



Monterey County Behavioral Health Policy and Procedure

Policy Number	415
Policy Title	Requests For Interim Assistance Funds
References	None
Form	Attachment 1 (Personal & Incidental Funds) Attachment 2 (Authorization for Reimbursement) Attachment 3 (W-9) Attachment 4 (Interim Request for Housing Funds)
Effective	September 1, 1988 Revised: August 18, 2004 Revised: September 1, 2008

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Policy

The Social Security Administration, through the Interim Assistance Reimbursement (IAR) program, may reimburse other Government Programs that furnish assistance to consumers who disbursed funds during the period the consumer's Social Security (SSI) application was pending.

To insure that Interim Assistance Funds are available, it is necessary for the case manager to obtain approval for utilization of Interim Assistance funds from the Behavioral Health Service Manager of Adult Services or designee prior to placing the consumer in an out-of-home facility. All requests will be evaluated on a case-by-case basis with final approval given by the Behavioral Health Service Manager or designee. All other alternatives should be explored before requesting those funds.

Procedure

1. The case manager will submit a request to the Behavioral Health Service Manager or designee stating the exact reasons for the requesting Interim Assistance funding, and verifying that the consumer has a Social Security Application already filed and is pending (Attachment 4).
2. The case manager will obtain approval for the Behavioral Health Service Manager or designee to utilize those funds prior to placing a consumer in out-or-home placement.
3. The case manager will complete the necessary forms for out-or-home placement. The agreement with the residential care home operator should be completed in triplicate and distribute copies to:
 - A. Accounting
 - B. Consumer's record
 - C. Residential care operator

29 4. The case manager will assist the Interim Assistance applicant in completing the Authorization for
30 Reimbursement (Attachment 2).

31
32 5. The case manager will submit an approved Authorization for Reimbursement form to the supervising
33 PSR for each month the consumer is placed. The consumer's chart should reflect that process. It should
34 be completed in triplicate and distributed to the following:

- 35
36 A. White copy - Social Security via the Conservator's Office
37 B. Yellow copy – Supervising PSR (Administration)
38 C. Pink copy - Consumer's chart
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40 6. The case manager will complete the Interim Assistance Request Form Housing Funds form and insure it
41 is submitted for each month services are requested.

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43 7. The case manager will insure the residential care operator completes a W-9, Request for Taxpayer
44 Identification Number and Certification form for the initial application (Attachment 3).

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46 8. The supervising PSR will submit a Personal & Incidental Funds Request on a monthly basis for the
47 consumer, which would provide the request for payment to the consumer (Attachment 1).

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49 The criteria for receipt of Interim Assistance funds are as follows:

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51 1. There must be a reasonable expectation that the consumer will be approved for SSI or Social Security
52 Disability.

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54 2. There must be a statement from a physician that the consumer, because of mental illness is disabled
55 and unable to maintain gainful employment for at least twelve (12) consecutive months.

56
57 Once the consumer receives a retroactive reimbursement from Social Security, the retroactive payment
58 check will go to Monterey County Behavioral Health Fiscal services. They will date stamp the check
59 received. At that point, MCBH will have ten working days to determine all that is owed to the County. The
60 Fiscal Staff will notify the Program Staff to get exact amounts spent by the County on behalf of the client
61 and both Fiscal and Program staff will complete their sections of the Social Security Form SSA-L8125.

**Interim Assistance Request form
Personal & Incidental Funds**

Date of Request: _____

Clinician's Name: _____

Payment Period: _____
Print Month(s) P&I funds being requested

NOTE:
 P&I FUNDS NEED TO BE
 REQUESTED EACH AND
 EVERY MONTH.
 PROCESS TIME: 5 WEEKS.

Make Check Payable To: _____	Client's S.S.N. _____	Facility Name and Address: _____
_____	_____	_____
_____	_____	_____
<small>Print Clients Name & Address</small>	<small>Client's Case No.</small>	<small>Print Facility Name and Address:</small>

Requested By: _____	Date: _____
<small>Clinician's Signature</small>	
Approved By: _____	Date: _____
<small>Program Manager</small>	

↓ Please Do Not Write Below This Line ↓

PAYMENT APPROVED:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
MONTH: _____	YEAR: _____	
AMOUNT:		\$ 121.00
TOTAL PAYMENT:	<input type="text" value="\$"/>	

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Attachment 1

**MONTEREY COUNTY BEHAVIORAL HEALTH
ADULT SERVICES DIVISION
AUTHORIZATION FOR REIMBURSEMENT
FOR INTERIM ASSISTANCE GRANTED
WHILE SSI/SSP APPLICATION IS PENDING**

I _____, declare that I have an application for Supplemental Security Income/ Supplementary Program (SSI/SSP) with the Social Security Administration District Office located at _____, _____, on _____, _____, _____ Street.

City Date

I further declare that I have applied for Interim Assistance with Monterey County Behavioral Health Adult Services Division located at 1441 Constitution Blvd., Suite 202, Salinas, CA 93906 on _____ (Date).

These applications were filed with a full understanding of the following: In consideration of the Interim Assistance paid to me on my behalf by Monterey County Behavioral Health Adult Services Division, Salinas, CA 93901 on _____ (Date), I hereby authorize the Social Security Administration to make the first payment of SSI/SSP benefits to which I am determined eligible to Monterey County Behavioral Health Adult Services Division, 1441 Constitution Blvd., Suite 202, Salinas, CA 93906. I further authorize Monterey County Behavioral Health Adult Services Division to deduct from such payment the amount of Interim Assistance paid to me during the period that my SSI/SSP application is pending.

I understand that the Monterey County Behavioral Adult Services Division, after making the authorized deduction, will, within ten working days from receipt of the benefit check, pay the balance, if any, to me.

It is further understood that in the event of disagreement, I shall have the right to a hearing from the State of California with respect to the amount deducted by the Monterey County Behavioral Health Adult Services Division from my initial SSI/SSP payment. The request for hearing must be within 90 days of the date that the State of California notifies me of the apportionment that has been made.

_____ Client's Signature	_____ Client's Social Security
_____ Client's Street Address	_____ Client's Assigned Facility Name
_____ Client's City, State, Zip	_____ Printed Name of Case Manager
_____ Date this form signed	_____ Signature of Case Manager

If the client signs by a mark, the signature must be verified by two witnesses who provide the following information.

_____ Signature of Witness	_____ Date	_____ Signature of Witness	_____ Date
_____ Witness Home Address – Street		_____ Witness Home Address – Street	
_____ City, State, Zip		_____ City, State, Zip	

White: Social Security Office Yellow: Mental Health Admin Blue: Client's Office

Attachment 2

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Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do NOT
send to the IRS.

Please print or type

Name (if a joint account or you changed your name, see Specific Instructions on page 2.)

Business name, if different from above. (See Specific Instructions on page 2.)

Check appropriate box: Individual/Sole proprietor Corporation Partnership Other ▶

Address (number, street, and apt. or suite no.)

City, state, and ZIP code

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, if you are a resident alien OR a sole proprietor, see the instructions on page 2. For other entities, it is your employer identification number (EIN). If you do not have a number, see **How To Get a TIN** on page 2.

Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

Social security number

OR

Employer identification number

List account number(s) here (optional)

Part II For Payees Exempt From Backup Withholding See the instructions on page 2.)

Part III Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

Certification Instructions.—You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 2.)

Sign Here Signature ▶ Date ▶

Purpose of Form.—A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are an exempt payee.

Note: If a requester gives you a form other than a W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

What Is Backup Withholding?—Persons making certain payments to you must withhold and pay to the IRS 31% of such payments under certain conditions. This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

If you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return, payments you receive will not be subject to backup withholding. Payments you receive will be subject to backup withholding if:

- You do not furnish your TIN to the requester, or
- The IRS tells the requester that you furnished an incorrect TIN, or
- The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
- You do not certify to the requester that you are not subject to backup withholding under 3 above (for reportable interest and dividend accounts opened after 1983 only), or
- You do not certify your TIN when required. See the Part III instructions on page 2 for details.

Certain payees and payments are exempt from backup withholding. See the Part II instructions and the separate instructions for the Requester of Form W-9.

Penalties

Failure To Furnish TIN.—If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil Penalty for False Information With Respect to Withholding.—If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal Penalty for Falsifying Information.—Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs.—If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

Interim Assistance Request Form Housing Funds

Date : _____

Client Name : _____ Client Ph#: _____

Client Number: _____ SSN : _____

Case Manager : _____

Placement Date : _____

Facility Name : _____ Facility Ph#: _____

Address : _____

City: _____ State: _____ Zip: _____

Explain Need for Placement? _____

Explain Need for Housing Funding Assistance? _____

Expected Departure Date : _____

Does the Client Receive any of the Following?	Yes	No	If Yes, give amount.
S.S.I. benefits?	<input type="checkbox"/>	<input type="checkbox"/>	\$
Other Social Security benefits?	<input type="checkbox"/>	<input type="checkbox"/>	\$
Any other type of assistance? If Yes, give the source	<input type="checkbox"/>	<input type="checkbox"/>	\$

If *No* for any of the above questions, give date of application for Reg., SSI or Disability Benefits: _____
(attach copy of completed form)

Answer the following questions!	Yes	Date	No	Reason
Has client requested a protective filing date from Social Security Admin. To apply for S.S.I./S.S. benefits?	<input type="checkbox"/>		<input type="checkbox"/>	
Has client filed to re-establish S.S.I./S.S. benefits?	<input type="checkbox"/>		<input type="checkbox"/>	
Has SSP14 been submitted to S.S. to repay M.H.D. for Interim Assistance Funding?	<input type="checkbox"/>		<input type="checkbox"/>	

Additional Information or Comments: _____

Case Manager Name _____ Date _____ Kyle Titus, Ph.D., Program Manager Adult Services _____ Date _____