



# CCWRO Welfare News-2019-03

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## In Brief

- The CalWORKs Home Visit Program, for counties that applied and received state dollars to run this program, was scheduled to start on March 1, 2019. However, the counties have not started the program yet.
- Fresno County refuses to accept a MC-306 form from an advocate in violation of ACWDL 18-26 dated December 18, 2018. The ACWDL states that the county shall accept a MC 306 until June 18, 2019.
- DHCS issued clarification that the authorization for representation on the back of the NOA or the DPA-19 are only acceptable for the state hearing purpose but not sufficient authorization to allow an AR to review the case file. We hope DHCS makes it clear to counties that the AR, for hearing purposes, has a constitutional right to review the case file without the additional MC 306 or 382. The MC 382 can be signed telephonically as all counties have the telephone signature capacity for Medi-Cal.
- On 2-21-19, Anur Murrar asked DHCS “Hello Kennalee. Can a client being interviewed attest to their spouse’s self-employment income and citing ACIN -I-45-11 that authorizes counties to use an affidavit for determining gross income. The comments continued: “When processing applications for Dual MC/CalFresh cases, we have discrepancy in procedure. We have found Regulations for CalFresh purposes, as seen below, allowing counties to have any HH member complete the Affidavit.”

We are doubtful this same norm applies to MC cases, however, as an attestation of income is at the lowest scale of the verification/documentation hierarchy. We believe that when an “Affidavit Under Penalty of Perjury” is used, only the person attesting of his/her own income can sign it.”

Mr. Murrar cited ACIN I-45-11 that authorizes counties to use an affidavit for determining gross income.

“DHCS Response: An affidavit signed under penalty of perjury may be signed by either the person (adult household member) with the income; the spouse of the person with income; or the parent/caretaker relative of child with income

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## Low Returns, and SSI Cash-Out CDSS Breaks the Law

In 2018, AB 1811 (codified at Welfare and Institutions Code Section 18900.5) ended the SSI cash-out and required the Department of Social Services to establish quarterly meetings which included stakeholders on the implementation of ending the SSI CalFresh cash-out.

*Welf. & Inst. Code Sec. 18900.5 (d) provides that “The provisions of this section and Sections 18900.6 and 18900.7 shall be implemented by the department in consultation with stakeholders and counties. Additionally, beginning July 1, 2018, and continuing quarterly through June 2019, or the alternate implementation date described in subdivision (b), the department shall convene discussions with the Legislature regarding implementation.*

*(e) Households eligible for TNB shall be initially certified for one 12-month period and then households may be recertified for additional six-month periods through a recertification process developed by the department, following consultation with counties and stakeholders, so long as the household continues to meet all of the following criteria: . . .”*

CDSS convened the [Reversing SSI Cash-Out Customer Experience Advisory Group](#) which is open to the public consistent with the provisions of the Bagley-Keene Act. The Department then created four (4) additional workgroups whose members were selected

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by invitation only. These closed workgroups violate the Bagley-Keene Act. DSS also closed the “Policy and Automation” workgroup to advocates and limited participation to state and county staff. By not identifying the “Policy and Automation” workgroup on the [Reversing SSI Cash-Out Customer Experience Advisory Group](#) webpage, they have violated the Bagley-Keene Act. See **Table #1** below.

CCWRO informed the CalFresh Division Chief of this practice which violates the Bagley-Keene Act. DSS has not responded. Admittedly, there are no penalties for state CalFresh officials for willfully and knowingly violating the law – it is one of the benefits of being a state official sometimes.

**TABLE #1 - The SSI Cash-Out Workgroups of 2019**

Name of Statutorily Created Workgroup W&IC§18900.5(d)	By Invitation Only	Open to the Advocates	Complying with Bagley-Keen
Reversing SSI Cash-Out All Stakeholder Implementation Advisory Group - W&IC§18900.5(d)	No	Yes	Yes
Reversing SSI Cash-Out Outreach Advisory Group - W&IC§18900.5(d)	Yes	Yes	No
Reversing SSI Cash-Out Customer Experience Advisory Group - W&IC§18900.5(d)	Yes	Yes	No
Reversing SSI Cash-Out Data Technical Work Group- W&IC§18900.5(d)	Yes	Yes	No
Reversing SSI Cash-Out Policy & Automation Work Group - W&IC§18900.5(d)	Yes	No	No
Briefing the Legislature - W&IC§18900.5(e)	Yes	No	No

The DSS CalFresh Division has outlined its goals for the workgroup – only 41% of the SSI recipients will receive CalFresh. **See figure #1 on page 3.**

CalFresh Benefits with Federal Dollars left on the table - 59% of the 605,900 SSI cases will not receive any CalFresh benefits under the 20<sup>th</sup> century enrollment methods. DSS is not discussing the use of 21<sup>st</sup> century tools to increase the SSI participation in the CalFresh program by using automation at its max to enroll SSI beneficiaries in the CalFresh program.

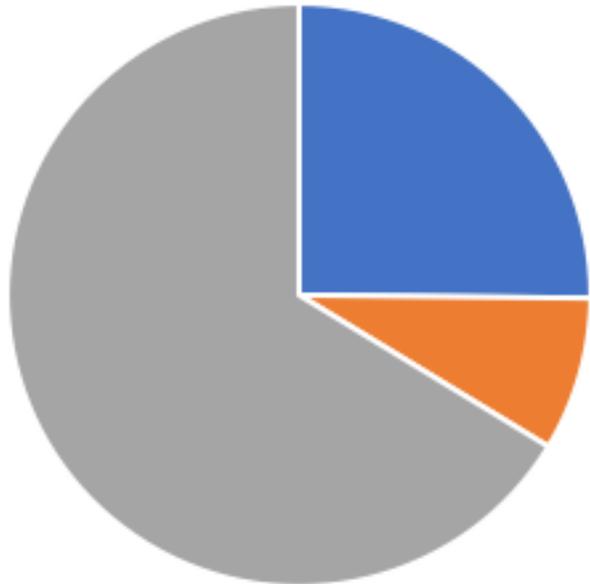
In fact, in 1998, the Legislature rejected the end of the SSI cash-out for the over 1 million SSI households because the children in mixed households would have lost maybe \$100 million in CalFresh benefits. Instead, SSI recipients were denied about one billion each year in food stamp/SNAP/CalFresh benefits during the succeeding 21 years.

When SSI cash-out was done in 1973, it was because about 30-35% of the SSI recipients were receiving CalFresh. The June 1, 2019 ending the SSI cash-out is estimated less than 40% of the 1.3 million SSI recipients, which is pretty pathetic given the 21<sup>st</sup> century tools at the disposal of CDSS.

## California's Segregated Welfare-to-Work Program

### January 2019 Update

Figure #1



- 369,000 HH - \$593 million**
- 64,318 HH - \$86.7 million**
- 605,000 SSI HHs will not get CalFresh- \$972 million left on the table**

Unduplicated Participants	68,956
Sanctioned Participants	54,103
Sanctions over 1-year	26,372
Unduplicated Participants NOT getting Transportation	25,515

San Bernardino County leads all other counties who have more WtW participants in sanction than participating. San Bernardino only has 5,113 CalWORKs parents participating in WtW while more than 9,222 parents are being sanctioned.

Kern County comes in second with 2,175 persons participating in a WtW activity and 5,638 persons in sanctions. What is surprising is that Kern County receives funding for 7,813 WtW participants.

Los Angeles County has 16,575 persons being sanctioned and 18,731 persons participating. Yet, Los Angeles County is funded for 35,306 persons and not the 18,731 persons who are actually participating.

Of the 18 large counties, 6 counties have mastered the art of sanctions rather than the art of meaningful engagement. Of course, counties get rewarded for sanctioning WtW participants in that they get the same amount of funding for parents participating as parents not participating.

**TABLE #1 – The number of participants being sanctioned versus those engaged in WtW**

County	Participating	Being Sanctioned	Number of Sanctions in Excess of WtW Participation
San Bernardino	5113	9222	4109
Kern	2175	5638	3463
San Joaquin	982	3007	2025
Merced	695	1347	652
Stanislaus	1227	1440	213
Madera	193	387	194
Butte	321	512	191
Shasta	329	473	144
Imperial	906	1029	123
Lake	121	185	64
Yuba	174	197	23
El Dorado	157	175	18
Tuolumne	35	53	18
Amador	14	24	10
Colusa	7	16	9
Inyo	4	12	8
Mendocino	149	157	8
Monterey	389	395	6
Glenn	21	25	4

Large counties
Medium counties
Small counties

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or an authorized representative of the case.

For purposes of reporting to the Medi-Cal program, per 22 CCR 50149 only one person's signature is needed on the application or any other forms necessary to complete the eligibility determination.

22 CCR 50163 states that either the applicant or the spouse of the applicant may sign the statement of facts.

Additionally, an authorized representative with full authority may now sign the application on behalf of the applicant. (Welfare and Institutions Code Section 14014.5)"

- Former foster care children receiving Medi-Cal who move to another state are not able to get Medicaid because MEDS does not show that Medi-Cal has been stopped in California. That means a former foster care child cannot get medical services in another state. The evidence of this issue was revealed in an email from Alameda County to DHCS on 2-11-19 stating:

"Good morning Jeanette! As I mentioned last Thursday at the County conference call, Alameda County was notified over a year ago by several states that Medi-Cal was active on MEDS for our federally eligible Non-Minor Dependents (NMD) placed in their states.

States denied Medicaid to our County's NMD because their Medi-Cal remained active. The nonfederal NMD have active Medi-Cal when placed in other states as they are not eligible for Medicaid."

- On November 15, 2018, Sylvia Wilson of Monterey County wrote to DHCS stating: "I was hoping you can help me with a question, I am trying to determine if a Deemed Eligible Infant can be discontinued for Loss of Contact. In researching I came across these two different resources that are confusing me. Below is the ACWDL 11-33 which states that we can in fact discontinue the DE child. However 42 CFR 435.11 Deemed Newborn Children section seems that Loss of Contact is not in fact an allowable reason to discontinue them.

CFR 42, § 435.117 Deemed Newborn Children

The **child** is deemed to have applied and been determined eligible under the **Medicaid State plan** effective as of the date of birth, and remains eligible regardless of changes in circumstances until the **child's** first birthday, unless the **child** dies or ceases to be a resident of the State or the **child's** representative requests a voluntary termination of **eligibility**."

Title 22, CCR § 50175 (a) (6) states that eligibility shall be discontinued when, "The county department, after reasonable attempts to contact the applicant or beneficiary, determines that there is loss of contact."

When the county terminates a family with a deemed infant for loss of contact and later the family reestablishes contact, the county shall reinstate DE to the infant for any months discontinued due to loss of contact, unless the family lost California residency."

DHCS responded saying: "The most recent guidance in ACWDL 14-32 states, "Loss of Contact: If the MC 0216 is returned to the county with a "return to

sender" or "no forwarding address," before proceeding with the steps to discontinue the beneficiary, the county shall first check all available sources to see if the beneficiary is a deemed infant or former foster youth. The county shall then attempt to contact the beneficiary as required in W&I Code Section 14005.37(c). This shall include first, an ex parte review of information available to the county about the beneficiary or his or her family members, such as from a CalFresh file with more current contact information for the beneficiary, and then, if necessary, by attempting to contact the beneficiary via email, by telephone, or by other means available to the county according to the beneficiary's preferred method of contact if a method has been identified. For beneficiaries other than deemed infants or former foster youth, if all required attempts at contact fail, the county shall send a notice of discontinuance and document the inability to make appropriate contact in the case file."

Following the most recent guidance, deemed infants should not be terminated for loss of contact. Regards,  
Nick Clark, MPA  
Medi-Cal Eligibility Division (MCED) Department of Health Care Services Office: 916-345-8092

- On August 22, 2018, DSS notified Solano County regarding the DSS findings that:

"Solano County does not send CalWORKs/CalFresh beneficiaries request for verification letter for potential discrepant IEVS match required MPP§20-006.543; 7 CFR 273.12(c); 45 CFR §205.56A(a)(1)(ii); ACL 17-41 and ACL 13-89;

Solano County is not processing potential overpayments notifications within 45 days as required by state and federal law;

Solano County is exposing federal tax information data to individuals without need-to-know by having the New Employee Badge workstation in the same area where the tax information could be visible to individuals not authorized to look at tax information."

- IHSS Paramedical regulations: It appears that both advocates and counties oppose the new paramedical regulations that require a longer form to be completed by the doctors. The problem with the longer form is that it takes more time for doctors to complete it and may doctors charge for the completion that IHSS does not cover. New regulations also require that the IHSS provider be trained to do the paramedical services. The new regulations also eliminate the hours task guideline (HTGs) that counties like to use. Counties use the HTGs as mandatory timelines instead of general guidelines. Counties inform IHSS applicants/recipients that the HTGs hours are mandatory and there is no deviation from them.

- CalWORKs Single Allocation: According to the CWDA Self-Sufficiency Committee meeting minutes of 1/10/19, "The larger stakeholder group distributed a survey to counties to think of methodology concepts and how components have changed, i.e. lite touch. Consider case management and support needed, staffing patterns, caseload ration and what can we learn. By May, staffing qualification and needs for case management will be brought forward." We look forward to seeing copies of these responses.