



CCWRO Welfare News 2017-07 - 9-5-17

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DSS Issues Unlawful Guidance

On June 15, 2017, a county asked DSS whether IHHS includes hours for out of state medical appointment accompaniments.

“Question: Do we have any regulations relating to distant, out-of-county travel for clients? A client is requesting time for an appointment in Seattle, Washington from Humboldt County, California. We do allow for out-of-county travel but are not sure about out-of-state travel. This roundtrip travel could be in excess of 30+ hours if driving, less if taking plane but what about delays in flights etc...Can we authorize travel time for the care provider to accompany out of state?”

On June 20, 2017, DSS responded.

“Response: Yes, the IHSS program does possess regulations relating to out-of-county travel (this is what the IHSS program calls out-of-state/physical absence from the state) this section of the regulations appears under Manual of Policies and Procedures (MPP) Sections 30-770.42 through .45, which provide for temporary physical absence for recipients from the state with the intent to continue residing in the State of California....”

MPP 30-757.15 states Medical Accompaniment may be authorized when the recipient has a health care appointment with out of county or out of state specialist provided the appointment is medically necessary, as is with this case and there [are] no other reasonable alternative medical providers either [in] the recipient’s county of residence or state. Additionally, the recipient must need assistance with an authorized IHSS task(s) during the transportation to/from and/or at the destination. As you noted the provider in this case is providing ambulation, bowel and bladder, dressing, transfer and repositioning at the destination of the appointment, thus meeting this criteria.”

The IHSS regulations governing transportation to and from the medical appointment are clear. If the IHSS recipient has a medical appointment, then they shall get assistance with the medical appointment.

MPP §30-757.15 “Assistance by the provider is available for transportation when the recipient’s presence is required at the destination and such assistance is necessary to accomplish the travel, limited to:

.151 Transportation to and from appointments with physicians, dentists and other health practitioners.

.152 Transportation necessary for fitting health related appliances/devices and special clothing.

.153 Transportation under .151 and .152 above shall be authorized only after social service staff have determined that Medi-Cal will not provide transportation in the specific case.

.154 Transportation to the site where alternative resources provide in-home supportive services to the recipient in lieu of IHSS.”

However, DSS promulgated underground rules to add new preconditions set forth below.

“Additionally, before authorizing Medical Accompaniment, the county department staff should discuss with the recipient (or his/her authorized representative) his/her Medi-Cal program health plan coverage to determine whether the recipient is required to obtain their medical care from an in-network provider (within the county confines of the health plan) or if they have an approved Continuity of Care exception to continue to see an out-of-network provider in another county as approved by their health plan through the Department of Health Care Services (DHCS) (<http://www.dhcs.ca.gov/services/Pages/ContinuityOfCareInfo.aspx#coc>).

Medi-Cal managed care plan contractors are required to maintain adequate numbers/types of specialists within their network to accommodate the need for specialty care in accordance with Title 22 CCR Section 53853(a) and WIC Section 14182(c) (2). Also, there are time and distance standards that Medi-Cal contractors are required to maintain. The network of Primary Care Physicians should be located within 30 minutes or 10 miles .

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of a Member's residence unless the Contractor has a DHCS-approved alternative time and distance standard. This information will be useful for the county to consider in determining if there is a specialist the recipient is able to see in his/her geographic area."

"If it is determined that the out-of-state medical appointment meets all of the requirements for authorizing Medical Accompaniment, your proposal to authorize time to include flight time and time spent at the actual medical appointment would be appropriate. All information relevant to the authorization should be fully and clearly documented in the case record."

There is nothing in MPP 30-757.15 that states:

1. The county must approve the medical provider of the IHSS beneficiary.
2. The approval is based on whether or not the beneficiary is "required" to get the medical services or that the beneficiary wants the medical services. There is nothing in MPP 30-757.15 that states IHSS transportation will only be paid if the beneficiary can prove that the medical services are "required". Required by whom? The social worker? DSS?

DSS ordered Humboldt County to authorize flight time, even if the transportation was done by car. Does DSS think that the individual being transported may have an ADA issue with flying? There is nothing in 30-757.15 that states the person has to take the cheapest mode of transportation. If that was a rule it would have been promulgated in the regulations just like the transportation rules exist in the regulations for CalWORKs employment services.

WtW 25 Data Double Counts the Number of Volunteers

On April 19, 2017, DSS asked the three SAWS consortias; (1) CalWIN; (2) C-IV; and (3) LRS to review the data and program logic and explain how voluntary participation in Welfare to Work programs is being reported for FY 14-15, FY 15-16 and FY 16-17. Several counties showed a high number of exempt and participation counts in comparison to the enrollee counts. It appears based on responses from the counties, which exempt individuals who 'volunteer' are being tracked on this report inaccurately whereby inflating the participation rates. CalWIN reported: "Exempt volunteers are given two

open registration statuses, Exempt Mandatory and Registered Voluntary. This caused the data reported in Lines 1 and 2 to be counted twice. In addition to temporal tracking, a registered voluntary status is required in order to authorize supportive services payments.

C-IV Responded: "... a clarification was provided from CDSS on 12/09/2016 to both C-IV and LRS that included the following bullet "Individuals exempt from WTW, including exempt volunteers, or sanctioned individuals are not Enrollees."

The WtW25-published instructions are inconsistent with the DSS bullets provided to C-IV and LRS.

"Enrollee: Is an individual who has been enrolled or has been sent a notice that he or she was scheduled for a WTW appraisal. Count individuals who received cash aid, who were eligible for cash aid (e.g., individuals in a zero basic grant status), or were considered CalWORKs recipients in the report month. This would include adults who are in receipt of family reunification services, have had a child(ren) removed from the home, and are no longer in receipt of cash aid. An enrollee is defined as either (1) required to participate, or (2) willing to participate."

One thing is certain – counties are double counting volunteers that results in an enhanced work participation rate for the county.

County Claims for WtW Funding Questionable

Welfare to Work funding is part of the county single allocation. See County Fiscal Letter 16/17-39. The counties are funded for WtW cases that are exempt, sanctioned and participating. They only have to provide supportive services and case management to those participating, yet they get funded for those not participating. For example, San Joaquin County gets funding for 4,804 cases while only 1,086 cases are actually participating. That means San Joaquin County gets money for 78% of the caseload without incurring any supportive services or case management costs.

Statewide, while counties received \$138.3 million during 2016-2017 for 158,122 cases, only 41% of the cases actually participated. That means that counties were overpaid in 59% of the cases, which is equal to \$81.6 million. That is a lot of money that could help just about every homeless CalWORKs family in California. See **TABLE #1** on page 3 revealing the claims submitted by large and medium counties during 2015-2016.

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TABLE #1 - Large and Medium Counties Fleecing the State of California

May 2016 WtW Other Families	Exempt	Sanction	Unduplicated Participants (UP)	Number of Cases County Received WtW Funding in 2015-2016
Statewide	53,476	39,272	65,374	158,122
Alameda	1,239	741	1,982	3,962
Butte	526	363	291	1,180
Colusa	21	26	9	56
Contra Costa	1,104	497	1,411	3,012
Fresno	1,506	675	4,251	6,432
Kern	2,111	3,784	1,593	7,488
Kings	266	215	409	890
Los Angeles	12,823	10,496	17,928	41,247
Madera	383	325	86	794
Mendocino	97	149	122	368
Merced	715	883	681	2,279
Monterey	524	352	520	1,396
Orange	2,922	1,023	3,464	7,409
Riverside	3,911	2,885	3,893	10,689
Sacramento	3,062	1,109	4,459	8,630
San Bernardino	6,352	6,581	5,753	18,686
San Diego	3,025	1,250	5,111	9,386
San Francisco	670	258	1,071	1,999
San Joaquin	1,493	2,225	1,086	4,804
San Luis Obispo	330	45	129	504
San Mateo	184	55	239	478
Santa Barbara	531	56	512	1,099
Santa Clara	956	367	1,337	2,660
Santa Cruz	328	49	508	885
Shasta	379	320	286	985
Solano	507	153	352	1,012
Stanislaus	1,322	1,120	1,144	3,586
Sutter	140	142	142	424
Tulare	1,631	469	2,031	4,131
Ventura	1,304	681	991	2,976

County Client Abuse Report

● Ms. 17130018 of Los Angeles County received a notice of action, dated May 10, 2016, terminating her CalWORKs benefits effective May 31, 2017 because "...her income exceeded the Maximum Aid Payment for an assistance unit of two." The Los Angeles County representative stated under oath at the hearing that her benefits were stopped effective May 31, 2017 "...for an unknown reason."

During the hearing it was revealed that on February 3, 2017, the county mailed Ms. 17130018 a New Registry Notification of Employment and scheduled an appointment for February 27, 2017, however, she was working and did not keep the appointment.

During the hearing Ms. 17130018, who previously was homeless, complained that Los Angeles County refused to use her new address which she reported in March 2017 and forced her to use the county address in June of 2017.

● Ms. 17066065 of Los Angeles County had her CalWORKs and CalFresh benefits stopped effective February 28, 2017 because she did not complete her Annual Redetermination. During the months of December 2016 and January 2017, LA County provided her with homeless assistance. However, on January 4, 2017, Los Angeles County mailed the annual redetermination packet to the old address.

Ms. 17066065 realized in March that her benefits had stopped and reapplied for aid on March 10, 2017. For the month of March 2017, Ms. 17066065 who lives on a fixed income less than 34% of the federal poverty level, lost 33% of that meager cash aid. She asked for a hearing and the ALJ decided that the County never received notice from the recipient that she had moved asserting that the county was justified to send the AR packet to the old address.

FACT: While California's CalWORKs children endure the highest federal supplemental poverty rates in the nation, in 2017-2018 only 69% of the available CalWORKs funds are appropriated for CalWORKs. Today, CalWORKs grant levels are the same as they were in 1998, 28 years ago. This is clear "state government child abuse".

● Ms. 17086115 received a notice of action dated March 17, 2017 stating that effective April 1, 2017 her aid would be reduced from \$810 to \$714 because the claimant failed to comply with Welfare-to-Work regulation 42-7321.23. Although 42-7321.23 requires a 30-day notice, the county issued a 13-day notice.

42-721.23: Upon determination that an individual has failed or refused to comply with program requirements, the CWD shall send the individual a notice of action effective no earlier than 30 calendar days from the date of issuance.

However, at the hearing, Los Angeles County representative testified that Ms. 17086115 did not complete the required appraisal appointment. Ms. 17086115 testified that she kept the appointment, but called to say she was running late. When she arrived for the appraisal appointment she started to complete the various county forms. She also showed her worker her proof of pregnancy. The worker told her that she could leave and did not have to finish completing the county forms. The next thing she knew, she got a letter saying that she was being sanctioned for doing what her worker told her to do.