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This User's Manual is issued as an operational tool. It contains the following:

a) Regulations adopted by the California Department of Social Services (CDSS) for the governance of its agents, licensees, and/or beneficiaries;

b) Regulations adopted by other State Departments affecting CDSS programs;

c) Statutes from appropriate Codes which govern CDSS programs;

d) Court decisions; and

e) Operational standards by which CDSS staff will evaluate performance within CDSS programs.

Regulations of CDSS are printed in gothic type as in this sentence.

Handbook material, which includes reprinted statutory material, other department's regulations and examples, is separated from the regulations by double lines and phrases "HANDBOOK BEGINS HERE", "HANDBOOK CONTINUES", and "HANDBOOK ENDS HERE" in bold print. Please note that both other departments' regulations and statutes are mandatory, not optional.

In addition, please note that revised language in this manual letter will be identified by a vertical line in the left margin.

Questions relative to this Users' Manual should be directed to your usual program policy office.
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DIVISION 30 SOCIAL SERVICES STANDARDS

CHAPTER 30-000 SERVICE PROGRAMS ADMINISTERED BY COUNTY WELFARE DEPARTMENTS

1. Notwithstanding the wording used herein addressing the contents to primary service providers, the requirements of this Division are equally binding upon all agencies, public and private, engaged in the delivery of social services, whether directly or by contract, subcontract or other formal agreement, coming under the supervisory purview of the designated Single State Agency for social services funded under Title XX and Title IV-B of the Social Security Act.

2. All social services covered by these regulations shall be either mandated or optional and shall be organized and set forth in the form of service programs as specified within this Division.

30-001 GENERAL

1. Goals shall be those designated in Title XX of the Social Security Act, toward which all services funded under that Title must be directed.

1.1 There shall be five goals:

1.11 Goal No. 1: Achieving or maintaining economic self-support to prevent, reduce or eliminate dependency.

1.12 Goal No. 2: Achieving or maintaining self-sufficiency, including reduction or prevention of dependency.

1.13 Goal No. 3: Preventing or remedying neglect, abuse, or exploitation of children and adults unable to protect their own interests; or preserving, rehabilitating or reuniting families.

1.14 Goal No. 4: Preventing or reducing inappropriate institutional care by providing for community-based care, home-based care, or other forms of less-intensive care.

1.15 Goal No. 5: Securing referral or admission for institutional care when other forms of care are not appropriate; or providing services to individuals in institutions.

1.12 Service activities, resources and support provided to an individual under any service program shall be directly only toward the goals specified for that service program in this division, subject to the requirements specified in Section 30-009.2.
30-002 DEFINITIONS

a. (1) "Assessment" means a written document which contains information relevant to the case situation and an appraisal of case services needs.

b. Reserved

c. (1) "County" means a county welfare or social services department.

(2) “County of Jurisdiction” means the county where the court with jurisdiction over the dependency, wardship, or guardianship of a child is located.

(3) “County of Residence” means the county in which the child resides.

d. (1) "Department" means the California Department of Social Services (CDSS).

e. (1) "Eligible" means entitled to receive necessary services.

(A) "Income eligible" means entitled on the basis of having gross annual family income which does not exceed 80 percent of the median income for California for a family of four, adjusted for consideration of family size.

(B) "Status eligible" means entitled on the basis of being a Supplemental Security Income/State Supplementary Program (SSI/SSP) or Aid to Families with Dependent Children (AFDC) program recipient.

(2) “Emancipated Youth” means, young adults who are former foster/probation children who have left foster care because they have reached at least 18 years of age and up to the day prior to their 21st birthday.

f. (1) "Family", for income eligibility purposes, means a basic family unit which resides in the same household, and which consists of one or more children, if any, and adults who are related by blood, marriage including common-law, or adoption. The following are considered one-person families: (1) unrelated adults residing together; (2) related adults other than spouses residing together; (3) children residing with nonlegally responsible relatives; (4) children living under the care of unrelated persons; and (5) emancipated minors.

g. Reserved

h. Reserved
30-002 DEFINITIONS (Continued) 30-002

i. (1) “Independent Living Program (ILP)” means the program, as defined in Section 477 of the Social Security Act, administered by counties with oversight by the Department to provide services and activities to assist eligible children up to the day prior to their 21st birthday to prepare them to live independently.

(2) “Independent Living Program Coordinator” means the individual who is either an employee of the county or its designee/contractor and who is responsible for administering the Independent Living Program.

j. Reserved

k. Reserved

l. (1) “Legally Emancipated Minor” means, for the purpose of the Independent Living Program, a youth under 18 years of age who has left foster care because he/she has reached emancipation by meeting any of the following:

(A) The person has entered into a valid marriage whether or not the marriage has been dissolved;

(B) The person is on active duty with the armed forces of the United States; or

(C) The person has received a declaration of emancipation pursuant to Family Code Section 7000.

m. (1) "Median income for California" means the median income for a particular year for a California family of four, as specified by the United States Secretary of Health and Human Services.

n. Reserved

o. Reserved
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30-002 DEFINITIONS (Continued)

p.  (1) "Primary service provider" or "primary" means a county welfare department or other entity to which the state department has directly delegated the responsibility for administering the delivery of social services. The term does not include any public or private agency or person under contract for the provision of services.

q. Reserved

r.  (1) "Reassessment" means a written document which reviews all past assessments and examines the current condition of the recipient and his/her family. The reassessment is used to evaluate the effectiveness of the current service plan, and to review the progress that has been made toward achieving the objectives identified in the service plan.

(2) "Recipient" means a child or adult receiving social services, including an applicant for such services when clearly implied by the context of the regulations.

(A) "Primary recipient" means a person with or for whom a specific goal is established, and to whom services are provided for the purpose of goal achievement. Services are considered to be provided to the primary recipient when they are provided to, or on behalf of, other members of the primary recipient's family in order to facilitate goal achievement.

(B) "Recipient of AFDC" means a dependent child, parent of the child, needy caretaker relative of the child, or spouse of the parent whose needs are met in whole or in part by a cash money payment under the state AFDC program in accordance with Title IV-A of the Social Security Act; and a person whose needs are taken into consideration in determining the needs of AFDC recipients.

(C) "Recipient of SSI/SSP" means an aged, blind or disabled person who receives a cash money payment made by the United States Social Security Administration under the provisions of Title XVI of the Social Security Act.

(3) "Representative" means a person, including but not limited to an attorney, relative, or friend, authorized by the recipient to act on his/her behalf. The term also includes such persons when authorized by a party to a grievance review, or by specified administrative review hearing participants, to act for and represent that party or participant in any and all aspects of a grievance procedure or administrative review hearing.
s. (1) (A) "Initial intake" means investigating the circumstances and facts regarding a referral for emergency response services to determine the potential for or existence of any condition(s) which places children at risk and in need of services; and to determine the services which would best serve and protect the children's interest and welfare.

(2) "Service plan" means a written document which is developed based upon the assessment; and in which social services staff and the recipient and/or his/her family identify a specific goal; the specific services to be used in resolving identified problems; and service delivery methods.

(3) "Service program" means a set of social services functions organized around a unifying theme, directed at meeting specific needs within the eligible population. Service programs are directed at the goals specified in Section 30-001.1.

(A) "Mandated service program" means a program which is provided in all geographical areas of the state in accordance with the provisions of the various chapters of this division. The mandated service programs include the following:

(i) Service Program No. 1: Information and Referral (Chapter 30-050)

(ii) Service Program No. 6: Out-of-Home Care for Adults (Chapter 30-600)

(iii) Service Program No. 7: In-Home Supportive Services (Chapter 30-700)

(iv) Service Program No. 8: Protective Services for Adults (Chapter 30-800)
30-002 DEFINITIONS (Continued)

(4) "Social services" or "services" means the composite of service programs funded under Titles IV-B, IV-E, and XX of the Social Security Act, and any other applicable funding sources.

(5) "Social service(s) staff" means those public employees responsible, directly or indirectly, for the delivery or authorization for the delivery of social services, and whose salaries or wages are funded in whole or in part through Titles IV-B, IV-E, or XX of the Social Security Act. This does not include employees of contract agencies under contract to the primary for the delivery of social services, or individual contractors.

(6) "Staff activity" means a clearly delineated activity, or group of closely interrelated activities, which is performed by social service staff as part of a service program; and which is performed in direct interaction with a recipient and/or his/her representative(s). Specific staff activities include the activities defined in (A) through (L) below.

   (A) "Assessment" means activity to gather information relevant to the recipient's case situation and to appraise the recipient's case services needs based upon that information.

   (B) "Consultation" means activity on the recipient's behalf in which social services staff or a third person or organization seek the expertise of the other.

   (C) "Coordination" means activity on the recipient's behalf in order to integrate the activities of social services staff and third persons or organizations in solving a specific problem.

   (D) "Counseling" means activity to assist the recipient to analyze and better understand the situation; select his/her own methods of problem-solving; identify goals; and explore alternative behavior.

   (E) "Discharge" means activity directed at preparing for and effecting the recipient's release from an out-of-home care facility for return home or transfer to another such facility.

   (F) "Investigation" means activity to determine the validity of an allegation.
(G) "Planning" means activity in which social services staff and the recipient and/or his/her family mutually identify a specific goal; the specific services to be used in resolving identified problems; and service delivery methods.

(H) "Reassessment" means activity to review all past assessments and examine the current condition of the recipient and his/her family.

(I) "Referral" means activity to inform another service agency that a person desires or requires that agency's services; and to assist the person to avail him/herself of such services.

(J) "Selection and placement" means activity to locate an out-of-home care facility for a recipient, and to complete the processing of situating the recipient in the facility. If a licensed or approved facility is not available, such activity includes making arrangements for licensing or court actions necessary to legalize the placement.

(K) "Supervision" means activity to oversee recipient or third-party behavior in order to safeguard the recipient's rights, interests or purposes.

(L) "Transportation" means activity to convey a recipient from one place to another when mobility is necessary to support a specific service plan, and no other means of conveyance is available.

(7) "State agency" means the State Department of Social Services.

(8) "Support activities" means broadly based activities related to overall services operations. Such activities benefit the recipient population in whole or in part, and are federally funded through Titles IV-B, IV-E, or XX. Support activities include the activities defined in (A) through (C) below.

(A) "Community planning" means participation in local efforts in order to develop new services to resolve problems, and in order to improve the coordination between existing services.

(B) "Recruitment" means activity to find and develop resources which are necessary but do not exist, or which exist but must be expanded.
30-002 DEFINITIONS (Continued)

(C) "Utilization of volunteers" means using the services of person not employed or paid by the primary in order to give a variety of services to recipients which could not otherwise be supplied. The volunteer effort may be initiated and supervised by social services staff, or it may be organized and operated by a nonprofit human service group within the community. The actual activities performed vary and depend upon statutory mandates, local needs, and the supply of volunteers. Volunteers are used solely to supplement the efforts of persons employed and paid by the primary.

t. (1) “Transitional Independent Living Plan (TILP)” means the written service delivery plan, available on the Child Welfare Services Case Management Services (CWS/CMS) that identifies the youth’s current level of functioning, emancipation goals and the specific skills needed to prepare the youth to live independently upon leaving foster care. The plan is mutually agreed upon by the youth and the social worker/probation officer.

u. Reserved
v. Reserved
w. Reserved
x. Reserved
y. Reserved
z. Reserved

NOTE: Authority cited: Sections 10553, 10554, and 10609.4, Welfare and Institutions Code. Reference: 42 USC Section 675; 45 CFR Part 1340.15(b); Section 11165.2, Penal Code; and Sections 300(b), 366.3, 10553, 10800, 11008.15, and 16506.1, Welfare and Institutions Code; and Section 265, Civil Code.

30-004 PERSONS SERVED

Each service program shall be made available to persons who meet requirements relating to both of the following:

.1 Eligibility.

.11 All persons without regard to income are eligible for Information and Referral Services (30-050), Emergency Response (30-100) and Protective Services for Adults (30-800).
30-004 PERSONS SERVED (Continued)

.12 (Repealed by ML #81-55).

.13 Persons eligible for In-Home Supportive Services are specified in 30-700.

.14 Persons eligible for all other mandated services are as follows:

.141 Income Eligibles as defined in 30-002.5.

.142 Status Eligibles as defined in 30-002.5.

.15 Persons eligible for optional services are specified in CASP.

.2 Need.

Unless otherwise specified within the chapter governing a particular service program, any eligible person who requests the services of an identified program shall be considered to be in need of such services until an assessment of actual needs has been made. Thereafter, information developed in the assessment shall be the principal determination in the provision or denial of services.


30-006 PURPOSES AND CONDITIONS OF PROGRAM ELEMENTS

.1 Each service program, whether mandated or authorized, shall state the minimum purposes to be served by each of its component service activities and service funded resources and any special conditions which may govern their applications.

.2 Although the components of each service program shall be generally available, the use of any single element shall be determined by the recipient's specific needs and the Primary's resources to meet these needs.
Each service program, whether mandated or optional, shall be governed by standards as set forth below:

.1 Standards of a Service Program.

Each service program shall set forth the requirements which are specific to that program and which impose upon social service staff any special considerations.

.2 General Standards.

All service programs shall be governed by the following:

.21 Quality of Service Delivery.

.211 Offer of services: Social services staff shall offer services appropriate to the needs of the individual or family.

.212 Explanation of availability: The Primary shall assure that each person applying for or receiving aid or service shall be made aware of services provided by the agency.

.213 Acceptance of services: Acceptance of services shall be voluntary except when protective in nature.

.214 Refusal to accept an offer of or assessment for a service program shall not affect eligibility for payment of financial assistance or the provision of other service programs.

.215 Social service staff shall explain to recipients who may require protective intervention and to their representatives or guardians that refusal of service may lead to a referral to a law enforcement agency or to the courts.

.22 Application

.221 Any person shall have the right to apply for services or to make application through another person on his behalf. The application may be signed by the applicant or his authorized representative.

.222 A person who indicates to the Primary a desire to apply for services shall be afforded the opportunity to apply immediately.
.223 The application shall be in writing on a form prescribed or approved by the Department, dated and signed, and shall include all information necessary to establish eligibility.

.224 If the request for services is received by telephone or letter, a social service staff member, with the express authorization of the applicant, may sign the application. However, such an application does not meet the requirements of 30-009.23 for establishing eligibility. Eligibility information must be verified or the applicant must sign the application statement during a face-to-face contact.

.225 The social worker may sign the application for services on behalf of any child who has been declared a Dependent of the Court pursuant to Section 600, W&I Code, or who is in placement not ordered by a court and whose parents or guardians are not available to sign in his behalf.

.226 Written application is not required for the information and referral service program or for the protective services programs. Information in the case record describing the basis for initiating the investigation and validation of a need for protective services serves as the written application. However, when such services are provided to a child and/or the child's family and potentially may be funded through Emergency Assistance - Abused, Neglected or Exploited Children Program, an Emergency Assistance Application/Eligibility Determination form (SOC 349) shall be completed.

.227 The application shall be acted on promptly and the decision on it shall be rendered as soon as possible, but not later than 30 days following the date of application.

.23 Determination of Eligibility

.231 The effective date of eligibility is the actual date of determination unless the determination is made within 30 days of the date of application and the applicant is determined to have been eligible when services were initiated. In no event shall the effective date of eligibility be prior to the date of application.
A determination of eligibility means a decision, reflected in records as required by Section 30-009.26 based on a dated and signed application with sufficient information which would lead a reasonable person to conclude whether or not eligibility conditions have been met.

.2321 For current cash grant recipients of AFDC or SSI/SSP.

A statement of recipient status by the applicant is sufficient in the absence of contrary information. The statement in the application signed by an authorized representative may also be accepted as the basis for a decision on eligibility if that representative has direct knowledge of all relevant facts.

.2322 For Income Eligibles

A clear, consistent and complete statement by the applicant in the application of current family or individual gross income in accordance with definitions in Section 30-009.223 is sufficient basis for a decision on eligibility in the absence of contrary information. The statement in the application signed by an authorized representative may also be accepted as the basis for a decision on eligibility if that representative has direct knowledge of all relevant facts.

Exception: Income must be verified if the applicant is applying for Child Day Care Services or In-Home Supportive Services.

.233 Income related to eligibility:

.2331 Monthly gross income means the monthly sum of income received by an individual from the sources identified by the U.S. Census Bureau in computing income. Monthly gross income for migrant farm workers and other seasonally employed persons may be computed by averaging total gross income received during the previous 12 months. The amount of monthly gross income shall not be reduced because of voluntary or involuntary deductions.

.2332 U.S. Census Bureau sources of income are as follows:

a. Money wages or salary.
b. Net income from nonfarm self-employment.

c. Net income from farm self-employment.

d. Social Security.

e. Dividends, interest on savings or bonds, income from estates or trusts, net rental income or royalties.

f. Public assistance or welfare payments.

g. Pensions and annuities.

h. Unemployment compensation and disability insurance benefits.

i. Workmen's Compensation.

j. Alimony.

k. Child support.

l. Veteran's pensions.

Exclusions from computation of monthly gross income are as follows:

a. Per capita payments to or funds held in trust for an individual in satisfaction of a judgment of the Indian Claims Commission or the Court of Claims.

b. Payments made pursuant to the Alaska Native Claims Settlement Act to the extent such payments are exempt from taxation under Section 21(a) of the Act.

c. Money received from sale of property, including stocks, bonds, a house or a car. If the person was engaged in the business of selling such property, the net proceeds shall be counted as income from self-employment.
d. Withdrawals of bank deposits.

e. Loans.

f. Tax refunds.

g. Gifts.

h. Lump sum inheritances or insurance payments.

i. Capital gains.

j. Value of the food stamp coupon allotment in excess of the amount paid for the coupons.

k. Value of USDA donated foods.

l. Value of supplemental food assistance under the Child Nutrition Act of 1966 and the special food program for children under the National School Lunch Act.

m. Payment received under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970.

n. Earnings of a child under 14 years of age.

o. Loans, grants and scholarships, obtained under conditions that preclude their use for current living costs.

p. Grants or loans to an undergraduate student for educational purposes made or insured under any program administered by the Commissioner of Education under the Higher Education Act.

q. Home produce utilized for household consumption.
.234 Redetermination of eligibility shall be made:

.2341 When required on the basis of information the agency has obtained about the anticipated changes in the individual situation.

.2342 Promptly, not to exceed 30 days after information is obtained about changes which have occurred in the individual's circumstances that may make him ineligible. Upon redetermination, recipients found to be ineligible for continued services may continue to receive services for a period not to exceed 30 days from the date of the redetermination.

.2343 Periodically, but not less frequently, than every six months.

.235 Assessment by social service staff, of the needs of each applicant for services shall be made promptly upon determination of income eligibility for services.

.236 Notification shall be provided, in writing, to all persons signing written applications for social services concerning eligibility or ineligibility for the particular service for which he applied. The notice shall include information about the individual's right to request a fair hearing under provisions of 10-126.

.24 Service Plan

There shall be a service plan for each recipient determined cooperatively with the recipient which specifies:

.241 The appropriate goal toward which services shall be directed.

.2411 Only one goal may exist at any one time for any single recipient.
.2412 The goal of a recipient shall be changed whenever the circumstances make it appropriate.

.2413 The services which a recipient receives shall be limited to those mandated or optional service programs having established goals which include the goal selected for the recipient.

.242 Provision of specific services and the objectives to be accomplished in measurable terms within a designated time.

.243 Means to resolve identified problems which may inhibit achievement of the goal.

.244 Methods for delivery of necessary services whether directly, by referral, purchase or other means.

.25 Services to Individuals in Groups

Services are authorized in group settings, provided that:

.251 Each member of the group has been certified as eligible for the services of the program.

.252 An individual recipient record is maintained for each member.

.253 Membership in the group is voluntary.

.26 Case Record

.261 The Primary shall assure that a service record is maintained and shall document the following:

.2611 Eligibility or redetermination of eligibility for services has been established.

.2612 Need for service related to one of the goals listed in Section 30-001.2.

.2613 Offer of service has been accepted or rejected.

.2614 The active service plan.

.2615 Six-month reassessment.

.2616 Termination of services, giving reason and result.
30-011 PROGRAM SUPPORT ACTIVITIES

Each service program shall identify functions of the program which do not apply directly to individual recipients but support and facilitate the service program as a whole.

30-013 ADMINISTRATIVE REQUIREMENTS

Each Primary shall identify the particular conditions required to meet the purposes of each service program and that require actions which can be initiated only at the administrative level of the Primary.

30-027 FUNDING, COST SHARING AND ALLOWABLE EXPENDITURES

.1 Funding

.11 Federal and state financial participation is available for administrative costs incurred in providing the social services as defined in Division 30 and as contained in the county's SDSS-approved plan (see MPP Section 10-130). Counties expenditures for administrative costs for services defined in Division 30 are subject to audit.

.12 Counties shall continue to provide matching funds for county-administered social service programs as required by Welfare and Institutions Code Section 10100 and 10101.

Pilot projects may require a different county share of the administrative costs.

.13 No federal financial participation is provided if the limitations designated in Division 30 or specified in the county's SDSS-approved social services plan are exceeded in respect to service goals, service activities, or use of service funds.
.2 Cost Sharing

**HANDBOOK BEGINS HERE**

.21 State or county funds used by a county to provide SDSS-approved social services may be considered as the nonfederal share in claiming federal financial participation (FFP), when such funds are as described in 45 CFR, Part 74, Subpart G, "Cost Sharing or Matching."

**HANDBOOK ENDS HERE**

.211 Nonpublic third party in-kind contributions shall not be used for the required nonfederal share of the costs of child welfare services or of the Adult Programs Services (Out-of-Home Care, Information and Referral, and Adult Protective Services).

**HANDBOOK BEGINS HERE**

However, such contributions may be used to reduce program costs or to expand the services provided.

**HANDBOOK ENDS HERE**

.3 Allowable Expenditures

Expenditures allowable are subject to the availability of funds and to federal and state conditions and restrictions. Those programs funded only by state and county monies, such as the Adult Protective Services Program, must meet the requirements of Welfare and Institutions Code, Division 9, Part 3, Chapters 5.1 and 13. Adult Services Demonstration Projects must meet the requirements of Welfare and Institutions Code, Division 9, Part 3, Chapter 12.
Following are the conditions and restrictions on allowable expenditures for social services programs.

.31 The general principles used in determining allowable administrative costs are identified in 45 CFR, Part 74, Subpart Q. Costs allowable to a county welfare department are not necessarily the same as those allowable to an organization with which a county may contract. Following are the publications which specify the administrative cost principles by type of organization.

- for public and nonprofit institutions of higher learning, OMB Circular A-21.
- for nonprofit agencies, OMB Circular A-122.
- for profit-making organizations, 48 CFR, Subpart 31.

.311 Each set of the above cost principles identifies certain costs that are allowable, unallowable, or allowable with prior approval.

.312 Examples of allowable county welfare department administrative costs are listed below:

- salaries, fringe benefits and travel of staff engaged in carrying out services or service-related activities.
- service-related materials, supplies, and communications.
- expenses for attending meetings incurred by advisory committee members, supportive staff and other technical assistance staff.
- expenses incurred by agency staff in attending meetings pertinent to the development or implementation of federal and state policies and programs.
Examples of unallowable county welfare department administrative costs follow:

- interest and other financing costs. (However, interest expenses incurred in acquiring a building is allowed through the use of a rental rate system. See Section 3129 of the State Controllers Handbook of Cost Plan Procedures for California counties.)

- contingency reserves

- entertainment expenses

- salaries of county supervisors

Examples of county welfare department administrative costs allowable only with prior state approval follow:

- automated data processing equipment.

- alterations that materially increase the value or useful life of facilities.

- space occupied under a lease with option-to-purchase agreement.

- management studies conducted by organizations other than the county welfare department.

Limitations on allowable administrative expenditures are specified in regulations specific for each program's funding source.

For child welfare services funded by Title IV-B, the purchase, construction, or other capital costs for child care facilities are specified as unallowable in 45 CFR Part 1357.30.
.322 For social services funded under Title XX, the following expenditures are specified as unallowable (42 USCA 1397):

- social services provided in and by employees of any hospital, skilled nursing facility, intermediate care facility, or prison, except services to an alcoholic or drug dependent individual.

- educational service generally available without cost and without regard to income.

- child care services which do not meet applicable state and local standards.

- cash payment as a service (e.g., restaurant meal allowances).

- cash payments for subsistence costs or for board and room. [However, short-term costs are allowable, if they are an integral but subordinate part of a social service (e.g., temporary shelter provided as a protective service)].

- payment of wages as a social service (e.g., In-Home Supportive Service funds cannot be used to pay the wages of a recipient for employment purposes).

.323 For social services funded under Title XX, the following expenditures are specified as allowable with waiver from DHHS (42 USCA 1397):

- purchase or improvement of land or purchase, construction or major permanent improvement of any building or facility.

- medical care (unless it is an integral but subordinate part of a social service, e.g., initial detoxification of an alcoholic or drug dependent individual).
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**CHAPTER 30-050 SERVICE PROGRAM NO. 1: INFORMATION AND REFERRAL SERVICES**

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CHAPTER 30-050  SERVICE PROGRAM NO. 1: INFORMATION AND REFERRAL SERVICES

30-051  GENERAL

.1 Information and referral services means those activities by social service staff to:

.11 Enable persons to have current and accurate knowledge about the available public and private resources established to help alleviate socio-health problems.

.12 Provide short-term help to enable persons to identify and gain access to resources appropriate to their needs.

.13 Provide beneficiaries under the California Medical Assistance Program (Medi-Cal) with health-related transportation to meet an urgent need as specified in Welfare and Institutions Code 13004.

HANDBOOK BEGINS HERE

.113 Welfare and Institutions Code Section 13004 states: The transportation services shall be maintained at least at the level provided by counties as part of health-related services as provided for in the Welfare and Institutions Code Section 12251 on September 30, 1981.

a. Welfare and Institutions Code Section 12251 stated as of September 30, 1981, in part: the term "social services" includes health-related services and transportation services as such services are defined in order to secure maximum federal financial participation.

HANDBOOK ENDS HERE

.2 Goals

.21 This service program, because of its special characteristics, shall be considered to be serving goals I, II, III, IV, V designated in 30-001.21.

.22 Services activities provided to an individual under this service program may be directed at any goals designated in 30-001.21. Such goals need not be specified.
30-052 SPECIAL DEFINITIONS

.1 "Health-related transportation" means taking a Medi-Cal beneficiary to and from a provider of health care services which are within the scope of benefits of the Medi-Cal Program.

.2 "Urgent need" means a medical condition for which prompt medical treatment is required to avoid permanent injury or severe pain.

30-053 SPECIAL PROGRAM CHARACTERISTIC

The intent of this service program is to provide immediate, short-term response to needs for information and referral in connection with human service resources. All other considerations shall be subordinate to that intent. Therefore:

.1 Services under this program may be provided to individuals without requiring a formal application, developing a service plan, specifying a goal and maintaining an individual client record.

EXCEPTION: A SOC 295 form, or an approved CWD equivalent, shall be completed before health-related transportation is provided to any eligible person. The form may be completed through either personal or telephone contact.

.2 Recipients with needs, identified during the brief information and referral episode which require more extensive involvement shall be given the opportunity to apply for the services of another more appropriate service program.

30-054 PERSONS SERVED

.1 Eligibility.

All persons, regardless of income or status, are eligible to receive services under this program.

EXCEPTION: Only currently eligible and certified Medi-Cal beneficiaries are eligible for the health-related transportation component of this program.

.2 Need for service.

Any person who requests information and/or referral services shall be considered to be in need of those services.
30-054 PERSONS SERVED (Continued)

.3 Services under the health-related transportation component of this program are subject to the following requirements.

.31 Health-related transportation shall be provided under this program only when such transportation is not available to the Medi-Cal beneficiary from any other source.

.32 Health-related transportation shall be provided by the most economical method which is consistent with the needs of the Medi-Cal beneficiary.

.33 The CWD may require verbal or written evidence from a health care provider of the beneficiary's urgent need for health-related transportation.

.34 The availability of health-related transportation under this program in each county is limited to the level of services provided under the former Title XX Health Related Services Program in effect on September 30, 1981.
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Entire chapter either renumbered to Division 31 by CDSS Manual Letter No. CWS-93-01, effective 7/1/93 or repealed by CDSS Manual Letter No. SS-93-03, effective 7/1/93.
CHAPTER 30-200 SERVICE PROGRAM NO. 3: FAMILY MAINTENANCE

Entire chapter renumbered to Division 31 by CDSS Manual Letter No. CWS Division 31 by CDSS Manual Letter No. CWS-93-01, effective 7/1/93 or repealed by CDSS Manual Letter No. SS-93-03, effective 7/1/93.
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All other sections either renumbered to Division 31 by CDSS Manual Letter No. CWS-93-01, effective 7/1/93 or repealed by CDSS Manual Letter No. SS-93-03, effective 7/1/93.
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CHAPTER 30-300 REIMBURSEMENT FOR VOLUNTARY FAMILY REUNIFICATION SERVICES

30-302 DEFINITIONS

(a) "Adjusted gross monthly income" means the total of the family's monthly income, less allowable monthly expenses, plus 1/12 of the value of the family's net liquid assets.

(b) "Allowable monthly expenses" means only the following: court-ordered payments; voluntary payments made for foster care; child care expenses necessary for a parent(s)/guardian(s) employment; State Department of Mental Health charges for mental health services; charges for other mental health services initiated for the purpose of family reunification; dependent support payments; medical expenses in excess of three percent of gross monthly income; and mandated payroll deductions for retirement plans, exclusive of Social Security.

(c) "Consumer Price Index" means the index, prepared by the Federal Bureau of Labor Statistics, in which the change in the cost of typical wage-earner purchases of goods and services is measured.

(d) "Consumer Necessities Index" means the index, prepared by the California Commission on State Finance, based on the weighted average changes for food, clothing, fuel, utilities, rent, and transportation for low income consumers.

(e) "Court-ordered payments" means those payment obligations upon which a court has rendered a decision; upon which a written order of liability has been issued; and which are currently being paid.

(f) "Dependent support payments" means payments for the out-of-home care of a child, spouse, or parent. This deduction is not allowed when the same person or persons are claimed as dependents under the State Department of Mental Health's Uniform Method of Determining Ability to Pay (UMDAP).

(g) "FICA annual withholding" means an amount withheld by a person's employer for that person's social security contribution under the Federal Insurance Contributions Act.
(h) "Gross family annual income" means the annual income for all family members before deduction of
taxes; or, for self-employed persons, the annual income for all family members after deducting the costs
of doing business, based on the last taxable year's income or income received during the 12 months
immediately preceding application for family reunification services.

(i) "Gross family monthly income" means the monthly income for all family members before deduction of
taxes; or, for self-employed persons, the monthly income for all family members after deducting the
costs of doing business, based on the calendar month immediately preceding application for family
reunification services.

(j) "IRS exemption allowance" means that amount allowed by the Internal Revenue Service as a
deduction, for the individual, the spouse, and any persons for whom the taxpayer provided 50% or more
support as dependents of the taxpayer, when computing federal income tax payments.

(k) "IRS standard deduction" means that amount allowed by the Internal Revenue Service as a standard
deduction based upon the taxpayer's filing status when computing federal income tax payments.

(l) "IRS income tax annual withholding" means the amount withheld from the gross family income for
federal income tax payments, based on family size and income.

(m) "Liability period" means the six-month period during which the family of a voluntarily placed child is
eligible for family reunification services.

(n) "Liquid assets" means those family assets which can be easily converted into cash, including but not
limited to current savings and checking account balances, and the current market values of stocks,
bonds, and mutual funds.

(o) "Median income" means that income level at which the California Franchise Tax Board indicates half
of California families filing a joint return earn a higher, and half a lower, income.

(p) "Median income percentage" means that percentage weighed for income and family size in
determining actual monthly liability.

(q) "Mental health expenses" means that amount currently being paid for mental health care initiated for
the purpose of family reunification, exclusive of expenses for persons who are being claimed as
dependents under the State Department of Mental Health's Uniform Method of Determining Ability to
Pay (UMDAP).
30-302 DEFINITIONS (Continued) 30-302

(r) "Monthly liability" means the amount the parent(s)/guardian(s) is expected to pay to the county and/or to contracting providers for family reunification services received by the family during the calendar month.

(s) "Monthly liability schedules" means those payment schedules established for various economic areas, which have been computed by the department as specified in Sections 30-364.771 through .776, and which may be used to complete the "Monthly Liability Determination" form.

30-364 ADDITIONAL REQUIREMENTS FOR VOLUNTARY PLACEMENTS 30-364

.1 Renumbered by CDSS Manual Letter No. CWS-93-01, effective 7/1/93.

.2 Repealed by CDSS Manual Letter No. SS-93-03, effective 7/1/93.

.3 Repealed by CDSS Manual Letter No. SS-93-03, effective 7/1/93.

.4 Renumbered by CDSS Manual Letter No. CWS-93-01, effective 7/1/93.

.5 Repealed by CDSS Manual Letter No. SS-93-03, effective 7/1/93.

.6 Repealed by CDSS Manual Letter No. SS-93-03, effective 7/1/93.

.7 The county welfare department shall meet the requirements specified in .72 through .74, and .77 through .776 below when seeking reimbursement for voluntary family reunification services as specified in Welfare and Institutions Code Section 16507.4.

HANDBOOK BEGINS HERE

.71 This statute specifies as follows:

.711 If the family is not qualified for...(AFDC)..., voluntary family reunification services may be utilized, provided that the county seeks reimbursement from the parent or guardian on a statewide sliding scale according to income.

HANDBOOK ENDS HERE
County welfare department staff shall complete the Monthly Liability Determination form, and shall request the parent(s)/guardian(s) to sign the form.

If unable to obtain the parent(s)/guardian(s) signature(s) as specified in .72 above, the county welfare department shall document in the case record the reason(s) for the parent(s)/guardian(s) failure to sign.

County welfare department staff shall use the formula specified in .731 through .735 below to compute the family's adjusted gross monthly family income.

Subtract any allowable monthly expenses from the family's gross monthly income to determine the family's net monthly income.

Subtract the appropriate liquid assets allowance figure shown on the Monthly Liability Determination form from the total value of the family's gross liquid assets to determine the family's net liquid assets to determine the family's net liquid assets.
.733 Divide the family's net liquid assets by 12 to determine the monthly value of the family's liquid assets.

.734 Subtract the monthly value of the family's liquid assets from the family's net monthly income.

.74 The maximum liability shall not exceed the costs of services rendered to the family by the county welfare department and/or by contracting providers.

EXAMPLE:

Mr. Tim Jacobs and his wife, Marlene Jacobs, have three children. The Jacobs live in Mendocino County, where Mr. Jacobs is employed at Compco Manufacturing, with a $2,000 gross monthly income. Mrs. Jacobs is a homemaker. The Jacobs have $143 in their checking account and $950 in their savings account. The Jacobs have no other liquid assets. Mr. Jacobs has one child by a previous marriage and pays $100 a month in child support. The Jacobs have asked the county welfare department to temporarily place their 13-year-old son, Alan, in foster care because they consider his behavior a threat to their two younger children. The district attorney has not yet obtained a court order obligating the Jacobs to pay some portion of Alan's support while in foster care.

The following sample form illustrates an initial determination of liability based upon the above circumstances. If, at a later date, a court order is issued obligating the Jacobs to pay some portion of Alan's support while in foster care, a redetermination of the Jacobs' liability would be made. This redetermination would include the court-ordered foster care support payments as a monthly allowable expense.
HANDBOOK CONTINUES

MONTHLY LIABILITY DETERMINATION
VOLUNTARY FAMILY REUNIFICATION SERVICES

Case Name: Jacobs  Case Number: 12-263-1894  Date: 4-14-83

[] Initial Determination  [] Redetermination  Child's Name: Alan Jacobs

Parent(s)/Guardian(s) Name(s): Tim and Marlene Jacobs  Place of Employment: Compico Manufacturing

Has reimbursement for family reunification services or foster care support payments been requested for this or any other child in the family?

[] No  [] Yes

Parent(s)/Guardian(s) Place of Employment:

(1) Determine gross family monthly income:

<table>
<thead>
<tr>
<th>Parent/Guardian</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Total $2,000 (A)

(2) Determine allowable monthly expenses:

<table>
<thead>
<tr>
<th>Court-ordered payments</th>
<th>Child Care expenses necessary for employment</th>
<th>Charges of UMDAP for mental health services</th>
<th>Dependent support payments</th>
<th>Mandated payroll deductions for retirement plans excluding Social Security</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0</td>
<td>0</td>
<td>100</td>
<td>0</td>
<td>0</td>
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</tbody>
</table>

Total $100 (B)

(3) Subtract line (B) from line (A) to determine net income:

$1,900 (C)

(4) Determine total liquid assets:

<table>
<thead>
<tr>
<th>Savings account(s) balance(s)</th>
<th>Checking account(s) balance(s)</th>
<th>Current market value(s) of stocks, bonds, or mutual funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>$950</td>
<td>143</td>
<td>0</td>
</tr>
</tbody>
</table>

Total: $1,093 (D)

(5) Determine liquid asset allowance:

<table>
<thead>
<tr>
<th>Persons in Family</th>
<th>Allowance</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>$1,500</td>
</tr>
<tr>
<td>2</td>
<td>2,000</td>
</tr>
<tr>
<td>3-4</td>
<td>2,200</td>
</tr>
<tr>
<td>5-6</td>
<td>2,400</td>
</tr>
<tr>
<td>7</td>
<td>2,600</td>
</tr>
<tr>
<td>8-9</td>
<td>2,800</td>
</tr>
<tr>
<td>10 or more</td>
<td>3,000</td>
</tr>
</tbody>
</table>

$2,400 (E)

(6) Subtract line (E) from line (D) to determine net liquid assets:

$0 (F)

(7) Divide line (F) by 12 to determine monthly value of liquid assets:

$0 (G)

(8) Add line (C) and line (G) to determine adjusted gross monthly income:

$1,900 (H)

(9) Determine monthly liability from appropriate monthly liability schedule:

$116 (I)

Determined by: Sally Worker  Date: 4/14/83

If redetermination, reason:
I affirm that the statements made herein are true and correct to the best of my knowledge.

Tim Jacobs  Marlene Jacobs
Parent/Guardian  Parent/Guardian

HANDBOOK ENDS HERE
.76 The following monthly liability schedules have been prepared by the department using the formula specified in .771 through .776 below, and are available for use by the county welfare departments in determining monthly liability to be included in the "Monthly Liability Determination" form.
### Monthly Liability Schedule I

**For Use in The Following Counties:**
- Alameda
- Berkeley City
- Contra Costa
- Marin
- Monterey
- Napa
- San Benito
- San Luis Obispo
- San Mateo
- San Mateo
- Santa Clara
- Santa Cruz
- Solano
- Sonoma
- San Francisco

<table>
<thead>
<tr>
<th>Adjusted Gross Monthly Income</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10 or more</th>
</tr>
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<tbody>
<tr>
<td>0 - 475</td>
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<td></td>
<td></td>
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<td></td>
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<tr>
<td>476 - 675</td>
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<td>2</td>
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<tr>
<td>676 - 825</td>
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<td>3</td>
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<tr>
<td>826 - 925</td>
<td>5</td>
<td>4</td>
<td>1</td>
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<td>3</td>
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For each $40.00 increment increase in monthly income over $2,520, add:
- $12.00 to $10.00
- $10.00 to $9.00
- $9.00 to $8.00
- $8.00 to $7.00
- $7.00 to $6.00
- $6.00 to $5.00

**HANDBOOK CONTINUES**
### Monthly Liability Schedule II

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#### Adjusted Gross Monthly Income

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#### For each $40.00 increment increase in monthly income over $2,520, add:

- $14.00 to $12.00
- $11.00 to $10.00
- $10.00 to $9.00
- $9.00 to $8.00
- $8.00 to $7.00
- $6.00 to $5.00

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### Monthly Liability Schedule III

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- Ventura
- Orange Tri-City

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For each $40.00 increment increase in monthly income over $2,520, add:

- $13.00 to $11.00 to $10.00 to $10.00 to $9.00 to $8.00 to $7.00 to $7.00 to $6.00 to $5.00 to $4.00 to $3.00 to $2.00 to $1.00.

**HANDBOOK CONTINUES**
## Monthly Liability Schedule IV
For Use in the Following Counties:
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- San Bernardino
- Riverside
- San Diego

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Over 2520 .............. For each $40.00 increment increase in monthly income over $2,520, add:

- $14.00
- $11.00
- $11.00
- $10.00
- $9.00
- $8.00
- $8.00
- $7.00
- $7.00
- $6.00

**HANDBOOK ENDS HERE**
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.77 The Department or county welfare department (CWD) shall use the formula specified in Section 30-364.771 through .776 to compute monthly liability schedules.

.771 Multiply the gross family annual income by the following factors and subtract the resultant sums from the gross family annual income to obtain the adjusted gross family annual income:

(a) FICA withholding percentage.
(b) SDI withholding percentage.

.772 Subtract the following factors from the adjusted gross family annual income to obtain the actual gross family annual income:

(a) IRS income tax annual withholding.
(b) State income tax annual withholding.

.773 Subtract the following factors from the actual gross family annual income to obtain the adjusted net family annual income.

(a) IRS standard deduction for married persons filing jointly or head of household.
(b) IRS exemption allowance for number of persons in the family.

.774 Multiply the adjusted family annual income by the following factors and subtract the resultant sums from the adjusted net family annual income to obtain the actual net family annual income:

(a) Federal Consumer Price Index percentage increase for the most closely located economic area (San Francisco, Los Angeles, or San Diego).
(b) California Consumer's Necessities Index percentage increase.

.775 Divide the actual net family annual income by the California mean income for married persons filing jointly; apply the resultant percentage to the actual net family annual income to obtain the realized net family annual income.

.776 Divide the realized net family annual income by 12 to obtain the realized net family monthly income.
30-364 ADDITIONAL REQUIREMENTS FOR VOLUNTARY PLACEMENTS

(Continued)

.777 If the gross family annual income is equal to or less than the California mean income for married persons filing jointly, multiply the realized net family monthly income by 15%; if the gross family annual income is more than the California mean income for married persons filing jointly, multiply the realized net family monthly income by 20%. This is the family's monthly liability.

**HANDBOOK BEGINS HERE**

.778 **EXAMPLE:**

The Andersons are a family of four with a gross family annual income of $22,140. The Andersons reside in Bakersfield. The following sample computation illustrates a computation of monthly liability based upon the above circumstances:

Gross family annual income $22,140

less .0715 FICA percentage - 1,583
less .009 SDI - 199
Adjusted Gross Family Annual Income = $20,358

less IRS withholding - 2,200
less state withholding - 533
Actual Gross Family Annual Income = $17,625

less IRS standard deduction - 3,670
less IRS exemption allowance x 4 persons - 4,320
Adjusted Net Family Annual Income = $9,635

less 4.03 CPI increase for LA area - 388
less 4.8 CNI increase - 462
Actual Net Family Annual Income = $8,785

CA Mean Income: $30,410
CA Mean Income % (8,785/30,410) = 29%
Realized Net Family Annual Income = $2,548

Divided by 12 equals
Realized Net Family Monthly Income $212

Multiplied by 15% liability factor equals
Total Family Monthly Liability for Services $32

**HANDBOOK CONTINUES**
### Sliding Fee Scale for Determining Monthly Liability for Voluntary Family Reunification

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<th>MONTHLY GROSS INCOME</th>
<th>LIABILITY:</th>
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For each additional $100 of monthly income, add $10 of liability fee.

The following form has been prepared by the department, and may be used by the county welfare departments for completing the monthly liability determination.
HANDBOOK CONTINUES

MONTHLY LIABILITY DETERMINATION
VOLUNTARY FAMILY REUNIFICATION SERVICES

Case Name ___________________________ Case Number ___________________________ Date __________

☐ Initial Determination ☐ Redetermination Child's Name __________

Parent(s)/Guardian(s) Name(s)

Has reimbursement for family reunification services or foster care support payments been requested for this or any other child in the family?
☐ No ☐ Yes Child's Name __________

Parent(s)/Guardian(s) Place of Employment:

(1) Determine gross family monthly income: Parent/Guardian $ ________ Other ________ Total ________ (A)

(2) Determine allowable monthly expenses:

Court-ordered payments $ ________
Child Care expenses necessary for employment ________
Charges of UMDAP for mental health services ________
Dependent support payments ________
Mandated payroll deductions for retirement plans excluding Social Security ________ Total $ ________ (B)

(3) Subtract line (B) from line (A) to determine net income: $ ________ (C)

(4) Determine total liquid assets:

Savings account(s) balance(s) $ ________
Checking account(s) balance(s) ________
Current market value(s) of stocks, bonds, or mutual funds ________ Total: $ ________ (D)

(5) Determine liquid asset allowance:

Persons in Family Allowance
1 $ 1500
2 2000
3-4 2200 $ ________ (E)
5-6 2400
7 2600
8-9 2800
10 or more 3000

(6) Subtract line (E) from line (D) to determine net liquid assets: $ ________ (F)

(7) Divide line (F) by 12 to determine monthly value of liquid assets: $ ________ (G)

(8) Add line (C) and line (G) to determine adjusted gross monthly income: $ ________ (H)

(9) Determine monthly liability from appropriate monthly liability schedule: $ ________ (I)

Determined by: ____________________________ Date: ____________________________

If redetermination, reason:
I affirm that the statements made herein are true and correct to the best of my knowledge.

_________________________ ___________________________
Parent/Guardian Parent/Guardian

HANDBOOK ENDS HERE
TABLE OF CONTENTS

CHAPTER 30-400 PERMANENT PLACEMENT

Entire chapter either renumbered to Division 31 by CDSS Manual Letter No. CWS-93-01, effective 7/1/93 or repealed by CDSS Manual Letter No. SS-93-03, effective 7/1/93.
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**CHAPTER 30-500  SERVICE PROGRAM NO. 5: INDEPENDENT LIVING PROGRAM**

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CHAPTER 30-500  SERVICE PROGRAM NO. 5: INDEPENDENT LIVING PROGRAM

30-501  GENERAL

.1 The purpose of the Independent Living Program is to provide services and activities to assist all eligible youth to prepare to live independently.

.2 Independent Living Programs shall be designed to deliver services and utilize funds only for the purposes specified in this chapter.

.3 Independent Living Program funds shall not be used to supplant any other funds which are available for the same general purpose.


30-502  SPECIAL DEFINITIONS

(a) Reserved

(b) Reserved

(c) (1) “County Plan” means, for the purpose of the Independent Living Program, a written document that describes the county programs goals and objectives to meet the services needs and activities of ILP youth.

(d) Reserved

(e) Reserved

(f) (1) “Foster Care” means 24 hour substitute care for children placed away from their parents or guardians and for whom the state or county agency has placement and care responsibility. A child is considered to be in foster care, for the purposes of the ILP, if he/she is likely to remain in foster care until age 18.

(g) Reserved

(h) Reserved

(i) Reserved
(j) Reserved

(k) Reserved

(l) Reserved

(m) Reserved

(n) Reserved

(o) Reserved

(p) Reserved

(q) Reserved

(r) Reserved

(s) Reserved

(t) Reserved

(u) Reserved

(v) Reserved

(w) Reserved

(x) Reserved

(y) (1) “Youth” means, for the purpose of the Independent Living Program, children 16 years of age up to the day prior to their 21st birthday.

(z) Reserved

SOCIAL SERVICES STANDARDS

Regulations SERVICE PROGRAM NO. 5: INDEPENDENT LIVING PROGRAM 30-505

30-503 COUNTY PLANS AND REPORTING REQUIREMENTS 30-503

.1 County agencies shall collect and report client data, program activities, and costs including, but not limited to, the SOC 405A (Rev. 10/02) and the Annual ILP Narrative Report and Plan. These reports shall confirm that expenditures were specific to the purpose of ILP and meet federal and state requirements against fraud and abuse. The counties shall also include a plan for program improvements.


30-504 SERVICE DELIVERY METHODS 30-504

.1 Independent living services shall be provided to all eligible youth, based on the needs, services and goals identified in the most recently completed Transitional Independent Living Plan (TILP).


30-505 ELIGIBILITY STANDARDS 30-505

.1 Eligibility for the ILP shall be determined pursuant to the requirements set forth in Section 31-525. Eligibility shall not be determined by outside agencies such as contractors and vendors.

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.11 Welfare and Institutions Code Section 16501(c) specifies, in part, as follows:

.111 Counties shall not contract for needs assessment, client eligibility determination, or any other activity as specified by regulations of the State Department of Social Services, except as specifically authorized in Section 16100.

HANDBOOK ENDS HERE

30-506 COUNTIES’ RESPONSIBILITIES

.1 Counties shall administer the county Independent Living Program (ILP) and shall adhere to all reporting requirements including, but not limited to, the SOC 405A (Rev. 10/02) and the Annual ILP Narrative Report and Plan.

.2 The county of jurisdiction shall be financially responsible for provision of ILP services for eligible foster/probation youth.

.3 The county of an emancipated youth’s last jurisdiction shall be financially responsible for provision of the ILP.

.4 The county in which the youth resides shall ensure that eligible youth are given the opportunity to participate in all of its ILP core services regardless of whether the youth is residing in the county of jurisdiction. This also applies to emancipated youth who are awaiting the county of last jurisdiction to complete the fiscal and/or administrative process to fund the ILP services that they are receiving.

.41 When the county of jurisdiction changes the placement of an eligible dependent youth or ward to a placement in a different county or otherwise becomes aware that a dependent youth or ward resides in a county other than the county of jurisdiction, the county of jurisdiction shall notify the county of residence within five working days about the youth’s new placement and provide a copy of the youth’s completed TILP to the county of residence. After receiving this notice and the completed TILP, the county of residence shall initiate ILP core services within five working days or as soon as practically possible.

.42 The county of residence shall collaborate with the county of last jurisdiction to provide emancipated youth with ILP core services within 10 working days from the date of the most recently completed TILP and/or the youth’s oral or written request for services, or as soon as practically possible, as documented by the county of residence.

.43 The ILP of the county of residence shall, within 72 hours or sooner if needed, provide referral services to emancipated youth who have an immediate, urgent, need for food, shelter or clothing services.

.44 No core services shall be denied or delayed to an eligible youth because the county of jurisdiction has not completed the fiscal and/or administrative process to fund ILP services.

.5 Counties shall offer and provide ILP core services as identified in MPP Section 31-236 to emancipated youth, legally emancipated minors, and KinGap youth who are otherwise eligible.

.6 Counties shall collaborate with other public and private agencies to ensure the availability of core services identified in MPP Section 31-525 and shall not duplicate or replace services that are available through other agencies, programs or funding sources. Counties shall develop appropriate memoranda of understanding and other information sharing agreements with other public and private agencies that facilitate the provision of ILP core services. These agreements shall contain assurances that the confidentiality of the youth’s information is maintained.
7 Counties shall expend not more than 30 percent of their ILP allocation, for a fiscal year, for room and board for eligible emancipated youth up to 21 years of age.

8 Counties shall ensure that none of their ILP allocation will be expended for room and board for any child who has not attained 18 years of age.

9 Counties shall ensure that benefits, services, and treatment are fair and equitable to all eligible youth and shall provide core services as identified in MPP Section 31-525 based on individual needs and goals as documented in the TILP.


1.1 Independent Living Program (ILP) Coordinators may utilize the Emancipated Youth Stipend to provide assistance to emancipated youth who are eligible for the ILP pursuant to Welfare and Institutions Code Section 10609.3.

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.11 Welfare and Institutions Code Section 10609.3(e) states:

“(1) Effective July 1, 2000, the department, in consultation with the Independent Living Program Strategic Planning Committee, shall develop and implement a stipend to supplement and not supplant the Independent Living Program. To qualify for this stipend, a youth shall be otherwise eligible for the Independent Living Program, have been emancipated from foster care to live on his or her own, and be approved by the county. The stipend may provide for, but not be limited to, assisting the youth with the following independent living needs:

“(A) Bus passes.

“(B) Housing rental deposits and fees.

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EMANCIPATED YOUTH STIPEND (Continued)

HANDBOOK CONTINUES

“(C) Housing utility deposits and fees.
“(D) Work-related equipment and supplies.
“(E) Training-related equipment and supplies.
“(F) Education-related equipment and supplies.

“(2) Notwithstanding Section 10101, the state shall pay 100 percent of the nonfederal costs associated with the stipend program in paragraph (1), subject to the availability of funding provided in the annual Budget Act.”

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**CHAPTER 30-600 SERVICE PROGRAM NO. 6: OUT-OF-HOME CARE FOR ADULTS**

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CHAPTER 30-600  SERVICE PROGRAM NO. 6: OUT-OF-HOME CARE FOR ADULTS

30-600  GENERAL  

.1 Services provided under this program shall be directed only at Goals 3, 4, and 5.

30-602  DEFINITIONS  

.1 "Out-of-home care" means a living arrangement in which a recipient is provided with room and board in a protective setting.

.2 "Out-of-home care for adults" means those activities and purchases by social services staff on behalf of adults who cannot remain in their own homes or other independent living arrangements, and are in or are being considered for placement in out-of-home care facilities. Such activities include providing necessary assistance with placement, care, adjustment, discharge or transfer into and from foster family settings, halfway houses, nonmedical out-of-home care facilities, and medical facilities.

.3 "Nonmedical out-of-home care facility" means a facility licensed to provide residential care or a private home or other facility which provides personal care and supervision.

.4 "Medical facility" means a general acute care hospital, acute psychiatric hospital, skilled nursing facility, or intermediate care facility in which an individual receives necessary medical care.

30-610  ELIGIBILITY  

.1 An adult shall be eligible to receive out-of-home care for adults if he/she is one of the following:

.11 A recipient of SSI/SSP, as defined in Section 30-002(y)(3).

.12 An income eligible as defined in Section 30-002(h)(1).

.2 Any eligible adult who requests services, or for whom a referral is received for out-of-home care for adults, shall be considered to be in need of such services until an assessment of actual needs has been made which indicates otherwise.
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