

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



October 29, 1997

ALL COUNTY LETTER 97-68

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY AFDC PROGRAM
MANAGERS

REASON FOR THIS TRANSMITTAL

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

SUBJECT: IMPLEMENTATION OF THE DIVERSION PROGRAM - CALIFORNIA
WELFARE OPPORTUNITY AND RESPONSIBILITY TO KIDS
(CalWORKs) PROGRAM

REFERENCE: ASSEMBLY BILL (AB) 1542, CHAPTER 270, Statutes of 1997,
ACIN 1-51-97

The purpose of this letter is to provide counties with the necessary instructions for implementing the Diversion program provisions of AB 1542, Chapter 270, Statutes of 1997. This statute becomes effective January 1, 1998. AB 1542 authorizes the California Department of Social Services (CDSS) to implement the statute initially through the All County Letter (ACL) process in order to meet the January 1, 1998 implementation date. The CDSS will be adopting emergency regulations implementing the Diversion program provisions as soon as possible, but no later than July 1, 1998.

PROCESSING APPLICATIONS

AB 1542 adds section 11266.5 to the Welfare and Institution Code (WIC) which mandates that each county have a Diversion program for applicants and that applicants also be notified of the availability of this Diversion program prior to approval of their CalWORKs application. At a minimum, applicants must be "apparently eligible," based on the definition in Section 40-129.11 of the Eligibility and Assistance Standards (EAS) manual. The county shall, in its sole discretion, determine if the applicant would likely avoid the need for extended assistance if provided access to the Diversion program. In making the determination for a Diversion payment or service, the county may consider any of the following:

- The applicant's employment history,
- The likelihood of the applicant obtaining immediate full-time employment,
- The applicant's general prospect for obtaining full-time employment,

- The applicant's need for cash assistance to pay for housing or substantial and unforeseen expenses or work-related expenses,
- Housing stability, and
- The adequacy of the applicant's child care arrangements, if applicable.

After determining that an applicant would benefit from a Diversion program, the county shall inform the applicant of this determination. The applicant then may choose to participate in the Diversion program or pursue the application for CalWORKs. If the applicant opts for the CalWORKs program, then he/she shall continue in the normal CalWORKs eligibility process.

If an applicant opts for a Diversion payment/service, the CalWORKs application is denied in accordance with normal procedures. Cash or noncash payments/services are provided as negotiated between the applicant and the county. AB 1542 does not limit the amount of Diversion payments/services or the number of times that a county may provide such benefits to an applicant. However, WIC Section 10544.1 counts positive outcomes resulting from the Diversion program toward the county's incentive calculation. To receive credit, applicants must be diverted from the CalWORKs program for at least six months, in addition to the number of months equivalent to the Diversion payment/service.

REQUEST FOR AID AFTER ISSUANCE OF A DIVERSION PAYMENT/SERVICE

There may be instances when a Diversion recipient reapplies and is eligible for CalWORKs. The treatment of the original Diversion payment/service is determined by whether or not the recipient returns within the diversion period. The diversion period is the time period represented by the value of the Diversion payment/service divided by the appropriate Maximum Aid Payment amount for the apparently eligible assistance unit at the time of receipt of the Diversion payment/service. In the case of noncash services, the county shall determine the fair market value of the services in calculating the diversion period.

Pursuant to the WIC Section 11266.5, if a Diversion recipient returns and applies for CalWORKs within the diversion period and is determined eligible for aid, then the Diversion payment/service must be recouped through one of two methods. The recipient has the option to either:

- Allow the county to recoup from the grant the value of the Diversion payment/service within a time period determined by the county or
- Count the total diversion period against the 60-month time limit.

If the Diversion recipient returns after the diversion period has ended, then only one month shall be counted toward the 60-month time limit.

INFORMING REQUIREMENT

Counties are required to inform every CalWORKs applicant of the availability of the Diversion program. The SAWS 1 Coversheet and the SAWS 1 form will be amended to inform applicants of the Diversion program. You will receive these forms under separate cover.

NOTICES OF ACTION

Attachment #2 contains the Notices of Action (NOA) to be used in the Diversion program. They are used for 1) denying cash aid and approving a Diversion payment/service, 2) adjusting a grant to repay a Diversion payment/service and 3) adjusting the 60-month time limit due to a Diversion recipient returning for cash aid.

For all NOA's, CWDs should cite the appropriate county directives, instructions, or procedures when applicable.

TRANSLATIONS

Counties should call the Forms Management Bureau at (916) 654-1907 or CALNET at 437-1907 for camera-ready copies of any form, NA form, NOA message or suggested informing language in any language. However, counties that have provided Language Services Bureau with a county contact and the specific languages (Spanish, Chinese, Cambodian and Vietnamese) will automatically be sent those languages as soon as the document (form/NA form/NOA message/informing notice) is translated.

FISCAL CLAIMING

CDSS is currently designing an assistance claiming process for both federally eligible and state-only recipients to capture both cash payments and services associated with the Diversion program. Administrative time study and payment/service claiming instructions will be issued as part of a December 1997 County Fiscal Letter.

DATA COLLECTION/TRACKING

The CDSS is currently assessing reporting requirements and management information needs relative to the Diversion program. Information will be provided regarding new or revised reporting requirements via ACL when available.

A database is currently being developed that will include information on Diversion payments, allowing each county to identify specific Diversion recipients. Additionally, in order for counties to count positive outcomes resulting from the Diversion program towards

the county's incentive calculation, Diversion payments and recipients' time on or off aid as specified under WIC Section 10544.1 must be tracked.

CONTACTS

Any questions regarding this letter may be directed to Henry Puga at (916) 654-1068 or CALNET at 464-1068. Contact Elizabeth Allred for questions regarding forms at (916) 657-3350 or ATSS (916) 457-3350.

Sincerely,

BRUCE WAGSTAFF
Deputy Director
Welfare to Work Division

Attachments

ATTACHMENT #1

QUESTIONS AND ANSWERS ON THE DIVERSION PROGRAM

1) Is the Diversion program mandatory in all counties?

Yes. All counties must have a Diversion program.

2) Is the Diversion program separate from the CalWORKs program?

Yes. Once an applicant has opted for the Diversion program, the CalWORKs application will be denied.

3) Is a recipient of the Diversion program eligible for child care?

Generally, AB 1542 allows recipients of aid under Chapter 2, which includes CalWORKs and Diversion programs, to receive child care. A Diversion recipient is eligible for Stage III child care. If there are no Stage III “slots” available, a Diversion recipient may be served in Stage II child care.

4) Are recipients of the Diversion program categorically linked to Medi-Cal?

No. However, the counties should follow the existing procedures to make the Medi-Cal eligibility determinations and process the Medi-Cal application.

5) When is the “beginning date of aid” for Diversion recipients who return for aid?

If a Diversion recipient returns, the normal beginning date of aid rules apply, either the date of the new application or the day the applicant meets all CalWORKs program eligibility requirements, whichever is later.

6) How does the recoupment of the original Diversion payment work?

Example:

A single mother with two children received a Diversion payment of \$2,375 for significant car repairs. After two months, the woman returns to apply for CalWORKs with the intention of receiving cash aid assistance. With a MAP at the time of the application of \$545, her diversion period is considered 4 months since any fraction of a whole number resulting from this computation is not counted.

Additionally, since she returned within this 4 month period, she has the option to either repay the \$2,375 by grant reductions as determined by the county or count the four months against her 60-month time limit. If this woman had returned after the four month diversion period, then only one month would be counted against the 60-month time limit, and no repayment would be required.

7) For Diversion recipients who return and apply for CalWORKs assistance, do we consider them a new applicant or a restoration case?

This person is considered a new applicant for aid, and the regular rules apply regarding applications and the beginning date of aid.

8) Can we count Diversion payments/services toward the work participation rate?

At this time, Diversion payments/services cannot be counted toward the work participation rate since they are not TANF assistance payments by definition. Should there be future federal guidance in this area, further instructions will be provided. However, counties are reminded that the number of applicants diverted from the program will be considered in the determination of fiscal incentives pursuant to WIC Section 10544.1.

ATTACHMENT 2

NOA MESSAGES

Action	Type	New	NOA #*
Deny	Diversion	Deny cash aid/approve a diversion pmt. Insert into the NOA Handbook.	M44-000a
Deny	Diversion	Deny cash aid/approve diversion services. Insert into the NOA Handbook.	M44-000b
Change	Diversion	Repayment of diversion payment/ services stops. Insert into the NOA Handbook.	M44-000d
Other	Diversion	Adjust 60-month time limit when apply within diversion period. Use on a second page with approval notice. Insert into the NOA Handbook.	M44-000e
Other	Diversion	Adjust 60-month time limit by 1 month when apply after diversion period. Use on a second page with approval notice. Insert into the NOA Handbook.	M44-000f

NA Forms

- o NA 217 (1/98) Diversion

Insert NA form and instructions in Section 5 of the NOA Handbook.

*The NOA #s assigned to each message are temporary place holders until the actual regulation cites are issued. At that time we will notify counties of the NOA message numbers.

State of California
Department of Social Services

Noa Msg Doc No.: M44-000a Page 1 of 1
Action : Deny
Issue: Aid Payments
Title: Diversion

Auto ID No.:
Source :
Issued by :
Reg Cite : W & IC 11266.5

Use Form No. : NA 217
Original Date : 01-01-98, New
Revision Date :

MESSAGE:

The County has denied your application for cash aid dated_____.

Here's why:

You chose a diversion payment instead of cash aid. You are eligible for a diversion payment of \$_____for _____

_____.

This payment is equal to____month(s) of cash aid for an assistance unit of____person(s).

INSTRUCTIONS: Use to deny cash aid and approve a diversion payment. Fill in the application date, the diversion amount and what the payment was for. Also indicate the number of months and the AU size. Use new NA 217 with the calculation for the payment divided by the MAP (AU only) to get the diversion period.

file: pkian/MSERIES/dv.44000a

State of California
Department of Social Services

Noa Msg Doc No.: M44-000b Page 1 of 1
Action : Deny
Issue: Aid Payments
Title: Diversion Services Provided

Auto ID No.:
Source :
Issued by :
Reg Cite : W & IC 11266.5

Use Form No. : NA 217
Original Date : 01-01-98, New
Revision Date :

MESSAGE:

The County has denied your application for cash aid dated_____.

Here's why:

You chose diversion service(s) instead of cash aid. You were eligible and got diversion service(s)s of _____

_____.

The value for this service(s) is \$_____and is equal to___month(s) of aid for an assistance unit of___person(s).

INSTRUCTIONS: Use to deny cash aid and approve diversion service(s). Fill in the application date and list the kind of services provided. Also indicate the value of the service(s), the number of months and the AU size. Use new NA 217 with the calculation for the value of service(s) divided by the MAP (AU only) to get the diversion period.

file: pkian/MSERIES/dv.44000b

State of California
Department of Social Services

Noa Msg Doc No.: M44-000d Page 1 of 1
Action : Change
Issue: Aid Payments
Title: Diversion Repayment Stops

Auto ID No.:
Source :
Issued by :
Reg Cite : W & IC 11266.5

Use Form No. : NA 200
Original Date : 01-01-98, New
Revision Date :

MESSAGE:

As of _____, the County is changing your cash
aid from \$ _____ to \$ _____.

Here's why:

- The diversion payment you got has been
paid in full.
- The diversion service(s) amount has been
paid in full.

Your new cash aid amount is figured on this
page.

INSTRUCTIONS: Use to stop the adjustment to the cash aid payment when the recipient
has paid the diversion payment/value of service(s) in full.

file: pkian/MSERIES/dv.44000d

Auto ID No.:
Source :
Issued by :
Reg Cite : W & IC 11266.5

Use Form No. : NA 270
Original Date : 01-01-98, New
Revision Date :

MESSAGE:

As of _____, the County is subtracting _____
months from your 60-month time limit.

Here's why:

[] You got a diversion payment of \$ _____
on _____ and it is equal to _____ months
of cash aid.

[] You got diversion service(s) of _____
on _____. The value of your diversion
service(s) is \$ _____ and is equal to _____
months of cash aid.

You have agreed to count the diversion
payment/services against your eligibility time
limit.

Your diversion period is figured on this page.

Diversion Payment/Service(s)....	\$ _____
Maximum Aid Payment _____ Person(s)	
(Assistance Unit only).....	- _____
Diversion Period.....	= _____

INSTRUCTIONS: Use to adjust the number of months for diversion against the 60-month
time limit. Use as a second page on a blank NA 270 for applicants when appropriate.
Print the calculation for either the payment or value of services divided by the MAP
(AU only) to get the diversion period on the right hand side.

file: pkian/MSERIES/dv.44000e

Auto ID No.:
Source :
Issued by :
Reg Cite : W & IC 11266.5

Use Form No. : NA 270
Original Date : 01-01-98, New
Revision Date :

MESSAGE:

As of _____, the County is subtracting one month from your 60-month time limit.

Here's why:

- [] You got a diversion payment of \$ _____ on _____ and it is equal to _____ months of cash aid.

- [] You got diversion service(s) of _____ on _____. The value of your diversion service(s) is \$ _____ and is equal to _____ months of cash aid.

Since you came in and applied for cash aid after the diversion period, only one month is counted against your 60-month time limit.

Your diversion period is figured on this page.

Diversion Payment/Service(s)....	\$ _____
Maximum Aid Payment _____ Person(s)	
(Assistance Unit only).....	- _____
Diversion Period.....	= _____

INSTRUCTIONS: Use to subtract one month for diversion against the 60-month time limit because the client came in after the diversion period to apply for cash aid. Use on blank NA 270 as a second page for applicants when appropriate. Print the calculation for either the payment or value of services divided by the MAP (AU only) to get the diversion period on the right hand side.

INSTRUCTIONS

NA 217 (1/98) Diversion

Use as a first page to show how the diversion period was calculated.

Fill in the diversion payment amount or if the person received services, the value of the services. Fill in the number of persons in the assistance unit (AU). Divide the Maximum Aid Payment for the number of persons in the AU into the diversion amount to get the diversion period. Round down to the next whole number.

Revision Date: 1/98 NEW

file: pkian/NAFORMS/217.instr

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
 Case Name : _____
 Number : _____
 Worker Name : _____
 Number : _____
 Telephone: _____
 Address : _____

(ADDRESSEE)

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Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

Diversion Payment/Service(s) \$ _____
 Maximum Aid Payment _____ Person(s)
 (Assistance Unit only) ÷ _____
 Diversion Period = _____

SAMPLED

Medi-Cal: This Notice of Action does NOT change or stop Medi-Cal benefits. **Keep your plastic Benefits Identification Card(s).**

Rules: These rules apply; you may review them at your welfare office: MPP

YOUR HEARING RIGHTS

To Ask For a State Hearing

- You only have 90 days to ask for a hearing. The 90 days started the day after we gave or mailed you this notice.
- You have a much shorter time to ask for a hearing if you want to keep your same benefits.

To Keep Your Same Benefits While You Wait For a Hearing

You must ask for a hearing before the action takes place.

- Your Cash Aid will stay the same until your hearing.
- Your Medi-Cal will stay the same until your hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.
- Your CalWORKs Child Care benefits will **NOT** stay the same until your hearing.
- If the hearing decision says we are right, you will owe us for any extra cash aid or food stamps you got.

To Have Your Benefits Cut Now

If you want your Cash Aid or Food Stamps cut while you wait for a hearing, check one or both boxes.

- Cash Aid Food Stamps

To Get Help

You can ask about your hearing rights or free legal aid at the state information number.

Call toll free: 1-800-952-5253

If you are deaf and use TDD, call: 1-800-952-8349

You may get free legal help at your local legal aid office or welfare rights group.

Other Information

Child and/or Medical Support: The District Attorney's office will help you collect support even if you are not on cash aid. There is no cost for this help. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you any current support money collected. They 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 Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. (W. & I. Code Section 10950).

HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page. Make a copy of the front and back for your records. Then, send or take this page to:

Your worker will get you a copy of this page if you ask. Another way to ask for a hearing is to call 1-800-952-5253. If you are deaf and use TDD, call: 1-800-952-8349.

HEARING REQUEST

I want a hearing because of an action by the Welfare Department of _____ County about my

Cash Aid Food Stamps Medi-Cal Child Care

Other (list) _____

Here's why: _____

NOTIFICACION DE ACCION

CONDADO DE _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Fecha de la notificación : _____
Nombre del caso : _____
Número Nombre del trabajador : _____
Número : _____
Teléfono : _____
Dirección : _____

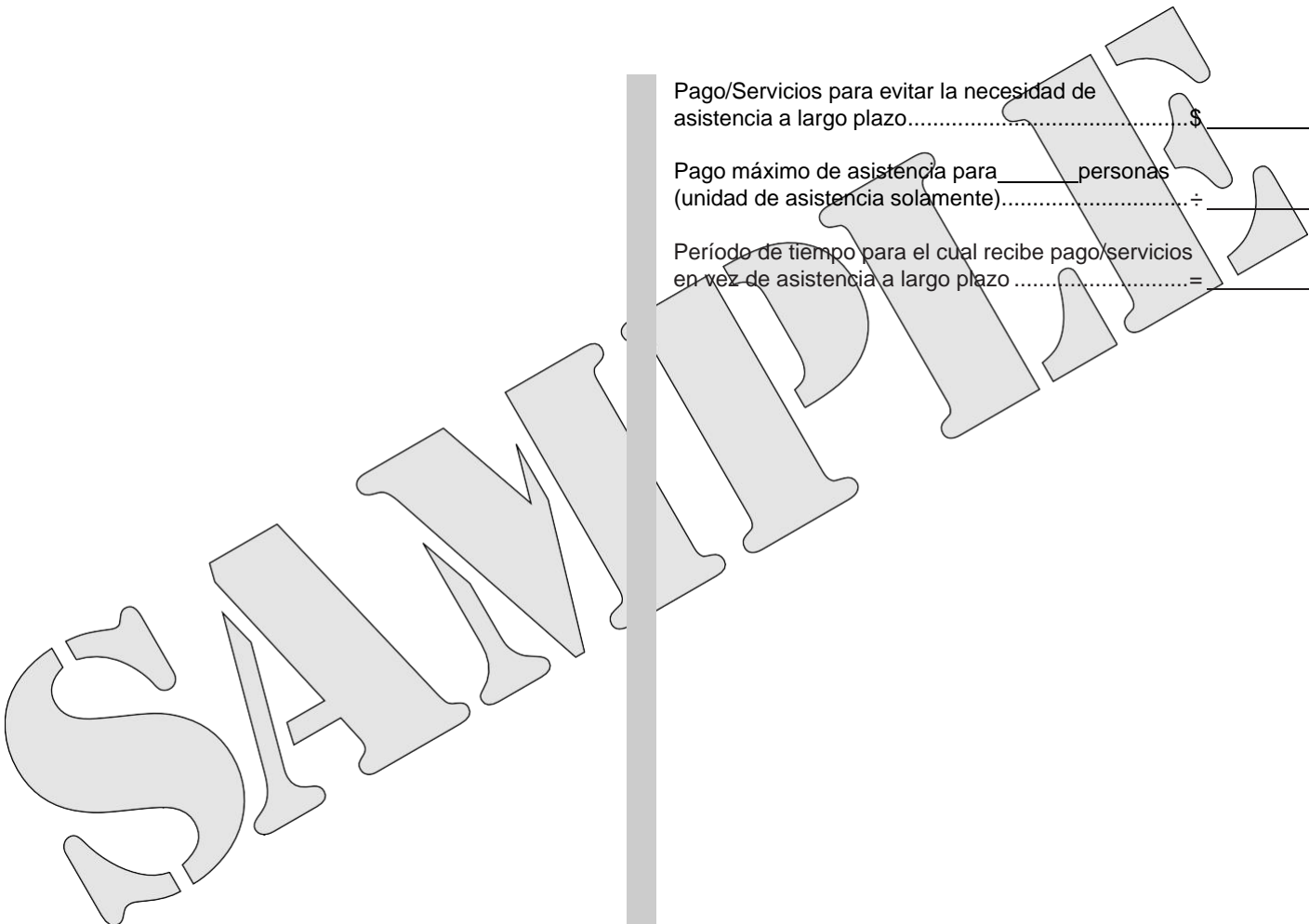
(ADDRESSEE)



¿Tiene preguntas? Comuníquese con su trabajador.

Audiencia con el estado: Si usted cree que esta acción está equivocada, puede solicitar una audiencia. En el reverso de esta hoja se le explica cómo solicitarla. Sus beneficios no cambiarán si usted solicita una audiencia antes que esta acción entre en vigor.

Pago/Servicios para evitar la necesidad de asistencia a largo plazo.....\$ _____
Pago máximo de asistencia para _____ personas (unidad de asistencia solamente).....÷ _____
Período de tiempo para el cual recibe pago/servicios en vez de asistencia a largo plazo= _____



Medi-Cal: Esta notificación NO cambia ni suspende sus beneficios de Medi-Cal (Programa de Asistencia Médica de California). **Conserve sus tarjetas de plástico de identificación de beneficios.**

Reglas: Las siguientes reglas, las cuales puede revisar en la oficina de bienestar público, son pertinentes: MPP

