

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY **DEPARTMENT OF SOCIAL SERVICES**

744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



January 9, 2015

ALL COUNTY LETTER NO. 15-03

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- [] State Law Change
- [] Federal Law or Regulation Change
- [] Court Order
- [] Clarification Requested by One or More Counties
- [x] Initiated by CDSS

TO: ALL COUNTY WELFARE DIRECTORS

ALL CALWORKS PROGRAM SPECIALISTS
ALL WELFARE-TO-WORK COORDINATORS
ALL COUNTY REFUGEE COORDINATORS
ALL COUNTY CALFRESH SPECIALISTS
ALL CONSORTIA REPRESENTATIVES
ALL TRIBAL TANF ADMINISTRATORS

SUBJECT: PARTICIPATION REQUIREMENTS FOR CALIFORNIA WORK

OPPORTUNITIES AND RESPONSIBILITY TO KIDS

(CALWORKS) CLIENTS WHO HAVE EXHAUSTED THEIR WELFARE-TO-WORK (WTW) 24-MONTH TIME CLOCK.

REFERENCE: SENATE BILL (SB) 1041 (CHAPTER 47, STATUTES OF 2012);

SB 855 (CHAPTER 29, STATUTES OF 2014); ALL COUNTY

LETTER (ACL), 12-67, 12-69, 14-16, 14-65, AND 14-80;

WELFARE AND INSTITUTIONS CODE (WIC) SECTION 11322.8,

11322.85, 11322.86, and 11322.87.

The purpose of this All County Letter (ACL) is to inform County Welfare Departments (CWDs) of participation requirements for CalWORKs clients who have exhausted their WTW 24-Month Time Clock. This letter also provides instructions regarding the process by which CWDs will transition clients from WTW 24-Month Time Clock participation (CalWORKs minimum standards) to post WTW 24-Month Time Clock CalWORKs federal standards and transmits the forms to be used in this process.

BACKGROUND

SB 1041 resulted in significant changes to the CalWORKS program. One of the changes contained in SB 1041 was the establishment of the WTW 24-Month Time Clock. The WTW 24-Month Time Clock provides 24 cumulative months out of the maximum 48 months of aid for CalWORKs adults to participate in WTW activities,

consistent with an assessment, without activity time limits or core hourly requirements. The flexibility resulting from this change is intended to support client opportunities to reach self-sufficiency by addressing client barriers and expanding the opportunities for job preparation.

Post WTW 24-Month Time Clock Requirements

As described in the fifth set of SB 1041 questions and answers transmitted in ACL 14-16, Attachment A, after exhausting the WTW 24-Month Time Clock aided adults must meet CalWORKs federal standards that are based on, but not identical to, federal Temporary Assistance for Needy Families (TANF) work requirements for the adult to continue receiving cash aid.

CalWORKs Federal Standards Hourly Participation Requirements

A detailed description of CalWORKs federal standards is provided in ACL 14-16, Attachment A. Additionally, as a result of SB 855 (Chapter 29, Statutes of 2014), CalWORKs hourly requirements are based on an average number of hours per week in the month beginning July 1, 2014, as implemented in ACL 14-80. Below is a summary of the hourly participation requirements under CalWORKs federal standards, based on ACLs 14-16 and 14-80. As a reminder, clients who have exhausted their WTW 24-Month Time Clock and are subject to post WTW 24-Month Time Clock CalWORKs federal standards are entitled to the same supportive services, good cause and WTW exemption provisions as other CalWORKs participants.

Post WTW 24-Month Time Clock CalWORKs Federal Standards Hourly Participation Requirements

| Family Type | Average Number of Hours Required Per Week in the Month | | |
|--|--|--------------------|--|
| | Total Average Hours | Average Core Hours | |
| Single-parent assistance unit (AU) with child under six (no other parent/stepparent in the home) | 20 | 20 | |
| Single-parent AU with child under six (other parent/stepparent in the home ¹) | 30 | 20 | |
| Single-parent AU with no child under six | 30 | 20 | |
| Two-parent AU, one disabled parent | 30 | 20 | |
| Two-parent AU, neither parent disabled ² | 35 | 30 | |

These households may include aided or unaided stepparents or ineligible second parents, such as undocumented non-citizens or recipients of Supplemental Security Income (SSI).

²These hourly requirements also apply to two-parent AUs where one parent is sanctioned or has reached the 48-month time limit for CalWORKs assistance.

Adults who exhaust the WTW 24-Month Time Clock must meet CalWORKs federal standards or be removed from aid. Guidance regarding the process for removing an adult from aid for failing to meet CalWORKs federal standards after exhausting the WTW 24-Month Time Clock will be released under separate cover.

Two-Parent Assistance Unit (AU) Post WTW 24-Month Time Clock Participation Options

As described in ACL 12-67, adults in a two-parent AU each have their own individual CalWORKs WTW 24-Month Time Clock, and therefore may reach the 24-month limit simultaneously or at different times. Depending on whether one or both parents have exhausted the WTW 24-Month Time Clock, there may be several participation options that will allow both adults to remain on aid.

When both parents in a two-parent AU, where neither parent is exempt, have exhausted the WTW 24-Month Time Clock, one adult alone or both adults combining hours must meet CalWORKs federal standards.

In situations where one adult has exhausted the WTW 24-Month Time Clock before the other, either adult may adjust his or her participation hours in such a way that meets CalWORKs federal standards through one adult's participation hours alone, or the combination of both adults' hours. As a reminder, when one or both adults in the two-parent AU participate to meet CalWORKs federal standards, months will not count on the WTW 24-Month Time Clock for the parent who has months remaining on the 24-month clock.

In accordance with ACL 12-67, any parent that has time remaining on the WTW 24-Month Time Clock may participate in the full array of CalWORKs activities until his or her clock runs out, regardless of the other parent's clock status. Therefore, neither parent will be removed from aid when the parent with months remaining on the WTW 24-MonthTime Clock is meeting CalWORKs minimum standards alone, or in combination with the other adult. Adults who have exhausted the WTW 24-Month Time Clock and who are combining hours with the second adult to meet CalWORKs minimum standards will have an extension to his or her time clock for as many months as the second adult has remaining on the WTW 24-Month Time Clock. In situations where the first adult has exhausted his or her WTW 24-Month Time Clock and the second adult participates alone using his or her own WTW 24-Month Time Clock, the first adult will be excused from participation and remain on aid.

Attachment A of this letter provides participation options available to adults in a two-parent AU, where neither adult is exempt, by which both adults may remain on aid at the end of the WTW 24-Month Time Clock.

In situations where one adult has exhausted his or her WTW 24-Month Time Clock and is not exempt, and the other parent has a non-disability exemption from participation,

the adult who is not exempt must meet the 35 total and 30 core hourly participation requirements under CalWORKs federal standards to remain on aid. The exempt parent may volunteer, and those hours may be combined to satisfy the overall and core hourly participation requirements for the AU, as provided in ACL 14-16, Attachment A, question and answer number two.

Transitioning Clients to Post WTW 24-Month Time Clock CalWORKs Federal Standards

End of WTW 24-MonthTime Clock Review

As described in ACL 14-65, CWDs will notify clients of the number of months remaining on their WTW 24-Month Time Clock between months 18 and 21 of the clock using the WTW 43 form. CWDs will schedule an 'End of WTW 24-Month Time Clock Review' appointment with the client to review and, if necessary, adjust the client's current WTW plan to conform to post WTW 24-Month Time Clock CalWORKs federal standards. The CWD will send the client the WTW 46, the *End of Welfare-to-Work 24-Month Time Clock Review Appointment Letter*, to inform the client of the End of the WTW 24-Month Time Clock appointment.

The End of the WTW 24-Month Time Clock Review appointment must consist of:

- A review of the client's WTW 24-Month Time Clock status to determine the exact standing of the WTW 24-Month Time Clock. The review will include consideration of documented past, current, and anticipated future participation to determine the expected expiration date of the WTW 24-Month Time Clock. This will require the client and CWD to assess any months that should be retroactively restored or "un-ticked" on the clock, as well as assess the client's expected participation in the remaining month(s) to determine when his or her WTW 24-Month Time Clock will be exhausted.
- ➤ A discussion of criteria and determination, to the extent possible, of whether the client qualifies for an exemption from WTW participation.
- A discussion of criteria and determination, to the extent possible, of whether the client qualifies for an extension to the WTW 24-Month Time Clock, as well as providing the WTW 24-Month Time Clock Extension Request Form (WTW 44) released in ACL 15-01. The WTW 44 must be sent with the WTW 46, and should be provided at the appointment as well, if needed.
- Informing the client about any changes needed in his or her WTW plan to align with CalWORKs federal standards and when the changes would take effect. The signed WTW 2 will serve as the written notice of any changes and may be effective when the client exhausts his or her WTW 24-Month Time Clock.

When amending WTW plans to meet post WTW 24-Month Time Clock federal standards, CWDs should:

- ➤ Design WTW plan changes to engage clients in activities that meet CalWORKs federal standards as soon as possible after the exhaustion of the client's WTW 24-Month Time Clock. Clients will be granted good cause for not participating in WTW activities that meet CalWORKs federal standards until necessary activities are available. However, clients are required to comply with CalWORKs minimum standards in accordance with his or her existing WTW plan until the transition to CalWORKs federal standards is complete.
- Whenever possible, make WTW plan changes with the client before expiration of the WTW 24-Month Time Clock, ideally at the scheduled End of WTW 24-Month Time Clock Review appointment, to include a future effective date coinciding with the projected exhaustion of the client's WTW 24-Month Time Clock, as anticipated based on the most current CWD information.
- ➤ Hold the End of the WTW 24-Month Time Clock Review appointment in-person; however, the appointment may be conducted by phone when necessary.

End of Welfare-to-Work 24-Month Time Clock Review Appointment Letter (WTW 46)

The attached WTW 46 notice, and the extension request form, must be sent to schedule the End of WTW 24-Month Time Clock Review appointment. The notice may be sent concurrently or after the issuance of the WTW 43, but no later than the last day of the 23rd month of the client's WTW 24-Month Time Clock, as anticipated based on the most current CWD information.

The WTW 46 must be sent with the WTW 24-Month Time Clock Extension Request Form, the WTW 44, to inform and provide the client the opportunity to request an extension to the WTW 24-Month Time Clock.

The End of WTW 24-Month Time Clock Review appointment is intended to be a review of the client's current WTW plan to determine if a future change is needed to comply with CalWORKs federal standards. Therefore, clients with an existing WTW plan will not be considered in the development of a WTW plan upon receiving the WTW 46, and months will continue to count toward the client's WTW 24-Month Time Clock throughout this transition period, unless the client meets another clock stopping condition.

If the CWD does not schedule an appointment before the client's WTW 24-Month Time Clock is exhausted, the client will have good cause for not meeting CalWORKs federal standards commencing with the anticipated end date of the WTW 24-Month Time Clock, based on the most current CWD information, and continuing until the client and CWD have held the End of WTW 24-Month Time Clock Review to determine clock status and agree on any WTW plan changes. In this situation, clients are required to comply with CalWORKs minimum standards in accordance with his or her existing WTW plan until the transition to CalWORKs federal standards is complete.

All County Letter No. 15-03 Page Six

If the client fails to attend without good cause, or does not contact the CWD to reschedule this appointment in advance, the client may be subject to noncompliance and sanction.

End of WTW 24-Month Time Clock Notice of Action (NA 1276)

Clients must be informed in the last month of the WTW 24-Month Time Clock, as determined based on information possessed by the CWD, that his or her WTW 24-Month Time Clock will expire at the end of the month. The attached 'End of WTW 24-Month Time Clock Notice of Action' (NA 1276) must be sent to the client no later than ten days prior to the expiration of the WTW 24-Month Time Clock.

Attachment B provides a timeline for the process of transitioning clients from the WTW 24-Month Time Clock requirements (CalWORKs minimum standards) to post WTW 24-Month Time Clock CalWORKs federal standards.

If you have any questions or need additional information regarding the content of this ACL, please contact your CalWORKs Employment Bureau county consultant at (916) 654-2137.

Sincerely,

Original Document Signed By:

TODD R. BLAND Deputy Director Welfare to Work Division

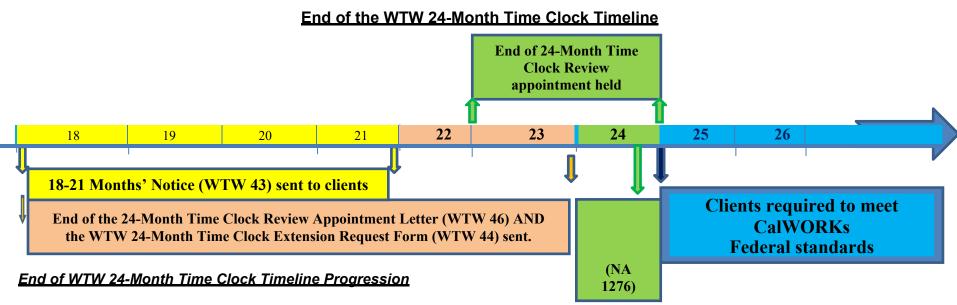
Attachments

ATTACHMENT A

Two-Parent AU Post WTW 24-Month Time Clock Participation Options (For Both Parents to Remain on Aid)

| | Participation Option | Clock Status | | | |
|----|--|--|--|--|--|
| | One Adult (Parent 1) Exhausted the WTW 24-Month Time Clock | | | | |
| | (Assumes neither adult is | . , | | | |
| 1) | Parent 1 alone meets CalWORKs federal standards. | Parent 2 remains excused, but may volunteer to participate. | | | |
| 2) | Parents 1 and 2 combine hours to meet CalWORKs federal standards. | Parent 2's WTW 24-Month Time Clock does not tick. | | | |
| 3) | Parents 1 and 2 combine hours to meet CalWORKs minimum standards to use Parent 2's WTW 24-Month Time Clock. (Parent 1 receives extension) | Parent 1 receives an extension while Parent 2 has time remaining on the WTW 24-Month Time Clock. Parent 2's WTW 24-Month Time Clock ticks. | | | |
| 4) | Parent 2 alone meets CalWORKs minimum standards to use the WTW 24-Month Time Clock. (Parent 1 is excused from participation) | Parent 1 is excused from participation while Parent 2 alone meets requirements to use his or her WTW 24-Month Time Clock. Parent 1 may volunteer to participate additional hours beyond the family's minimum hourly requirement. Parent 2's WTW 24-Month Time Clock ticks. | | | |
| 5) | Parent 2 alone meets CalWORKs federal standards. | Parent 2's WTW 24-Month Time Clock does not tick. Parent 1 is excused and may volunteer to participate additional hours beyond the family's minimum hourly requirement. | | | |
| | Participation Options When Both Adults Exhaust the WTW 24-Month Time Clock (Assumes neither adult is exempt) | | | | |
| 1) | Parent 1 alone meets CalWORKs federal st | | | | |
| 2) | Parent 2 alone meets CalWORKs federal standards. | | | | |
| 3) | Parents 1 and 2 combine hours to meet Cal | WORKs federal standards. | | | |

ATTACHMENT B



- At 18-21 Months exhausted on the WTW 24-Month Time Clock
 - o CWD will send the WTW 43 informing notice
- At 18-23 Months exhausted on the WTW 24-Month Time Clock
 - CWD will send the WTW 46 to schedule and the End of WTW 24-Month Time Clock Review Appointment with the WTW 24-Month Time Clock Extension Request Form (WTW 44)
- At 22-24 Months exhausted on the WTW 24-Month Time Clock
 - CWD and client will meet and complete the End of the WTW 24-Month Time Clock Review
 - o Assist in preparing the client to meet the CalWORKs federal standards and remain on aid
- Prior to exhaustion of the 24-Month Time Clock
 - o CWD will send the NA 1276 to notify client of the impending end of the client's WTW 24-Month Time Clock
- At 24 Months exhausted in the WTW 24-Month Time Clock
 - o Client will have a revised WTW plan that meets CalWORKs federal standards

END OF WELFARE-TO-WORK 24-MONTH TIME CLOCK REVIEW APPOINTMENT LETTER

| NAME | DATE |
|--|--|
| CASE NUMBER | |
| You are scheduled for an appointment on(da | at te) |
| at(address) | · |
| plan to include activities that meet CalWORKs federal used all of your Welfare-to-Work 24-Month Time Clock | fare-to-Work 24-Month Time Clock and to adjust your Welfare-to-Work standards. This is a requirement you must meet after you have k. ntment is very important. |
| If you cannot attend this appointment, please call your | Welfare-to-Work worker, |
| at ()to schedule your appointr message before the appointment date and he or she | ment for another date. If your worker is not available, please leave a will return your call. |
| IMPORTANT REMINDERS | |
| Cash aid may be lowered if this appointment is not | ot kept. |
| If you do not keep the scheduled appointment, it i | s your responsibility to reschedule it before the appointment date |

- If you do not keep the scheduled appointment, it is your responsibility to reschedule it before the appointment date
 provided in this letter.
- To change your appointment, please contact your Welfare-to-Work worker.
- You may be eligible for a Welfare-to-Work extension; an extension request form is included.

NOTICE OF ACTION Welfare-to-Work 24-Month Time Clock Limit Notice

COUNTY OF

Notice Date :

STATE OF CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

| | Case Name: Number: Worker Name: Number: Telephone: Address: |
|--|---|
| | Questions? Ask your Worker. State Hearing: If you think this action is wrong, you can ask for a hearing. Your benefits may not be changed if you ask for a hearing before this action takes place. If you and the county disagree or if you have not heard back from your worker, do not wait to ask for a hearing. You must ask for the hearing before a certain number of days. See the back of this notice for more information and to find out how to ask for a hearing. |
| you, e used a e Clock. icipation s federal u qualify lock (an otion). | CONTACT YOUR WORKER RIGHT AWAY IF YOU DISAGREE WITH THE INFORMATION ON THIS NOTICE. Worker's Name: Telephone Number: |
| and met WORKs for this tely and andards, Vork 24- Vork to | DO YOU NEED FREE LEGAL HELP? You can get free help with this problem from: Local Legal Aid Office () State Welfare Rights Organization () |
| adjusted lards, or required | |

(ADDRESSEE)

As of _______, you, _____, have used a

, have used a total of months of your Welfare-to-Work 24-Month Time Clock. Starting ______, your Welfare-to-Work participation status will be changed. You will need to meet CalWORKs federal standards in order to continue receiving cash aid, unless you qualify for more time on your Welfare-to-Work 24-Month Time Clock (an extension), or do not have to do Welfare-to-Work (an exemption).

You should have already received an appointment notice and met with your worker to make sure your participation meets CalWORKs federal standards. If you have not met with your worker for this review appointment you must contact your worker immediately and make sure your participation meets CalWORKs federal standards, or find out if you can get more time on of your Welfare-to-Work 24-Month Time Clock, or do not have to do Welfare-to-Work to remain on aid.

If you have already met with your worker and signed an adjusted Welfare-to-Work plan that meets CalWORKs federal standards, or have been granted an extension or exemption, you are not required to contact your worker about this notice.

If you do not meet CalWORKs federal standards, your family's cash aid may be lowered.

Medi-Cal: This notice DOES NOT change or stop Medi-Cal Benefits. **Keep using your plastic Benefits Identification Card(s).** You will get another notice telling you about any changes to your health benefits.

CalFresh: This notice DOES NOT stop or change your CalFresh benefits. You will get a separate notice telling you about any changes to your CalFresh benefits.

Receiving Medi-Cal and/or CalFresh only DOES NOT count against your cash aid time limits.

Rules: These rules apply: Welfare and Institutions Code Section 11322.85(a)

YOUR HEARING RIGHTS

You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice. If you have good cause as to why you were not able to file for a hearing within the 90 days, you may still file for a hearing. If you provide good cause, a hearing may still be scheduled.

If you ask for a hearing <u>before</u> an action on Cash Aid, Medi-Cal, CalFresh, or Child Care takes place:

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your CalFresh benefits will stay the same until the hearing or the end of your certification period, whichever is earlier.

If the hearing decision says we are right, you will owe us for any extra Cash Aid, CalFresh or Child Care Services you got. To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop:

Cash Aid

CalFresh

Child Care

While You Wait for a Hearing Decision for: Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

- To get those supportive services, you must go to the activity the county told you to attend.
- If the amount of supportive services the county pays while you
 wait for a hearing decision is not enough to allow you to
 participate, you can stop going to the activity.

Cal-Learn:

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

OTHER INFORMATION

Medi-Cal Managed Care Plan Members: The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

Child and/or Medical Support: The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask for it

Hearing File: If you ask for a hearing, the State Hearing Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. **(W&I Code**

Sections 10850 and 10950.)

TO ASK FOR A HEARING:

- Fill out this page.
- Make a copy of the front and back of this page for your records.
 If you ask, your worker will get you a copy of this page.
- Send or take this page to:

OR

 Call toll free: 1-800-952-5253 or for hearing or speech impaired who use TDD, 1-800-952-8349.

To Get Help: You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

If you do not want to go to the hearing alone, you can bring a friend or someone with you.

HEARING REQUEST

I want a hearing due to an action by the Welfare Department

| ot | | County ab | out my: |
|------------------------|---|------------------|----------|
| Cash Aid | CalFresh | Medi-Cal | |
| Other (list) | | | |
| Here's Why: | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| If you need m | ore space, check | here and add | a page. |
| | e to provide me wit riend cannot interpr | • | |
| My language o | or dialect is: | | |
| NAME OF PERSON WHOSE I | BENEFITS WERE DENIED, CF | ANGED OR STOPPED | |
| IRTH DATE PHONE NUMBER | | BER | |
| | | | |
| STREET ADDRESS | | | |
| CITY | | STATE | ZIP CODE |
| SIGNATURE | | DATE | |

I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person <u>can be</u> a friend or relative but cannot interpret for you.)

PHONE NUMBER

NAME OF PERSON COMPLETING THIS FORM

| NAME | PHONE NUMBER | |
|----------------|--------------|----------|
| STREET ADDRESS | | |
| CITY | STATE | ZIP CODE |