



January 2023

CCWRO Welfare News-2023-01

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CDSS Responds to County Inquiries

•Ms. Melissa Moyers of Stanislaus County asked the CDSS CalFresh division that a “Customer who is self-employed chooses to use actual expenses rather than the standard 40% deduction during a RE (annual renewal) interview. CW 2200 is sent to the Customer to provide verification of actual expenses. Customer never provides any verification - which is the correct action for the county to take?” Does the county authorize to the 40% deduction or deny deductions for failure to provide verification?

CDSS response PI#22-48 states: “Per MPP 63-503.413 and ACIN I-45-11, households can opt to provide verification for actual costs of producing self-employment income, otherwise, the cost of producing self-employment income shall “default to the standard deduction of 40% of gross earned income from self-employment.” In the scenario above, if the client does not provide verification of actual expenses for self-employment, the county must default to the standard self-employment deduction of 40%.”

•Gabriel Guterrez of Yolo County asked CDSS CalFresh Division about treatment of teacher's income. “... teachers have to pay for their substitutes when they are out of sick time, so the money they pay their substitute is deducted from the teacher's gross pay.

Example: The teachers gross pay of \$3,672.93 was reduced to a net pay of \$0.00 on their paycheck as they were required to pay for their substitute teacher all month.

After researching this issue more, it appears true that California teachers pay for their own substitutes during extended sick leave.

As the household does not pass the gross income test, the client is ineligible to Cal-Fresh benefits.”

CDSS responded that: “All income that is diverted from the teacher's salary to pay the substitute employee under Education Code 44977 is considered a third-party payment under 7 CFR 273.9(c)(1)(vii) and excluded from the household's income as it is not payable to the household. Please note, this only applies to the amount being diverted to pay the substitute; any part of the salary that is used to pay any of the teacher's own deductions must be used to count gross income and determine eligibility and benefit level for the household.”

•On 4-5-22 Alana Lee of CDSS submitted a SAWS internal request for research & analysis (SIRFRA) #3752 that said, “Monterey County is unable to issue payment for Stage One childcare after the child's 13th birthday regardless of the 12 months of eligibility required by WIC Section 10271(h)(1).” CalSAWS responded that “A CalSAWS system change request (CA-243470) was created to address needed system changes related to Child Care Bulletin No. 22-04. A release for this SCR is TBD. Until automation changes are implemented, County staff can use the auxiliary issuance functionality to issue benefits for a youth over age 12. A CIT is in process to communicate this interim process to the counties.”

Commentary: The automation for

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childcare was created when this section was in effect. However, given that all the decisions for automation are being done in secrecy, it's no wonder disabled children are not able to get their childcare benefits. CDSS had to pay CalSAWS \$127 an hour for responding to this inquiry while CalSAWS is funded 97% with federal and state funds.

State of CalSAWS:

A 2022 Advocacy Lookback

Ongoing collaboration, communication, and transparency issues arose with CalSAWS and BenefitsCal. Decisions made unilaterally in non-public meetings are still presented to advocates and stakeholders for "feedback" after the implementation of changes. This does not satisfy the legal requirement for meaningful stakeholder review and participation, since changes already in production are difficult to roll back. CalSAWS leadership does not follow through on collaborative principles in practice. The stakeholder process is treated as a minimal obligation and is often responded with defensiveness and hostility when advocates express feedback or concerns. Advocates will continue to request opportunities for meaningful participation and hold CalSAWS accountable when they fail to honor collaborative principles.

CalWIN counties raised concerns about adequate training and preparation for migration go-live. Multiple counties reported in 2022 that CalSAWS and Deloitte did not provide necessary resources and support or information on fiscal impacts prior to migration. For instance, C-IV counties reported higher than anticipated staff costs and fiscal impacts. Los Angeles has also reported they did not receive adequate customer support training ahead of their BenefitsCal cutover. Some CalWIN counties scrambled during 2022 to create their own training resources for workers based on their understanding of the cutover to fill the training gaps. CalSAWS has now promised to engage earlier and has stated that CalWIN counties will receive "enhanced support" for 60 days after go-live.

CalWIN counties' migration began in October 2022 in Placer and Yolo Counties. Placer County reported that their migration went smoothly with good support, but staff is still getting used to the system. Yolo County reported some "glitches" and impacts to speed of service due to staff struggling to adapt to new processes. The next migration wave is scheduled for February 2023 with Contra Costa, Santa Clara, and Tulare due to roll over. The full migration schedule for CalWIN counties is [available here](#).

Verifications and other documents do not dependably transmit from BenefitsCal to assigned workers. Issues with document uploads and imaging arose repeatedly in 2022. Issues with documentation began to appear early in the year and resulted in a delay of BenefitsCal implementation in Los Angeles County. In Spring of 2022, LA's transition to BenefitsCal was delayed from March 14 to April 25 when the imaging system did not pass crucial performance tests. During the April cutover, LA County received more than 700 applications from CBOs and numerous calls for technical assistance. BenefitsCal and CalSAWS later reported this issue as resolved. However, issues with missing documents continue to impact vulnerable Californians. As late as December 2022, failure to transmit documents sometimes resulted in delay or denial of benefits and forced beneficiaries to resubmit documents already uploaded in BenefitsCal.

The CalSAWS Advocates group spearheaded a push for direct technical support by CalSAWS. CalSAWS initially resisted taking responsibility for technical assistance requests. CalSAWS attempted to pass off technical support to counties, which didn't have sufficient expertise or resources to provide this support. Advocates also learned that BenefitsCal had no direct ticket process for technical assistance, meaning they lacked visibility on issues faced by consumers. This impacts beneficiaries directly as well as county call centers. After a concerted effort by advocates and affected counties, CalSAWS Director John Boule eventually agreed to create a tech help desk. The help desk for CBOs

and beneficiaries was rolled out in LA County in September 2022 as a pilot. Per CalSAWS, this help desk is now available in Placer and Yolo Counties post-migration and will become available to CalWIN counties at roll-over. However, as of December, there was no timeline yet available for Help Desk availability in the 39 former C-IV counties. Advocates pushed CalSAWS to improve access for Community Based Organizations (CBOs). Access for CBOs has proven a contentious issue, one issue CalSAWS historically failed to prioritize. CalSAWS initially categorized CBO access as a non-priority enhancement. The CalSAWS Advocates Group has consistently pushed to improve access for CBOs and CalSAWS has somewhat shifted their priorities to better support the needs of CBOs. This has led to increased support and inclusion of CBOs in training efforts and collaborative processes for BenefitsCal development. A user forum including CBOs is scheduled to begin in January, but in counties without Help Desk access, CBOs still don't have a viable channel for technical assistance requests. **by Erin Hansen, Senior Staff Attorney.CCWRO**

Beneficiary County Victim Report

- On 12-10-22 Ms. 1B3CT21 received a notice of action stating that her Medi-Cal Share of Cost was changed to \$422. What was the share of cost before the change? The notice did not state. What was the reason for the change? "You and your family's net nonexempt income has changed". Which income? What was it before and what is it now? These are basic elements of what an adequate notice of action is according to M.P.P. §§10-116.42, 22-071.1, 22-071.13 and 22-071.6 and DHCS ACWDL 13-13.

- Ms. 104 796 375 applied for CAPI in the month of October by telephone. The county mailed forms in English

that she did not understand. On 11-16-21 her application was denied because the county did not get back the English forms they mailed her. The county representative insisted that the denial of CAPI for failure of a non-English speaking person is correct because they had no idea that the applicant did not speak English. Fortunately, she was able to secure representation and the unlawful action of the county was reversed.

- The 1BC3Q86 family, fleeing from the Putin-Ukrainian genocide, received their six-month SAR-7 in English, completed the form and, after getting help to complete the English SAR-7, turned it into the Sacramento County welfare office on 12-23-23. The family answered all questions and reported a change in residence. It was signed and even included their telephone number, which is not a requirement by law. They have proof that their SAR-7 was received by the Sacramento Q-100 bureau. Yet, on 12-29-22 their BenefitsCal account showed "stopped", though they never received a notice of action informing them their benefits would stop. What do all these reports have in common? County agencies are failing to train their workers on the correct rules, regulations and processes they must abide by, and the costs of that failure are being paid by California beneficiaries. Agencies across the state must focus on training their workers to follow the promulgated rules and regulations their own agencies are governed by. Agencies across the state must focus on training their workers to follow the promulgated rules and regulations their own agencies are governed by and put their focus back on helping beneficiaries better their lives

CDC reduces Blood Lead Level of Concern To 3.5 Micrograms Increasing The Need For Testing, Treatment and Monitoring.

In Spring 2021 a CDC advisory committee recommended that the 5.0 microgram level of exposure as the trigger for concern to monitor and treat a child or adult for lead exposure should be lowered to 3.5 micrograms, on October 2021, CDC adopted

the new 3.5 micrograms standard. This change increases the numbers of Medi-Cal recipient young children who are now eligible for treatment services including follow-on care to remediate and reduce clinically documented lead exposure levels. These remediations may include physical modifications of the child's home or environments where he or she spends significant time; outdoor remediations; more aggressive

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH SERVICES CHILDHOOD LEAD EXPOSURE PREVENTION BRANCH IDENTIFIED RISKS

The California Childhood Lead Exposure Prevention Branch, part of the California Dept. of Public Health is the agency tasked with providing public information and assistance in developing and promoting community based lead exposure prevention initiatives throughout the state. CLPP works with local and regional health departments to promote lead safety awareness to parents, medical providers, public health staff and even those who work in the industrial lead industry.

One of CLPP's newest and most promising initiatives is the identification of foods, cosmetics and household items, often imported into the United States that have high lead levels and pose a risk not only to young children but also nursing and pregnant women and women, including young adolescents, of child bearing age.

- Sources of lead
- Information about lead in candy
- Information about lead in jewelry
- Information about lead in tableware
- Other sources of lead

The CLPP website as of January 2023 features specific product warnings to consumers of imported candies, jewelry, cosmetics and household goods at: *Me And My Family*, cdph.ca.gov

monitoring of water resources for lead contamination and more aggressive public education about community sources of lead exposure. CDC had previously adopted a broad-based expansion of lead exposure prevention that focus on immigrant children including foreign adoptees; standards for pregnant women and parents who are nursing as well as more aggressive monitoring of certain imported goods (foods, cosmetics and toys) known to have high lead content levels.

<https://www.cdc.gov/immigrantrefugeehealth/guidelines/>

lead-guide-lines.html#key-points and <https://www.cdph.ca.gov>

As the storm clouds of what would become the COVID-19 national public health emergency (PHE) gathered in early March 2020, the California State Legislature held a joint committee session to discuss the December 2019 California State Auditor's Report 2019-105: Childhood Lead Levels which was raising the alarm (again) over the state's abysmally low numbers of children who received free blood lead screening as a Medi-Cal recipient children ages six and younger (approx. 36% compared to a national rate of 42%). The report based on reporting from 2015, found that the rate of California children, primarily 1- and 2-year-olds, who had received the required lead exposure screenings, was less than the percentages of Medi-Cal children who received the same required blood lead screenings in the states of Alabama, Mississippi and Louisiana. See <https://www.google.com/search?client=ms-android-tm-us-revc&q=california%20state%20auditor%20report%20december%202019%20re%20childhood%20lead%20testing>-- State Auditor's Report 2019-105 published January 2020, Figure 9 at p. 23.

COVID 19 would distract California child health advocates from the deadly and debilitating crisis posed by high blood lead levels.

CDC IDENTIFIED RISKS OF CHILDHOOD LEAD EXPOSURE

There is no safe level of lead exposure for children. The U.S. Centers for Disease Control has restated (repeatedly over the past 20 years) that there is no safe level of lead exposure for children. That warning actually extends to adults who may not only themselves be the victims of workplace lead exposure, but may bring the deadly contaminant home to their families.

Per CDC materials published in 2021 exposure to lead can seriously harm a child's health and cause well-documented adverse effects including: Damage to the brain and nervous system; slowed growth and development; learning and behavior problems; hearing and speech problems. These problems may lead to poor results on school tests; a child's decreased ability to pay attention; underperformance in school. See: <https://www.cdc.gov/nceh/lead/prevention/health-effects.htm>

In fact, lead exposure for young children would worsen as families became housebound in response to the PHE; schools including early childcare services shut down; and critically, access to routine health care including routine screenings, like child blood lead testing, stopped. Some experts now believe that the COVID 19 PHE interruptions of routine medical care for children means that thousands of children have not been screened despite increased exposure to lead risks. A division of the State Public Health Agency, the Childhood Lead Poisoning Prevention Branch published a COVID Response informational sheet in August 2020 in response to these concerns. See www.cdph.ca.gov "CLPP Fact Sheet COVID Response PDF."

So, what now? In August 2020, as the COVID PHE impacted every one's life, CCWRO, the Environmental Working Group and Western Center on Law and Poverty along with advocacy allies, crafted legislation that responded to

the December 2019 State Auditor's report. AB 2276 (Reyes) combined several proposals that were legislative responses to the State Auditor Report. The measure was approved by the Legislature and signed by Gov. Newsom as Chapter Law 216 of the 2019-2020 Legislative session. Chap. 216 directs the California State Department of Public Health to create regulations intended to encourage increased testing and reporting of childhood blood lead test results. It also recommends follow-on care for lead exposed children and individuals. Getting those regulations published and implemented is now a primary goal for the 2023-2024 CCWRO legislative session.

The 2019 State Auditor's report set a benchmark that must be deliberately and purposefully exceeded. As the CDC's action to reduce the actionable level of lead exposure is a step forward, our plans for 2023 involve working deliberately and collaboratively to protect more children and families from lead exposure.

by Daphne Macklin, CCWRO Researcher