

```
** PA BUDGET **
WBGTPA
                           VERSION
CASE NAME
                   CASE NO.
                             OFC UNIT WORKER TRAN CASE IVD
                    SCRATCHPAD
                                       LLF
SMITH.ROBERT
                                             05
                                                17
                                      ***** EARNED INCOME
HH CA DP-HH DP-CA HC LF PI SI PSP PSF
*****
04 04
          02
                       # LN 30I 30M SRC FRQ D HRS CCR
TY R
        ACTUAL ALLOW
                               1:
   BASIC
             30700
                         2:
              3870 **** OTHER INCOME ****
   ENRGY
                                            0 GROSS
                                                        0
              3000 LN SRC F AMOUNT EXEMPT
                                                          0
   SPMNT
                                              0 TAXES
01 P SHELT 45000 31400
                             0
                                     0 NYS DIS
                                                 0
            0
                0
                         0
                            0
                                0 WORK EXP
   WATER
```

```
5700
1 X FUEL
                              0
                                  0 EXEMPT
                                               0
                0
  OTHER
            0
                    TOTAL NET
                                  0
                                      0 CH CARE
                                                   0
                                         0 CH CARE
  OTHER
            0
                0
                    $$$$ PA GRANT $$$$$
                                                       0
                    TOTAL NEEDS 74600
            0
                0
                                         0 CH CARE
                                                       0
  OTHER
  TOTAL NEEDS
                 74600
                         TOTAL INC
                                          0 DISREGARD
                                      0
****** RECOUPMENT ******* CD / AMT D 74600
                                                   0 TOT DED
                                                                0
TY BALANCE %
               MO AMT REM RECOUPMENT
                                                   0 UNAVAIL
                                                                 0
    0.000
            0
                0 UTIL/RES
                             3500
                                    0 NET INC
                                                 0
    0.000
            0
                0 SHELT/RES
                             45000
                0 RESTRICTED
                               5700 * EFFECTIVE DATE *
    0.000
            0
RECALC
         0.00
                     SEMI CASH
                                 10200 010108 TO 053108
FS CASE NO.
                     SEMI N-CASH
                                   0 DATE STORED //
```

Step 4: Determine the amount of IA that can be recovered by subtracting the total derived from step number 3 from the total derived from step number 2.

The SNA amount the household received during the IAR period with the SSI recipient included in the budget/household count was \$8,720. The amount of SNA the household would have received during the IAR period with the SSI recipient removed from the budget/household count is \$7,460. The amount of IAR that can be recovered is \$1,260.

Example: Child Receives SSI Plus Household Receives an Emergency Utility Payment **During the IAR Period**

Due to reaching the State 60-month time limit, Mr. and Mrs. Sawyer and their three children began to receive non-cash SNA (case type 17), effective May 1, 2008. On June 15, 2008 the family received an emergency utility payment of \$433 due to a utility disconnect. On July 17, 2008, the district received an initial direct SSI check for the 2-year-old son of Mr. and Mrs. Sawyer, in the amount of \$4,382. On July 18, 2008, the SSD received the SSA-8125. The SSA-8125 payment summary reflected that the child was eligible to receive SSI effective January 1, 2008. Ongoing SSI payments began August 8, 2008.

Step 1: Determine the IAR period. The IAR period is May 2008 through July 2008.

Step 2: Determine the amount of SNA the family received during the IAR period with the SSI recipient and their additional allowances and income included in the budget/household count. The amount of SNA the five-person household received during the IAR period is \$2,616 (\$872 x 3).

Step 2 is illustrated with the following ABEL budget:

```
WBGTPA
          ** PA BUDGET **
                            VERSION
CASE NAME
                             OFC UNIT WORKER TRAN CASE IVD
                   CASE NO.
SAWYER, EDWARD
                      SCRATCHPAD
                                         LLF
                                               05 17
HH CA DP-HH DP-CA HC LF PI SI PSP PSF
                                     ****** EARNED INCOME
*****
05 05
          02
                       # LN 30I 30M SRC FRQ D HRS CCR
        ACTUAL ALLOW
TY R
                               1:
   BASIC
             37900
                         2:
              4770 **** OTHER INCOME ****
                                            0 GROSS
                                                        0
   ENRGY
                             23
```

OTDA 08-ADM-11

```
3700 LN SRC F AMOUNT EXEMPT
                                                           0
  SPMNT
                                               0 TAXES
01 P SHELT
           50000 34900
                              0
                                      0 NYS DIS
                                                  0
                             0
  WATER
            0
                0
                         0
                                 0 WORK EXP
                                                0
1 X FUEL
              6000
                          0
                              0
                                  0 EXEMPT
                                               0
                0
                    TOTAL NET
  OTHER
            0
                                      0 CH CARE
                                                    0
                                  0
  OTHER
            0
                0
                    $$$$ PA GRANT $$$$$
                                          0 CH CARE
                                                       0
  OTHER
            0
                    TOTAL NEEDS 87200
                                          0 CH CARE
                                                       0
  TOTAL NEEDS
                 87200
                         TOTAL INC
                                       0
                                           0 DISREGARD
****** RECOUPMENT ******* CD / AMT D 87200
                                                   0 TOT DED
                                                                 0
                MO AMT REM RECOUPMENT
                                                   0 UNAVAIL
                                                                 0
TY BALANCE %
                                               0
                0 UTIL/RES
                             4000
                                                 0
    0.000
             0
                                    0 NET INC
    0.000
             0
                0 SHELT/RES
                              50000
    0.000
             0
                0 RESTRICTED
                               6000 * EFFECTIVE DATE *
RECALC 00.0
                 0
                     SEMI CASH
                                  13600 050108 TO 073108
FS CASE NO.
                     SEMI N-CASH
                                    0 DATE STORED //
```

Step 3: Determine the amount of SNA the household would have received during the IAR period with the SSI individual and their additional TA allowances (if any) and/or income deleted from the budget/household count. The amount of SNA a four-person household would have received is \$2,238 (\$746 x3). Step 3 is illustrated with the following ABEL budget:

```
** PA BUDGET **
   WBGTPA
                               VERSION
CASE NAME
                   CASE NO.
                              OFC UNIT WORKER TRAN CASE IVD
SAWYER, EDWARD
                       SCRATCHPAD
                                          LLF
                                                05 17
HH CA DP-HH DP-CA HC LF PI SI PSP PSF
                                      ***** EARNED INCOME
*****
0404
          02
                       # LN 30I 30M SRC FRQ D HRS CCR
        ACTUAL ALLOW
TY R
                                1:
   BASIC
             30700
                          2:
                                                         0
              3870 **** OTHER INCOME ****
   ENRGY
                                             0 GROSS
              3000 LN SRC F AMOUNT EXEMPT
                                              0 TAXES
                                                           0
   SPMNT
01 P SHELT 50000 31400
                             0
                                     0 NYS DIS
                                                  0
   WATER
            0
                0
                             0
                                 0 WORK EXP
                                               0
                         0
1 X FUEL
              5700
                          0
                             0
                                  0 EXEMPT
                                               0
                0
                    TOTAL NET
                                      0 CH CARE
   OTHER
            0
                                  0
   OTHER
            0
                0
                    $$$$ PA GRANT $$$$$
                                         0 CH CARE
                                                      0
   OTHER
                0
                    TOTAL NEEDS 74600
                                         0 CH CARE
                                                      0
   TOTAL NEEDS
                 74600
                         TOTAL INC
                                          0 DISREGARD
                                      0
***** RECOUPMENT ****** CD / AMT D 74600
                                                   0 TOT DED
                                                                0
TY BALANCE %
                MO AMT REM RECOUPMENT
                                              0
                                                  0 UNAVAIL
                                                                0
                             4000
    0.000
             0
                0 UTIL/RES
                                    0 NET INC
                                                0
    0.000
             0
                0 SHELT/RES
                              50000
    0.000
             0
                0 RESTRICTED
                               5700 * EFFECTIVE DATE *
                                           050108 to 073108
NO.
             SEMI N-CASH
                            0 DATE STORED //
```

Step 4: Determine the amount of IA that can be recovered by subtracting the total derived from step number 3 from the total derived from step number 2. The SNA amount the household received during the IAR period with the SSI recipient included in the budget/household count was \$2,616. The amount of SNA the household would have received during the IAR period with

the SSI recipient removed from the budget/household count is \$2,238. The amount of IAR that can be recovered is \$378 (\$2,616 - \$2,238). The emergency utility payment of \$433 the family received cannot be recovered as IAR because the SSD cannot determine that the assistance provided was specifically for the SSI recipient.

Example: Multi-Person Household and Pregnant Mom Receives SSI

Meleah Thayer, a pregnant mother, and her two children applied for TA on November 11, 2007. Due to reaching the State 60-month time limit, the household was determined eligible for SNA-FNP benefits effective December 19, 2007. Meleah Thayer is eligible for a pregnancy allowance. On August 12, 2008, the district received a SSA-8125-F6 from the SSA notifying the SSD that Ms. Thayer is eligible for a SSI payment of \$626 monthly for the period of October 1, 2007 to August 31, 2008. Ongoing SSI benefit to begin effective September 1, 2008.

Step 1: Determine the IAR period. The IAR period is December 2007 through August 2008.

Step 2: Determine the amount of SNA the family received during the IAR period with the SSI recipient and their additional allowances and income included in the budget/household count. The amount of SNA a three-person household received during the IAR period is \$5,645.40. The \$5,645.40 includes \$445.40 for the period of 12/19/07 to 12/31/07 and \$5,200 ($$650 \times 8$) for the period of 01/01/08 to 8/31/08.

Step 2 is illustrated with two ABEL budgets. Two Abel budget are needed to accurately calculate the initial budget effective 12/19/2007 to 12/31/2007 and the ongoing budget effective 01/01/08 to 08/31/08.

The following Abel Budget is the initial budget effective 12/19/2007 to 12/31/2007 with three in the household.

```
** PA BUDGET **
WBGTPA
                            VERSION
                                       WORKER TRAN CASE IVD
CASE NAME
                   CASE NO.
                             OFC UNIT
THAYER, MELEAH
                      SCRATCHPAD
                                         LLF
                                               02
                                                  17
HH CA DP-HH DP-CA HC LF PI SI PSP PSF
                                      ****** EARNED INCOME
*****
03 03
          02
                       # LN 30I 30M SRC FRQ D HRS CCR
        ACTUAL ALLOW
TY R
                               1:
             23800
                          2:
   BASIC
   ENRGY
              3000 **** OTHER INCOME ****
                                            0 GROSS
                                                        0
   SPMNT
              2300 LN SRC F AMOUNT EXEMPT
                                              0 TAXES
                                                          0
01 P SHELT 45000 30900
                                 0
                                     0 NYS DIS
                             0
                                                 0
   WATER
            0
                0
                         0
                            0
                                 0 WORK EXP
                                               0
0 FUEL
               0
                       0
                           0
                               0 EXEMPT
                                            0
           5000
                       TOTAL NET
                                                      0
18 OTHER
                5000
                                         0 CH CARE
   OTHER
            0
                0
                   $$$$ PA GRANT $$$$$
                                         0 CH CARE
                                                      0
                0
   OTHER
            0
                   TOTAL NEEDS 65000
                                         0 CH CARE
                                                      0
                                          0 DISREGARD
   TOTAL NEEDS
                 65000
                        TOTAL INC
                                      0
                                                         0
****** RECOUPMENT ****** CD/1ST MO D 44540
                                                   0 TOT DED
                                                                0
               MO AMT REM RECOUPMENT
TY BALANCE %
                                              0
                                                  0 UNAVAIL
                                                                0
    0.000
            0
                0 UTIL/RES
                              0
                                  0 NET INC
                                               0
    0.000
            0
                0 SHELT/RES
                             44540
```

25

OTDA 08-ADM-11

0 00.0 0 0 RESTRICTED 0 * EFFECTIVE DATE *
RECALC 00.0 0 SEMI CASH 0 121907 TO 123107
FS CASE NO. SEMI N-CASH 0 DATE STORED //

The second ongoing budget effective 01/01/08 to 8/31/08 reflects three in the household count:

** PA BUDGET ** WBGTPA **VERSION CASE NAME** OFC UNIT WORKER TRAN CASE IVD CASE NO. **SCRATCHPAD** THAYER, MELEAH LLF 05 17 HH CA DP-HH DP-CA HC LF PI SI PSP PSF ***** EARNED INCOME 02 03 03 # LN 30I 30M SRC FRO D HRS CCR TY R ACTUAL ALLOW 1: **BASIC** 23800 2: **ENRGY** 3000 **** OTHER INCOME **** 0 GROSS 0 0 SPMNT 2300 LN SRC F AMOUNT EXEMPT 0 TAXES 01 P SHELT 45000 30900 0 0 0 NYS DIS 0 0 WATER 0 0 0 0 WORK EXP 0 0 FUEL 0 0 0 0 EXEMPT 0 18 OTHER 5000 5000 TOTAL NET 0 0 CH CARE 0 OTHER 0 0 \$\$\$\$ PA GRANT \$\$\$\$\$ 0 CH CARE 0 0 CH CARE 0 OTHER 0 0 TOTAL NEEDS 65000 TOTAL NEEDS 65000 TOTAL INC 0 0 DISREGARD ***** RECOUPMENT ****** CD / AMT D 65000 0 TOT DED 0 TY BALANCE % MO AMT REM RECOUPMENT 0 UNAVAIL 0 0 0 0.0000 UTIL/RES 0 0 NET INC 0 0.0000 0 SHELT/RES 45000 0.0000 0 RESTRICTED 0 * EFFECTIVE DATE * RECALC 00.0 0 **SEMI CASH** 10000 010108 TO 083108 FS CASE NO. SEMI N-CASH 0 DATE STORED //

Step 3: Determine the amount of SNA the household would have received during the IAR period with the SSI recipient and their additional TA allowances (if any) and/or income deleted from the budget/household count. The amount of SNA a two-person household would have received is \$3,802.20. The \$3,802.20 amount includes \$306.20 for the period of 12/19/07 to 12/31/07 and \$3,496.00 (\$437x8) for the period of 01/01/08 to 8/31/08.

Step 3 is illustrated with the following two ABEL budgets. Two Abel budget are needed to accurately calculate the initial budget effective 12/19/2007 to 12/31/2007 and the ongoing budget effective 01/01/08 to 08/31/08.

The following ABEL Budget is the initial budget effective 12/19/2007 to 12/31/2007 with two in the household.

```
02 02
          02
                       # LN 30I 30M SRC FRO D HRS CCR
        ACTUAL ALLOW
TY R
                               1:
  BASIC
             17900
                         2:
              2250 **** OTHER INCOME ****
                                            0 GROSS
                                                        0
  ENRGY
              1700 LN SRC F AMOUNT EXEMPT
  SPMNT
                                              0 TAXES
                                                          0
01 P SHELT 45000 21900
                             0
                                     0 NYS DIS
  WATER
                0
                         0
                            0
                                0 WORK EXP
                                               0
0 FUEL
               0
                       0
                          0
                               0 EXEMPT
                                            0
  OTHER
                0
                   TOTAL NET
                                 0
                                     0 CH CARE
                                                  0
            0
                   $$$$ PA GRANT $$$$$
  OTHER
            0
                0
                                        0 CH CARE
                                                      0
  OTHER
                0
                   TOTAL NEEDS 43700
                                        0 CH CARE
                                                      0
  TOTAL NEEDS
                 43700
                        TOTAL INC
                                      0
                                          0 DISREGARD
****** RECOUPMENT ******* CD/1ST MO D 30620
                                                   0 TOT DED
                                                                0
TY BALANCE %
               MO AMT REM RECOUPMENT
                                              0
                                                  0 UNAVAIL
                                                               0
    0.000
               0 UTIL/RES
                              0
                                  0 NET INC
                                              0
               0 SHELT/RES
    0.000
            0
                             30620
                                0 * EFFECTIVE DATE *
    0.000
            0
               0 RESTRICTED
RECALC 00.0
                0
                     SEMI CASH
                                  0 121907 TO 123107
FS CASE NO.
                    SEMI N-CASH
                                   0 DATE STORED / /
```

The second ongoing budget effective 01/01/08 to 8/31/08 reflects two in the household count:

```
** PA BUDGET **
WBGTPA
                           VERSION
                                          DIST ALBA
                             OFC UNIT WORKER TRAN CASE IVD
CASE NAME
                  CASE NO.
THAYER.MELEAH
                      SCRATCHPAD
                                        LLF
                                              05 17
HH CA DP-HH DP-CA HC LF PI SI PSP PSF
                                     ***** EARNED INCOME
*****
02 02
          02
                      # LN 30I 30M SRC FRQ D HRS CCR
        ACTUAL ALLOW
TY R
                               1:
   BASIC
             17900
                         2:
   ENRGY
              2250 **** OTHER INCOME ****
                                           0 GROSS
                                                       0
              1700 LN SRC F AMOUNT EXEMPT
                                                         0
   SPMNT
                                             0 TAXES
01 P SHELT 45000 21900
                             0
                                0
                                    0 NYS DIS
                                                0
   WATER
            0
                0
                        0
                            0
                                0 WORK EXP
                                              0
0 FUEL
               0
                              0 EXEMPT
                       0
                          0
                                           0
                                     0 CH CARE
                   TOTAL NET
   OTHER
            0
                0
                                 0
   OTHER
                0
                   $$$$ PA GRANT $$$$$
                                        0 CH CARE
                                                     0
            0
   OTHER
            0
                0
                   TOTAL NEEDS 43700
                                        0 CH CARE
                                                     0
   TOTAL NEEDS
                 43700
                        TOTAL INC
                                     0
                                         0 DISREGARD
****** RECOUPMENT ******* CD / AMT D 43700
                                                 0 TOT DED
                                                              0
                                                               0
TY BALANCE % MO AMT REM RECOUPMENT
                                             0
                                                 0 UNAVAIL
               0 UTIL/RES
    0.000
            0
                             0
                                 0 NET INC
                                              0
               0 SHELT/RES
                             43700
    0.000
            0
                               0 * EFFECTIVE DATE *
    0.000
            0
               0 RESTRICTED
RECALC 00.0
                0
                     SEMI CASH
                                  0 010108 TO 083108
FS CASE NO.
                    SEMI N-CASH
                                  0 DATE STORED //
```

Step 4: Determine the amount of IA that can be recovered by subtracting the total derived from step number 3 from the total derived from step number 2.

The SNA amount the household received during the IAR period with the SSI recipient included in the budget/household count was \$5,645.40. The amount of SNA the household would have received during the IAR period with the SSI recipient and her additional pregnancy allowance removed from the budget/household count is \$3,802.20. The amount of IAR that can be recovered is \$1,843.20 (\$5,565.40 - \$3,802.20).

G. Presumptive SSI Payments

Presumptive payments are authorized by SSA to provide SSI benefits to an SSI applicant while a disability determination is pending. In certain disability claims where the SSI applicant is severely disabled or blind, the SSA may provide presumptive payments for up to six months.

These payments are considered unearned income for TA and must be budgeted. SSI presumptive payments are not considered part of this initial SSI payment and cannot be used to recover IA.

For example, Mr. Raven received SNA beginning 12/23/2007. On 1/15/2008, Mr. Raven had a stroke that left him partially paralyzed. On 1/16/2008, the hospital social work staff applied for presumptive SSI on his behalf. On 2/1/2008, Mr. Raven was determined eligible for presumptive SSI benefits of \$676 monthly.

The monthly presumptive SSI benefits were budgeted as unearned income which resulted in the discontinuance of Mr. Raven's SNA. The SNA benefits provided to Mr. Raven from 1/1/2008 to 2/15/2008 cannot be recovered from his initial SSI benefit.

H. Multiple Social Services Districts Provided Interim Assistance

If more than one SSD provided IA during the IA period, the SSA must send the IAR to the first SSD that has a valid IAR authorization on its computer file. The SSD that receives the initial SSI check for a direct SSI payment, or the SSA accounting form SSA-8125-F6 "IAR Payment Pending Case State Due Payment" for an installment SSI payment, must review the SSI eligibility period to determine if the SSI recipient was eligible to receive SSI benefits prior to, or beyond, the time the district provided IA. If so, the SSD must review WMS inquiry to determine if any other SSD is entitled to IAR.

For example, if an SSD received an SSA-8125-F6 for an individual who lived in their county and received SNA benefits for two months but the initial SSI payment is for 12 months, the SSD must review WMS to determine if any other SSD issued IA to the recipient during the SSI eligibility period.

If it is determined that another SSD is entitled to receive IAR, the SSD that receives the initial SSI check or SSA-8125-F6 must contact the other SSD(s) to instruct them to complete all of the following:

- 1. Determine the recipient's IA period.
- 2. Calculate the IAR amount for the time period the recipient resided in that county.
- 3. Provide the IAR calculations to the requesting SSD in enough time for the requesting SSD to meet required processing time frames. If the initial SSI payment is a direct payment, the requesting district must complete the IAR calculations and disburse any balance to the TA recipient within 10 working days of receiving the SSI check. If the initial SSI payment is an installment payment, the requesting SSD must complete and fax a SSA-8125-F6 to the SSA Field Office (FO) within 10 working days of receiving the SSA-8125-F6 from the SSA FO. If the SSD fails to fax the SSA-8125-F6 within 10 working days to the SSA FO, the SSA FO will send a second request to the SSD. The SSD must then fax the completed form to the SSA FO within 15 working days of receiving the second request. If the SSD fails to provide SSA with the completed form within the final 15 working days, the SSD will not receive IAR for this recipient.

Note: SSD(s) will not receive IAR if they do not provide the above required information within the required processing time frames.

When the first SSD receives the required information from the other SSD(s), the first SSD must, in the time prescribed:

- 1. Calculate the total amount of IA the TA recipient received from all SSD(s) during the IA period.
- 2. Calculate the amount of IAR each SSD is to receive.
- 3. Complete the SSA accounting form SSA-8125, the primary form the SSA sends to the SSD when a SSI recipient is eligible to receive a SSI direct payment or the SSA-8125-F6. When completing either of these forms, the total IAR due to all SSD(s) must be listed on the form.
- 4. Forward any SSI direct payment balance, if any, to the recipient.
- 5. Complete the SSA accounting form SSA-8125-F6 "IAR Payment Pending Case State Due Payment" for an installment SSI payment and fax the SSA-8125-F6 to the SSA FO.
- 6. Disburse the IAR received by the SSA to all SSD(s) that are due IAR by sending a check in the amount each district is due with a copy of a completed LDSS-2425 (Rest of State) "Repayment of Interim Assistance Notice" or the W128HH (NYC).
- 7. Complete and send one LDSS-2425 or W124HH (NYC) to the TA recipient designating how the SSD calculated IAR and how IAR was calculated for any other SSD receiving IAR.

Note: Each SSD is responsible to include all IAR amounts received from another SSD in its calculations when completing the OTDA-3073 "Transmittal of SSA-8125s". The OTDA-3073 is a mandated form that SSDs must complete monthly and send to this Office timely. The purpose of this form is to collect required data listed in the IAR agreement this Office has with the SSA. Each SSD must attach a copy of the DSS-2425 or NYC W128HH to the OTDA-3073.

I. Interim Assistance Reimbursement and SNA Time Limits

When SNA is recovered from the initial or post eligibility SSI payment under 18 NYCRR Part 353 the household time limit count will remain unchanged.

J. IAR and Fuel and Domestic Energy Costs

If during the IA period a single SNA recipient's fuel and/or domestic energy costs are restricted from the ABEL budget, and the SSD pays the recipient's <u>actual</u> utility or fuel bill to a vendor for the same period, the actual amount paid to the utility or fuel vendor is considered IA and can be recovered. Normal reconciliation procedures apply.

If during the IA period an SNA recipient who is part of a multi-person household has fuel and/or domestic energy costs restricted from the ABEL budget, and the SSD pays the recipient's actual utility or fuel bill to a vendor for the same period, the SSD must not recover as IA the actual amount paid to the utility or fuel vendor. The SSI recipient's share of the fuel and/or domestic energy costs is determined by using the **incremental budgeting method.** Normal reconciliation procedures apply, including establishing an overpayment that can be recouped from the remaining eligible family members' TA case.

K. Interim Assistance and Overpayments and Recoupments

Overpayments Incurred During the IA Period

Overpayment(s) paid to, or on behalf of, a TA recipient via the Benefits Issuance and Control System (BICS) system during the IA period can be recovered from the individual's initial or post eligibility SSI payment as IA. Any overpayments paid to a TA recipient are reflected in BICS, including payments issued by check, Electronic Benefit Transfer (EBT) and voucher. To identify overpayments paid to a recipient during the IA period, review the BICS Issued Direct Payment lists and the Non-SVCS - Issued Indirect checks.

For example: On 3/1/2008, a single TA recipient received \$200 to forestall an eviction. The IA period is February 2008 to May 2008. The \$200 paid to forestall an eviction is issued via BICS on 3/1/2008 and is reflected in the Non-SVCS - Issued Indirect checks list. On 3/10/2008, a \$200 overpayment was entered into CAMS. Since this overpayment is paid within the IA period, the entire \$200 can be recovered as IA. The \$200 overpayment claim in CAMS is closed.

If the amount of the IAR received from SSA repays the entire balance or reduces the balance of the overpayment(s), the SSD must accordingly close or reduce the balance of the overpayment claim(s) in Cash Management System (CAMS), or other record keeping system.

Overpayments Incurred Prior to the IA Period

If the overpayment took place prior to the IA period it cannot be recovered.

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Recovery of Recoupments

The SSDs can recover the entire amount of SNA paid during the IA period, including the amount withheld by recoupment to reduce overpayment(s) that originated prior to the IA period. To determine the amount of a recoupment that can be recovered, the time period of the overpayment being recouped must be determined.

If the recoupment is for an overpayment that occurred during the IA period, the recoupment amount cannot be recovered as IA because the amount of assistance granted to the recipient would reflect a reduced amount equal to the recoupment. For SSDs outside of NYC, any payments issued during the IA period are listed in the BICS. Therefore, the original overpayment amount is included in the IAR calculation.

If the recoupment is for an overpayment that originated prior to the IA period, the entire amount of recoupment(s) deducted from the ABEL (Automated Budgeting and Eligibility Logic) budget during the IA period can be recovered as IA.

For example: An SNA recipient received an overpayment of \$500 prior to the IA period. During the IA period the recipient is eligible for a \$300 a month grant but \$30 per month of the grant amount is recouped, producing a SNA benefit of \$270 per month. Since the overpayment originated prior to the IA period, the \$500 cannot be recovered as IA. However, the SSD should recover the full \$300 per month grant from the recipient's initial SSI payment. Any overpayment balance should be adjusted according to standard recovery procedures.

To determine the amount of recoupments that can be recovered, the SSD worker must review the BICS Case Record of Assistance for each payment issued. SSDs are encouraged to maximize the recovery of IA by pursuing the recovery of recoupments. Note, however, that the required time frames listed in the "Agreement for Reimbursement to State for Interim Assistance Payments between the Social Security Administration (SSA) and the State of New York" must be adhered to, and met.

Multiple Overpayments Paid During the IA Period that Originated Prior to the IA period

If a TA recipient has multiple overpayments that are incurred during the IA period, all of the overpayments can be recovered as IA from the initial SSI payment. If the TA recipient has multiple overpayments that originated prior to the IA period, only the recoupments recovered from the ABEL budget, during the IA period, can be recovered.

If the TA recipient has a current recoupment in the ABEL budget for an overpayment that originated prior to the IA period, <u>and</u> they have additional overpayment(s) that were paid during the IA period, and are pending recoupment, the SSD can recover the amount recouped from the SNA grant during the IA period, plus the total of the overpayment(s) paid during the IA period.

For example: A single SNA individual receives an overpayment of \$500 prior to the IA period that is being recouped from the ABEL budget. An additional overpayment of \$200 was paid during the IA period for a utility reconciliation that is pending recoupment. The individual is eligible for \$300 a month grant, but \$30 per month of the grant amount is

recouped, producing a SNA grant of \$270 per month. The SSD must recover the full \$300 per month grant as IA plus the \$200 overpayment paid during the IA period. The balance of the \$500 overpayment that originated prior to the IA period cannot be recovered from the recipient's initial SSI payment, but the balance should be processed according to standard overpayment recovery procedures.

L. Interim Assistance Reimbursement Forms and Notices

The IAR agreement with SSA requires SSDs to comply with timely completion and distribution of the following forms and notices:

- 1. LDSS-2425 "Repayment of Interim Assistance Notice" or W128HH (NYC). The purpose of this notice is to notify the TA recipient of the following:
 - a. Initial date of eligibility for SSI;
 - b. Amount of the initial payment received by the SSD;
 - c. Period of time that IA was provided, the total amount of IA provided, and a monthly accounting of IA benefits;
 - d. Amount deducted from the initial SSI payments as IAR; and
 - e. Recipient's right to a fair hearing.

Within **ten working** days of the SSD receiving the IAR payment directly from the SSA, a LDSS-2425 "Repayment of Interim Assistance Notice" or W128HH (NYC) notice must be provided to every TA recipient whose initial SSI payment was transmitted to the SSD for IAR.

- 2. **SSA accounting form SSA-8125.** The automated SSA-8125 is the primary form the SSA sends to the SSD when a SSI recipient is eligible to receive an SSI direct payment. The SSD must complete all of the "State's Accountability Report" section and send the completed form monthly to OTDA's Center for Employment and Economic Supports (CEES). CEES will utilize the form to capture required data for monthly SSA reporting and will monthly forward all SSA-8125s received to the SSA in accordance with the agreement this Office has with the HHS.
- 3. SSA accounting form SSA-8125-F6 "IAR Payment Pending Case State Due Payment". The SSD will receive this form from the SSA when an SSI recipient is eligible to receive an installment payment. This form is made up of six pages;
 - a. Page 1 and 2 State Agency Identification Information;
 - b. Page 3 Claimant Information; and
 - c. Page 4, 5 and 6 Retroactive Amount Due Summary

Although the SSA sends all the pages of this form to the SSD, the SSD must only complete the "State's Account of Reimbursement Claimed" section, found on page 3 of this form, and fax the completed form back to the SSA within required timeframes. If the form is not returned to the SSA within required time frames, the SSD will not receive IAR.

4. **OTDA-3073 "Transmittal of SSA-8125s"**. This is a mandated form that SSDs must complete monthly and send to this Office timely. The purpose of this form is to collect required data listed in the IAR agreement this Office has with the SSA.

M. Instructions for Completing and Submitting the OTDA-3073

The IAR agreement requires this Office to send copies of all completed SSA-8125s to the SSA within 30 working days of the receipt of an initial SSI payment, annually compile aggregate IAR data, and for auditing purposes maintain pertinent IAR records including notices. If SSDs fail to comply with any of these requirements, it may jeopardize the current agreement this Office has with the SSA.

The OTDA-3073 is a mandated form that SSDs must complete monthly and send to this Office within prescribed timeframes. The purpose of this form is to collect required data listed in the IAR agreement.

Instructions for Submitting OTDA-3073

It is essential that SSDs send monthly to this Office a completed OTDA-3073 "Transmittal of SSA-8125s" and the <u>supporting SSA-8125s</u> or SSA-8125-F6. If either form is unavailable, the LDSS-2425 or W128HH (NYC) "Repayment of Interim Assistance Notice" must be used as a substitute.

The data listed in the OTDA-3073 represents all of the IAR the SSD received for the report month. Do not complete and submit a separate OTDA-3073 for each IAR case processed in the report month.

The OTDA-3073 "Transmittal of SSA-8125s" and supporting documents must be mailed, in a <u>single</u> batch, to this Office by the 15th of the month following the month in which the SSD received IAR.

The mailing address is:

NYS OTDA

Center for Employment and Economic Supports 40 North Pearl Street Albany, New York 12243 Attention: Operations Services

Each SSD is responsible for including all IAR amounts received from another SSD in their calculations when completing the OTDA-3073.

If a previously submitted OTDA-3073 must be corrected, complete a new OTDA-3073 and write "Corrected" on the top of the form and resubmit it to the address above.

An OTDA-3073 "Transmittal of SSA-8125s" still must be submitted timely for any report month where zero IA has been recovered. To identify that zero IAR has been received, complete the heading of the OTDA-3073 and write zero in the box specifying the number of forms attached. Mail the form to the address above or fax to 518-473-4496.

N. Records Retention

The SSD must **retain** a copy of the following for **a minimum of six years:**

- Batched OTDA-3073 "Transmittal of SSA-8125s and supporting documentation
- Completed SSA-8125-F6s faxed to the SSA
- LDSS-2425 or W128HH (NYC) in the case record
- IAR accounting records
- IAR authorization found in the Statewide Common Application form (LDSS-2921), the Recertification Application (LDSS-3174) and the Mail-In Recert/Eligibility Questionnaire (LDSS-4887)

O. SSI Application Protective Filing Date

A protective filing date allows TA applicants and recipients who apply for SSI within sixty days of signing a TA application or recertification form to use the TA application or recertification date as the SSI application date.

Establishing a protective filing date benefits the TA applicant/recipient because he or she may be eligible for up to two additional months of SSI eligibility. In addition, this may increase the amount of interim assistance reimbursement the SSD recovers directly from the SSA.

SSDs may inform TA applicants/recipients of the benefits of an SSI protective filing date and ways they can establish a protective filing date. For example, the TA applicant/recipient can tell the SSA eligibility worker that they applied for TA on a specific date, or the SSI applicant can telephone the SSA that he or she has applied for TA and intends to apply for SSI within sixty days of applying or recertifying for TA. In addition, SSDs may assist TA applicants /recipients in establishing a protective filing date by calling, faxing or writing the SSA office regarding the client's intent to apply for SSI. The date of this contact then becomes the SSI application date. (For more information see 08 ADM–05.)

P. Recovery of Foster Care (Non IV-E) benefits for SNA Recipients

When the amount of the initial SSI payment is significantly greater than the amount of SNA that can be recovered, the SSD also must review child welfare services records to determine if the same recipient has received non IV-E child welfare foster care benefits during the IA period. SSDs may use 25% or more as a guide to determine when an initial SSI payment is significantly greater than the amount of SNA that can be recovered.

If the TA recipient has received SNA foster care benefits during the IA period, the SSD must determine the amount of these payments and recover such payments from the client's initial SSI payment in the same manner as SNA payments are currently recovered including providing appropriate notice. As long as:

1. The SSD has a signed authorization. IAR is frequently not available for former foster care cases who have not moved onto TA because, without a TA application, there might not be a signed IAR authorization. However, if a local district determines that

- a signed IAR authorization was obtained, the SSD may recover the amount of SNA authorized during the IA period;
- 2. SNA payments are furnished during the IA period;
- 3. SNA payments can be specifically earmarked as being authorized for the SSI recipient; and
- 4. SNA payments have not been recouped or recovered.

An SSD must identify persons who potentially received foster care, which can be recovered, by targeting clients who applied for SSI prior to their 21st birthday. The SSD can determine if the SSI recipient applied for SSI, prior to his/her 21st birthday, by comparing the individual's date of birth found on WMS, against the SSI eligibility date provided by the SSA on the SSA-8125 or SSA-8125–F6.

For example: An SSD receives a SSA-8125–F6 which shows an initial eligibility payment of \$6,000 (about 12 months of retroactive SSI benefits) for a 19-year-old who has only been on SNA for the past 3 months. The SSI application date is one year ago. Since the amount of SSI is far greater than the amount of SNA that can be recovered and the client is under 21, foster care is consulted. Foster care indicates that this individual also received foster care payments for 6 months after the SSI application date. The SSD must recover the SNA payments for the 3 months and the foster care payments for the 6 months paid during the IA period.

The maintenance expenses paid by a SSD for a child placed into residential care by a school district's Committee on Special Education is not considered IA and, therefore, cannot be recovered.

VI. Medical Assistance Implications

The Medical Assistance program does not require any applicant or recipient to apply for or appeal a denial of SSI benefits. If the TA recipient is approved for and begins receiving SSI benefits, Medicaid is automatically authorized on an SSI case type (Case type 22). The TA household's eligibility must be reevaluated and appropriate action taken, including, if necessary, reducing or discontinuing assistance. There is no recovery from SSI benefits for the cost of Medicaid services paid for an eligible individual.

VII. Additional Information

A. System Implications

IAR and SSA Computer Matching

New York is an "Automated Authorization State" which requires that the State notify the SSA by electronic means on the date individuals provided written permission authorizing the SSA Commissioner to withhold their initial SSI payment or initial post eligibility payment, and send the payment directly to the SSD as IAR. To meet this requirement, when an individual applies for SSI, SSA adds that person's name and identifying information to their central computer system and usually codes the SSI case as pending.

Information about these cases and all other SSI recipients in New York is regularly sent to this Office by SSA via the State Data Exchange (SDX). The pending SSI applicants listed on

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the SDX are matched against active SNA (case types 16 and 17) cases on WMS every weekend.

The names and social security numbers of the SSI applicants listed on the SDX that match active TA recipients on WMS, are transmitted to SSA every week. Those cases that successfully meet SSA's edits have their SSA file annotated with the appropriate IAR status code that can be found on the SDX. This annotation directs SSA to send the client's initial SSI payment to the appropriate SSD as IAR.

An SSD's ability to recover IA directly from the SSA is based on the applicant/recipient's written permission and the correct annotation of the IAR status on the SSA's computer system. If the SSA's computer system is not annotated correctly, the initial SSI payment will not be sent to the correct SSD; it may be sent directly to the recipient. If this occurs, the SSD can <u>request</u> that the recipient repay the IA that was paid to the individual but the SSD has no legal basis to <u>require</u> such a refund.

SSDs may use the "SDX – SSI Individual Status" available on the WMS to confirm that the correct IAR status code is annotated in the SSA computer system.

B. CAMS (Cash Management System) Implications

The SSDs would enter payments from the SSA into CAMS using cash receipt processing. See Chapter 2 of the CAMS Manual for detailed cash receipt processing instructions. The cash receipts menu is accessed through selection 19 of the LDMIP (BICS) menu.

The following codes would be entered on the cash receipt:

- Source Type = 03 (US Treasury);
- Cash Type = 04 (Check Other);
- Revenue Reason = 106 (Apply Initial SSI Payment); and
- Social Security Number.

The SSI payment the SSD receives should be credited to Trust Account TA51 per the instructions in the Fiscal Reference Manual, Volume 1 Chapter 2.

C. Forms Ordering Information

- The revised English version of the OTDA-3073: "*Transmittal of SSA-8125's*" are **not** State printed but are available to SSDs in PDF format or as master camera ready copies. The procedures for ordering PDFs or master camera ready copies are listed below.
- The above-referenced document has also been posted on the OTDA Intranet website at http://otda.state.nyenet/ldss_eforms/default.htm and is available for downloading by SSDs districts for reproduction locally.
- Upon the release of this ADM all previous versions of the OTDA-3073: "*Transmittal of SSA-8125's*" **must immediately be destroyed** and replaced with the revised 4/08 version.

• Any future written requests for master camera ready copies of the form, should be submitted on OTDA-876: "Request for Forms or Publications", and should be sent to:

Office of Temporary and Disability Assistance BMS Documentation Services and Operational Support PO Box 1990 Albany, NY 12201

- Questions concerning ordering forms should be directed to BMS Document Services at 1-800-343-8859, ext. 4-9522.
- Master camera ready copies of the documents may also be ordered through Outlook. To
 order a master camera ready copy you must obtain an OTDA-876 electronically by going
 to the OTDA Intranet Website at http://otda.state.nyenet/ then to Division of Operations
 and Program Support page, then to PSQI E-forms page (this page contains the electronic
 OTDA-876).
- For those who do not have Outlook but who have Internet access for sending and receiving e-mail, the Internet e-mail address is: gg7359@dfa.state.ny.us. For a complete list of available forms, please refer to the OTDA Intranet site: http://otda.state.nyenet/ldss_eforms/default.htm.

D. Electronic Interim Assistance Reimbursement (e-IAR)

Electronic IAR (e-IAR) is a new project being designed, implemented and mandated by the SSA to automate the current IAR paper check process. Once e-IAR is implemented SSDs will be required to communicate to the SSA the amount of IA paid via an SSA secure website and all IAR payments will be direct deposited by the SSA into a district designated bank account via the Automated Clearing House (ACH) process. The SSA will also be automating the current mailed notices process with a comprehensive e-mail alert system. SSDs must continue the current IAR processes until the e-IAR process is operational. Once the e-IAR process is operational, SSDs will not have the option of continuing the paper check process. (For more information see 08 ADM-06.)

The SSA's mandated change from a paper to an automated process does not change the way SSDs calculate the amount of IA provided to a recipient of TA. The automated process uses a SSA secure website that changes the way SSDs communicate to the SSA the amount of IA provided to an individual; the way SSA communicates notice language to the SSDs; and the way SSDs receive IAR funds.

The SSA expects the e-IAR process to be implemented in early 2009. The SSDs will be notified when the automated system is operational. It is expected that once e-IAR is operational, SSDs will no longer be required to complete the following required actions:

1. Process direct payments from the SSA. SSDs will no longer receive a TA recipient's entire initial or post eligibility payment by check, calculate and retain the IAR amount, and disburse any remaining balance to the TA recipient within ten days of receiving the individual's initial direct SSI payment from the SSA;

- 2. Complete and FAX a SSA-8125 to the SSA for each IA payment requested;
- 3. Monthly batch and mail completed SSA-8125s to this Office;
- 4. Manually complete and submit the OTDA-3073 "Transmittal of SSA-8125s" to OTDA's Center Employment and Economic Supports (CEES) on a monthly basis. However, SSDs will be required to electronically report IA statistical data to CEES via CentraPort. The statistical data elements that the districts must collect and report on are reduced from the ones needed to complete the OTDA-3073 "Transmittal of SSA-8125s" and will be communicated to SSD in a future release; and
- 5. Collect and maintain the following information:
 - a. Amount of the initial payment forwarded to the individual;
 - b. Amount of the initial payment returned to SSA;
 - c. Date the initial payment was received from SSA;
 - d. Date the respective individual accounting form was received from SSA; and
 - e. Date the initial payment, or any portion thereof, was forwarded to the individual.

SSDs must continue to complete the required actions listed in this ADM until notification is received that the e-IAR process is implemented. Further instructions concerning e-IAR will be communicated to SSDs in a future release.

VIII. Effective Date

Effective Immediately

Issued By

Name: Russell Sykes
Title: Deputy Commissioner

Division/Office: Center for Employment and Economic Supports