



CCWRO Welfare News

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News Briefs

• In May 2015, USDA, FNS published a report on the results of an Oregon and Utah demonstration program to eliminate the mandatory application interview and replace it with an interview only if the state SNAP agency decides it is warranted. The results of the demonstration program showed that it did not impact the states error rate and it reduced time for benefit determination and improved access to SNAP benefits.

• For Federal Fiscal Year (FFY) 2015, according to a letter from USDA, FNS dated June 15, 2015, California received Supplemental Nutrition Assistance Education (SNAP-Ed) plan for \$122,586,302.27. This money will be distributed as follows:

How is \$122,586,302 USDA FNS SNAP-Ed dollars divided up for federal fiscal year 2015?

Who Gets the Money?	How Much Do they Get?
CDSS	\$4,586,279
Catholic Charities	\$2,981,000
UC, Davis (UC CalFresh)	\$104,281,207

While many CalWORKs families, who live on fixed incomes less than 30% of the federal poverty level, starve the last week of the month when their SNAP benefits run out, we are spending \$123 million on SNAP education? Why not give that \$123 million to poor SNAP families who can provide true life lessons on how to live on \$4 per day, per person. Now that should be worth millions.

• The new IHSS CMISP system has been sending counties overpayment bills. Counties have no confidence about the way these bills are being tracked in CMISP. Welcome to our world counties. Counties have been doing this to CalWORKs and CalFresh recipients for decades.

• **WtW 24-month clock** – There are 5,000 cases that have reached the 24-month clock and only 4 may have received a time extender. DSS alleges that 20% of families who reach the 24-month time clock will receive an extender. **FACT – 0.08% extender is a more accurate number - a far cry from 20%.**

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Draft House TANF Reauthorization Proposal of 2015

The House Ways and Means Subcommittee on Human Resources held a hearing on July 29, 2015 on the subcommittee’s draft TANF reauthorization Bill. TANF is the predecessor of the former Aid to Families with Dependent Children (AFDC) program. Under AFDC, 70% of the funds were used as cash assistance to families and 30% was used for administration and employment programs. TANF now only uses 30% of the funds for cash assistance while most of the other funds are used for anything other than meeting the basic survival needs of poor families of America.

The committee asked what portion should be used for cash assistance. Donna Pavetti, of the Center on Budget and Policies and Priorities, testified that only 50% should be used for what they call “TANF core program” that not only includes cash assistance to meet the basic survival needs of the family, but also pays for work activities and work support. “Work activities” includes the staff cost of state and county workers who impose full family sanctions upon families living in deep poverty – often way below 25% of the federal poverty levels. Moreover, the work program for TANF recipients is a segregated program designed to make sure that TANF recipients do not sit in the same room with non-TANF Americans in need of employment services. Thus, by supporting money for TANF, CBPP is promoting “segregated employment services” for TANF recipients.

We attempted to ask Ms. Pavetti why the Center on Budget and Policies and Priorities supports less money for poor families who live below 25% of the federal poverty level. We also wanted to inform Ms. Pavetti that if 50% of the funds were used for cash assistance, childcare and segregated employment services, it may very well result in less than 30% being used for cash assistance. Ms. Pavetti did not return our call.

The committee draft has the following proposals:

- Elimination of caseload reduction credit – Under the caseload reduction credit, states got credit for terminating families from TANF when the family did not get a job that would support the family-many ended up homeless or the kids ended up in foster care – breaking up families. This is an anti-child, anti-family policy.
- Elimination of the definition of core/noncore hours for participation in work activities – all hours would be “core hours”.
- Giving states work participation rate credit for partial participation in work activities.
- Increasing community college vocational education from 1 to 2 years.
- Elimination of various ways States have been gaming the TANF laws to meet the federal work participation rates.
- Limiting the use of TANF funds for families with income below 200%.

CCWRO submitted testimony on the draft that can be found on “What’s New” at www.ccwro.org.

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• **Child Care News:** In 2014 there were 92,071 unduplicated Welfare-ti-Work (WtW) participants with children under the age of 11, yet only 23%, or 21,177 cases received childcare. Why is that? Very simple – counties are **refusing** to verify that families have child care before telling participants that they must either show up for a WtW activity or endure a reduction of grant from \$542 to \$333 for families of 2. Many CalWORKs children are home alone because their parents, scared about sanctions, are forced to go to an activity (chosen by the welfare worker) without securing childcare.

• **MC 355 and CW 2200-** At the June 4, 2015 meeting of County Welfare Directors Association (CWDA) Medi-Cal Committee meeting, counties stated that some use the outdated MC 355 and some use the CW 2200 for requesting Medi-Cal verification from Medi-Cal applicants and recipients. Counties told DHCS that they want to keep the MC 355 for Medi-Cal rather than use the CW 2200 for Medi-Cal as well. Why do counties want more forms?

• Covered California has provided CWDA Medi-Cal committee with data about the Customer Service Center Call Line and the County Liaison Call line call response time below:

ACA Customer Calls		County Liaison call	
Activity	Results	Activity	Results
Average Wait Time	14 seconds	Average Wait Time	4 seconds
Service Level	92.3%	Service Level	96.2
Average Handle Time	13.59 minutes	Average Handle Time	14.27 minutes

NOTE: The 14 seconds is after the customer goes through the telephone tree, which can take much more than 14 seconds.

• “On-Site County Visits – DHCS, Program Review Section, has been conducting on-site county visits and discussions regarding technical and policy issues counties are experiencing. DHCS conducted three county visits last month. They are asking how to resolve technical and policy issues, and to prioritize those issues for resolution. Future site visits will be scheduled, including visits to northern California. DHCS seeks to strengthen partnerships with counties. How much information will be collected via county site visits before needed changes will be put into place? Ms. Mollow said that identified issues will be addressed on an on-going basis. DHCS will share the results of their visits with counties, via a master list of issues, with CWDA.” *Source: CWDA Self-Sufficiency Committee Meeting Minutes.* CCWRO has submitted numerous Public Records Act Requests to the Department of Health Care Services regarding their “on-site” county visits. To date, DHCS has not provided any information about these visits.

• Counties received an additional \$150 million dollars in their single allocation for Medi-Cal administration for 2015-2016.

• The revised OCAT system requires that welfare workers enter information into the OCAT system that has previously been entered into CalWIN, C-IV and LEADER/GEARS. OCAT is welfare-to-work tool that does an appraisal for any CalWORKs recipient who is required to work in order to receive the CalWORKs fixed income that is less than 30% of the federal poverty level.

• Counties have asked DSS to provide guidance regarding reappraisal, initial appraisal and updates on appraisal. Reappraisal is defined in the duly promulgated regulation MPP§ 42-711.7. Appraisal is defined in MPP § 42-711.52. After appraisal it is job club, or SIP, or remedial education. The only way counties can do an update of an initial appraisal is to go back in time – and that is not in the cards in 2015. It appears that counties want more ways to sanction – failure to cooperate for “updating the appraisal”?

Department of Health Care Services Seeks Guidance from Counties to Release Public Information to California’s Press and Advocates

At a May 14, 2015 CWDA meeting, Rene Mollow, Deputy Director for the State Department of Health Care Services appeared to receive permission from counties to release or not to release public information.

According to the committee’s approved minutes of this meeting. “Eligibility and enrollment data for Medi-Cal and Covered California. DHCS is required to report by the end of May. The report will contain high level state-wide aggregate data from SAWS on the number of case level renewals received by counties and those that were processed, and percent of individuals that retained coverage. Data will include 2014 plus initial data on 2015. DHCS has received inquiries on this data from consumer advocate groups and the press. A number of inquiries have been for renewal data on a county-by-county basis. Ms. Mollow asks Self Sufficiency about our desired response, which could be one of three:

- a. Refer folks directly to individual counties for information
- b. DHCS could provide the county-level information they have through SAWS
- c. DHCS could continue to not respond, not provide any information, because DHCS does not feel it tells the whole story.”

It is unclear as to what marching orders Ms. Mollow received from counties on whether or not to release “public information” to the press and advocates.

We contacted Ms. Mollow about this article, to find out what direction did she get from CWDA, but she did not get back to us before we published this newsletter.

County Welfare Department Abuse REPORT

◆ **Child with Cerebral Palsy Denied IHSS by Riverside County.** - Riverside County incorrectly denied Ms. 2015048059's December 17, 2014 application for In-Home Supportive Services (IHSS) Program benefits on behalf of her 2-year-old with a diagnosis of Cerebral Palsy and he is paraplegic (spastic). The recipient's primary care physician submitted a completed SOC 873, IHSS Program Health Care Certification Form, dated January 26, 2015, stating that the recipient is unable to independently perform one or more activity of daily living, and one or more IHSS service is recommended in order to prevent the need for out-of-home care. It was further noted that the recipient is premature, not walking by himself. Recipient uses a walker (assisted walking) and is paraplegic (spastic). The county still denied IHSS to this child. The parent of the child asked for a state hearing and it was determined the recipient needed assistance in transfers, ambulation, rubbing skin/repositioning, and care with prosthesis. The judge also held that the County has not met its burden demonstrating or establishing that the opinion of the Medical Professional in this matter should be disregarded.

◆ **A child with PTSD and ADHD put in danger by Santa Clara County when protective supervision was taken away** - On February 9, 2015 Santa Clara County issued a notice to Ms. 2015049087 that her hours would be reduced from 216.12 hours a month down to 6.34 a month. Ms. 2015049087 receives Supplemental Security Income and is diagnosed with Post Traumatic Stress Disorder (PTSD), reactive attachment disorder, destructive behavior disorder, oppositional defiance disorder, Attention Deficit Hyperactive Disorder (ADHD), and mood disorder NOS. The record reflects the Recipient has received IHSS, including protective supervision since at least 2010, and that the County continued protective supervision after an assessment conducted in 2012. Ms. 2015049087 asked for a state hearing. At the hearing the social worker testified she had never met the Claimant or the Recipient prior to the January 14, 2015 assessment, and did not have any interaction with the child other than the visual curb side observation at the school. The social worker said the entire assessment took about one and half hours, of which the visual observation at the school took approximately five minutes. She also indicated she reviewed a psychological evaluation report (dated April 26, 2008), and various other documents provided by the Claimant, and determined that the behaviors described by the Claimant were antisocial behaviors for which protective supervision cannot be authorized under the IHSS regulations. The judge concluded that the evidence in the case record establishes that due to her various medical diagnoses, the Recipient displays severe behavioral problems which require the Claimant to constantly supervise her in order to prevent injury and gave her back the hours that the counties was trying to illegally take away from her.

◆ **Los Angeles County wrongfully denied IHSS to a child with autism because of a form that the county had or should have had.** -Ms. 2015056461 received a notice of action from Los Angeles County denying IHSS services for her 5-year-old autistic son whose application for IHSS submitted on October 27, 2014 was denied. The county alleged that she did not submit the SOC 873 form to the county. The fact is that the SOC 873 was completed by her son's physician, M.R., MD, of Los Angeles, on November 11, 2014. The following day she faxed the completed SOC 873 to her social worker.

◆ **San Bernardino County takes away protective supervision from a 18-year old with Down Syndrome and sleep apnea.** Effective August 22, 2014, San Bernardino County determined that Mr. 2015029053 was eligible for only 47 hours a month. Mr. 2015029053 is an 18-year-old male with a diagnosis of Down Syndrome, sleep apnea, and skin infections. His speech is difficult to understand at times. He receives Supplemental Security Income/State Supplementary payments. Mr. 2015029053 asked for a state hearing asserting that he is entitled to protective supervision. At the hearing, the County social worker stood by her case assessment and emphasized that the behaviors of concern, which the claimant's mother reported at the home visit, were past behaviors, and that nothing recent was reported.

The administrative record contains a copy of the SOC 821 form, dated April 24, 2014, by which the physician states that she has treated the claimant since "today," and that the prognosis for the claimant's Down Syndrome is permanent. The physician further indicates that the claimant has moderate memory deficit ("unable to remember phone numbers, emergency numbers"), severe disorientation ("patient will wander and not able to remember or orient to go home or back to school"), and severely impaired judgment ("does not distinguish between strangers or friends, may access or use appliances inappropriately, putting himself in danger").

The physician states that she is aware of an injury or accident that the claimant has suffered due to deficits in memory, orientation, or judgment ("left pizza in microwave too long and set fire; eating rotten or uncooked meat").

The physician also states that the claimant retains the mobility or physical capacity to place himself in a situation that would result in injury, hazard or accident. As additional comments, the physician writes, "Parents constantly supervise the patient due to his lack of judgment and ability to wander off."

The judge held that "In this matter, the evidence establishes that the claimant is non self-directing and mentally impaired. Non self-direction "is an inability, due to a mental impairment/mental illness, for individuals to assess danger and the risk of harm, and therefore, the individuals would most likely engage in potentially dangerous activities that may cause self-harm."

WtW Update plus SB 1041 Impact Analysis

June, 2015 California Welfare-to-Work Program Outcomes REPORT

How Much Do We Spend and What Do We Get?

A lot of Sanctions. Very Few Work.

Welfare-to-Work OR Welfare-to-Sanction?

\$2.3 billion could be better used to lift California's Children, who lead the Nation in Child Poverty, out of deep poverty.

	June, 2012	June, 2013	June, 2014	June, 2015
Number of Unduplicated Participants Participating in a WtW Activity	117,336	119,946	122,710	118,365
Sanctioned Previously and Currently	48,000	51,552	62,734	59,083
Noncompliance this Month	25,835	26,513	27,373	38,150
Good Cause this Month	12,776	13,503	16,539	15,936
Set for Sanctioned this Month or Next Month	13,059	13,0100	10,834	22,214
TOTAL Number of Families Being Sanctioned and to be Sanctioned Next Month	61,859	64,562	73,568	81,297
PERCENTAGE Unduplicated Participants Being Sanctioned this Month and to be Sanctioned Next Month	53%	54%	60%	69%
Secondary Education	420	175	175	123
Self-Initiated Program (SIP)	10,078	10,506	7,784	6,280
TOTAL Participants in Secondary Education - College	10,498	10,935	7,959	6,403
Percentage of Secondary Education	9%	7%	6%	5%
Dollar Loss to CalWORKs Families Due to Sanctions this Month Estimates at \$125 Per Sanction	\$7,732,375	8,070,250	\$9,196,000	\$10,162,125
Number of Unduplicated Participants Who Entered Employment That Resulted In Termination of CalWORKs		4,108	3,567	4,528
Percentage of Unduplicated Participants Who Entered Employment That Resulted In Termination of CalWORKs	3%	3%	3%	4%
Total Cost for Employment Services & Child Care	\$2,284,070,000	\$2,284,070,000	\$2,284,070,000	\$2,284,070,000
Taxpayer Cost Per Unduplicated Participants Who Entered Employment That Resulted In Termination of CalWORKs	\$46,801	\$46,334	\$53,361	\$42,036