



CCWRO Welfare News 2017-02

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In Brief

- On 11-22-16 San Joaquin County asked DSS “Can we consider Vocational Education Internship/Externship hours as a Work Experience activity instead of as Vocational Education?” [If vocation education is counted as work experience, the county can count the hours in the WPR.] On 2-7-17 DSS confirmed that the county can consider Vocational Education Internship/Externship hours as a Work Experience hours instead of Vocational Education. Vocational Education can only be counted toward the WPR for one year, while work experience - unpaid labor - has no similar limitation.
- On 1-10-17 San Mateo County asked DSS if caring for an ill or incapacitated member of the household exemption be applied/granted to both parents in a two-parent household if the doctor has completed the CW61 stating that both parents are needed in the home to care for an ill child? On 2-6-17 DSS responded stating “The county can apply MPP 42-2712.461 (a) which says, “For an individual to qualify for this exemption, the CWD staff shall determine if the caretaking responsibilities impair the ability of the individual to be regularly employed or participate in welfare-to-work activities.” The policy interpretation implies that the county can deny an exemption, even if the treating physician finds that both parents need to be home to protect the child.
- During a CWDA Child Care Committee meeting, Orange County said that CalWORKs beneficiaries who are entitled to Stage 2 child care are returning to Stage 1, because the Stage 2 providers require families to pay a higher “family fee” than what they were paying in Stage 1. In an email dated 2-28-17 Shasnee Clark said “Stage 1 family moving to Stage 2 and having to pay a much higher amount in a copayment and wants to transfer back to Stage 1 to pay the lower copayment.”

Now is the time to move forward with Medi-Cal expansions and ACA reform

Last year, CCWRO, through a grant from the California Endowment, worked with the County Welfare Directors’ Association in a pilot outreach program intended to increase participation in the Medi-Cal 250% working disabled program in three counties. That project produced information about the desperate need to raise California’s Medi-Cal standard of need. Information for this article is excerpted from the report CCWRO submitted to the project’s funding sources.

The current Medi-Cal “Standard of Need” is \$600 per month. This amount was initially established in 1990. The \$600 level is nearly half of what is now universally recognized as being necessary for economic well-being. Using the United States Department of Labor’s CPI Inflation Calculator at the website www.bls.gov/data/inflation_calculator.htm, the commiserate standard of need in 2015 would be approximately \$1100.

A more accurate “standard of need” based on the current usual and ordinary “contemporary standard of living” is \$1180 which reflects that types of purchases that households generally have in 2017 -- cell phones, cable television and/or internet access. The higher number also considers California’s high housing costs.

CCWRO suggested the adoption of one of two options, namely

Option #1: Raise the Medi-Cal standard of need to the current SSI/SSP level of \$889.00.

Option #2: Raise the Medi-Cal standard of need to the 2016 SSA monthly earnings limit.

For 2016, SSA established \$1130 per month as a significant gainful activity measurement as a minimum earnings level for financial self-sufficiency. This level is slightly less than the “contemporary

standard of living amount” but is somewhat higher than the “traditional CPI” rate.

The simple argument in favor of increasing the Medi-Cal “standard of need” is that the standard of need has not kept up with inflation and escalating costs of housing and basic needs of necessities of life over the last 27 years.

The questions become: How will this change impact Medi-Cal recipients? Will it increase Medi-Cal costs?

The positive impact on Medi-Cal recipients who have a high “share of cost” which is about 30% or more of the household’s income is this: increasing the Medi-Cal standard of need will make it less expensive for “share of cost” households to afford their care. In last year’s pilot, most responders to the outreach activities were concerned about reducing their “share of cost” so that they could afford In-Home Supportive Services. Although the study sample of from three counties was small, the information provided is compelling: The average household income was less than \$1600 per month in SSDI or pension-related income. For these households, the Medi-Cal share of cost was \$1000. In other words, these individuals were being required to spend \$1000 per month to pay for their in-home care services. While this is certainly less than the \$3500 to \$4000 per month in skilled nursing care costs, \$1000 is a lot of money.

For a person with \$1600 in monthly income, \$1000 is 62.5% of total income. This is a barrier to health care access. It leaves vulnerable seniors and the disabled at risk of receiving poor quality services or going without needed assistance. In other words, it’s a set up for accidents, injuries and even physical and financial abuse that most likely will result in hospitalization and institutionalization. In many instances, family caretakers pick up the slack as best they can, often without compensation and on an irregular as needed basis.

Raising the “standard of need” to approximately \$900 if the 2017 SSI limit is used would result in an SOC for a household with \$1600 of income, \$700 to be used for medical expenses, or about 44% of household income. Using one of the recommended CPI levels of at least \$1100 as a standard of need level would reduce the SOC to household income ratio to 31.25% of household income. In otherwise, \$500 per month, which is close to affordable.

The best solution would be for California to conduct a standard of need study and adjust the Medi-Cal “standard of need” upward to a level that makes sense for IHSS households. Another consideration

would be limiting the SOC amount to no more than 25% of household income.

This way the Medi-Cal program will truly work for people who need it and who have worked for the benefits they need to survive and live both independently and with dignity.

SAWS Moving to CalSAWS

Summary of the new contract:

The USDA Food & Nutrition Services (FNS) and HHS Center for Medical Services (CMS) has informed California that effective 2023 there will only be federal financial participation for one computer system for public assistance in California.

Currently there are three computer systems in California: CalWIN, C-IV and LRS. California is proposing an incremental approach to reach to one system by 2025, if this approach is approved by FNS & CMS. LRS and C-IV will be migrated to a new system called CalACES.

California is proposing to transition the CalWIN and CalACES into one system called California Statewide Automated Welfare System (CalSAWS). This new system would include foster care determinations, consolidated SAWS portal and Mobile app and online CalWORKs Appraisal Tool (OCAT).

The CalSAWS system would be governed by the 58 different counties and not by the single state agency. The single state agency, DSS, would simply provide oversight and collaboration.

Migration Planning Update Governance

March/April 2017	Finalize Governance Language / Voting Structure
April 2017	Complete additional Educational Sessions, as needed
April/May 2017	Submit draft language for Approval by JPA General Membership
May-July 2017	PA Agreement and MOU presented to 40 County Boards of Supervisor for Approval
Early Fall 2017	CalACES Consortium Formed

ETB-3 Update

EBT 3 is the third EBT Services contract. Fidelity Information Systems, LLC (FIS) and Xerox competed. FIS was the winning bidder.

Summary of the new contract:

- Continue offering EBT for food and cash benefit issuance.
- Add the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) to EBT.

New services:

- Data warehouse for business intelligence and program integrity analytics.
- Enhanced Cardholder Website – Adding WIC, ability to sign up for text alerts, and map-based searches (with door-to-door directions) for surcharge-free cash access, retailer locations, etc.
- Mobile phone application – Offers all website services.

As of the January 31, 2017 EBT Food & Cash Transition Workplan, the Milestones are as follows:

EBT 3 Milestones

Based on EBT Food & Cash Transition Workplan – As of 1/31/17

MILESTONE NAME	START DATE	FINISH DATE
DGS - EXECUTE FIS CONTRACT	<u>6/8/2016</u>	<u>6/8/2016</u>
EBT - FOOD & CASH MOCK CONVERSION TESTING	<u>3/17/2017</u>	<u>10/10/2017</u>
EBT - FOOD & CASH ELIGIBILITY SYSTEM TESTING	<u>4/12/2017</u>	<u>6/14/2017</u>
EBT - DEL 8.A - COUNTY CHANGE IN CASH ACCESS PLANS	<u>4/5/2017</u>	<u>1/16/2018</u>
EBT - FOOD & CASH FEDERAL ACCEPTANCE TESTING	<u>8/30/2017</u>	<u>11/01/2017</u>
EBT - FOOD & CASH TRAINING OF COUNTY TRAINERS	<u>8/10/2017</u>	<u>10/31/2017</u>
EBT - FOOD & CASH STATEWIDE CUTOVER-GO LIVE	<u>1/19/2018</u>	<u>1/21/2018</u>

CCWRO FACT

In April of 2017, 1.3 million SSI recipients will lose \$124 million in food stamps. Annually, there is a \$1.5 billion loss of federal money for California’s food insecure SSI recipients. Thousands of SSI recipients will endure food insecurity this April. This mean-spirited policy of not ending the SSI food stamps cashout could easily be changed by the Governor or California’s Democratic Legislature.

County Client Abuse Report

A Shasta County beneficiary of public benefits was barred from the Shasta County Welfare office. When he tried to appear at his due process hearing, Shasta County decided that this welfare recipient could not come into the welfare office, which was the only location that hearings were held, thus, no due process. The Shasta County welfare office is being used to deny due process and violate the basic constitutional rights of Californians entitled to public benefits.

Big Day of Giving Mark Your Calendars! May 4th, 2017

Every year the Sacramento Region Community Foundation sponsors the “Big Day of Giving” campaign. The Big Day of Giving is an opportunity for donors to show their community pride and support the nonprofits that make our region great. This is the first year CCWRO will be participating and we are asking friends, colleagues and the community to think of us on May 4th and donate what you can. We can also ask for matching funds from individuals, groups, companies, etc. Go to <https://www.bigdayofgiving.org/>, go to “find a nonprofit”, enter “Coalition of California Welfare Rights Organizations” and explore our information pages and needs requests. We appreciate your support on May 4, 2017!