

PROGRAM HISTORY ^{*}

Table of Contents

This section contains overall descriptions, funding, eligibility and the history of major changes for each of the following local assistance programs.

Adoption Assistance Program (AAP).....	1
Adoptions Program	5
CalFresh	9
CalWORKs	19
CalWORKs Child Care Program	33
Child Welfare Services (CWS)	41
Community Care Licensing (CCL).....	49
Foster Care (FC).....	63
Immigration Services.....	69
In-Home Supportive Services (IHSS).....	73
Kinship Guardianship Assistance Payment (Kin-GAP)	85
Office of Child Abuse Prevention (OCAP)	89
Supplemental Security Income/State Supplementary Payment (SSI/SSP).....	95
Unaccompanied Undocumented Minors.....	99

**Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.*

This page is intentionally blank

Adoption Assistance Program (AAP)*

DESCRIPTION:

The AAP federal subsidies were created by Congress (through PL 96-272, the Adoption Assistance and Child Welfare Act of 1980) to encourage the adoption of special needs children and to remove the financial disincentives for families to adopt. Recognizing that adoptive parents often experience financial difficulty meeting the special needs of children who were formerly placed in California's FC system, the state Legislature created the AAP. In creating the program, the Legislature intended to benefit children in FC by providing the security and stability of a permanent home through adoption. Children may receive a federally-funded subsidy under Title IV-E of the Social Security Act or a non-federally funded subsidy per W&IC section 16120(i).

An adopted child who receives AAP benefits from California may move anywhere in the world and the adoptive parent(s) will still receive monthly subsidy payments until the age of 18 or 21, if eligible. The benefits available for AAP-eligible children may include a negotiated monthly assistance payment, medical insurance through Medi-Cal, reimbursement of nonrecurring adoption expenses (up to \$400 per child), payment for residential treatment for temporary resolution of a mental, emotional or behavioral problem, payment for Wraparound Services and continuation of AAP benefits in a subsequent adoption.

FUNDING:

Effective July 2011, the AAP is funded with Title IV-E of the Social Security Act, LRF and county funds.

ELIGIBILITY:

To meet the AAP-eligibility requirements a child must be under the age of 18 or a non-minor dependent, meet the three-part special needs determination, have a Title IV-E or state eligibility path and be a United States citizen or a qualified immigrant. If the child is deemed eligible, the responsible public agency will negotiate a signed adoption assistance agreement, or a deferred adoption assistance agreement will be executed with the adoptive parents, prior to the adoption finalization.

The AAP benefit shall not exceed the age-related state-approved foster family home rate the child would have received had they not been adopted. If the child's needs require a higher level of care and supervision, they may qualify for a SCI, in addition to the basic AAP rate. A child who is developmentally delayed and a current customer of a California Regional Center may qualify for the dual agency rate plus a supplemental rate, if eligible.

*Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

Adoption Assistance Program (AAP)*

OTHER PROGRAM INFORMATION:

Historical Expenditures (in millions)

FY	Total	Federal	State/LRF ¹	County
2007-08	\$706.7	\$294.2	\$309.4	\$103.1
2008-09	\$754.1	\$314.6	\$329.6	\$109.9
2009-10 ²	\$798.0	\$366.8	\$323.4	\$107.8
2010-11 ²	\$823.2	\$370.3	\$339.7	\$113.2
2011-12	\$853.3	\$350.0	\$377.5	\$125.8
2012-13	\$895.4	\$365.9	\$397.1	\$132.4
2013-14	\$918.5	\$376.2	\$406.7	\$135.6
2014-15	\$947.7	\$386.3	\$421.1	\$140.3

¹ Beginning in FY 2011-12 funding moved from GF to LRF.

² The FFP includes the impact of the American Recovery and Reinvestment Act adjustment.

HISTORY OF MAJOR PROGRAM CHANGES:

2008

De-Link – PL 110-351

A provision of the federal Fostering Connections to Success and Increasing Adoptions Act of 2008 gradually removed the path to Title IV-E AAP eligibility based on the 1996 AFDC income requirements. The De-Link began in FFY 2010. A child defined in the law as an “applicable child” will no longer need to meet the 1996 AFDC income requirements to be eligible for Title IV-E funding. Another provision of the law provided a requirement that a Title IV-E agency spend any savings generated from implementing the revised adoption assistance eligibility criteria on CWS that are eligible under Titles IV-B and IV-E of the Social Security Act. This requirement known in California as AAP De-Link, offered the Title IV-E agency flexibility in determining the methodology for calculating the savings. The W&IC section 16118(d) currently meets this requirement.

2010

Extension of AAP to Age 21 – PL 110-351

A provision of the federal Fostering Connections to Success and Increasing Adoptions Act of 2008 allowed states to expand the eligibility criteria for the extension of AAP benefits beyond age 18 to age 21 for specified individuals.

*Please refer to the first tab titled “[Acronyms](#)” for a full description of acronyms.

Adoption Assistance Program (AAP)*

HISTORY OF MAJOR PROGRAM CHANGES (CONTINUED):

2011

De-Link – PL 112-34

A provision of the federal Child and Family Services Improvement and Innovation Act requires Title IV-E agencies to document how savings (if any) are spent when using the applicable child eligibility criteria in the Title IV-E AAP. California began the process of implementing this requirement under 2011 Realignment.

2012

Non-Minor Dependent Adoptions – W&IC section 161200

Eligibility criteria was expanded to allow for a non-minor dependent adoptee subject of an adoption pursuant to W&IC section 366.31 of subdivision (f), to meet AAP eligibility criteria and receive benefits after age 18 up to age 21.

*Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

This page is intentionally blank

Adoptions Program^{*}

DESCRIPTION:

The Adoptions Program provides adoption-related services through a collaboration of public and private adoption agencies in the state. There are currently five types of adoptions in California, three of which (Agency, Independent and Intercountry) are regulated by the state and two of these (Agency and Independent) are funded by a combination of county and federal funds and offset by any collected fees. CDSS does not regulate or fund step-parent or adult adoptions.

- **Agency Adoptions:** Through public and private adoption agencies, children who have been abused, neglected and/or exploited and are under the jurisdiction of a juvenile court are placed into homes approved for adoption when returning to their parents is not an option. Adoptions of children who have been voluntarily relinquished by parent(s) to private agencies also come under the auspice of this program but do not receive public funding.
- **Tribal Customary Adoptions:** This type of Agency Adoption is for children who are under the jurisdiction of a juvenile court and eligible under the Social Security Act, Indian Child Welfare Act and the California W&IC sections 10553.1 and 10553.2. This type of adoption must consider the customs, laws and traditions of a child's tribe.
- **Independent Adoptions:** The primary role of a public agency in an independent adoption is to investigate a proposed adoption. The agency must present a report to the court when the biological parents choose to place their children directly with adoptive parents of their choice. Only public adoption agencies handle Independent Adoptions.

FUNDING:

Effective July 2011, the Adoptions Program is funded with Title IV-E of the Social Security Act, LRF and county funds. The counties have the option to provide their services directly, contract with another county or contract with CDSS. Private agency activity costs incurred in the adoption of a child in the custody of a public agency are reimbursed through the Private Adoption Agency Reimbursement Program (described on page four).

ELIGIBILITY:

Private adoption agencies are required to be licensed by CDSS. While the requirements vary somewhat across the various types of adoptions, prospective adoptive parents must be assessed by an adoption agency. Similarly, children can qualify for the services through parent relinquishment to a public adoption agency, a referral by the juvenile court or an independent adoption petition. With the exception of tribal customary adoption, parental rights of birth parents must be terminated prior to adoption.

In an independent adoption, the birth parent(s) personally selects the prospective adoptive family based on personal knowledge about them. The birth parent(s) place the child directly with the selected family without the involvement of an adoption agency. Additionally, adoption service providers are certified by CDSS, and are required to advise birth parents of their rights and assist the birth parents in completing an adoptive placement agreement.

**Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.*

Adoptions Program^{*}

ELIGIBILITY (CONTINUED):

Adoption requirements are detailed in W&IC, Health and Safety Code, Family Code and regulations. They outline the requirements for both public and private operation of adoption agencies and the direct adoption services provided by licensed adoption agencies.

OTHER PROGRAMS:

The AAP is intended to remove barriers to adoption of children with special needs, primarily those in the care of a county child welfare agency. If placed in FC, this program provides a monthly benefit payment and Medi-Cal benefits to the adoptive parent based on a negotiated agreement up to the amount the child would receive if they were in FC. For more information on AAP, refer to the AAP section.

The Private Adoption Agency Reimbursement Program reimburses private agencies for activities performed on behalf of children in the care of a public agency and who are eligible for AAP.

OTHER PROGRAM INFORMATION:

Authorizing Statute: W&IC sections 16100 through 16106.

Agency Adoptions through FY 2012-13:

Program data can be found at the CDSS Data Systems Design Bureau's website:

<http://www.cdss.ca.gov/research/res/pdf/Childtrends/AD56AAgencyAnnual.pdf>.

(This report is no longer updated)

Independent Adoptions through FY 2012-13:

Program data can be found at the CDSS Data Systems Design Bureau's website:

<http://www.cdss.ca.gov/research/res/pdf/Childtrends/AD56DIndependentAnnual.pdf>.

(This report is no longer updated)

Intercountry Adoptions:

Program data can be found at the United States Department of State's website:

http://adoption.state.gov/about_us/statistics.php. Intercountry adoptions must meet the

requirements of the International Hague Convention on the Protection of Children and

Cooperation in Respect of Intercountry Adoption, an international agreement to safeguard

intercountry adoptions. This convention became effective in the United States on April 1, 2008.

**Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.*

Adoptions Program^{*}

HISTORY OF MAJOR PROGRAM CHANGES:

1980

Adoption Assistance and Child Welfare Act of 1980 – *W&IC sections 16170 through 15177 and 11461; ACL No. 83-78*

The Act authorized significant funding to states that supported adoption assistance (subsidy) programs for adoptions of children with special needs, established permanency planning and devoted resources to family preservation, reunification and the prevention of abuse, neglect and child removal.

1996

The 1996 Adoptions Initiative – *W&IC sections 361.5, 366.21, 366.26, 16100, 16122 and 16501*

This initiative was introduced to maximize adoption opportunities for children in public FC by doubling funding over three years to county adoption agencies to meet performance targets for the adoption of FC children. This investment more than doubled the annual adoptions of foster children, which has been a significant factor in reducing the number of children in FC.

1997

Adoption and Safe Families Act – *Family Code sections 8700, 8707, 8708, 8710.1, 8710.2, 8710.3, 8710.4 and 8711; Health and Safety Code sections 1502.6, 1505 and 1530.8; W&IC sections 319, 361.3, 361.5, 366, 366.1, 366.21, 366.22, 366.26, 366.3, 366.4, 10950, 11155.5, 11400, 11401, 11404.1, 11478.1, 16100, 16120, 16501.1, 16131 and 16508.1*

This Act stressed permanency planning for children and created adoption incentive awards to states for increasing adoptions.

2000

Inter-country Adoption Act of 2000 – *Family Code sections 8521, 8533, 8900, 7901.1, 7906.5, 8900.5, 8921, 8923, 8924 and 8925; Health and Safety Code sections 1502, 1503.5, 1522, 1522.05 and 1522.1; Penal Code sections 11079, 11105, 11167.5 and 11170; W&IC sections 291, 293, 294, 295, 361.4, 361.5, 366.21, 366.22, 366.26, 16500.1 and 16501.1*

This Act implemented the Hague Adoption Convention, which codified guidelines to safeguard children by establishing international standards for inter-country adoptions. It became effective in the United States on April 1, 2008.

2003

Adoption Promotion Act of 2003 – *PL 108-145*

This Act amended Title IV-E requirements for states eligible to receive Adoption Incentives payments to provide payments for special needs adoptions and adoptions of older children (age nine and older).

^{*}Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

Adoptions Program^{*}

HISTORY OF MAJOR PROGRAM CHANGES (CONTINUED):

2006

Safe and Timely Interstate Placement of Foster Children Act of 2006 – PL 109-239

The Act requires states to complete FC and adoption home studies requested by other states within 60 days, up to 75 days under certain circumstances. States must accept studies received from other states within 14 days unless found to be contrary to the well-being of the child. The Act also authorized incentives to states that complete interstate home studies within 30 days and increased the frequency of caseworker visits for children in out-of-state FC placements.

2008

Fostering Connections to Success and Increasing Adoptions Act of 2008 – PL 110-351

This Act promotes permanency and improves outcomes for children in FC through policy changes in six key areas: 1) support for kinship care and family connections; 2) support for older youth; 3) coordinated health services; 4) improved educational stability and opportunities; 5) incentives and assistance for adoption; and 6) direct access to federal resources for Indian tribes.

2011-2012

Child Welfare Realignment – Government Code sections 30025, 30027, 30028.5, 30029.3, 30029.4 and 30061; Penal Code section 13821; W&IC sections 1954, 10823, 17600, 17600.10, 17601.20, 18220 and 18220.1; Government Code sections 29553, 30061, 30070 and Chapter 6.3 (commencing with section 30025) to Division 3 of Title 3; Penal Code sections 1465.8 and 13821; Revenue and Taxation Code sections 6051.15 and 6201.15

Through the Budget Act of 2011 and related legislation, the responsibility to provide public adoption services was realigned to counties. As a result, counties were no longer required to be licensed for this function. Counties were allowed to choose to either provide these services directly or contract with CDSS, another county or a consortium of counties to provide the services.

2012-2014

Intercountry Adoption Universal Accreditation Act of 2012 – PL 112-276

The Act added provisions to the Intercountry Adoption Act of 2000 (PL 106-279) including adding a requirement that all United States Intercountry adoption agencies receive accreditation from the Council on Accreditation and provide uniform standards and accountability for adoption agencies regardless of whether the case falls under the Hague Adoption Convention. In addition, the Act requires Adoption Service Providers to follow the same accreditation or approval process required of Adoption Service Providers that handle Hague Convention cases.

**Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.*

CalFresh*

DESCRIPTION:

CalFresh (formerly known as food stamps) is California's version of the federal SNAP, an entitlement program that provides monthly benefits to assist low-income households in purchasing the food needed to maintain adequate nutritional levels.

The CFAP program provides the same benefits for eligible legal noncitizens over the age of 18 who meet all federal SNAP eligibility criteria and have resided in this country for fewer than five years.

In general, these benefits are paid towards any food or food product intended for human consumption. Benefits may not be used for items such as alcoholic beverages, cigarettes or paper products.

National eligibility standards and benefit levels are established by the United States Congress and administered nationally by FNS. The CDSS is the designated single state agency responsible for program supervision at the state level, and in California, the individual counties are responsible for administration of the caseloads.

CalFresh benefits are issued through an EBT card. By using the EBT card, cardholders can access food benefits at point-of-sale terminals of retailers authorized by USDA to accept CalFresh benefits. Grocers are reimbursed directly by the federal government for the dollar value of the CalFresh benefits.

FUNDING:

CalFresh benefits are 100 percent federally funded. Funding for CalFresh administration costs are 50 percent federal funds, 35 percent GF and 15 percent county funds, except for the new implementation of state-mandated program changes, which are 50 percent federal funds and 50 percent GF while the program is being implemented. The CFAP is funded 100 percent GF.

ELIGIBILITY:

To participate in CalFresh, households must meet certain income-eligibility standards. The gross income limit is 200 percent of FPL (with certain exceptions), and the net income limit is 100 percent of the FPL. Households that include at least one member who is age 60 or older or disabled only have to meet the net income limit.

There are two categories of CalFresh households: Public Assistance households are those households in which all members receive benefits from the CalWORKs program and; Non-Assistance households are those households in which at least one member does not receive CalWORKs benefits.

Other eligibility factors include residency, citizenship and registration for employment.

Modified Categorical Eligibility

Households who qualify for Modified Categorical Eligibility, a policy to approve CalFresh benefits without regard to other resources, must have income at or below 200 percent of FPL and meet all other factors of eligibility. These households are conferred Modified Categorical Eligibility through receiving or having access to the TANF-funded "Family Planning – PUB 275" brochure.

*Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

CalFresh*

ELIGIBILITY (CONTINUED):

Households who receive or are eligible to receive cash assistance under CalWORKs or General Assistance/General Relief programs are categorically eligible for CalFresh. This means that CalFresh defers to CalWORKs and General Assistance/General Relief eligibility factors.

OTHER PROGRAMS:

Transitional CalFresh Benefits

The Transitional CalFresh Program continues benefits for families terminating participation in the CalWORKs program without the need to re-establish CalFresh eligibility. Households that lose their CalWORKs cash aid benefits receive five months of Transitional CalFresh benefits, unless the reason for losing CalWORKs makes them ineligible for Transitional CalFresh.

Restaurant Meal Program

The Restaurant Meal Program is an optional county program that enables certified homeless, disabled and elderly CalFresh households to use benefits to purchase meals at participating restaurants. The counties that currently operate a Restaurant Meal Program include Alameda, Los Angeles, Sacramento, San Francisco, Santa Clara, San Diego, San Mateo and San Luis Obispo. These counties comprise just over 40 percent of the state's total CalFresh caseload.

California Nutrition Education (SNAP-Ed)

To improve the health and nutrition of California's low-income residents, CDSS has contracted with partner agencies and initiated county projects to provide SNAP-Ed services. The goals are to increase fruit and vegetable consumption and physical activity levels among the CalFresh and potentially CalFresh-eligible populations.

State-level partners include the CDPH, UC Davis, California Department of Aging and Catholic Charities of California.

The CDSS SNAP-Ed projects include "Get Fresh," which provides funding to CWDs to coordinate efforts and implement focused nutrition education interventions geared towards the needs of local low-income communities.

CalFresh Outreach

CalFresh Outreach provides program awareness and application assistance throughout California. The CDSS contracts with eleven agencies to conduct outreach efforts: California Association of Food Banks, California State University at Chico, Catholic Charities of California, Code for America, INFO LINE 2-1-1 San Diego, Inland Behavioral Health Services, Mexican American Opportunity Foundation, North East Medical Services, Providence Little Company of Mary, Redwood Community Health Coalition, and Santa Ynez Valley People Helping People.

*Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

CalFresh*

OTHER PROGRAMS (CONTINUED):

CalFresh Employment and Training Program

The CalFresh Employment and Training Program is a county optional program designed to improve employability and increase self-sufficiency of Non-Assistance CalFresh applicants and recipients. In 2016, this program began operating in select community colleges as well. The CalFresh Employment and Training Program's participants are assigned to components that include job club, job search, workfare, vocational training and basic education, including English as a second language. Participants are reimbursed for transportation and other ancillary costs needed to take part in CalFresh Employment and Training Program. Those who are required to participate in employment and training and fail to do so without a good reason are temporarily ineligible for CalFresh benefits.

Disaster CalFresh Program

The Disaster CalFresh Program establishes temporary eligibility standards for victims of a disaster, such as a flood, fire or earthquake. A major disaster is determined by declaration of the President of the United States. Some disaster expenses, such as costs to repair damage to home or property necessary to continue work, temporary shelter expenses and expenses for moving out of an evacuated area are taken into consideration when determining eligibility for disaster food benefits. If eligible, benefits are issued on the same day or within 72 hours from the time of application. Recipients who are eligible and receive benefits during a disaster are not required to repay these benefits.

OTHER PROGRAM INFORMATION:

Two types of error rates are used to measure program performance for CalFresh. The active error rate measures whether a household is receiving the correct allotment of benefits. States can be subject to federal fiscal sanctions based on their active error rate performance in comparison to the national average. California's active error rate for FFY 2014 was 5.13 percent. The preliminary rate for FFY 2015 was 4.55 percent. The final error rate is normally released the end of June, however, because of new FNS Quality Control Program Reviews, FNS announced that an active error rate will not be assigned for FFY 2015.

The case and procedural error rate measures whether a case was accurately denied or terminated and if procedures such as adequate notice were correctly followed. Currently, there are no fiscal liabilities associated with the case and procedural error rate.

HISTORY OF MAJOR PROGRAM CHANGES:

1998

Food Stamp Administrative Reduction – PL 105-185

This PL reduced the federal reimbursement of food stamp administrative costs, based on the amount charged to the former AFDC program (the cash aid program prior to TANF) that could have been allocated to the Food Stamp Program and Medi-Cal for common administrative costs. This resulted in a shift of \$58.8 million in costs from federal funds to the GF.

*Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

CalFresh*

HISTORY OF MAJOR PROGRAM CHANGES (CONTINUED):

CFAP State-Only Expanded Program – *W&IC section 18930 and 18901.7*

The original CFAP served legal noncitizens who were under 18 or over 64 years of age. CFAP was expanded to serve legal noncitizens over 18 years of age. At this time, all CFAP recipients must have been legally in the United States prior to August 22, 1996 and must have met all federal food stamp eligibility criteria except for immigration status.

2001

Inaccessible Vehicle Resources – *Change in federal Food Stamp regulations, sections 273.8 and 273.8(f)*

Initially, the first \$4,650 of fair market value of any vehicle was exempt from family resource limits for purposes of eligibility and benefits determination. Effective June 1, 2011, any licensed or unlicensed vehicle is considered an inaccessible resource if its equity value is \$1,500 or less and one licensed vehicle per adult household member is exempt from the vehicle equity test.

2002

Food Stamp Reauthorization Act of 2002 – *House Resolution 2646 Farm Bill*

Effective October 2002, all disabled legal noncitizens could become eligible for the federal Food Stamp Program. Effective April 2003, federal food stamp eligibility was expanded to all legal noncitizens that have lived in the United States for five years or more. Effective October 2003, eligibility was further expanded to all legal noncitizen children.

House Resolution 2646 also included the following mandatory changes.

- Increased the limit for resources (property or funds other than income) for households with an elderly/disabled member from \$2,000 to \$3,000.
- The standard deduction was restructured from an equal amount for all households to 8.31 percent of the household's net income limit.

Base Budget for Food Stamp Administration – *W&IC section 14154*

The Food Stamp administration base funding for FY 2001-02 (and all subsequent years) was established at the FY 2000-01 funding level, which was formulated through the PCAB process and subsequently increased/decreased by caseload growth/decline.

*Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

CalFresh*

HISTORY OF MAJOR PROGRAM CHANGES (CONTINUED):

2003

QR/Prospective Budgeting – *W&IC section 11265.2*

The monthly reporting/retrospective budgeting system was replaced with a QR/Prospective Budgeting system for the CalWORKs and Food Stamp programs. Under QR/Prospective Budgeting, recipients' eligibility and benefits are determined for a three-month period using prospective budgeting and income averaging rules. Recipients have the option to report changes that would result in increased grant/benefits when they occur.

2004

Transitional Benefits – *W&IC section 18901.6*

Transitional food stamp benefits were provided to households terminating their participation in the CalWORKs program without the need to re-establish food stamp eligibility. The household may receive up to five months of food stamp benefits in the same amount received prior to termination from CalWORKs, adjusted for the loss of the CalWORKs grant.

Vehicle Exclusion – *W&IC sections 11155 and 18901.9*

All vehicles were exempted from resource consideration in determining Food Stamp Program eligibility.

Exemption from the Face-to-Face interview – *W&IC section 18901.10*

Counties were required to screen applicants for the need to have a face-to-face interview as part of the application and recertification process and to grant, when appropriate, an exemption from face-to-face interviews.

2006

Simplification Options – *House Resolution 2646 Farm Bill*

Options were provided to simplify the Food Stamp Program to allow the following:

- Certain income exclusions (education loans, grants, scholarships and child support disregard) and resource exemptions (restricted accounts, Individual Development Accounts and Individual Retirement Accounts) consistent with the CalWORKs program.
- Child support payments to a non-participating household member are treated as income exclusion rather than a deduction.
- The use of the Standard Utility Allowance instead of allowing households the option of choosing the standard or actual costs.

*Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

CalFresh*

HISTORY OF MAJOR PROGRAM CHANGES (CONTINUED):

2008

Non-Assistance Food Stamp Administration Reduction – *Budget Act of 2008*

The county allocation of administrative costs was reduced by approximately \$21.0 million due to ongoing statewide fiscal challenges.

Face-to-Face Waiver – *W&IC section 18901.10*

Counties were allowed to waive the face-to-face intake interview to help streamline the application process and improve the Food Stamp Program's administrative efficiency. This policy was implemented statewide beginning 2012.

2009

American Recovery and Reinvestment Act of 2009

Participants in California's Food Stamp Program were provided a 13.6 percent increase in monthly benefits that began on February 17, 2009 and ended October 31, 2013.

Expanded Categorical Eligibility Food Stamp Program – *W&IC section 18901.5*

Categorical eligibility for the Food Stamp Program was expanded by waiving excess resource limits for households with minor children who receive TANF-funded benefits.

2011

Inter-County Transfer – *W&IC section 11053.2*

An inter-county transfer process was implemented to ensure uninterrupted benefits for CalFresh households that move from one county to another.

Extended Modified Categorical Eligibility – *W&IC sections 18900.1 and 18901.5*

Categorical eligibility was extended by waiving excess resource limits for households that include elderly/disabled individuals receiving TANF-funded benefits.

2012

CalFresh Administration Base Veto

A total of \$63 million (\$23 million GF) CalFresh administration funding was vetoed in conjunction with the Legislature's action to revert \$45 million GF that was unexpended in prior years.

SFIS Elimination – *W&IC section 10830*

The SFIS requirement for CalFresh households was eliminated beginning January 1, 2012.

*Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

CalFresh*

HISTORY OF MAJOR PROGRAM CHANGES (CONTINUED):

AR/CO – W&IC section 11265.45

Effective October 1, 2012, reporting for CalWORKs child-only cases was reduced from four reporting periods and five reports under QR/Prospective Budgeting to one reporting period and one report under AR/CO. California was unable to obtain federal waiver approval to fully align CalFresh reporting to CalWORKs. Therefore, CalFresh converted child-only CalWORKs cases to change reporting. All AR/CO CalFresh households converted to SAR for CalFresh purposes effective October 1, 2013.

2013

Low Income Home Energy Assistance Program/Standard Utility Allowance (Heat and Eat) – W&IC section 18901.2

All CalFresh-eligible households were provided a nominal Low Income Home Energy Assistance Program outreach service benefit, which then qualifies the households to have the Standard Utility Allowance used in the computation of their CalFresh benefit allotment, resulting in an increase in the amount of nutritional support or new eligibility for some households.

SAR – W&IC sections 11265.1 and 11265.2

The QR system for households was replaced with a SAR system, which reduces the number of required income reports for non-child-only CalWORKs and CalFresh recipients to twice per year. In addition, a new mid-period income reporting threshold was imposed for CalFresh when household earnings reach 130 percent of the FPL. CalFresh cases with an associated CalWORKs case have shifted to SAR.

CalFresh Simplifications (e-Notifications and Telephonic Signatures)

Counties were allowed to email notices (e-Notifications) in lieu of mailing hard-copy correspondence (NOA, informing notices, etc.) to households who elect this option. Counties were also allowed to implement the federal option to record signatures electronically, eliminating the need to send documents to households to sign and return.

2014

SUAS– W&IC section 18901.2 and section 4006 of the Agricultural Act of 2014

The CDSS implemented the SUAS effective July 1, 2014, replacing the Low Income Home Energy Assistance Program. CalFresh households who are not otherwise eligible for the Standard Utility Allowance in the computation of their CalFresh allotment, and who do not already receive the maximum allotment for their household size, are issued a \$20.01 cash payment once per year. Receipt of the SUAS payment allows such households to have the Standard Utility Allowance used in their benefit calculation.

*Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

CalFresh*

HISTORY OF MAJOR PROGRAM CHANGES (CONTINUED):

Modified Categorical Eligibility for CalFresh – *W&IC section 18901.5*

Effective July 1, 2014, the gross income limit for the TANF/MOE-funded service that confers Modified Categorical Eligibility was increased for all CalFresh households (except those that have been disqualified or sanctioned) to the federally allowed maximum of 200 percent of the FPL.

2015

Drug Felon Eligibility for CalFresh – *W&IC section 18901.3*

Effective April 1, 2015, the lifetime ban on CalFresh benefits for those convicted of certain drug felonies was lifted. The change will bring greater stability to those released from prison as well as decreased recidivism.

Student Eligibility – *W&IC section 18901.11*

Existing federal law provides that students who are enrolled in college or other institutions of higher education at least half time are not eligible for SNAP benefits unless they meet one of several specified exemptions, including participating in specified employment training programs. Statute expands CalFresh eligibility to students who participate in educational programs that could be a component of CalFresh Employment and Training. Effective October 1, 2015, students participating in certain educational programs qualify for an exemption. Eligible programs are determined by CDSS.

Fleeing Felon Eligibility for CalFresh – *PL 110-246 as implemented in 80 Federal Register 54410*

In September 2015 the FNS published new rules clarifying and narrowing the definition of fleeing felon. The new rules allow a majority of previously ineligible adults to become eligible for CalFresh benefits. The rules were effective November 9, 2015, and were implemented in California on December 1, 2015.

*Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

CalFresh*

HISTORY OF MAJOR PROGRAM CHANGES (CONTINUED):

2016

Eliminating Change Reporting – *W&IC sections 11265.1, 11265.2, 11265.3 and 18910.*

In July 2016, all households converted to SAR as CalFresh streamlined reporting requirements to use one household reporting system in the ongoing effort to gain administrative simplicity and increased program access to CalFresh. Under QR (California's reporting system prior to SAR), federal rules excluded migrant and seasonal farmworker households, homeless households, households in which all adults are elderly/disabled and households living on Indian reservations from reporting quarterly and required these households to be assigned to Change Reporting. Change Reporting required households to report changes to certain eligibility factors (e.g., employment, income, residency, etc.) within 10 days of the change. Change Reporting was maintained for these households under California's implementation of SAR, but California is taking advantage of a federal option to employ a single, semiannual reporting measure.

*Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

This page is intentionally blank

CalWORKs*

DESCRIPTION:

The CalWORKs program is California's version of the federal TANF program and provides temporary cash assistance to meet basic family needs. It also provides education, employment and training programs to assist the family's move toward self-sufficiency. Components of CalWORKs include time limits on eligibility, work requirements, supportive services to encourage program participation and parental responsibility. CDSS is the designated single state agency responsible for program supervision at the state level. The counties are responsible for administration of the caseloads.

FUNDING:

The CalWORKs program is funded with a mix of federal, state, county and realignment funds. California receives an annual \$3.7 billion TANF block grant. To receive TANF funds, California must provide a minimum level of state expenditures, or MOE, of \$2.9 billion annually. State-only programs funded with GF are countable towards the MOE requirement. Approximately 2.5 percent of assistance payments are county-funded. Other county funds are made available through subaccounts from realignment to fund CalWORKs assistance payments. Additionally, California spends GF on CalWORKs programs which are not counted as MOE.

ELIGIBILITY:

To meet eligibility requirements, families must meet income and asset tests. In addition, children must be deprived of parental support and care due to the incapacity, death or absence of a parent or unemployment of the principal wage-earner. Persons fleeing to avoid prosecution, custody or confinement after conviction of a felony are not eligible for CalWORKs.

Time Limits

State law provides for a cumulative 48-month lifetime limit on cash aid for adults. Children of adults who exhaust the 48-month time limit may continue to receive cash aid, if otherwise eligible, up to age 18. California is one of seven states that provide a safety net program for continued assistance to children once an AU no longer includes an adult eligible for cash aid.

Work Requirements

A "work focused" attitude is fostered through strict work requirements. Parents and caretaker adults, unless exempt from work requirements, are required to participate in WTW activities as a condition of receiving aid. The WTW activities include unsubsidized and subsidized employment, work experience, on-the-job training, grant-based on-the-job training, work study, self-employment, community service, adult basic education, job skills training, vocational education, job search/job readiness assistance, mental health counseling, substance abuse treatment, domestic abuse services and other activities necessary to assist recipients in obtaining employment.

An adult in a one-parent AU is required to participate in WTW activities for an average of 30 hours per week during the month or an average of 20 hours per week for a parent with a child under age six. In a two-parent AU, one or both adults must participate in WTW activities for a combined total average of 35 hours per week.

*Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

CalWORKs^{*}

ELIGIBILITY (CONTINUED):

Adults may receive a total of 24 months of CalWORKs services and activities pursuant to a county plan. These 24 months need not be consecutive and can be used at any time during the adult's 48 months of eligibility. Once the 24 months have been exhausted, adults must meet the federal work participation requirements, unless they are exempt or receive an extension.

The CalWORKs program has a "universal engagement" requirement to ensure recipients are participating in appropriate WTW activities as soon as possible. Counties are required to develop WTW plans with a recipient within 90 days from the date an individual begins receiving cash aid.

Supportive Services

Supportive services, including child care, transportation, ancillary expenses, mental health and substance abuse services, as well as personal counseling are available for families participating in WTW activities. A recipient may be excused from participation in WTW activities for good cause and will not be sanctioned if needed supported services are not available.

Parental Responsibility

The CalWORKs program encourages parental responsibility by requiring parents to immunize their aided child under the age of six, and cooperate with child support enforcement. Failure to meet these requirements results in a reduction of the adult's portion of the grant.

OTHER PROGRAMS:

Cal-Learn Program

Special supportive services and intensive case management services are also available for pregnant and parenting teens. These services are provided through the Cal-Learn Program, which is designed to encourage pregnant and parenting teens to return to and/or stay in school. Teens participating in the Cal-Learn Program can earn bonuses or be sanctioned four times a year depending on the teen's grades. An additional bonus is given to each teen upon earning a high school diploma or equivalent. Participation in the Cal-Learn Program is mandatory for pregnant or parenting teens ages 18 and under and voluntary for certain 19-year-olds.

Family Stabilization Program

The Family Stabilization program provides intensive case management and services in addition to those provided by the county's WTW program to families who are experiencing an identified situation or crisis. Additional services include treatment for family members, intensive day treatment, non-medical outpatient drug treatment, residential treatment, emergency shelter, movement to transitional housing, rehabilitative services and/or substance abuse counseling and treatment.

CalWORKs Homeless Assistance Program (HAP)

The CalWORKs HAP provides rental assistance for eligible families to meet reasonable costs of obtaining permanent housing, and/or temporary shelter while seeking permanent housing. These benefits are limited to once in every 12 months.

**Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.*

CalWORKs*

OTHER PROGRAMS (CONTINUED):

CalWORKs Housing Support Program

The CalWORKs Housing Support Program provides rental assistance, security deposits, utility payments and moving costs to CalWORKs recipient families that are experiencing homelessness.

OTHER PROGRAM INFORMATION:

Participation Rates

State WPR requirements are designed to assist in meeting federal WPR in order for California to avoid fiscal penalties. Federal WPR requirements are as follows: 50 percent of all families with work-eligible adults (both one and two-parent) must be working or in a countable work activity for an average of 30 hours per week or an average of 20 hours per week for a parent with a child under age six; 90 percent of families with two work-eligible adults must be working or in a work activity for a combined total average of 35 hours per week. The federal government can assess penalties on the state for not achieving the required WPRs. In California, counties that do not achieve the federal participation rates will share in any such fiscal penalties. For a history of California's WPR, please refer to the Reference Documents tab of this binder.

Program Monitoring Visits

CDSS conducts county field monitoring visits and county peer reviews to monitor county implementation of the CalWORKs program, evaluate the impact of program changes and uncover best practices to ensure that CalWORKs families move toward self-sufficiency.

CalWORKs Reports

Additional information on CalWORKs can be found at the [CalWORKs Reports](http://www.cdss.ca.gov/research/PG278.htm) page (<http://www.cdss.ca.gov/research/PG278.htm>) on the CDSS website including the CalWORKs Annual Summary which provides information on children living in poverty and deep poverty in the program, caseload dynamics, demographics of families, impacts and implementation of recent policy changes, the use and outcomes of research funds and other components.

HISTORY OF MAJOR PROGRAM CHANGES:

1998

CalWORKs Implementation – *W&IC sections 11200 through 11526.5*

The CalWORKs program, California's version of the TANF program, was implemented.

CalWORKs 60-Month Time Limit – *W&IC sections 11266.5, 11454, 11454.5 and 11495.1*

Adults in the CalWORKs program were allowed to receive assistance for a maximum of 60 months, unless the individual was exempt or their cash aid grant was fully reimbursed by child support collection.

CalWORKs Single Allocation Reappropriation – *W&IC section 15204.2*

This legislation authorized unspent CalWORKs funding from one year to the next for three years from FY 1997-98 through FY 1999-00.

*Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

CalWORKs^{*}

HISTORY OF MAJOR PROGRAM CHANGES (CONTINUED):

2002

County Performance Incentives Discontinued – W&IC section 10544.1

Legislation allowed counties to earn fiscal incentive payments for case exits due to employment, grant reductions due to earnings and the diversion of applicants from enrolling in CalWORKs. Counties earned approximately \$1.092 billion between January 1, 1998 and June 30, 2002. These incentives were discontinued due to budgetary constraints; approximately \$400 million of unspent incentives were allocated to counties to spend after June 30, 2002.

Base Budget for CalWORKs Single Allocation

The CalWORKs Single Allocation base funding for FY 2001-02 and all subsequent years was established at the FY 2000-01 funding level, which was formulated through the PCAB process and increased/decreased by caseload growth/decline.

2003

QR/Prospective Budgeting – W&IC sections 11265.1 and 11265.2

The monthly reporting/retrospective budgeting system was replaced with a QR/Prospective Budgeting system for the CalWORKs and CalFresh programs. Under QR/Prospective Budgeting, recipients' eligibility and benefits are determined for a three month period using prospective budgeting and income averaging rules based on information reported by recipients once in the quarter; recipients have the option to report changes that would result in increased grant/benefits when they occur.

2004

Work Participation – W&IC section 11325.21

The original 18/24 month time limit was eliminated and counties were required to universally engage all non-exempt adults in work activities (WTW program) within 90 days of applying for CalWORKs. Unless exempt from work requirements, adults were required to participate in at least 20 hours per week of core activities (employment, work experience, on-the-job training, work-study, self-employment, community service), up to twelve months of vocational training, job search and job readiness assistance and 12 hours per week of core or non-core activities (predominantly educational activities).

Employment Services Augmentation – W&IC section 11325.22

An additional \$50 million in TANF funds was provided for Employment Services.

CalWORKs Single Allocation Reappropriation – W&IC section 15204.2

Unspent CalWORKs Single Allocation funds totaling \$40 million were reappropriated from FY 2003-04 for distribution and expenditure in FY 2004-05.

**Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.*

CalWORKs*

HISTORY OF MAJOR PROGRAM CHANGES (CONTINUED):

2005

CalWORKs Single Allocation Reappropriation – *W&IC section 15204.2*

Unspent CalWORKs Single Allocation funds totaling \$50 million were reappropriated from FY 2004-05 for distribution and expenditure in FY 2005-06 to offset the reduction in CalWORKs Eligibility Administration Basic and Prospective Budgeting savings.

2006

Administration Restoration – *Budget Act of 2006 section 28.00*

Funding was reestablished at the FY 2005-06 spending level with \$140 million restored for county CalWORKs administration.

2007

Employment Services Augmentation – *W&IC section 10535*

An additional \$90 million in TANF funds was provided for Employment Services to help improve client participation levels.

COLA Elimination to the CalWORKs MAP Levels – *W&IC section 11453*

The annual COLA to the CalWORKs MAP levels was eliminated effective FY 2007-08 and each FY thereafter.

Durational Sanctions – *W&IC section 11327.5*

Legislation removed the statutory requirement that noncompliant individuals in the CalWORKs WTW program be subject to financial sanctions of a minimum duration of three or six months for individuals in their second, third or subsequent instance of non-compliance, respectively. Instead, any sanction may end at the point the noncompliant individual performs the activity he or she previously failed or refused to perform.

CalWORKs Homeless Assistance Program – *W&IC section 11450(f)(2)(A)(B)*

Legislation increased the daily rate for temporary homeless assistance, redefined homelessness criteria to include families who receive a notice to pay rent or vacate, allowed up to two months of rent in arrears to prevent homelessness and allowed a higher rent threshold to secure permanent housing.

*Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

CalWORKs*

HISTORY OF MAJOR PROGRAM CHANGES (CONTINUED):

2008

Subsidized Employment – *W&IC section 11322.63*

Counties were provided funding outside of the CalWORKs Single Allocation to pay 50 percent of a CalWORKs WTW participant's wage subsidy while participating in public or private sector Subsidized Employment. Participation is limited to a maximum of six months for each WTW participant and the subsidy is limited to 50 percent of the family's MAP.

Employment Services Base Veto – *Budget Act of 2008 section 103*

The Governor vetoed \$60 million of the CalWORKs Single Allocation due to the state's budget crisis. This was reflected as a \$60 million reduction to Employment Services funding.

2009

Four Percent MAP Reduction – *W&IC Section 11450, 11452 and 11453*

All CalWORKs MAP levels (including exempt and non-exempt in Region One and Region Two) were reduced by four percent.

American Recovery and Reinvestment Act of 2009 – *W&IC sections 11320.3 and 11454.5*

CDSS was authorized to apply for the Emergency Contingency Fund under the American Recovery and Reinvestment Act, a multi-year, federal economic stimulus program. Emergency Contingency Fund programs included Basic Assistance, Subsidized Employment and Non-Recurrent Short-Term Benefits.

Temporary Suspension of Subsidized Employment – *W&IC section 11322.64*

Subsidized Employment was suspended while funds were available through the American Recovery and Reinvestment Act Emergency Contingency Fund.

WTW Temporary Exemptions for Parents of Young Children – *W&IC section 11320.3(b)(7)*

Parents with a child between one and two years old or with two children under six years old were exempted from WTW requirements to provide counties with a mechanism by which to absorb the \$376 million reduction to Employment Services and Stage One Child Care in the CalWORKs Single Allocation.

*Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

CalWORKs^{*}

HISTORY OF MAJOR PROGRAM CHANGES (CONTINUED):

Mental Health and Substance Abuse Funding Flexibility – *W&IC sections 11325.71 and 11329.5(e)*

Counties were allowed the flexibility to redirect funding, both from and to, the CalWORKs Mental Health and Substance Abuse allocations and CalWORKs Employment Services Allocation for FY 2009-10 and FY 2010-11.

2010 **TANF Emergency Contingency Fund**

Continued implementation and expansion of CalWORKs subsidized employment programs provided through the TANF Emergency Contingency Fund as part of the American Recovery and Reinvestment Act of 2009.

2011 **Eight Percent MAP Reduction** – *W&IC sections 11450, 11452 and 11453*

All CalWORKs MAP levels (including exempt and non-exempt in Region One and Region Two) were reduced by eight percent.

CalWORKs 48-Month Time Limit – *W&IC sections 11454, 11454.2 and 11454.5*

The time limit for adults was reduced from 60 months to 48 months, counting all months on aid received in California since January 1, 1998, unless the adult has/had a time limit exemption.

EID Reduction – *W&IC section 11451.5*

The initial amount of non-exempt earned income disregarded when determining grant amounts decreased from \$225 per month to \$112 per month. The disregard of 50 percent of any additional non-exempt earned income was maintained.

Changes to the Cal-Learn Program – *W&IC section 11334.8*

Cal-Learn intensive case management services were suspended for one year. Pregnant and parenting teens continued to receive CalWORKs assistance and services in the WTW program.

Extend Mental Health and Substance Abuse Funding Flexibility – *W&IC sections 11325.71 and 11329.5(f)*

Legislation extended the flexibility to redirect funding both from and to the CalWORKs Mental Health and Substance Abuse allocations and the CalWORKs Employment Services allocation for FY 2011-12.

**Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.*

CalWORKs*

HISTORY OF MAJOR PROGRAM CHANGES (CONTINUED):

Changes to Subsidized Employment – *W&IC section 11322.63*

The state's maximum contribution (outside of the Single Allocation) toward wage subsidies under the Subsidized Employment program was increased to 100 percent of the computed grant for the participant's AU in the month prior to participation in Subsidized Employment. The eligible population was expanded to include individuals in the CalWORKs Safety Net program and individuals in WTW sanction status. Counties were allowed to continue Subsidized Employment for the entire duration of the placement for participants who became ineligible for CalWORKs due to their Subsidized Employment income.

Extend WTW Exemptions for Young Children – *W&IC sections 11320.3(b)(7), 11320.3(f)(1) and 11320.3(g)*

The \$376 million reduction to the CalWORKs Single Allocation was extended. The young children and good cause for lack of supportive service exemptions from WTW requirements were extended through June 1, 2012.

2012

End of WTW Temporary Exemptions for Young Children and Creation of New WTW Young Child Exemption – *W&IC sections 11320.3(g), 11320.3(h) and 11320.3(b)(6)(A)(iv)*

In accordance with SB 1041 (Chapter 47, Statutes of 2012), temporary exemptions for parents of young children were extended through the end of calendar year 2012; adults remain exempt past January 2013 until they have been re-engaged in a WTW plan. Counties were required to re-engage these previously exempted cases over a period of two years, with all cases being re-engaged by January 2015. Additionally, a new once-per-lifetime WTW exemption was created for parents of children under two years old.

WTW 24-Month Time Clock – *W&IC sections 11320.8, 11322.85 and 11322.86*

In accordance with SB 1041, the WTW participation requirements for adults in the CalWORKs program were changed to provide 24 months of aid under which WTW participants must meet state-defined flexible participation requirements and an additional 24 months of aid only if WTW participants meet federally defined work requirements. Counties have the option of extending the 24 month limit based on state requirements for 20 percent of the post-24 month caseload if the adult meets specific criteria that suggest additional months of assistance will provide significant progress toward self-sufficiency, or if the adult is facing uniquely adverse labor market conditions.

*Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

CalWORKs*

HISTORY OF MAJOR PROGRAM CHANGES (CONTINUED):

WTW Hourly Participation Requirements – W&IC section 11322.8

In accordance with SB 1041, the hourly work requirements for work-eligible adults in the CalWORKs program were aligned with federal hourly work requirements. However, no WTW core hours are required during the WTW 24-Month Time Clock. After exhausting the WTW 24-Month Time Clock, unless otherwise exempt or having received an extension, work-eligible adults must meet federal work requirements in order to continue receiving cash aid: single parents with no child under six must participate in a minimum of 30 hours each week, 20 hours for single parents with a child under six and 35 hours for two-parent families.

AR/CO – W&IC section 11265.45

In accordance with SB 1041, the number of reporting periods for child-only cases was reduced from four (under QR/Prospective Budgeting) to one under AR/CO. Child-only cases are ones in which no adult is aided (safety net cases, undocumented citizens, non-needy caretaker relatives, recipients of SSI, etc., excluding WTW sanctioned cases).

Restoration of the Cal-Learn Program – W&IC sections 11334.6, 11334.8 and 11454.5

In accordance with SB 1041, intensive case management services for pregnant and parenting teens were restored. Counties began to phase their programs in throughout FY 2012-13.

Single Allocation Reappropriation – AB 1477 (Chapter 630, Statutes of 2012)

Legislation provides that \$80 million of unspent TANF funds from FY 2010-11 be reverted early to augment the Single Allocation.

2013

WINS – W&IC section 15525

A monthly additional food assistance benefit was provided to CalFresh households working sufficient hours to meet the TANF WPR. The W&IC section 15525 reduced the WINS benefit from \$40 to \$10 per household per month and changed the implementation date from October 1, 2013, to January 1, 2014.

EID Restoration to \$225 – W&IC section 11451.5

In accordance with SB 1041, the initial disregard of \$225 of non-exempt earned income was restored, rescinding the Legislature's prior action that reduced the EID to \$112. The disregard of 50 percent of all additional earned income was maintained.

*Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

CalWORKs*

HISTORY OF MAJOR PROGRAM CHANGES (CONTINUED):

SAR – W&IC sections 11265.1, 11265.2, 11265.3 and 11265.4

The QR/Prospective Budgeting was replaced with a SAR system, which reduces the number of required income reports made by CalWORKs recipients to twice per year for an aided adult and WTW sanctioned cases. The SAR system imposes two additional income reporting thresholds: 55 percent of the monthly income of a family of three at the FPL plus the amount of earned and unearned income last used to calculate the CalWORKs grant or the level likely to render an AU ineligible for CalWORKs benefits.

OCAT – W&IC section 11325.2(b)

Funding was provided for the development and implementation of a statewide standardized appraisal tool, known as the OCAT, which will lead to more effective placement in work activities and referral to supportive services.

Expanded Subsidized Employment – W&IC section 11322.63

In order to expand Subsidized Employment program opportunities in California, counties were allocated additional funds independent of the CalWORKs Single Allocation.

Family Stabilization – W&IC section 11325.24

Family Stabilization provides intensive case management and services to ensure a basic level of stability within a family prior to, or concurrently with, participation in WTW activities.

2014

Vehicle Asset Limit Increase – W&IC section 11155

Effective January 1, 2014, the equity value limit of a vehicle was increased to \$9,500 and a new exemption was added for a vehicle given as a gift, family transfer or donation from a family member.

Exemption of Child-Only Safety Net and Drug/Fleeing Felon Cases from Child Support Requirements – W&IC sections 11251.3 and 11486.5

The Safety Net and felon adult CalWORKs cases are funded with non-MOE GF and are no longer required to assign their child support rights to the state as a condition of eligibility. Any receipt of child support that is reasonably anticipated would be considered unearned income and counted against the assistance payment. Counties must remove all child support related sanctions and penalties for these cases retroactively, effective back to June 1, 2014.

*Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

CalWORKs*

HISTORY OF MAJOR PROGRAM CHANGES (CONTINUED):

Changes in WTW Hourly Work Participation Determination – *W&IC section 11322.8*

The determination of hours per week that a work-eligible adult must participate in work activities changed from a weekly minimum requirement to an average per week during the month.

Changes to Family Stabilization Compliance – *W&IC section 11325.24*

Family Stabilization was amended to provide housing assistance to families. Recipients who refuse or are unable to follow their family stabilization plans without good cause are returned to the WTW program.

CalWORKs Housing Support – *W&IC section 11325.24(e)*

Housing support, including rental costs, are provided to eligible CalWORKs recipients who are experiencing homelessness or housing instability that would be a barrier to self-sufficiency or child well-being. This is an optional program.

Five Percent MAP Increase – *W&IC section 11450.025*

All CalWORKs MAP levels (including exempt, non-exempt, Region One and Region Two) were increased by five percent effective March 1, 2014.

ARC – *W&IC section 11461.3*

At county discretion, the amount paid to ARCs for the in-home care of children placed with them will be equal to the basic rate paid to federally eligible FC providers. For FC receiving CalWORKs, this is paid in the form of an ARC payment supplemental to the CalWORKs grant.

2015

Pregnant Women – *W&IC section 11450*

Expands eligibility for CalWORKs and the Pregnancy Special Needs Payment to all pregnant women who have no other eligible children beginning in their second trimester. Previously, this population was not eligible until the beginning of their third trimester.

Truancy – *W&IC section 11253*

Eliminates the school attendance requirement and penalty to caretaker relatives when a child under the age of 16 is not regularly attending school. Counties will inform the family of how to enroll the child, age 16 or older, in a continuation school within the county and the family may be screened to determine eligibility for family stabilization services.

*Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

CalWORKs^{*}

HISTORY OF MAJOR PROGRAM CHANGES (CONTINUED):

Five Percent MAP Increase – W&IC section 11450.025

All CalWORKs MAP levels (including exempt, non-exempt, Region One and Region Two) were increased by five percent effective April 1, 2015.

CalWORKs Eligibility to Include Drug Felons – W&IC section 11251.3 and 11486.5

CalWORKs eligibility extended to drug felons, contingent upon compliance with all terms of probation or parole, including participation in drug treatment programs effective April 1, 2015.

2016

1.43 Percent MAP Increase – W&IC section 11450.025

All CalWORKs MAP levels (including exempt and non-exempt for Region One and Region Two) were increased by 1.43 percent effective October 1, 2016.

CalWORKs Homeless Assistance Program – W&IC section 11450

Effective January 1, 2017, both temporary and permanent Homeless Assistance are available to an eligible CalWORKs AU once every 12 months, with exceptions. Previously, Homeless Assistance was available once-in-a-lifetime, with exceptions.

Maximum Family Grant Repeal – W&IC section 11450.04

Effective January 1, 2017, cash grants are increased to include children who were not receiving cash assistance because they were born to families who received aid for the ten months prior to the child's birth. No child shall be denied aid because he or she was born into a family during a period in which the family was receiving aid. This applies to children currently designated as Maximum Family Grant children, as well as future children born to the AU.

Changes to Subsidized Employment – W&IC section 11320.15 and 11322.64

The "AB 98 Subsidized Employment Program" was eliminated and the eligible population for "Expanded Subsidized Employment" was expanded to include individuals in the CalWORKs Safety Net program.

Participation in Workforce Innovation and Opportunity Act of 2014 Activities – W&IC section 11322.63

A CalWORKs recipient in a Workforce Innovation Opportunity Act career pathway program is deemed to meet the CalWORKs hourly participation requirements under specified conditions.

**Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.*

CalWORKs^{*}

HISTORY OF MAJOR PROGRAM CHANGES (CONTINUED):

Temporary Assistance Program– *W&IC section 11320.32*

This was a voluntary program for current and future CalWORKs recipients who met exemption criteria for work participation activities. This program was passed into law in 2008, though implementation was never achieved due to repeated delays. This program was made inoperative in FY 2015-16.

Simplified CalWORKs Application Process and Form for Non-Needy Caretaker Relative With Relative Foster Child Placed In The Home – *W&IC section 11253.2*

In accordance with AB 403 (Chapter 773, Statutes of 2015), the CalWORKs program has developed a simplified process to apply for CalWORKs benefits for a foster child when the foster child has been placed with a relative who is not requesting public assistance cash aid for themselves. The caretaker relative will use a simplified form that asks for information regarding income and resources only about the child. Some of the CalWORKs program rules have also been waived to simplify the process since these foster parents must already undergo background screening and are not subject to the WTW rules when not requesting aid for themselves.

CalWORKs Grieving Parent/Caretaker Provisions – *W&IC sections 11321 and 11450.05*

In accordance with AB 433 (Chapter 514, Statutes of 2015), a new section was added and a section amended to the W&IC when a child in the CalWORKs AU is reported as deceased. When a child in the AU becomes deceased, the AU's grant amount will not decrease in the month of or the month following the death and the parent(s)/caretaker(s) are excused from required assigned WTW activities. They will also not be subject to sanctions for failure to participate. Overpayments will not apply for failure to decrease the grant. Counties will be required to assist the family in identifying services the family may be eligible for such as nutrition assistance, housing support and locating mental health services if needed or requested.

**Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.*

This page is intentionally blank

CalWORKs Child Care Program*

DESCRIPTION:

The state's child care system includes several programs, each addressing different child care needs. The CalWORKs Child Care Program was established in 1997 to provide subsidized services for welfare program participants and low-income families. CalWORKs child care is administered in three stages. Stage One is administered by CDSS, while Stages Two and Three are administered by CDE. Stages One and Two services are considered entitlements. Stage Three services for former CalWORKs recipients are not considered entitlements but are intended by the Legislature, to be fully funded (Education Code section 8447).

FUNDING:

The chart below shows the FY 2016-17 Budget Act for child care programs, including those administered by CDE.

2016-17 Budget Act (\$ millions)		
	Caseload	Total Cost
CalWORKs Stage One	42,995	\$408.4
CalWORKs Stage Two	51,083	\$445.3
CalWORKs Stage Three	34,770	\$287.3
Alternative Payment	32,302	\$266.9
Direct Service Contracts		
General Child Care	29,064	\$470.1
Migrant Care**	N/A	\$30.8
After School Programs	503,371	\$679.6
Community Colleges	1,112	\$9.2
State Preschool	166,679	\$924.8
Quality Programs		
Other**	3,428	\$32.5
Quality Services**	N/A	\$61.3
Quality Rating Improvement System	N/A	\$50
State Preschool Block Grant		
TrustLine/Self-Certification	N/A	\$5.0
Totals	864,805	\$3,673.6

** Resource and Referral, Handicapped, Local Planning Councils, Child Care Project Initiative, Growth and Set aside, Early Head Start, Non-Proposition 98 Quality Rating Improvement System. Caseload includes Early Head Start, Handicapped and Migrant Programs.

*Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

CalWORKs Child Care Program*

ELIGIBILITY:

Eligibility is based on the total income, size and need of families. CalWORKs participants are eligible to receive subsidized child care if they are employed or if they are participating in approved WTW activities. Child care is provided for children through the age of 12 under specific conditions. Child care and development services are available for children with exceptional needs up to age 21.

To receive subsidized child care, a family cannot earn more than 70 percent of the FY 2007-08 state median income. For a family of three, that amount is \$3,518 per month. Families must have a need for care, such as working or going to school. These services are also available to children through the age of 12.

Accessibility

In some of the state, there is limited availability of space at a licensed child care center or family child care home. In addition, there is a shortage of licensed slots for infants and toddlers. As a result, families in certain communities may be negatively impacted due to a shortage of child care that meets their needs.

Flexibility

Working families may choose child care based upon the family's need. Some families choose license-exempt care because they need care during non-traditional work hours (i.e., evenings and weekends), they want all of their children at one location, they may have cultural and language preferences or they want care to be close to their home or work. License-exempt providers are commonly relatives, friends or neighbors of the family. Licensed-exempt care providers must receive a background check or approved on the TrustLine Registry and meet minimum health and safety requirements. Aunts, uncles or grandparents are excluded from these requirements.

RMR

Every other year, CDE completes a RMR survey of child care providers. The survey collects information on what private child care providers charge to clients in each county or market area of the state. The state uses this data to calculate the maximum reimbursement ceilings for subsidized child care services.

Family Fees

Some clients are required to pay a share of their child care costs, known as family fees. These fees do not apply to families receiving CalWORKs cash aid, safety net families or sanctioned families. Each family pays a single fee based on their income relative to their family size with the maximum family fee at approximately ten percent of the family's income. The family fee table is located on the CDE website at:

<http://www.cde.ca.gov/sp/cd/ci/documents/famfeeschedule2016.pdf>

*Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

CalWORKs Child Care Program*

SUBSIDIZED CHILD CARE PROGRAMS:

Voucher-based Child Care

All of the programs described below provide vouchers for families to obtain care in licensed child care centers, licensed Family Child Care Homes or license-exempt settings. The family is able to choose the type of care that their child receives.

- CalWORKs Stage One Child Care: This program provides child care to CalWORKs families when they are first engaged in work or WTW activities. CDSS administers the Stage One child care program through the CWDs.
- CalWORKs Stage Two Child Care: CalWORKs families move to this program when the CWD determines they are stable; for example, after six months of participation in a WTW plan or after being employed. CWDs have the flexibility to determine when a family's situation is stable. Families remain in Stage Two until they have been off cash aid for two years. The CDE contracts with Alternative Payment Program agencies, which administer this program.
- CalWORKs Stage Three Child Care: Families that have exhausted two years of CalWORKs Stage Two child care transition to Stage Three. This program provides care as long as funding is available and the family remains eligible. The CDE contracts with the Alternative Payment Program agencies, which administer this program.
- Alternative Payment Program: This program is funded by CDE through contracts with the Alternative Payment Programs. The Alternative Payment Programs may also contract with CWDs to administer Stage One Child Care. The Alternative Payment Programs help eligible families arrange child care services and pays for those services directly to the child care provider. The Alternative Payment Programs also support families and providers by offering assistance and consumer information about various services and resources available to them.

Direct Contracts

The CDE contracts directly with child care centers and Family Child Care Homes Education Networks for a fixed number of slots. Title 5 contracted programs must meet Title 5 regulations, in addition to Title 22 regulations, and operate under more stringent ratio and staff qualification regulations than Title 22 programs.

The Direct Service Contracts are listed below:

- General Child Care and Development
- Migrant Child Care and Development
- California State Preschool Program
- Severely Handicapped Program
- California Community Colleges

*Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

CalWORKs Child Care Program*

HISTORY OF MAJOR PROGRAM CHANGES:

1998

Grandfathered Families – Education Code section 8263.1

Child care services were eliminated for families whose income was above 75 percent of the State Median Income. Families that were receiving child care on January 1, 1998, with income over 75 percent of the State Median Income, were grandfathered into the current system. These families continued to receive child care as long as they continued to meet the program requirements in place on December 31, 1997.

RMR Ceilings – Education Code section 8357

The RMR survey used to set child care reimbursement rates was updated to the 1998 survey.

1999

RMR Ceilings – Education Code section 8357

The RMR survey used to set child care reimbursement rates was updated to the 1999 survey.

2000

RMR Ceilings – Education Code section 8357

The RMR survey used to set child care reimbursement rates was updated to the 2000 survey.

2001

RMR Ceilings – Education Code section 8357

The RMR survey used to set child care reimbursement rates was updated to the 2001 survey.

2003-2004

Reimbursement Rate Changes – Education Code section 8357

The maximum reimbursement for licensed providers was updated from the 93rd percentile of the 2001 RMR survey to the 85th percentile of the 2003 RMR survey.

Eliminated Child Care for Grandfathered Families – Education Code section 8263.1

Child Care services were eliminated for families who were receiving child care because they were grandfathered into the current system under the 1998 CalWORKs implementation.

Age Eligibility for Child Care – Education Code section 8263.4

Child care services were eliminated for 13 year old children, except for children with special needs.

*Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

CalWORKs Child Care Program*

HISTORY OF MAJOR PROGRAM CHANGES (CONTINUED):

2004-2005

Age Eligibility for Child Care – Education Code section 8263.4

Preferred placement in before and after school programs was mandated for 11 and 12 year old children who are eligible for subsidized child care in order to generate savings in the subsidized child care program.

2005-2006

Age Eligibility for Child Care – Education Code section 8263.4

Before and after school programs became the primary child care placement for 11 and 12 year olds. If the placement in the before and after school program did not meet the needs of the parents, they were required to certify the necessity for alternate arrangements.

2006

Reimbursement Rate Changes – Education Code section 8357

The RMR survey used to set child care reimbursement rates was updated to the 2005 RMR survey.

2008

Family Fees and Reimbursement Rate Changes – Education Code sections 8273.1(d) and 8447

The family fee requirement for child care no longer applied to families receiving CalWORKs cash aid. Additionally, the requirement that the RMR survey must be conducted annually was changed to once every two years. This change aligned state statute with federal regulations.

2009-2010

WTW Exemptions for Parents of Young Children – W&IC section 11320.3(b)(7)

Parents with a child between one and two years old or parents with two children under six years old were exempt from WTW requirements to provide counties with a mechanism by which to absorb a \$376 million reduction to Employment Services and Stage One Child Care in the CalWORKs Single Allocation. Of the total reduction, Stage One Child Care absorbed \$215 million of the decrease.

2010-2011

Reimbursement Rate Changes – Education Code section 8357

The payment ceiling at which license-exempt child care providers are reimbursed was reduced from 90 to 80 percent of the RMR payment ceilings established for family child care homes.

*Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

CalWORKs Child Care Program*

HISTORY OF MAJOR PROGRAM CHANGES (CONTINUED):

Elimination of Stage Three Child Care Funding – California Department of Education Management Bulletin 10-12

Funding for the CalWORKs Stage Three Program was eliminated effective November 1, 2010, and then restored on April 1, 2011.

2011-2012

Reimbursement Rate and Income Threshold Changes – Education Code section 8263.1 and 8357

The payment ceiling at which license-exempt child care providers are reimbursed was reduced from 80 to 60 percent of the RMR payment ceilings established for family child care homes. The income threshold for subsidized child care eligibility was lowered from 75 percent to 70 percent of the FY 2007-08 State Median Income.

Extend WTW Exemptions for Young Children to Absorb Child Care Funding Reduction W&IC sections 11320.3(b)(7), 11320.3(f)(1) and 11320.3(g)

The \$215 million reduction to Stage One Child Care (of the total \$376 million CalWORKs Single Allocation reduction) was extended. The young children and good cause for lack of supportive services exemptions were extended through June 1, 2012.

End of WTW Exemptions for Young Children – W&IC sections 11320.3(g), 11320.3(h) and 11320.3(b)(6)(A)(iv)

Legislation extended the temporary exemptions for parents of young children through the end of calendar year 2012; adults remained exempt past January 2013 until they were reengaged in a WTW plan or deemed to qualify for another exemption. Counties were required to reengage these previously exempted cases over a period of two years, with all cases reengaged by January 2015.

2013-2014

Reimbursement Rate Changes – Education Code section 8357

Legislation required California to implement RMR ceilings at the 85th percentile of the 2009 RMR survey, reduced by 10.11 percent on January 1, 2015. If a calculated ceiling is less than the one provided before January 1, 2015, then the previous ceiling (from the 2005) survey is used.

Family Fee – Education Code section 8273

Legislation required California to develop a new family fee schedule that was simple and easy to implement. This change affects former CalWORKs families and families in CDE child care programs.

*Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

CalWORKs Child Care Program*

HISTORY OF MAJOR PROGRAM CHANGES (CONTINUED):

2015-2016

Reimbursement Rate Changes – Education Code section 8357

The RMR ceilings increased by 4.5 percent of either the 85th percentile of the 2009 RMR survey for that county, reduced by 10.11 percent, or the 85th percentile of the 2005 RMR survey for that county, whichever is greater. Additionally, the reimbursement ceilings for license-exempt child care providers increased from 60 to 65 percent of the family child care home ceiling. These changes to the RMR ceiling were effective October 1, 2015.

2016-2017

Reimbursement Rate Changes – Education Code section 8357

From January 1, 2017 until June 30, 2018, SB 828 (Chapter 29, Statutes of 2016), establishes the RMR ceilings at the greater of either the 75th percentile of the 2014 RMR survey for that county or the RMR ceiling for that county as it existed on December 31, 2016. Beginning July 1, 2018, the RMR ceiling shall be established at the 75th percentile of the 2014 RMR survey for that county. Effective January 1, 2017, reimbursement to license-exempt child care providers is not to exceed 70 percent of the family child care home ceiling.

*Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

This page is intentionally blank

Child Welfare Services (CWS)*

DESCRIPTION:

The CWS program is California's primary statewide intervention program for abused, neglected and exploited children and is given statutory authority through W&IC section 16500. CDSS serves as the state oversight entity, leading collaboration between the state's 58 county welfare and probation departments, CWDA, Chief Probation Officers of California, federal, state and local government, the Legislature, the Judicial Branch, tribal representatives, philanthropic organizations and other stakeholders. CDSS' role is to provide supervision, fiscal and regulatory guidance and training as well as the development of policies, procedures and programs in accordance with prescribed federal and state statutes governing child welfare.

The goal of the program is to protect children at risk of child abuse and neglect or exploitation through an integrated services delivery system and to provide intensive services to families to ensure sufficient child safety, permanency and well-being to allow families to stay together in their own homes. If county social workers, through the oversight of local juvenile courts, determine that out-of-home placement is the only safe option for a child, arrangement for temporary/sometimes permanent placement of the child in the safest and least restrictive environment possible is coordinated and monitored by county child welfare agencies.

The CWS that are primarily delivered through the 58 counties include ER, FM, FR and PP services.

- The ER services are designed to provide in-person 24-hours-a-day response to reports of abuse, neglect or exploitation for the purpose of investigation. The ER services determine the necessity for providing initial intake services and crisis intervention to maintain the child safely in his/her own home or to protect the safety of the child through emergency removal and FC placement.
- The FM services consist of time-limited protective services provided to families in crisis to prevent or remedy abuse or neglect, with the intent of preserving families and keeping children safely in their own homes when possible. Social workers develop a case plan that includes services appropriate to each family's unique needs.
- The FR services consist of time-limited services to children in out-of-home care to prevent or remedy neglect, abuse or exploitation when the child cannot remain safely at home. These services are aimed at assisting families when the child needs to be placed in temporary FC placement while services are made available to reunite the family.
- The PP services offer alternative family structures for children who cannot remain safely at home and/or who are unlikely to return home. The PP caseload includes children in a legal guardianship with an unrelated caregiver and those in independent living services. It also includes children with a pending guardianship with a relative or pending adoption.

*Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

Child Welfare Services (CWS)*

FUNDING:

Effective July 1, 2011, a portion of the CWS program was realigned and funded with federal, LRF and county funds. Federal funds pursuant to Titles A (TANF), IV-B (Child Welfare), IV-E (FC), XIX (Medicaid) and XX (Social Services Block Grant) of the Social Security Act and other funds are leveraged using LRF and county funds.

For more information on funding post-2011 Realignment, refer to the 2011 Realignment tab. Funding from the GF is provided for non-realigned CWS programs. For more information on the non-realigned premises or programs of CWS, refer to the specific premises contained within the Estimate Methodologies tab.

ELIGIBILITY:

All children who have suffered or who are at risk of suffering from abuse, neglect or exploitation in families are eligible for either the federal, non-federal or county-only funded services.

OTHER PROGRAM INFORMATION:

In January 2004, CDSS implemented a statewide accountability system that replaced a process-oriented, regulatory compliance review system. The California Child and Family Services Review System is an enhanced version of the federal oversight system used to monitor the state. The system is based on outcome data that measures key federal and state enriched performance indicators, such as the rate of recurrence of maltreatment, number of foster home placements, length of time to reunification with birth parents and the rates of adoption. Unlike the federal process, the California Child and Family Services Review System contains specifically developed measures for child and family well-being.

Under the California Child and Family Services Review System, all counties are reviewed on a five-year cycle. The review consists of a county self-assessment, which is based on the county's performance indicators and strongly influenced by local stakeholder input, a Peer Quality Case Review designed to identify and prioritize critical local needs and a System Improvement Plan. The System Improvement Plan identifies measurable improvements that the county will make annually to improve outcomes for children. CDSS approves each county System Improvement Plan, and monitors compliance using quarterly performance reports produced from the CWS/CMS on a quarterly basis.

Transition Services is a caseload of young adults continuing in FC as enacted by W&IC section 366.3 beginning January 1, 2011. These services are focused on assisting the non-minor dependent in meeting the goals necessary to transition successfully to adulthood. Eligibility is contingent upon non-minor dependent's participation in employment, career development activities, education or having a medical condition that prohibits such activities.

In 2013, the state approved the CWDS New System Project, a technical solution that will replace the current, outdated CWS/CMS. The CWDS New System Project will use web-based technologies to provide the flexibility and extendibility required to meet the business needs of CWS and comply with federal Statewide Automated Child Welfare Information System requirements. The CWS/CMS contains case management information for California's foster youth population, while FC payments are made through the SAWS.

*Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

Child Welfare Services (CWS)*

HISTORY OF MAJOR PROGRAM CHANGES:

1993

Federal Family Preservation and Support Act – PL 103-66

States were encouraged to use funds to create a continuum of family-focused services for at risk children and families and were required to engage in a comprehensive planning process to develop more responsive family support and preservation strategies. In addition, the Act encouraged states to use funds to integrate prevention services into treatment-oriented child welfare systems, improve service coordination within and across state service agencies and engage broad segments of the community in program planning at state and local levels.

1997

Federal Adoption and Safe Families Act – PL 105-89

The Act reauthorized the federal Family Preservation and Support Services Program and ensured safety for abused and neglected children by adding “safety of the child” to every step of the case plan and review process and requiring criminal record checks for foster/adoptive parents who receive federal funds on behalf of a child. In addition, this Act: 1) promoted adoptions by rewarding states that increased adoptions with incentive funds; 2) prohibited states from delaying/denying placements based on the geographic location of the prospective adoptive families; and 3) required the federal DHHS to establish new outcome measures to monitor and improve state performance.

2001

PSSF Amendments of 2001 – PL 107-133

The amendments reauthorized the PSSF program with mandatory funding increases for FFYs 2002 through 2006 as well as, reauthorizing a set aside for Indian Tribes. New provisions of this law include the Infant Safe Haven program, services to strengthen parental relationships and healthy marriages as part of family support services and the ability to implement a corrective action plan resulting from a Child and Family Services Review. Additionally, this created the ETV program.

*Please refer to the first tab titled “[Acronyms](#)” for a full description of acronyms.

Child Welfare Services (CWS)*

HISTORY OF MAJOR PROGRAM CHANGES (CONTINUED):

2001, 2004

Child Welfare System Improvement and Accountability Act – W&IC section 10601.2

The statewide accountability system, which went into effect January 2, 2014, was designed to improve outcomes for children in the child welfare system, while holding county and state agencies accountable for the outcomes achieved. This system is an enhanced version of the federal oversight system mandated by Congress and used to monitor states' performance. In January 2004, the implementation of W&IC section 10601.2 brought a new CWS Outcome and Accountability System to California. This new Outcomes and Accountability System, also known as the California Child and Family Services Review System, focuses primarily on measuring outcomes in the areas of safety, permanency and child and family well-being. By design, the California Child and Family Services Review System closely follows the federal emphasis on safety, permanency and well-being. The new system operates on a philosophy of continuous quality improvement, interagency partnerships, community involvement and public reporting of program outcomes.

2002

Child and Family Services Review

The 1994 Amendments to the Social Security Act authorized the United States DHHS to review state child and family service programs to ensure conformity with the requirements of Titles IV-B and IV-E of the Social Security Act. In March of 2000, the DHHS established a new approach to monitoring state child welfare programs known as the Child and Family Services Review. States are assessed for substantial conformity with certain federal requirements for child protective services, FC, adoption, family preservation, family support and independent living services with an emphasis on the safety, permanency and well-being of children and families served through CWS. The federal Children's Bureau, within the DHHS, conducts the reviews in partnership with state child welfare agency staff and consultant reviewers who supplement the federal review team. California began its first round of the Child and Family Services Review in 2002. The reviews are structured to help states identify strengths and areas needing improvement within their agencies and programs in order to develop a Program Improvement Plan to address any areas needing improvement.

2006

Safe and Timely Interstate Placement of Foster Children Act of 2006 – PL 109-239

The Act required states to complete FC and adoption home studies requested by other states within 60 days. It does not require the parts of the home study that involve education and training within the 60 days, these components may be done within 180 days. States must accept studies received from other states within 14 days unless found to be contrary to the well-being of the child. The Act also authorized incentives to states that complete interstate home studies within 30 days and increased the frequency of state caseworker visits for children in out-of-state FC placements. This provision was slated to sunset on October 1, 2010.

*Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

Child Welfare Services (CWS)*

HISTORY OF MAJOR PROGRAM CHANGES (CONTINUED):

Child and Family Services Improvement Act – W&IC section 16501.1(k)

Statute appropriated funds through the PSSF fund to support monthly caseworker visits with children in FC with a primary emphasis on activities designed to improve caseworker retention, recruitment, training and ability to access the benefits of technology. Each state plan for CWS is required to describe standards for the content and frequency of caseworker visits for children in FC.

2007

RFA – W&IC sections 16519 and 16519.5

Statute was amended to authorize CDSS, in consultation with county welfare agencies, stakeholders and interested parties, to implement a three-year pilot program to establish a unified, family friendly and child-centered RFA process in up to five counties. This unified process would replace the multiple existing processes for all related and non-related families who want to provide care to children who are dependents or wards of the court. The single standard for approval applies to all caregivers regardless of the child's case plan and approved resource families would not be required to undergo any additional approvals to care for children in FC. The W&IC section 16519.5 amended the RFA program from a pilot program to an early implementation program.

2008

Fostering Connections to Success and Increasing Adoptions Act – PL 110-3510

The Act assisted hundreds of thousands of children and youth in FC by promoting permanent families for them through relative guardianship, adoption, improving education and health care. The Act also extended federal support for youth up to age 21 offering important federal protections and support to American Indian children. Additionally, this Act required a transitional plan for foster youth 90-days prior to aging out of FC.

2010

Patient Protection and ACA – PL 111-148

The Act extended Medicaid coverage to former FC children younger than age 26.

*Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

Child Welfare Services (CWS)*

HISTORY OF MAJOR PROGRAM CHANGES (CONTINUED):

2011

Child and Family Services Improvement and Innovation Act – PL 112-34

The Act required states to: 1) coordinate health care services to monitor and treat the emotional trauma needs of children in FC and develop protocols for monitoring the use of psychotropic medications; 2) reduce the length of time in FC for children without a permanent placement under the age of five to address their developmental needs; 3) meet the educational stability case plan requirements for children in FC at the time of each placement change; 4) increased services to parents and caregivers for time-limited FR services to improve timely reunification; and 5) to facilitate visitation between children in FC with their parents and siblings. The Act also revised: 1) provisions and extended requirements for the completion of monthly caseworker visits of children in FC; 2) requirements ensuring that each child age 16 and older in FC receive a free copy of their credit report each year until discharged from FC; and 3) to receive aid in interpreting and resolving any inconsistencies.

Child Welfare Realignment – Family Code sections 8506, 8509, 8513, 8515, 8521, 8524, 8530, 8600.5, 8608, 8619, 8620, 8621, 8700, 8701, 8702, 8703, 8704, 8705, 8707, 8708, 8709, 8710, 8710.1, 8710.3, 8712, 8713, 8715, 8716, 8717, 8720, 8730, 8732, 8733, 8735 and 9205; Government Code sections 29553, 30061 and 30070; Health and Safety Code sections 1502, 1505, and 1559.110; Penal Code sections 1465.8 and 13821; Revenue and Taxation Code sections 6051.15 and 6201.15; W&IC sections 293, 294, 305.6, 358.1, 361, 361.5, 366.21, 366.22, 366.24, 366.25, 366.26, 366.3, 450, 727.3, 727.31, 10101, 10101.2, 10103, 10103.5, 10104, 10553.1, 10553.11, 10601.2, 10605, 10606.2, 10609.3, 10609.4, 10609.9, 11214, 11215, 11400, 11402, 11402.6, 11403, 11403.1, 11403.2, 11403.25, 11403.3, 11403.4, 11461, 11461.2, 11462.05, 11463, 11466.23, 11467, 11469, 13754, 13757, 15200, 15204.25, 15204.9, 16002, 16100, 16101, 16105, 16118, 16119, 16120, 16120.1, 16121.05, 16122, 16123, 16133, 16135, 16135.26, 16135.10, 16135.16, 16500.5, 16500.51, 16500.55, 16500.65, 16500.8, 16501.1, 16501.3, 16501.5, 16501.8, 16508.1, 16508.3, 16516.5, 16519.5, 16522, 16522.1, 16522.2, 16522.5, 16525.10, 16525.25, 16605, 17601.20, 18220, 18220.1, 18250, 18254, 18255, 18257, 18358.30, 18960, 18961, 18962, 18987.7 and 18987.72

The funding for the CWS program was realigned from the state to the county. With this implementation, counties are no longer required to contract for services, but are able to use their funds in-house for direct services as long as federal match requirements are still met. For more information, refer to the 2011 Realignment tab.

2014

After 18 Terminated Guardianship and Adoption – W&IC sections 388.1 and 11403

Statute requires a non-minor in a guardianship or adoption to re-enter into FC if the guardian(s) or adoptive parent(s) is (are) failing to provide ongoing support between the ages of 18 and 21 years old.

*Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

Child Welfare Services (CWS)*

HISTORY OF MAJOR PROGRAM CHANGES (CONTINUED):

Sibling Visitations – *W&IC sections 358.1, 361.2, 362.1, 366, 366.1, 366.3, 388, 706.6, 778 and 16002*

Statute requires caseworkers to assess and document dependent-dependent and dependent-nondependent sibling relationships and visitations.

The CSEC Program – *W&IC sections 300(b)(2) and 16524.6-16524.11*

The W&IC was amended to include children who are commercially sexually exploited as dependents of the court, to be served by the state child welfare system. To adequately serve children who have been commercially sexually exploited, the Legislature declared it necessary for counties to develop and utilize a multidisciplinary team approach to case management, service planning and provision of services, and that counties develop and utilize interagency protocols to ensure services are provided as needed to this population. The CSEC is an optional program for counties which provides funding for implementation, training, prevention and intervention services related to children who are victims, or at risk, of commercial sexual exploitation.

Preventing Sex Trafficking and Strengthening Families Act – PL 113-183

Federal law amended Title IV-E of the Social Security Act to require states to: 1) develop and implement policies and procedures to identify, document and serve minor victims of sex trafficking; 2) collect and report on data associated with minor victims of sex trafficking; 3) report to law enforcement no later than 24 hours on identified minor sex trafficking victims; and 4) develop protocols that include ascertaining whether foster children absent from care were victims of sex trafficking during their time away from care.

2015

FR Services Extension to Dependent Parents – *W&IC sections 366.21 through 366.22*

Statute extends FR services from 18 months to 24 months when the minor parent or non-minor dependent parent makes substantial progress on their court ordered FR plan and the courts determine extending FR services is in the best interests of the minor parent's or non-minor dependent parent's child.

Psychotropic Medications – *Health and Safety Code section 1529.2, W&IC section 16501.4*

Health and Safety Code section 1529.2 was amended to expand existing pre-placement and post placement training requirements for foster parents on health issues in FC to include instruction on information in W&IC section 16501.4(d). The W&IC section 16501.4 was added to ensure the oversight of psychotropic medications that are prescribed for children in care, and subdivision (d) requires CDSS to consult with the DHCS and other specified stakeholders to develop training for foster parents and others that addresses issues related to psychotropic medication such as authorization, risks, benefits, assistance with self-administration, oversight, substance use disorders and mental health treatments.

*Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

Child Welfare Services (CWS)*

HISTORY OF MAJOR PROGRAM CHANGES (CONTINUED):

CCR – W&IC sections 4096.5, 4096.6, 11400, 11402, 11462, 11462.01, 11462.04, 11462.015, 11462.02, 11463, 16000, 16519.5, 16519.52 through 16519.56 and 18987.72; Health and Safety Code sections 1502, 1506.1, 1507.25, 1522.42, 1522.43, 1529.2, 1530.8, 1562 and 6276.38.

Various provisions of statute were added or amended to implement recommendations put forward in CDSS's 2015 report: California's Child Welfare Continuum of Care Reform. The report outlined a comprehensive reform effort to make sure that youth in FC have their day-to-day physical, mental and emotional needs met; that they have the greatest chance to grow up in permanent and supportive homes; and that they have the opportunity to grow into self-sufficient, successful adults. For CWS, AB 403 improves the training and support to families who provide FC, now known as resource families, so they are better prepared to care for youth living with them. This legislation also expanded recruitment and retention of foster family homes.

2016

Bringing Families Home Program – W&IC sections 16523 through 16523.1.

The Bringing Families Home Program provides housing-related supports, such as rental assistance and intensive case management, to homeless families served by child welfare agencies who are seeking family reunification.

Medi-Cal Verification Documentation – W&IC sections 391 and 16501.1.

AB 1849 (Chapter 609, Statutes of 2016) ensures foster youth on their 18th birthday, who exit from foster care, are notified that they continue to receive Medi-Cal health coverage up to age 26. The county would be required to provide written verification to an eligible non-minor that he or she is enrolled in Medi-Cal prior to the court terminating dependency jurisdiction over the non-minor. The county would also be required to provide the eligible non-minor with his or her Medi-Cal Benefits Identification Card and ensure the eligible non-minor is transitioned into the Medi-Cal program upon case closure without interruption in coverage.

*Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

Community Care Licensing (CCL)*

DESCRIPTION:

The CCL is a regulatory enforcement program with the responsibility of protecting the health and safety of children and adults residing in, or spending a portion of their time in, out-of-home care. Facilities licensed by CDSS' CCL program include foster family homes and family child care homes. The foster family homes, 66 percent of which are licensed by the counties through an MOU with CCL, provide 24-hour non-medical care (medical care is permitted under certain circumstances) in the licensee's family residence for not more than six foster children. The family child care homes, about less than one percent of which are licensed by the counties through contracts with CCL, provide child day care for up to 14 children in the licensees' own home for periods of less than 24 hours per day.

The objective of the program is to ensure all clients are served by licensed facilities that meet established standards for health and safety, which provide a homelike setting with the least restrictive environment for clients.

To achieve this objective, CCL establishes standards for health and safety in accordance with the California Health and Safety Code, licenses facilities and performs facility inspections, assists providers to maintain compliance with licensing regulation, and pursues administrative actions when licensing standards are not met. The CCL also conducts criminal background checks of licensees, employees and all adults providing direct services to, or having routine contact with, clients in care.

FUNDING:

There are 38 counties providing foster family home licensing and recruitment services. The remaining 20 counties are licensed by CDSS' CCL Division. Federal funding for these services is provided by Title IV-E of the Social Security Act, with the amount of FFP based on the sharing ratios for those cases meeting federal eligibility criteria. Funding for the remaining costs are 100 percent GF. Additional federal spending authority is included based on actual expenditures.

There are currently two counties providing family child care home licensing services. Funding for these services includes reimbursements from the CDE (from the federal Child Care Development Fund Block Grant) to cover a portion of the costs of conducting comprehensive site visits.

ELIGIBILITY:

Facilities licensed by counties must meet licensing standards in order to maintain the privilege of providing care and supervision.

*Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

Community Care Licensing (CCL)*

HISTORY OF MAJOR PROGRAM CHANGES:

(Family Child Care Homes)

1998

Administering Inhaled Medication – Health and Safety Code sections 1596.798 and 1596.8661

Licensees and staff of child care centers and family child care homes are permitted to administer inhaled medication to a child in care if certain requirements are met.

2003

Posting Notice of Site Visit and Licensing Reports – Health and Safety Code sections 1596.817 and 1596.8595

CDSS is required to post a notice each time a site visit is made to a child care facility. In addition, if the facility is cited for any Type A deficiency, the facility report must be posted immediately by the licensee/facility representative. Licensees are also required to post a site visit report or any other document verifying the licensee's compliance or noncompliance with CDSS' order to correct a Type A deficiency. All notices and reports must be posted immediately upon receipt and remain posted for 30 consecutive days. Failure by the licensee to post any of the required site visit reports for 30 consecutive days result in an immediate civil penalty assessment of \$100.

License Fee Increase – Health and Safety Code sections 1596.803, 1596.871, 1597.09 and 1597.55

License and annual fees were increased and aggregate fees for licensees with multiple facilities were eliminated. In addition, a fee is charged by the DOJ for processing FBI fingerprints of any applicant serving six or fewer children, including applicants for a family child care license, or for obtaining a criminal record of an applicant. Also, triennial visits to facilities in which legal or compliance problems have been identified were eliminated. Annual visits were also required to be ten percent of the total number of licensed child care facilities identified using a random sample methodology.

2006

Parent Notification Requirements – Health and Safety Code sections 1596.859, 1596.8595, 1596.8895 and 1597.05

Statute was amended to improve the transparency of licensing records and to ensure that parents/guardians using licensed child care facilities are aware of situations that present the greatest danger to children. These situations include serious health and safety violations resulting in Type A citations, noncompliance conferences and efforts by CDSS to revoke a facility's license.

*Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

Community Care Licensing (CCL)*

HISTORY OF MAJOR PROGRAM CHANGES (CONTINUED):

(Family Child Care Homes)

2008

Immediate Civil Penalties – *Health and Safety Code sections 1596.818, 1596.8867, 1596.8899, 1596.98, 1596.99, 1597.56, 1597.58 and 1597.62*

Statute requires the assessment of an immediate civil penalty for designated serious violations and requires the moneys derived from civil penalties imposed on child care facilities to be deposited into the Child Health and Safety Fund to be expended exclusively for the technical assistance, orientation, training and education of child care providers. Revenues received by CDSS from payment of civil penalties imposed on all other licensed facility types shall be deposited into the Technical Assistance Fund and expended exclusively for the technical assistance, training and education of licensees. Unannounced follow-up visits must be made within 30 days after the effective date of a temporary license suspension or revocation, or within 30 days after service of an order of exclusion or removal of a person from a facility.

CDSS is also required to ensure a licensee's plan of correction is measurable and verifiable. The plan shall specify what evidence is acceptable to establish that a deficiency has been corrected, and requires CDSS to specify in its licensing reports all violations that, if not corrected, will have a direct and immediate risk to the health and safety, or personal rights of clients or children in care.

2011

Retention/Enrollment of Non-minor students in School-Age Child Care Centers

Health and Safety Code sections 1596.785, 1596.7915 and 1596.862

CDSS was allowed to approve or deny written requests for the enrollment or retention of non-minor students at a School-Age Child Care Center. A non-minor student means a person 18 years of age or older who qualifies as an individual with exceptional needs, as defined in Education Code section 56026, and who qualifies for services from a regional center as a person with a developmental disability, as defined in W&IC section 4512 (a).

2013

Child Day Care: Childhood Nutrition Training – *Health and Safety Code sections 1596.865, 1596.866 and 1596.8661*

For licenses issued on or after January 1, 2016, at least one director or teacher from each day care center and each family day care home who provides care is required to have at least one hour of childhood nutrition training as part of the preventive health practices course(s).

Sex Offenders: FC Homes and Child Day Care Facilities – *Penal Code sections 3003.6*

Individuals' required to register as a sex offender whose offense was against a minor are prohibited from residing, working or volunteering in a child day care facility or children's residential facility. Violation of this prohibition is a misdemeanor.

*Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

Community Care Licensing (CCL)*

HISTORY OF MAJOR PROGRAM CHANGES (CONTINUED):

(Family Child Care Homes)

2014

Juveniles – *W&IC sections 241.1, 635, 636, 730.6, 4096.5 and 11469; Health and Safety Code sections 1536 and 1538.7*

Youth in FC are protected from being arrested and having charges filed against them due to minor incidents at group care facilities. The juvenile court is required to determine whether a delinquency petition, based on allegedly unlawful conduct by a foster youth at a group home, should be dismissed and the incident addressed through the group home's internal therapeutic and behavioral management program. CDSS and related stakeholders are also required to develop additional performance standards and outcome measures to determine the effectiveness of the care and supervision provided by group homes.

Family Day Care Home: Smoking Prohibition – *Health and Safety Code section 1596.795; Labor Code section 6404.5*

Statute prohibits anyone from smoking tobacco in a private residence that is licensed as a family day care home.

Care Facilities: Carbon Monoxide Detectors – *Health and Safety Code sections 1503.2, 1597.45, 1597.46, 1568.043, 1569.311, 1596.954 and 1597.543*

Day care centers and family day care homes are required to have one or more functioning carbon monoxide detectors that meet specific statutory requirements in the facility. CDSS is required to account for the presence of the detectors during inspections.

Care Facilities – *Health and Safety Code sections 1522, 1568.09, 1569.17, 1596.803 and 1596.871*

License and annual fees were increased. In addition, statute prohibits CDSS, with regard to licensing community care facilities, foster family home or certified family home, residential care facilities and child day cares, from issuing a criminal record clearance to a person with a record of an arrest prior to the department's completion of an investigation of that arrest record.

Care facilities: civil penalties - *Health and Safety Code sections 1548, 1568.0822, 1569.49, 1596.99, and 1597.58*

Statute increases the amount of civil penalties that may be imposed for a violation that the department determines resulted in the death, or serious injury, of a child at a care facility.

*Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

Community Care Licensing (CCL)*

HISTORY OF MAJOR PROGRAM CHANGES (CONTINUED):

(Family Child Care Homes)

2015

Public Health: vaccinations – Health and Safety Code sections 120325, 120335, 120370, 120375, 120338 and repeal section 120365

Statute eliminates the exemption for immunizations to children attending public school and child care, based upon personal beliefs. Statute continues to allow a medical exemption.

Day care facilities: immunizations exemptions – Health and Safety Code sections 1597.055, 1597.54, 1596.7995 and 1597.622

Statute prohibits a person from being employed or volunteering at a child care facility if he or she has not been immunized against influenza, pertussis and measles. Statute provides specific circumstances under which a person would be exempt from the immunization requirement, based on medical safety, current immunity, declining the influenza vaccination or the date upon which he or she was hired.

Care facilities: civil penalties, deficiencies and appeal procedures – Health and Safety Code sections 1548, 1568.0822, 1569.35, 1569.49, 1596.842, 1596.99 and 1597.58

Statute establishes a process for a licensee to submit a written request for a formal review of a deficiency finding at a care facility. The review process of an assessment of a civil penalty for an incident involving death, physical abuse and/or serious injury, in care facilities was revised. An appeal process for civil penalties was also established.

2016

Care facilities: civil penalties – Health and Safety Code sections 1548, 1566.7, 1568.0822, 1569.335, 1569.49, 1596.819, 1596.859, 1596.8595, 1596.99, 1597.58

Statute increases the amount of civil penalties to be imposed for a licensing violation under those provisions, and would impose civil penalties for a repeat violation of those provisions, as specified. The CDSS is authorized, in its sole discretion, to reduce the civil penalty for the cited repeat violation to the level of the underlying violation. Statute requires the department to make a good faith effort to work with the licensee to determine the cause of the deficiency and ways to prevent any repeat violations, and to adopt regulations setting forth the appeal procedures for deficiencies. Statute requires civil penalties to be due and payable when administrative appeals have been exhausted and to be subject to late fees, except as specified.

*Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

Community Care Licensing (CCL)*

HISTORY OF MAJOR PROGRAM CHANGES (CONTINUED):

(Foster Family Homes)

1999

Fingerprint Background Check – Health and Safety Code section 1522

Background check requirements were reinstated for licensed foster family homes, as well as other community care facilities, on an emergency basis. Statute required federal and state background checks for all new facility applicants as well as any staff person, volunteer or employee who has client contact. Fingerprints must be submitted to the California DOJ before a person's employment, residence or initial presence. There is an immediate civil penalty of \$100 for each person who is not fingerprinted. If caregivers were found to be out of compliance, licensing staff were advised to cite caregivers and assess the civil penalty.

2001

Revised Standards for Relatives and Non-Relative Foster Family Homes – Health and Safety Code section 1505, 1521.5, 1521.6 and 1525.5; W&IC sections 309, 319, 361.2, 361.3, 362.7, 366, 366.1, 727, 11400, 11401, 11402, 11461, 16504.5, 16507.5 and 16518

The approval process for California's relative caregivers and non-relative extended family member caregivers was required to employ the same health and safety standards used to license foster family homes to ensure continuing compliance with the Federal Adoptions and Safe Families Act of 1997. Core requirements for caregivers, relatives and non-relative extended family members were subsequently consolidated into Article 3 of the foster family home regulations.

Rights of Foster Children – W&IC section 16001.9

Community care facilities licensed by CDSS were required to inform children being placed in FC of their personal rights. The information was required to address each child's questions and concerns in an age and developmentally appropriate manner. Any facility licensed to provide FC for six or more children was also required to post a listing of FC children's personal rights. Statute was added, listing 21 personal rights for foster children, most of which were already in the CCL Division regulations and enforced by the CCL Division.

Crimes: Unattended Children in Vehicles – Vehicle Code Division 6.7

The Unattended Child in Motor Vehicle Safety Act known as "Kaitlyn's Law" was added to the Vehicle Code, and stipulates that any parent, legal guardian or other person responsible for a child who is six years of age or younger may not leave the child inside a motor vehicle without the supervision of a person who is 12 years of age or older under specified conditions. These specified conditions include those that present a significant risk to the child's health or safety, the vehicle's engine is running or the vehicle's keys are in the ignition or both. If caregivers are found to be out of compliance, licensing staff were advised to cite caregivers for lack of supervision.

*Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

Community Care Licensing (CCL)*

HISTORY OF MAJOR PROGRAM CHANGES (CONTINUED):

(Foster Family Homes)

2002

In-Home Interview – Health and Safety Code section 1521.5

Statute was amended to delete the requirement that an in-home interview be conducted by the placement agency in counties that have not contracted with the state to license foster family homes. This change allowed state licensing staff to conduct an in-home interview with caregivers to collect basic information on their ability, willingness and readiness to be licensed to care for foster children. Licensing staff were advised to provide a copy of the completed In-Home Interview Form (LIC 861) to the county placement agency.

2003

Anti-Discrimination on the Basis of Sexual Orientation or Gender Identity

W&IC section 16001.9

Statute was amended to add an additional right to the personal rights for foster children. The additional right was “fair and equal access to all available services, placement, care, treatment and benefits and to not be subject to discrimination or harassment on the basis of actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, Human Immunodeficiency Virus status or mental or physical disability.” Amendments were also made to training requirements for caregivers to include training on anti-discrimination in regards to sexual orientation and gender identity. Caregivers were granted anti-discrimination rights. Licensing staff were advised to make caregivers aware of the personal right of foster children and, if noncompliance was found, to cite caregivers under applicable statute.

2004

Civil Penalty Increase for Background Check Violations – Health and Safety Code section 1522, 1568.09, 1569.17 and 1596.871

The existing civil penalty was increased for allowing an individual who does not have a criminal record clearance or exemption to work or reside in a licensed facility. The existing immediate \$100 civil penalty per individual violation was increased to an immediate \$100 per day civil penalty applicable for a maximum of five days for first violations and a maximum of 30 days for subsequent violations. If caregivers were found to be out of compliance, licensing staff were advised to identify how long a person without clearance has been living in the home, cite caregivers for the deficiency and assess the civil penalty as specified.

*Please refer to the first tab titled “[Acronyms](#)” for a full description of acronyms.

Community Care Licensing (CCL)*

HISTORY OF MAJOR PROGRAM CHANGES (CONTINUED):

(Foster Family Homes)

Education Information for Foster Children – W&IC section 16001.9

At 16 years of age or older, children in FC have the personal right to access existing information regarding the educational options available, including, but not limited to, the coursework necessary for vocational and postsecondary educational programs and information regarding financial aid for postsecondary education. If caregivers were found to be out of compliance, licensing staff were advised to cite applicable statute pending regulations.

2005

Foster Children – Injections – Health and Safety Code section 1507.25

Specified caregivers who are not licensed health care providers are authorized to administer emergency medical assistance and/or injections for specific reasons to a foster child in placement. If caregivers are trained by a licensed health care professional practicing within his or her scope of practice, they may administer specified emergency medical assistance and/or injections and supportive activities for specified conditions. If caregivers were found to be out of compliance, licensing staff were advised to cite caregivers under applicable statute pending regulations.

Use of Occasional Short-Term Babysitters – W&IC section 362.04

Caregivers are required to use a reasonable and prudent parent standard in determining and selecting appropriate babysitters for occasional short-term use. Caregivers are also required to provide specified information to babysitters when leaving a foster child in a babysitter's care. Babysitters are not required to be subject to a criminal background check, a health screening or cardiopulmonary resuscitation/first aid certification or training. If caregivers were found to be out of compliance, licensing staff were advised to cite caregivers under the applicable statute or regulations.

AFDC-FC: Pregnant and Parenting Foster Youth – W&IC sections 300, 362.1, 11400, 11401, 11465 and 16501.25

Various sections of the W&IC were amended to create "whole foster family homes," which are defined as family homes, approved relative caregiver or non-relative extended family members' homes or certified homes that provide FC for minor parents and their children. These homes were to be specifically recruited and trained to be of assistance to minor parents in developing skills needed to provide a safe, stable and permanent home for their children. Statute also required that a "shared responsibility plan" be developed to avoid any confusion about the roles and responsibilities of caregivers and teen parents in providing care for the teen parent's child. If caregivers were found to be out of compliance, licensing staff were advised to cite caregivers under the care and supervision authority.

*Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

Community Care Licensing (CCL)*

HISTORY OF MAJOR PROGRAM CHANGES (CONTINUED):

(Foster Family Homes)

2006

Children's Residential Regulations Review Workgroup and Placement Criteria – Health and Safety Code section 1530.3; W&IC section 361.2

CDSS is required to report to the Legislature on the progress of the Children's Residential Regulations Review Workgroup, which was subsequently tasked with a global revision of the regulations for licensed foster family homes. The W&IC section 361.2 was also amended to require that children be placed in homes where caregivers are able to: 1) meet the health, safety and well-being needs of the child; 2) maintain the least restrictive and most family-like environment; 3) permit the child to participate in reasonable, age-appropriate, day-to-day activities; and 4) use the reasonable and prudent parent standard to determine activities that are age-appropriate and meet the child's needs.

2007

Smoking in Vehicle with Minor Passengers – Health and Safety Code section 1550

Statute made it an infraction for a person to smoke a cigar, cigarette or pipe in a moving or stationary vehicle with a minor present. If caregivers were found to be out of compliance, licensing staff were advised to cite caregivers for conduct harmful to the health of the child in care.

Compliance with the federal Adam Walsh Child Protection and Safety Act and the Intercountry Adoption Act of 2000 – Health and Safety Code sections 1522 and 1522.1

Enhanced criminal record clearance requirements must be met by foster family homes prior to being licensed. California and FBI criminal background checks, a check of the California Child Abuse Registry and a check of registries in each state in which the prospective caregiver has lived in the past five years are required. The passage of this section resulted in a new form, the Out-of-State Disclosure and Criminal Record Statement (LIC 508D), to check criminal record information in other states where caregivers have lived.

CWS: RFA Program – W&IC section 16519.5

CDSS is required to implement a three year RFA implementation program in up to five counties. This program was intended to establish a single comprehensive RFA process for FC and adoption that would replace the existing separate processes for licensing foster family homes, approving relatives and non-relative extended family members and approving adoptive families. A resource family has to meet both home approval standards and permanency assessment criteria to provide care to a child and be exempt from licensure, relative approval and adoption approval.

*Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

Community Care Licensing (CCL)*

HISTORY OF MAJOR PROGRAM CHANGES (CONTINUED):

(Foster Family Homes)

2008

Immediate Civil Penalties; CDSS Use of Civil Penalty Moneys; Unannounced Facility Visits; Plans of Correction; Licensing Report Requirements – *Health and Safety Code sections 1530.5 and 1548*

Licensed foster family homes, along with other community care facilities, are subjected to the immediate assessment of civil penalties for designated serious “zero tolerance” violations. “Zero tolerance” violations include fire clearance violations, absence of supervision, accessible bodies of water, accessible firearms or ammunition, refusing entry to an agent of CDSS and presence of an excluded person on the premises. If caregivers are found to be out of compliance, licensing staff were advised to assess caregivers a civil penalty in the amount of \$150 per day, per violation, until corrected.

Transfer of Existing License to a New Location – *Health and Safety Code section 1524*

Licensed foster family homes are permitted to transfer their existing license to a new location while requiring them to continue meeting all applicable laws and regulations at their new location. Licensing staff are instructed to: request that foster family homes submit an updated Foster Family Home Application (LIC 283) and documentation for their new location; make an announced relocation case management visit to ensure compliance with licensing laws and regulations at the new location; and transfer the existing license to the new location by updating the address on record while retaining the existing foster family home license number and effective date of licensure. If foster family homes are found to be out of compliance at the new location, licensing staff were advised to cite caregivers according to the applicable licensing laws and regulations.

Training on California Student Safety and Violence Prevention Act of 2000 – *Health and Safety Code section 1529.2*

The existing training requirements for caregivers in licensed foster family homes were amended to require the initial 12-hour foster parent training include training in the California Student Safety and Violence Prevention Act of 2000. If caregivers are found to be out of compliance, licensing staff were advised to cite caregivers for not completing the training.

*Please refer to the first tab titled “[Acronyms](#)” for a full description of acronyms.

Community Care Licensing (CCL)*

HISTORY OF MAJOR PROGRAM CHANGES (CONTINUED):

(Foster Family Homes)

2010

California Fostering Connections to Success Act – *W&IC sections 11400 and 11403*

California law was aligned to act in accordance with the federal Fostering Connections to Success and Increasing Adoptions Act of 2008 (PL 110-351). Statutes were amended to phase in the eligibility of a non-minor dependent to remain in FC up to age 19 beginning January 1, 2012, up to age 20 beginning January 1, 2013, and with approval by the Legislature, up to age 21 beginning January 1, 2014. Licensing staff are advised that: 1) non-minor dependents may remain in or return to care in licensed foster family homes and other Children's Residential community care facilities and homes; 2) while non-minor dependents, as clients, would be exempt from criminal background clearances, a pre-placement appraisal is required to assist in determining whether a placement is appropriate; and 3) health and safety standards apply to non-minor dependents in care.

2012

Minors and Non-Minor Dependents: Out-of-Home Placement – *Health and Safety Code sections 1502, 1505 and 1559.100; W&IC sections 11400 and 11403*

FC is extended up to age 21. Responsibility for Transitional Housing Placement Plus FC, originally a county-administered program for non-minor dependents, is transferred to the CCL Division. Remote site model placement, permitted for minors placed prior to October 1, 2012, is only available to non-minor dependents on or after that date and the transitional housing placement provider is required to have a staffing ratio of case manager to client of no more than 1:12 for minors and non-minor dependents. Transitional housing placement providers serving minors in a Transitional Housing Placement Program or non-minor dependents in a Transitional Housing Placement Plus FC are to be licensed as Transitional Housing Placement Program and, until regulations are further developed, AB 12 Interim Licensing Standards for the Transitional Housing Placement Program are to be applied to non-minor dependents in Transitional Housing Placement Plus FC.

FC Services: Cultural Competency – *Health and Safety Code section 1529.2; W&IC section 16001.9*

The existing training requirements for caregivers in licensed foster family homes was amended by requiring the initial 12-hour foster parent training and the annual eight hour foster parent training to include training in cultural competency and sensitivity. The training must relate to and include best practices for providing adequate care to lesbian, gay, bisexual and transgender youth in out-of-home care. Statute was also amended to add the right of every child in FC to have caregivers and access to child welfare personnel who have received this training. Licensing staff were advised that if foster family homes are found to be out of compliance with this training requirement, caregivers are to be cited for not completing the training.

*Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

Community Care Licensing (CCL)*

HISTORY OF MAJOR PROGRAM CHANGES (CONTINUED):

(Foster Family Homes)

Foster Homes: Residential Capacity – *W&IC section 17732.2*

Existing law was clarified to require licensed specialized foster family homes not exceed a total of six children living in the home. Consistent with existing law, it continued to permit two, and up to three, foster children with or without special health care needs to be in a specialized foster family home under specified conditions. However, non-foster children living in the same home must be considered when making a capacity determination. Licensing staff were advised that if foster family homes are found to be out of compliance by having too many children in the home, caregivers were to be cited under the applicable regulations.

Immediate Civil Penalties – *Health and Safety Code section 1530.5*

The assessment of civil penalties for designated serious “zero tolerance” violations was applied to licensed foster family homes. Statute was amended to exempt foster family homes from most civil penalties, except those that result from fingerprint violations and unlicensed care operations. As a result, foster family homes are no longer subject to immediate civil penalties for any violation of Health and Safety Code section 1548. Licensing staff were advised effective January 1, 2013, that caregivers shall no longer be assessed immediate civil penalties for these violations.

2013

FC Services: Smoke-Free Environment – *Health and Safety Code section 1530.7*

Effective January 1, 2014, statute was amended to require that specified children’s residential facilities maintain a smoke-free environment. Further, individuals licensed or certified to provide care to foster children are prohibited from smoking or permitting any other person to smoke inside the home, or outside when a child is present. The law also prohibits smoking in any motor vehicle regularly used to transport children. Pending the development of regulations, licensing staff will be instructed to cite caregivers if it is ascertained that smoking is taking place in violation of the law.

*Please refer to the first tab titled “[Acronyms](#)” for a full description of acronyms.

Community Care Licensing (CCL)*

HISTORY OF MAJOR PROGRAM CHANGES (CONTINUED):

(Foster Family Homes)

2014

FC Providers: Criminal Records – Health and Safety Code section 1522.08; W&IC section 16504.7

Statute was amended and added relating to the criminal background check of a prospective foster parent, adult member of the prospective foster parent's household or employee of a foster family agency's criminal background. CDSS is required, upon request by CWDs, to provide a list of individuals who are granted criminal record exemptions and are associated with state licensed foster family homes, certified family homes of licensed foster family agencies and group homes. In addition, the law requires CDSS to share summary information used in making the decision to grant a criminal record exemption. The law requires CDSS to issue an ACL on or before March 1, 2015, to specify how a county may request summary information, how the information will be used by CDSS and how the information may be used by a county. This law further allows CDSS and CWDs to share any information regarding an individual subject to an administrative action. Existing law requires CDSS to maintain a centralized database for the monitoring and tracking of administrative actions taken, that will be used by other departments. The centralized database is contingent upon funding. Once a centralized database is developed, CDSS and CWDs will share any information regarding an individual's administrative actions.

2015

CCR – Health and Safety Code sections 1524, 1529.2 and 1536

A foster family home license is forfeited when the licensee becomes an approved resource family. Existing foster parent training requirements sunset on January 1, 2017, and were replaced with revised and restructured requirements, intended to be flexible to meet the specialized needs of individual children and families. The revised training requirements become effective January 1, 2017, and sunset January 1, 2019, unless extended or deleted by a later statute. Professional organizations educating foster parents, including the Foster and Kinship Care Education Program of the CCC are allowed to request and receive the names and addresses of foster parents in California.

Gender Identity – Health and Safety Code section 1502.8; W&IC sections 16001.9 and 16006.

Personal rights for foster children were amended to include the right to be placed in out-of-home care according to their gender identity, regardless of the gender or sex listed in their court or child welfare records. The mandate that children and non-minor dependents be placed according to gender identify was reiterated with the addition of W&IC section 16006. Health and Safety Code section 1502.8 was added, requiring CDSS to adopt regulations consistent with this new personal right.

*Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

Community Care Licensing (CCL)*

HISTORY OF MAJOR PROGRAM CHANGES (CONTINUED):

(Foster Family Homes)

Psychotropic Medication – Health and Safety Code section 1529.2; W&IC section 16501.4

Existing pre-placement and post placement training requirements for foster parents on health issues in FC were expanded to include instruction on the oversight of psychotropic medications that are prescribed for children in care. CDSS is required to consult with the DHCS and other specified stakeholders to develop training for foster parents and others that addresses issues related to psychotropic medication such as authorization, risks, benefits, assistance with self-administration, oversight, substance use disorders and mental health treatments.

Reasonable and Prudent Parent Standard – Health and Safety Code section 1522.44; W&IC section 362.05

Licensed and certified foster parents are required to receive training related to the reasonable and prudent parent standard consistent with section 671(a) (24) of Title 42 of the United States Code. The training is to include knowledge and skills relating to the reasonable and prudent parent standard for the participation of foster children in age or developmentally appropriate activities. Training includes applying knowledge and skills relating to the developmental states of the cognitive, emotional, physical and behavioral capacities of a child. Training also includes applying the reasonable and prudent parent standard to decisions such as whether to allow the child to engage in extracurricular, enrichment, cultural and social activities, including sports, field trips and overnight activities. Aspects of the caregiver training requirements and of the reasonable and prudent parent standard itself are clarified in amendments to W&IC section 362.05.

2016

E-Cigarettes – Health and Safety Code section 1530.7

Persons licensed or certified to provide residential care in a foster family home or certified family home are already prohibited from smoking tobacco products inside the home, in any motor vehicle that is regularly used to transport children, and, when the child is present, on the outdoor grounds of the home. Effective January 1, 2017, the definition of “smoking” and “tobacco products” are amended to reflect the STAKE (Stop Tobacco Access to Kids Enforcement) Act’s definitions which now include the use of e-cigarettes.

2017

CWS: RFA Program – W&IC section 16519.5

Effective January 1, 2017, the RFA process implemented statewide. New applicants will no longer become licensed foster family homes and instead undergo the RFA process. Counties have until December 2019, to convert existing licensed foster family homes to resources families. For more information, please refer to page 57 of this tab, or the CCR premise.

*Please refer to the first tab titled “[Acronyms](#)” for a full description of acronyms.

Foster Care (FC)*

DESCRIPTION:

The FC Program is a service that is provided in all 58 counties through the CWS system which is California's primary statewide intervention program for abused, neglected and/or exploited children. The primary payment source for FC is AFDC-FC.

Although children and youth can come into the state's FC program through several different doors, the vast majority come through a county child welfare agency as a result of being removed from their parents' custody and becoming a dependent of the juvenile court because they cannot live safely at home. Some older youth come into FC as a ward of the juvenile court on probation as a result of committing a criminal offense. Children who are being cared for by a non-related legal guardian may also receive FC benefits. Youth in FC may stay up to age 21, provided they meet certain participation criteria, or there is a verified medical condition which renders him/her incapable of meeting participation criteria.

When children or youth are removed from their parents' custody and placed in FC under the jurisdiction of the local juvenile court, state and federal laws require they be placed in the least restrictive placement necessary to meet their needs. In order of preference, the primary placement categories are:

- Non-custodial parent
- Relative or non-relative extended family member (e.g., godparent)
- Unrelated foster family home
- Supervised ILP (only for young adults)
- Foster Family Agency certified foster home
- Group home

When children are removed from their parents' custody, state and federal laws requires that reasonable efforts be made to reunify the child with the parent(s). When it is not possible for the child to safely return to the parent(s) home, the law requires that a permanent plan be determined for the child. When permanency cannot be achieved through reunification, other options which provide the child a safe and stable permanent family must be pursued, specifically through adoption or guardianship. Reunification, adoption or guardianship are the permanency options which allow a child to leave FC and court jurisdiction.

The juvenile court plays a key role for ensuring due process and accountability when children are removed from their homes. Court hearings are held every six months to ensure reasonable efforts are being made to meet the requirements of the case plan and the needs of the child are met.

FUNDING:

Effective July 2011, the FC program is primarily funded with federal Title IV-E of the Social Security Act, LRF and county funds. Other federal funds, such as TANF and Title XX, are also used for eligible program costs.

*Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

Foster Care (FC)*

FUNDING (CONTINUED):

The responsibility for child welfare and protective services was realigned to the counties in 2011 as part of 2011 Public Safety Realignment. Pursuant to Proposition 30, legislation enacted after September 30, 2012, that has the overall effect of increasing the costs incurred by a local agency for programs or levels of service mandated by 2011 Realignment shall apply to local agencies only to the extent that the state provides annual funding for the cost increase. Local agencies are not obligated to provide programs or levels of service required by legislation above the level for which funding has been provided. Therefore, funding for the remaining nonfederal costs for all 58 counties is 100 percent GF. Only the GF share is reflected for the nine Title IV-E California Well-Being Project counties as the federal funds for the Project are capped.

ELIGIBILITY:

The six eligibility requirements to receive federal FC funding include:

- Deprivation: Deprived of a parent, by absence, death, unemployment or disability, at the time of removal and on-going.
- AFDC-FC Linkage: Home of removal (including child's income) qualifies for AFDC-FC at the 1996 income guidelines during petition month or in the six months prior to removal.
- Removal by Court Order: Language on the court order includes such phrases as: contrary to the welfare of the child to remain in the home; suitable placement and reasonable efforts made to prevent removal from the parent/guardian; or Voluntary Placement Agreement, which is only for 180 days and then the child must reunify, be removed by a court order, be released for adoption or have the Voluntary Placement Agreement formally extended.
- Property: The child must have property and/or assets less than \$10,000.
- Residency: The child must have been a resident of California at the time when he/she entered FC.
- Citizenship: Only United States citizens, permanent legal residents or those with permanent residence under Color of Law are eligible.

HISTORY OF MAJOR PROGRAM CHANGES:

1982

Public System of Statewide CWS – *W&IC section 16500*

CDSS and the CWDs were required to establish and support a statewide system of CWS. Each county must maintain four specialized components: ER, FM, FR and PP.

1989

GH Rate Structures – *W&IC section 11462*

The FC group home rate structure was established and the CWS/CMS was authorized.

*Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

Foster Care (FC)*

HISTORY OF MAJOR PROGRAM CHANGES (CONTINUED):

1997

Concurrent Planning – Evidence Code section 1228.1; Family Code sections 8614, 8700 and 8714; Health and Safety Code sections 1502, 1505 and 1505.2; W&IC sections 300, 316.2, 361, 366, 387, 11400, 16206 and 16501.1

Existing law was amended to mandate concurrent planning to increase the likelihood that children who are unable to reunify with birth parents achieve permanency with relatives.

1998

Adoption and Safe Families Act – Family Code sections 8700, 8707, 8708, 8710.1, 8710.2, 8710.3, 8710.4 and 8711; Health and Safety Code sections 1505, 1530.8 and 1502.6; W&IC sections 319, 361.3, 361.5, 366, 366.1, 366.22, 366.26, 366.3, 366.4, 10950 and 11155.5, 11400, 14401, 11404.1, 11478.1, 16100, 16120, 16501.1, 16131 and 16508.1.

The federal Adoption and Safe Families Act was implemented in California to include shortened timeframes for reunification.

FC Ombudsman – Education Code sections 48850, 49069.5, 56140, 56200, 56205, 56366 and 56366.8; Family Code sections 7911, 7911.1 and 7912; Health and Safety Code sections 1520.1, 1520.11, 1522, 1522.02, 1522.03, 1522.04, 1522.41, 1522.42, 1522.43, 1522.1, 1522.4, 1534, 1534.5, 1538, 1538.5, 1548, 1550, 1558, 1558.1, 1563, 1568.042, 1568.082, 1568.09, 1568.092, 1568.093, 1569.1515, 1569.17, 1569.172, 1569.50, 1569.58, 1569.59, 1569.617, 1596.603, 1596.871, 1596.8713, 1596.877, 1596.885, 1596.8897, 1596.8898 and 1596.952; Penal Code section 11174.3; W&IC sections 366, 727.1, 827, 10609.3, 11402, 11404.5, 11461, 11462, 11463, 11465, 16501.1, 18358.30, 361.21, 5867.5, 11466.21, 11467, 16501.2, 16516.5, 16160 and 18987.6

The group home reforms were enacted and the FC Ombudsman program was established to provide a way to resolve issues affecting foster youth and caregivers.

2001

Child and Family Review Systems – W&IC section 10601.2

A statewide system was established to review county systems and to provide assistance in meeting state and federal outcome measures.

The ETV Program – PL 107-133

This program was added to the Chafee FC Independence Program Act of 1999 (PL 106-169) via PL 107-133. The ETV program provides additional funding to meet the educational and training needs of youth who aged out of FC after the age of 16 or youth that are in extended FC. The law authorizes states to use the specified funding to provide vouchers of up to \$5,000 per year to financially assist eligible foster youth pursuing secondary education or job training programs after the age of 18 and up to age 23 years old.

*Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

Foster Care (FC)*

HISTORY OF MAJOR PROGRAM CHANGES (CONTINUED):

2003

Safe Surrender of a Newborn – Health and Safety Code section 1255.7; Penal Code section 271.5

Statute permitted the surrender of a newborn to a safe-surrender site. Other provisions required certain information regarding the surrendering individual be kept confidential and safe-surrender sites post signs using certain specified signage.

Education for Foster Children – Education Code sections 48850(a)(1) and 48853.5(a-d); W&IC sections 16010(a) and 16501.1(f)(8)

New rights and duties concerning the education of foster children were created including the right to a least restrictive educational program; same access to resources, same services and activities as other pupils, educational liaison, continuation in school of origin despite changes in FC placement if requested and approved by education rights holder and immediate enrollment in school at the time of placement or placement change. Courts, education rights holders, school districts, caregivers and child welfare agencies are tasked to work together to advocate for educational needs of foster youth including consideration of education matters at all juvenile court hearings.

2004

Psychotropic Medication – W&IC section 369.5(c)

Judicial time frames were established within which to approve/deny a request to authorize psychotropic medication for a foster child.

2006

Child Welfare Leadership and Performance Accountability – W&IC section 16540, 16541, 16541.5, 16543, 16543.5, 16544 and 16545

The Child Welfare Council was established as an advisory body responsible for improving collaboration among multiple agencies and the courts in the child welfare system. The Council was required to adopt outcome measures by 2008.

Indian Children – Family Code sections 3041, 7810, 7821, 7822, 7892.5, 7907.3, 8606.5, 8616.5, 8619.5, 8620, 8710, 9208, 9209 and 9210; Probate Code sections 1449, 1459, 1459.5, 1460.2, 1474, 1500.1, 1510, 1511, 1513, 1516.5, 1601 and 2112; W&IC sections 110, 224, 224.1, 224.2, 224.3, 224.4, 224.5, 224.6, 290.1, 290.2, 291, 292, 293, 294, 295, 297, 305.5, 306.6, 317, 360.6, 361, 361.31, 361.7, 366, 366.26, 727.4, 10553.1 and 16507.4

Certain provisions of the federal Indian Child Welfare Act were codified, including tribal jurisdiction, notice of an intervention in child custody proceedings, entitlement of tribal acts and proceedings, placement preferences and unsealing of adoption records.

*Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

Foster Care (FC)*

HISTORY OF MAJOR PROGRAM CHANGES (CONTINUED):

2009

Health Care Coordination and Oversight – W&IC sections 16010.2 and 16010.3

Statute was amended to provide consistency with the federal Fostering Connections Act requiring CDSS to develop a plan, in consultation with pediatricians, health care experts, FC experts and recipients of FC, for the ongoing oversight and coordination of health care services for youth in FC.

2010-2013

Federal Fostering Connections to Success Act – PL 110-35; Family Code section 17552; Health and Safety Code sections 1501.1, 1502, 1505, 1502.7, 1536.1 and 1559.110; Penal Code section 11170; W&IC sections 241.1, 293, 295, 297, 300.3, 303, 317, 358.1, 360, 361.45, 361.5, 366, 366.21, 366.22, 366.25, 366.3, 366.31, 366.4, 388, 391, 450, 451, 452, 607.2, 607.3, 727.2, 727.3, 727.31, 728, 781, 785, 826, 10101.2, 10609.4, 11008.15, 11155.5, 11217, 11253, 11253.3, 11363, 11364, 11365, 11376, 11386, 11387, 11400, 11401, 11401.05, 11401.1, 11401.4, 11401.5, 11402, 11402.2, 11403, 11403, 11403.01, 11403.2, 11403.25, 11405, 11450, 11450.16, 11454.5, 11461, 11464, 11465, 11466.21, 11466.23, 11466.24, 13754, 13757, 16120, 16123, 16501, 16501.1, 16501.25, 16503, 16504, 16504.5, 16507.3, 16507.4, 16507.6, 16508, 16522 16600, 16601, 16602, 16604 and 16604.5

New state statutes were enacted to exercise the option in the federal Fostering Connections Act to extend FC up to age 21 as allowed via PL 110-351. The W&IC section 11400 amended the FC program, implemented on January 1, 2012, to allow foster youth (including those supervised by probation) to remain in care up to age 21 if they meet one of the five criteria described in the federal law. AB 12, along with follow up legislation (AB 212, AB 1712 and AB 787) created new placement options for youth aged 18 to 21 in the FC, adoptions assistance and Kin-GAP programs. Additionally, foster youth who exit care on or after their 18th birthday are allowed to re-enter FC at a later date prior to reaching age 21. This aspect of the program is a unique shift in child welfare policy.

2012-2013

CCR – W&IC section 319.2, 319.3, 361.2, 727, 11461.2, 11462.05 and 11463; Health and Safety Code section 1530.8

The CCR is focused on recommending changes to the state's current rate setting system, and services and programs serving children and families in the continuum of AFDC-FC eligible placement settings. The CCR implemented new criteria and approval requirements for placement of dependent children ages 12 and under in a group home.

*Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

Foster Care (FC)*

HISTORY OF MAJOR PROGRAM CHANGES (CONTINUED):

2014

ARC Program – W&IC sections 11461.3 and 11253.4

Effective January 1, 2015, children placed in FC with relative caregivers are eligible for increased payments equivalent to the basic rate paid to federal eligible FC providers.

This county-optional program provides state funding for participating counties to make per-child, per-month payments to ARCs in an amount equal to the basic federal FC rate. A county may “opt-out” of the program at any time, but must meet notification and other requirements.

2015-2016

CCR – AB 403 (Chapter 773, Statutes of 2015) and AB 1997 (Chapter 612, Statutes of 2016)

Various provisions of statute were added or amended to implement recommendations put forward in CDSS's 2015 report: California's Child Welfare Continuum of Care Reform. The report outlined a comprehensive reform effort to make sure that youth in FC have their day-to-day physical, mental, and emotional needs met; that they have the greatest chance to grow up in permanent and supportive homes; and that they have the opportunity to grow into self-sufficient, successful adults. For FC, AB 403 advances California's long-standing goal to move away from the use of long-term group home care by increasing youth placement in family settings and by transforming existing group home care into places where youth who are not ready to live with families can receive short term, intensive treatment.

2016

Infant Supplement Grant Increase – W&IC section 11465

The Budget Act of 2016 provided an additional \$489 increase to the infant supplement grant. The infant supplement grant is an increase in the FC maintenance payment for a parenting youth that is paid to the caregiver, housing provider or the parent directly in the case of a Supervised ILP. The payment provides for the care and supervision of the child of the parenting youth. Any youth who has primary custody of their child is eligible for the infant supplement. The original base of the Infant Supplement Grant is part of the 2011 Realignment.

*Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

Immigration Services*

DESCRIPTION:

Immigration Services are provided to immigrants who reside in the state of California. This program, administered by CDSS, began in 2015. The services include assistance to help applicants obtain DACA, DAPA, other immigration remedies and naturalization; legal training and technical assistance to CDSS contractors that provide immigration legal services to these applicants; as well as education and outreach activities to immigrant communities.

These services expand access and referrals to reputable sources of legal immigration services, including eligibility screening and application processing, for individuals who are potentially eligible for DACA, DAPA, other immigration remedies and naturalization. Resources are used to: 1) identify and develop effective approaches for informing and educating immigrant communities about the importance of deferred action, other immigration remedies or naturalization; 2) assist immigrants with locating resources for application assistance; 3) develop outreach strategies tailored to the needs of low-income, underserved and hard-to-reach immigrant communities in California to promote full and inclusive participation; and 4) provide ongoing legal training and technical assistance to selected nonprofit organizations that provide immigration legal.

FUNDING:

These Immigration Services are funded with 100 percent GF. The funding is awarded to qualified non-profit organizations to provide the services.

ELIGIBILITY:

Contractors must meet the requirements set forth in Internal Revenue Code section 501(c)(3) or 501(c)(5). Additionally, the following outlines the minimum criteria for nonprofit organizations to receive funding.

Application Assistance – DACA, DAPA and Naturalization

The contractor must have at least three years of experience handling immigration cases and be recognized and accredited by the Board of Immigration Appeals under the United States DOJ Executive Office for Immigration Review or meets the requirements to receive funding from the Trust Fund Program administered by the State Bar of California.

Training and Technical Assistance

The contractor must have at least ten years of experience conducting immigration legal services and technical assistance and meet the requirements to receive funding from the Trust Fund Program administered by the State Bar of California.

Education and Outreach Assistance

The contractor must have at least three years of experience conducting education and outreach with immigrant populations and at least three years of experience conducting outreach for government benefits and programs.

*Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

Immigration Services*

ELIGIBILITY (CONTINUED):

Clients must meet the requirements set forth by the United States Citizenship and Immigration Services to be eligible for one of the three service categories:

General Eligibility Requirements for DACA¹

The applicant must be under the age of 31 as of June 15, 2012; have come to the United States before reaching their 16th birthday; have continuously resided in the United States since June 15, 2007, up to the present time; have been physically present in the United States on June 15, 2012, and at the time of making their request for consideration of deferred action with United States Citizenship and Immigration Services; and have had no lawful status on June 15, 2012.

In addition, the applicant must currently be in school, have graduated or obtained a certificate of completion from high school, have obtained a General Education Development certificate or are an honorably discharged veteran of the Coast Guard or Armed Forces of the United States. Furthermore, the applicant must have not been convicted of a felony, significant misdemeanor, or three or more other misdemeanors and do not otherwise pose a threat to national security or public safety.

General Eligibility Requirements for DAPA^{1,2}

The applicant must have lived in the United States continuously since January 1, 2010, up to the present time; have been physically present in the United States on November 20, 2014, and at the time of making their request for consideration of DAPA with United States Citizenship and Immigration Services; and have had no lawful status on November 20, 2014; have had, on November 20, 2014, a son or daughter, of any age or marital status, who is a United States citizen or lawful permanent resident.

In addition, the applicant must have not been convicted of a felony, significant misdemeanor, or three or more other misdemeanors, do not otherwise pose a threat to national security or public safety and are not an enforcement priority for removal.

General Eligibility Requirements for Naturalization

The applicant must be age 18 or older at the time of filing for naturalization; be a lawful permanent resident for at least five years before being eligible for naturalization; have continuous residence in the United States as an lawful permanent resident for at least five years immediately preceding the date of filing the application and up to the time of admission to citizenship; be physically present in the United States for at least 30 months out of the five years immediately preceding the date of filing the application; and have lived within the State or United States Citizenship and Immigration Services district with jurisdiction over the applicant's place of residence for at least three months prior to the date of filing.

¹Other immigration remedies that may be available to individuals seeking DACA or DAPA status include, but are not limited to: U-Visa, T-Visa, Special Immigrant Juvenile Status, Violence Against Women Act self-petitions, family-based petitions, asylum or other remedies for which DACA or DAPA applicants may qualify.

²Due to the court-ordered injunction, DAPA application services will be limited to document gathering, submitting Freedom of Information Act requests and assisting with other immigration remedies, among other approved activities.

Immigration Services*

ELIGIBILITY (CONTINUED):

In addition, the applicant must demonstrate good moral character for five years prior to filing for naturalization, and during the period leading up to the administration of the Oath of Allegiance.

The applicant must have an attachment to the principles of the United States Constitution and be well disposed to the good order and happiness of the United States during all relevant periods under the law. The applicant must also be able to read, write, speak and understand English and have knowledge and an understanding of United States history and government.

*Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

This page is intentionally blank

In-Home Supportive Services (IHSS)*

DESCRIPTION:

The IHSS programs provide an alternative to out-of-home care for low-income aged, blind and disabled individuals. The IHSS consists of four programs: Medi-Cal PCSP; IHSS Plus Option, a Medi-Cal State plan option which replaced the IPW Program; CFCO, which became effective December 1, 2011; and the Residual program. For further details on these programs please refer to Estimate Methodologies section of this binder, IHSS Basic Services premise.

Recipients of all IHSS programs need program services in order to remain safely in their own home and avoid out-of-home care. The IHSS services include domestic and related services (e.g., housework, meal preparation, laundry, shopping), personal care services, accompaniment to medical appointments, protective supervision for the mentally-impaired recipients who may place themselves at risk for injury, hazard or accident and paramedical services when directed by a physician.

FUNDING:

The PCSP and IHSS Plus Option programs are eligible for full scope FFP Medi-Cal at a FMAP of 50 percent. The CFCO program is eligible for FFP Medi-Cal at a FMAP of 56 percent effective December 1, 2011. The Residual program is funded by GF and county funds. The state funds 65 percent of service costs and 70 percent of county program administrative costs. The counties fund the remaining costs.

Under the CCI program, each county is responsible for paying a MOE amount instead of paying a percentage of program costs. Each county's MOE is based on program expenditures for FY 2011-12 and adjusted for savings for CFCO-eligible cases eligible for the additional six percent FMAP over a seven-month period. The MOE applies to all counties effective July 1, 2012.

Under the ACA, newly eligible Medi-Cal recipients are eligible for an enhanced FMAP on all services including IHSS. The enhanced FMAP will be 100 percent through June 2016. As detailed in the ACA this percentage gradually decreases to 90.0 percent. The applicable rates will be 97.5 percent in FY 2016-17, 94.5 percent in FY 2017-18, 93.5 percent in FY 2018-19, 91.5 percent in FY 2019-20 and 90.0 percent thereafter.

ELIGIBILITY:

Recipients of PCSP, IHSS Plus Option and CFCO services must be eligible for Medi-Cal. The IHSS Plus Option recipients are not eligible for PCSP because services are provided by a spouse or by a parent of a minor child, the recipient receives advance pay or the recipient receives Restaurant Meal Allowance. The CFCO recipients are determined eligible for Nursing Facility Level of Care. The Residual program serves individuals who are not eligible for Medi-Cal, but meet SSI/SSP income standards, are aged (65 or older), blind or disabled and have an assessed need for services to remain safely at home and avoid out-of-home care.

*Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

In-Home Supportive Services (IHSS)*

HISTORY OF MAJOR PROGRAM CHANGES:

1973

IHSS Program – *W&IC sections 12300 through 12314, 14132.95 and 14132.956*

The IHSS Program was created to enable elderly, blind and disabled individuals to live independently in the community.

1978-1981

Equity Assessment Project

This was a three-year project conducted by UC Berkeley, in three counties (Alameda, Contra Costa and Marin). Historical needs assessment data was used to predict recipients' level of need for IHSS services. The project also permitted similar awards to individuals with similar needs, thus promoting equity (beginning of IHSS Assessment Uniformity).

1981

Domestic Services Standard – *W&IC section 12310*

The first state time-per-task standard, known as the Domestic Services Standard, was introduced.

1992

Non-Profit Consortia and Public Authority – *W&IC section 12301.6*

Statute was added to allow a County Board of Supervisors to contract with a non-profit consortium, or to establish by ordinance a public authority for the delivery of IHSS.

Federal Funding Approved for the IHSS PCSP

On November 2, 1992, a State Plan Amendment was approved by the CMS allowing most IHSS services to be considered a Medi-Cal benefit under the new IHSS PCSP.

1993

PCSP – *W&IC section 14132.95*

The PCSP was implemented April 1, 1993.

1998

Expansion of PCSP Eligibility – *W&IC section 18937*

Statute was amended, expanding PCSP eligibility to include medically needy aged, blind and disabled persons (previously, only categorically-eligible persons were eligible).

*Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

In-Home Supportive Services (IHSS)*

HISTORY OF MAJOR PROGRAM CHANGES (CONTINUED):

Waivers for Personal Care Services – W&IC section 14132.97

The Waivers for Personal Care Services, as defined under the Medi-Cal program, were required to be provided to persons meeting specified requirements.

1999

State Plan Amendment

On April 1, 1999, a State Plan Amendment was approved by CMS expanding PCSP eligibility to include income-ineligible recipients (i.e., recipients with a share of cost).

Employer of Record – W&IC sections 12301.6, 12303.4, 12301.3, 12301.4, 12301.8 and 12302.25

Counties were required to act as or to establish an employer of record for IHSS providers for purposes of collective bargaining. Counties that had not established a public authority for the provision of IHSS services were required to establish an advisory committee to provide recommendations on modes and delivery of IHSS services. The IHSS Registry sales tax subaccount was also eliminated from the LRF and remaining funds were transferred to the GF.

2000

IHSS Non-federal Sharing Ratios and State Participation in Wages and Benefits

W&IC sections 12306.2 and 12306.3

Legislation established the nonfederal share to be paid by the state and counties for any increases in provider wages and benefits and associated taxes. Limits were also defined for state participation in increases to wages and benefits.

Non-Public Authority Counties

Effective January 1, 2001, participation in the nonfederal portion of any county-implemented increase in IHSS provider wages, benefits and associated taxes was set at 65 percent state and 35 percent county. Wage increases were at county discretion and limited to no more than three percent above the statewide minimum wage.

Public Authority Counties – W&IC sections 12301

Participation in the nonfederal portion of any increases in wages, benefits and associated taxes that are negotiated by a public authority or a non-profit consortium was set at 65 percent state and 35 percent county participation. Increases in wages and benefits were subject to the following limits:

- The state would participate in wages up to \$7.50 per hour and in individual health benefits up to \$0.60 per hour for all public authority and non-profit consortium providers.

*Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

In-Home Supportive Services (IHSS)*

HISTORY OF MAJOR PROGRAM CHANGES (CONTINUED):

Public Authority Counties (Continued)

The state would participate in total wages and health benefits up to \$9.10 per hour if wages reached at least \$7.50 per hour. Gradual increases to wage and benefits were allowed for these specified providers over the four years following FY 2000-01, up to total combined wages and health benefits of \$12.10 per hour in the fourth year.

- State participation in subsequent year increases would only occur if wages had already reached \$7.50 per hour and GF revenue had exceeded the previous FY's GF revenue by at least five percent.
- State participation in wage and benefit increases in any FY would be limited to a maximum increase of \$1.00 per hour.

Contract Counties

Funding was provided in FY 2000-01 for the increased state share of cost for existing contract counties that elected to increase their maximum allowable contract rates. Wages and benefits for contract providers are negotiated between the contractor and their local unions.

IHSS Advisory Committee – *W&IC sections 12301.3 and 12301.4*

Each county that had not established a public authority was required to establish an advisory committee. The advisory committee in each county was also required to provide recommendations on certain modes of service to be utilized in the county for IHSS. The advisory committee membership would have to include one IHSS provider for a county that has an IHSS caseload of less than 500 and two IHSS providers for a county that has an IHSS caseload of more than 500. Reimbursement of the advisory committee's administrative costs was also allowed.

2004

Improve Quality of IHSS – *W&IC sections 12301.21, 12305.7, 12305.71, 12305.72, 12305.8, 12305.81, 12305.82, 12305.83, 12317, 12317.1 and 12317.2*

CDSS, counties and DHCS were required to perform a number of activities that would focus on improving the quality of IHSS. The key provisions included:

- Ongoing statewide social worker training.
- State oversight and monitoring of county QA activities.
- Hourly task guidelines, with exception criteria to promote accurate and consistent assessments, to provide social workers a tool for conducting assessments and service authorizations.

*Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

In-Home Supportive Services (IHSS)*

HISTORY OF MAJOR PROGRAM CHANGES (CONTINUED):

Improve Quality of IHSS (Continued)

- Fraud prevention and detection activities that include collaboration among agencies to prevent/detect fraud and to maximize recovery of overpayments.
- Annual error-rate studies and data-match activities.

IPW – W&IC section 14132.951

The IPW State Plan Amendment was approved, allowing most residual recipients to be served in this waiver program (i.e., services provided by a spouse and/or parent of a minor child, or to those receiving Restaurant Meal Allowance or Advance Pay). The IPW was approved for five years, from August 1, 2004, through July 31, 2009, and extended until September 30, 2009.

2009

Key Provisions of Fraud – W&IC sections 12301.15, 12301.22, 12301.25, 12301.6, 12305.7, 12305.71, 12305.73, 12305.82, 12305.85 and 12305.86

CDSS, counties and DHCS were required to improve detection, referral, investigation and prosecution of fraud in the IHSS program, communication and to develop collaboration between state and county agencies. The key provisions included:

- Provider orientation.
- Provider enrollment including fingerprinting and background checks, enrollment form and signed agreement.
- Provider appeals.
- Fraud prevention protocols clarifying state/county roles and responsibilities including targeted mailings, unannounced home visits and county anti-fraud training.
- Policy guiding the use of Post Office boxes.
- Creation of the NOA to inform providers of recipient's authorized hours/services.

County Fraud Plan Funding

In FY 2009-10, CDSS approved county fraud plan funding for 45 counties to enable the development of the infrastructure necessary to support future fraud prevention operations.

*Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

In-Home Supportive Services (IHSS)*

HISTORY OF MAJOR PROGRAM CHANGES (CONTINUED):

The IHSS Plus Option – W&IC sections 14132.952

The IHSS Plus Option State Plan Amendment was approved on September 29, 2009, and the IHSS Plus Option became effective on October 1, 2009. The Social Security Act section 1915(i), Self-Directed Personal Assistance Services State Plan Option, was identified as the best replacement for the expiring IPW program.

Statutory Reductions and Court Injunctions

A minimum Functional Index Score threshold was created for IHSS Program services and this became the *Oster / Lawsuit*. The state financial participation rate for IHSS provider wages was capped at \$10.10 effective July 1, 2010. This became the *Dominguez v. Schwarzenegger* lawsuit. The "Share of Cost Buyout" program was eliminated.

2011

Statutory Reductions and Court Injunctions

A 3.6 percent reduction in hours was implemented in February 2011 and a 20 percent reduction in hours was triggered by the Budget Act in December 2011. This became the *Oster // Lawsuit* and part of 2013 litigation settlement.

Health Care Certificate Requirement

The IHSS recipients were required to provide a Health Care Certificate from a licensed health care professional beginning August 2011.

Changes to Provider Enrollment Background Checks

Tier 1 – Specified Child Abuse, Elder Abuse and Fraud against government health care or supportive services.

Tier 2 – Other items identified in a background check could be waived by the IHSS recipient.

2011

CFCO – W&IC section 14132.956

In compliance with the requirements of W&IC section 12305.81 resulting from SB 1104 (Chapter 229, Statutes of 2004), a person shall not be eligible to provide or receive payment for providing supportive services for ten years following a conviction for, or incarceration following a conviction for fraud against a government health care of supportive services program, abuse of a child {Penal Code (PC) 273a}, or abuse of an elder or dependent adult (PC section 368). Tier 1 and Tier 2 cases were identified.

*Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

In-Home Supportive Services (IHSS)*

HISTORY OF MAJOR PROGRAM CHANGES (CONTINUED):

CFCO (Continued)

The ACA of 2010 (enacted March 23, 2010) established a new State Plan Option entitled CFCO. The CFCO provides home and community based attendant services and supports and also provides increased federal funding in the form of a six percent increase in the FMAP for CFCO eligible recipients. CDSS and DHCS submitted a State Plan Amendment to CMS on December 1, 2011. The State Plan Amendment was approved August 31, 2012, with implementation retroactive to December 1, 2011.

On August 31, 2012, the federal CMS approved State Plan Amendment 11-034 for CFCO, allowing the state to obtain increased federal funding for eligible PCSP and IHSS Plus Option program recipients. The CMS approved State Plan Amendment 13-007 effective July 1, 2013, and updated eligibility language for compliance with the federal Social Security Act, section 1915(k)(1) and 42 CFR section 441.510.

2012

CMIPS II Launched – W&IC section 12302.2

The CMIPS II launched in pilot counties Merced and Yolo in July 2012. In September 2012, San Diego joined the pilot. Extensive work and training has been conducted with counties/public authorities, labor organizations health benefit administrators and IHSS recipient/providers. In March 2013 group one launched eight additional counties followed by 20 additional counties in group two in May 2013. Group three (Los Angeles County) launched in August 2013 followed by the remaining 24 counties in group four in November 2013.

2013

Oster I, Oster II and Dominguez Lawsuits Settlement Process

The IHSS Settlement Agreement, filed March 28, 2013, received preliminary approval on April 4, 2013. Court and legislative action was required by May 24, 2013. This lawsuit resulted in an eight percent reduction to IHSS Recipients hours effective July 1, 2013, through June 30, 2014. The reduction decreased to seven percent effective July 2014 and will be ongoing, unless action is taken to offset the reduction.

CCI – Government Code 6531.5; Government Code Title 23; W&IC sections 10101.1, 12306, 12306.1, 12306.15, 12330, 14182, 14186, 14186.35 and 14186.36

The CCI, a Medi-Cal managed care plan, began phased implementation in the eight pilot counties April 2014. The implementation process, including stakeholder meetings, is ongoing. As the IHSS program moves eligible recipients into CCI, it will remain very similar to the current program. The CCI legislation requires the Cal Medi-Connect plan to administer IHSS in accordance with current IHSS program standards and requirements. The plan will ensure access to, provision of and payment for recipients who meet the eligibility criteria for IHSS.

*Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

In-Home Supportive Services (IHSS)*

HISTORY OF MAJOR PROGRAM CHANGES (CONTINUED):

CCI (Continued)

Key Provisions of CCI include the following:

- The IHSS recipients retain the responsibilities as the employer of the IHSS provider for the purposes of hiring, firing and supervising their provider, appealing any action relating to his or her application for or receipt of services and the ability to request a reassessment.
- IHSS providers continue to adhere to the IHSS provider enrollment requirements set forth in existing statute.
- Care coordination teams are established, as needed, and subject to the consumer's consent for individual care plan development. The teams will include county IHSS social workers, consumers and their representatives, managed care health plans and may include IHSS providers and others as applicable.
- CDSS retain program administrative functions, in coordination with DHCS, including policy development, provider appeals and general exceptions, quality assurance and program integrity for the IHSS.
- The CCI shifts the responsibility of collective bargaining functions (wages, benefits and other terms and conditions of employment) from county Public Authority to a Statewide Authority. This shift occurs for each county when enrollment of dual eligibles into Cal Medi-Connect is complete. This establishes a new Advisory Committee for the Statewide Authority.
- Each county is responsible for paying a MOE instead of paying a percentage of program costs. Each county's MOE is based on program expenditures in FY 2011-12, which was adjusted to reflect savings based on the additional six percent FMAP for CFCO eligible cases, county negotiated wage increases and an annual 3.5 percent inflation factor starting July 1, 2014. This MOE requirement applies to all 58 counties effective July 1, 2012, regardless of when the county will begin participating in the CCI.
- CDSS, in consultation with DHCS, shall certify any agency that is contracting with Cal Medi-Connect for the provision of IHSS. CDSS shall also develop a written appeal process for any agency dissatisfied with the decision from CDSS regarding certification.
- As required by CCI, CDSS has, in consultation with stakeholders, developed voluntary provider training available January 2014. Three stakeholder workgroup meetings were held between May 29, 2013, and December 3, 2013. The workgroup meetings included at least one participant from each of the following groups: public authorities, providers, recipients, county representatives, recognized employee representatives and DHCS.
- On March 27, 2013, the Dual Demonstration MOU was approved to integrate dual eligible beneficiaries as a component of CCI.

*Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

In-Home Supportive Services (IHSS)*

HISTORY OF MAJOR PROGRAM CHANGES (CONTINUED):

CCI (Continued)

- In an effort to ensure that data-sharing needs are identified and addressed prior to the implementation of the CCI in 2014 CDSS is holding data sharing stakeholder workgroups, the first of which took place November 30, 2012.
- A stakeholder workgroup has been established to develop the universal assessment process, including a universal assessment tool for home and community-based services. The first stakeholder workgroup meeting was held September 20, 2013.

The W&IC sections 12300.7, 12306, 12306.1 and 12306.15 were amended and delinked CCI components to allow the mandatory enrollment of Medi-Cal and Medicare beneficiaries (dual eligible) into Medi-Cal managed care, the integration of long-term supports and services into managed care plans and the commencement of the IHSS Statewide Public Authority to proceed separately from Cal Medi-Connect.

FLSA Final Rules Concerning Domestic Workers – W&IC section 12300.41, 12301.1 and 12301.24

On October 1, 2013, the United States Department of Labor issued its Final Rule concerning domestic workers under the FLSA. The regulations were scheduled to implement January 2015 containing several significant changes impacting the IHSS program, including more clearly defining the tasks that comprise “companionship services” and limiting exemptions for companionship services and live-in domestic service employees to the individual, family or household using the services and not third-party employers. Under the final rule, CDSS is required to pay IHSS providers overtime wages and compensate providers for wait time during medical accompaniment and commute time between multiple recipients. CDSS is evaluating implementation options for compliance with FLSA regulations. Policy changes to IHSS provider workweek limitations and provider orientation were made.

Statutes were amended and added to provide a limitation of the hours an IHSS provider can work in a week contingent upon implementation of the FLSA ruling. Providers cannot work more than 66 hours each week, less the seven percent reduction while it is in effect (61 Hours). The 66/61 hour limit is based on the statutory maximum hours (283) an IHSS recipient can receive, divided by 4.33 weeks per month. It allows payment to IHSS providers for travel time, limited to seven hours per week, when traveling directly between different recipients on the same day. CDSS or a county may terminate a provider from the IHSS program if he/she continues to violate the overtime/travel time limitations. The legislation also established a three month grace period for IHSS provider overtime changes, in which providers will be compensated for overtime. Statute was amended to require onsite orientation, completion of the IHSS provider application prior to attendance, oral presentations and written material translated into the IHSS threshold languages in the county. Statute also permits presentations by representatives of recognized employee organizations in the county.

*Please refer to the first tab titled “[Acronyms](#)” for a full description of acronyms.

In-Home Supportive Services (IHSS)*

HISTORY OF MAJOR PROGRAM CHANGES (CONTINUED):

2014-2015

FLSA Final Rules Concerning Domestic Workers – *W&IC section 12300.41, 12301.1*

On December 22, 2014 and January 14, 2015, the United States District Court for the District of Columbia vacated the Final Rule. As a result of the District Court's decision, on January 15, 2015, CDSS announced a halt to the implementation of the changes related to overtime and travel time compensation for all IHSS providers which had been initially scheduled to go into effect on January 1, 2015.

2015-2016

FLSA Final Rules Concerning Domestic Workers – *W&IC section 12300.41, 12301.1*

On August 21, 2015, the Appellate Court for the District of Columbia Circuit reversed the District Court's decisions. This decision effectively reinstated the final rule described above adopted by the United States Department of Labor. As a result of this reversal, CDSS reinstated implementation of the overtime and travel time policies for IHSS providers in the State of California.

Although the National Association for Home Care & Hospital and the other co-plaintiffs in the lawsuit filed an Emergency Application to Stay the Court of Appeals ruling with the U.S. Supreme Court on September 28, 2015, the stay was not issued and the new rules regarding overtime, travel time, and wait time compensation for home health care workers went into effect on October 13, 2015, although the United States Department of Labor delayed implementation for 30 days after that date to allow states the time necessary to implement the new rules.

On November 6, 2015, the State announced that the payment of overtime, travel time, and wait time compensation to home health care workers (including IHSS providers) would be implemented as of February 1, 2016. On November 19, 2015, the National Association for Home Care & Hospital filed a Writ of Certiorari with the U.S. Supreme Court to request the Court to review the appeal. The Supreme Court review of the appeal was entirely discretionary, and no announcement was made on the Court's decision to review the case.

On February 1, 2016, CDSS implemented the provisions of SB 855 and SB 873 based on the Federal FLSA which required that IHSS providers be compensated for overtime, in addition to travel and wait time. In addition, the statute established limits on the number of authorized hours providers are permitted to work in a workweek. Under the new rules, the maximum amount of time that an individual is allowed to work providing services for two or more IHSS recipients in a single workweek is 66 hours.

*Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

In-Home Supportive Services (IHSS)*

HISTORY OF MAJOR PROGRAM CHANGES (CONTINUED):

FLSA Final Rules Concerning Domestic Workers (Continued)

Beginning July 1, 2016 after a five month hold harmless period for overtime violations, providers who submit timesheets reporting work that exceeds the workweek limits will accrue violations that could result in an IHSS provider's program eligibility being suspended or terminated up to one year. The CDSS established two exemptions from workweek limits beginning May 1, 2016 in an effort to maintain continuity of care and to ensure that IHSS recipients are able to remain safely in their homes. The specific requirements for these exemptions were provided in ACL No.16-07 and ACL No. 16-22.

2016

Minimum wage: Increase – Section 1182.12 of the Labor Code

SB 3 removes the exemption for IHSS workers to be paid for sick leave. The statute allows IHSS workers to use up to a maximum of 24 hours annually. The employer can limit the amount accrued to 48 hours annually. The legislation also allows for increases to the state minimum wage by 2020, \$13.00 per hour for employers of 26 employees or more, and would increase again in 2023 to \$15.00 per hour for employers of 26 employees or more.

Retirement Savings plans (SB 1234) – Section 100000 of the Government Code

SB 1234 provides for the California Secure Choice Retirement Savings Program (Secure Choice) to begin implementation of a retirement savings plan for private-sector employers that do not offer an employer-sponsored retirement plan or automatic-enrollment payroll deduction Individual Retirement Arrangement (IRA) savings arrangement. Existing law established Secure Choice in 2012 and required its Board to include the State Controller, State Treasurer, Director of Finance and legislative appointees.

Providers of In-Home Supportive Services (IHSS) would be eligible to participate in Secure Choice provided the Department of Social Services (CDSS) and the Department of Finance (DOF) certify the following: (1) their inclusion meets all state and federal legal requirements, (2) the appropriate employer of record is identified for purposes of meeting employers' requirements, (3) payroll deductions can be implemented at reasonable cost, and (4) their inclusion does not create a financial liability for the state or employer of record.

*Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

In-Home Supportive Services (IHSS)*

HISTORY OF MAJOR PROGRAM CHANGES (CONTINUED):

Retirement Savings plans (SB 1234) (Continued)

Secure Choice would enroll eligible employees in a personal retirement account and make automatic contributions of three percent of their earnings into their account. Employees would be able to participate in annual automatic escalations of contribution rates, opt out of these escalations, or opt out of Secure Choice entirely. After the Secure Choice board opens enrollment, the employer of record for IHSS providers would be required to have payroll deductions arranged within 36 months.

**Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.*

Kinship Guardianship Assistance Payment (Kin-GAP)*

DESCRIPTION:

The Kin-GAP and FED-GAP programs are permanency and payment programs that promote moving a child or youth who is a dependent or ward of the juvenile court from FC to a permanent home with an approved relative or non-relative extended family member through legal guardianship. The program ensures stability through support of the legal guardian by continuing a benefit payment and the dependent's eligibility for Medi-Cal.

The nonfederal Kin-GAP Program was established first in January 2000. California restructured the Kin-GAP program to meet federal eligibility requirements contained in the Fostering Connections to Success and Increasing Adoptions Act of 2008 (PL 110-351) to draw down federal funds and to provide additional benefits to program recipients. Effective October 2011, California established the Fed-GAP program and started receiving Title IV-E for eligible guardianship cases. The restructuring of the program included: 1) reducing the amount of time (from 12 months to six months) the dependent/delinquent youth must live with the approved relative caregiver prior to establishing legal guardianship; 2) executing a written agreement with the approved caregiver which provides that the payment can be periodically renegotiated to address change in circumstances of the legal guardian or needs of the (former) dependent; and 3) interstate portability of benefits when the family moves outside California.

The state program also allow for an extended Kin-GAP program under certain circumstances (discussed further in the Eligibility section). The federally-funded Kin-GAP Program was further modified to allow for a successor guardian in the event the current guardian dies or becomes incapacitated.

The definition of relative was expanded for the federal Kin-GAP program. The expanded statutory definition of relative care providers is those "who have established a significant and family-like relationship with the child, or is a member of the Indian child's tribe or an Indian custodian" and allows these children to be eligible for a Kin-GAP payment and other associated program benefits, including interstate portability of the benefit payment and access to federal Medicaid. Previously, a child who was federally eligible while in foster care residing with the current foster parent, a non-relative extended family member or a tribal member who became the legal guardian was not eligible for Kin-GAP benefits. Rather, the caregiver became a non-related legal guardian.

FUNDING:

The Kin-GAP program is funded with GF and county funds, as well as Title IV-E of the Social Security Act for federally eligible cases and TANF funds for non-federally eligible cases.

ELIGIBILITY:

To be eligible for Kin-GAP, all of the basic eligibility requirements must be met:

- The relative guardian has been assessed/approved as meeting licensing standards.

*Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

Kinship Guardianship Assistance Payment (Kin-GAP)*

ELIGIBILITY (CONTINUED):

- Efforts to return the youth/non-minor former dependent to the parent(s) has failed and the dependent/delinquent youth cannot return home.
- The family, approved relative and youth have no need for ongoing supervision or supportive services from the public agency.
- The approved relative is appointed legal guardian of the youth and court jurisdiction is terminated.
- The agency has entered into a written, binding agreement with the legal guardian and non-minor former dependent, if appropriate.
- To qualify for extended Kin-GAP, the youth must have been 16 years old before negotiated payments began and also meets one of five statutorily specified participation criteria. However, if there is a documented physical or mental disability, the youth may qualify for extended Kin-GAP up to age 21 no matter how old the youth was when entering the Kin-GAP program.

HISTORY OF MAJOR PROGRAM CHANGES:

1998

Implementation – *W&IC sections 11360 through 11370*

The state Kin-GAP program was established with an implementation date of June 1, 1999.

1999

Rate Implementation – *W&IC sections 11364, 11370 and 11373*

The Kin-GAP program implementation was delayed until January 1, 2000. The Kin-GAP rate was established to be equivalent to the basic FC rate. CDSS was required to report program outcomes to the Legislature two and five years after program implementation.

2000

Exemptions – *W&IC sections 11374 and 11375*

The Kin-GAP program was exempted from CalWORKs provisions, with certain exceptions. Recipients were authorized to request and receive independent living services and retain certain cash savings.

2001

Exemptions of Fingerprints – *W&IC section 11372*

The Kin-GAP program exempted adult caregivers for recipients of program benefits from the requirement to be fingerprinted in order to establish legal guardianship.

*Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

Kinship Guardianship Assistance Payment (Kin-GAP)*

HISTORY OF MAJOR PROGRAM CHANGES (CONTINUED):

2006

Expanded for Probation Youth – W&IC sections 11363 and 11364

The Kin-GAP program was expanded to include probation youth. Recipients were allowed to continue to receive a SCI, if paid, while in FC and were provided a \$100 annual state supplemental clothing allowance.

2010

Established a Federally-Funded Program – W&IC sections 11385 and 11393

The Kin-GAP program was modified, effective January 1, 2011, following enactment of the federal Fostering Connections to Success and Increasing Adoptions Act (PL 110-351) that permitted FFP for states that opt in by meeting federal requirements. A federally-funded Kin-GAP program was established and amendments were made to the state-funded Kin-GAP program. Time in care with the prospective relative guardian was reduced from 12 months to six months. Interstate portability of benefits for recipients who move out of state/country was added. Renegotiation of benefit amount based on changes in youth's/non-minor former dependent's needs or changed circumstances of relative legal guardian was permitted. The benefit payments were also until age 21 for minor/non-minor former dependents meeting specific criteria.

2011

Nonrecurring Costs – W&IC section 11364

The Kin-GAP program was modified to conform with federal law providing reimbursement to relative legal guardians for reasonable and verified nonrecurring expenses incurred for legal guardianships established after January 1, 2012. The "High School Completion Rule" was also restored for the Kin-GAP population.

2012

Expanded Definition of Relative – W&IC section 11391

The Kin-GAP program was modified to expand the definition of "relative" for purposes of the federally-funded Kin-GAP program to include a non-relative extended family member, tribal kin or a current caregiver of a foster child as specified.

2013

Successor Guardianship – W&IC section 388.1

The Kin-GAP program was modified to allow re-entry into non-minor dependency for non-minor former dependents whose legal guardian died before the non-minor former dependent's 21st birthday.

*Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

This page is intentionally blank

Office of Child Abuse Prevention (OCAP)*

DESCRIPTION:

The OCAP receives grants associated with assisting local and private agencies in the development and strengthening of child abuse and neglect prevention, intervention and treatment programs. These programs consist of varying focuses, depending on specific funding requirements. These include state and federal funding sources. State fund sources include CAPIT and State Children's Trust Fund. The federal grants include those under CAPTA and PSSF. The CAPTA grants consist of Title I section 106 and Title II, otherwise known as the CBCAP grant. The CAPIT funds are used to fulfill federal CBCAP grant matching and leveraging requirements.

CAPIT program

Requirements are contained in W&IC sections 18960 through 18964. With the 2011 Realignment, counties may now use CAPIT funds in-house to provide direct services (i.e., home visiting, counseling, etc.) to the target population as long as federal match requirements continue to be met.

State Children's Trust Fund

This program provides funding for innovative child abuse and neglect prevention and intervention projects utilizing deposits generated from California birth certificate surcharges, Kids' Plates revenues and private donations. The State Children's Trust Fund is used to research, evaluate and disseminate information to the public, to establish public-private partnerships with foundations and corporations and to increase public awareness about child abuse and neglect.

PSSF program

The primary goals of the PSSF program are to prevent the unnecessary separation of children from their families and improve the quality of care and services to children and their families. The PSSF program also ensures permanency for children by reuniting them with their parents, by adoption or by another permanent living arrangement. The PSSF funding is used to support services to strengthen parental relationships and promote healthy marriages; increase relationship skills within the family to prevent child abuse and neglect; promote timely FR when children must be separated from their parents for their own safety. The PSSF funds are also to be used by child welfare agencies to remove barriers which impede the process of adoption when children cannot be safely reunited with their families. Funding addresses the unique issues adoptive families and children may face.

CAPTA

This program provides improvements statewide in areas such as:

- 1) Content and provision of trainings and technical assistance to child welfare agencies and community organizations;
- 2) Risk and safety assessment tools used to determine which services a family might require;
- 3) The capacity of family resource centers and family support programs to provide assistance for strengthening families and communities;
- 4) The training of parents to act as leaders in their communities, grounded in the use of the five protective factors.

*Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

Office of Child Abuse Prevention (OCAP)*

DESCRIPTION (CONTINUED):

Evaluating current practices and procedures for assessments and service provision to children and their families to determine the efficacy of the following practice or procedure: 1) oversight and review of prevention and intervention practices and protocols to make recommendations to state and local agencies on areas of improvement; 2) the use of evidence-based research and evaluation in child welfare practices to ensure best practices are used statewide. 3) Statewide data collection system for more accurate reporting and evaluation of current child protective services.

FUNDING:

Funding for the CBCAP and CAPTA federal grants are 100 percent federal funds. The SCTF program is funded 100 percent GF generated through taxes.

The responsibility for child welfare and protective services was realigned to the counties in 2011 as part of 2011 Public Safety Realignment. Pursuant to Proposition 30, legislation enacted after September 30, 2012, that has the overall effect of increasing the costs incurred by a local agency for programs or levels of service mandated by 2011 Realignment shall apply to local agencies only to the extent that the state provides annual funding for the cost increase. Local agencies are not obligated to provide programs or levels of service required by legislation above the level for which funding has been provided. Therefore, for state mandated programs, the remaining nonfederal costs for all 58 counties is 100 percent GF. Only the GF share is reflected for the nine Title IV-E California Well-Being Project counties as the federal funds for the Project are capped.

Pursuant to Proposition 30, subsequent changes in federal statutes or regulations that alter the conditions under which federal matching funds as described in 2011 Realignment legislation are obtained, and have the overall effect of increasing the costs incurred by a local agency, require the state to annually fund 50 percent of the nonfederal share of these costs as determined by the state. Therefore, for federally mandated programs, funding for the remaining nonfederal costs for all 58 counties is 50 percent GF and 50 percent county. Only the GF and county share of cost is reflected for the nine Title IV-E California Well-Being Project counties as the federal funds for the Project are capped.

ELIGIBILITY:

Counties are not required to participate in the CBCAP program. In order to receive the allocation, counties must submit an application and report annually on activities from the previous year. Through the annual application process, counties agree to specific CBCAP requirements and assurances. Currently, 57 counties have elected to participate in the CBCAP in which funds are used to target services to vulnerable families with children that are at risk of abuse and/or neglect. CBCAP funds support primary prevention programs and activities meant to impact families prior to allegations of abuse and/or neglect. Funding also supports secondary prevention programs and activities that target families with one or more risk factors, including families referred to a child welfare hotline for abuse and/or neglect.

The CAPIT target population includes children who are at high risk, children who are being served by CWDs for abuse and/or neglect and other children who are referred for services by legal, medical or social services agencies and their families.

*Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

Office of Child Abuse Prevention (OCAP)*

OTHER PROGRAM INFORMATION:

A total of 179,422 individuals and families were served using CBCAP, CAPIT and PSSF funds during FFY 2015. Under CBCAP, 5,547,282 individuals received public awareness and education materials.

HISTORY OF MAJOR PROGRAM CHANGES:

1978

OCAP – *W&IC sections 18950 and 18952*

The OCAP was established to address growing concern about child abuse in the state of California. These statutes task OCAP with planning, improving, developing and carrying out programs and activities relating to the prevention, identification and treatment of child abuse and neglect.

1974

CAPTA – *PL 111-320*

The CAPTA provides for, and guides, child protection at the federal and state level. It provides federal funding to states in support of prevention, assessment, investigation, prosecution and treatment activities and also provides grants to public agencies and nonprofit organizations, including Indian Tribes and Tribal organizations, for demonstration programs and projects. The CAPTA also set forth a minimum definition of child abuse and neglect as follows: any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or an act or failure to act which presents an imminent risk of serious harm.

1979

Application for Federal Funds – *W&IC section 18958*

California statute directs OCAP to apply for federal funding for the administration of its functions and duties, specifically: technical assistance to public and private agencies and organizations; training for relevant personnel; program coordination; innovation; and relevant research and data to determine program efficacy.

1982

CAPIT – *W&IC sections 18960 through 18964*

The CAPIT funds agencies to address the needs of children at high risk of abuse or neglect and their families. Funds are also used to fulfill federal CBCAP grant matching and leveraging requirements. As such, these funds cannot be used as a match for other federal funds. Funds shall be used for CAPIT services as described in statute and regulation.

*Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

Office of Child Abuse Prevention (OCAP)*

HISTORY OF MAJOR PROGRAM CHANGES (CONTINUED):

1983

County Children's Trust Funds – *W&IC sections 18966 through 18968.5*

Statute allows for a county board of supervisors to establish a County Children's Trust Fund to be used for child abuse and neglect prevention and intervention programs. Each county shall also fund Child Abuse Prevention Coordinating Councils from its County Children's Trust Fund.

State Children's Trust Fund – *W&IC sections 18969 through 18971*

A Children's Trust Fund, to be administered by CDSS, is established within the State Treasury. The State Children's Trust Fund shall be used for innovative and distinctive child abuse and neglect prevention and intervention projects.

1988

State Family Preservation – *W&IC sections 16500.5 through 16500.8*

State Family Preservation is a state funded program aimed at reducing the necessity of out-of-home placement of children who have experienced child abuse or neglect within the family and, when appropriate, at expediting the reunification of children with their families when the children are in out-of-home placements. CDSS utilizes State Family Preservation local expenditures to meet MOE requirements for the PSSF Program as well as the federal match for PSSF.

1993

PSSF – *PL 109-288*

The PSSF federal program under Title IV-B, subpart 2 of the Social Security Act provides funding for states to operate coordinated child and family services. Services include community-based family support, family preservation, time-limited FR, adoption promotion and support to prevent child maltreatment among at-risk families, assure safety and stability of maltreated children and support adoptive families.

1996

CBCAP – *PL 111-320*

The CBCAP is Title II of CAPTA and is used: to support community-based efforts to develop, operate, expand, enhance and coordinate initiatives, programs and activities to prevent child abuse and neglect; to support the coordination of resources and activities to better strengthen and support families to reduce the likelihood of child abuse and neglect; and to foster understanding, appreciation and knowledge of diverse populations in order to effectively prevent and treat child abuse and neglect.

*Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

Office of Child Abuse Prevention (OCAP)*

HISTORY OF MAJOR PROGRAM CHANGES (CONTINUED):

1997

PSSF – PL 105-89

The program was reauthorized under the Adoption and Safe Families Act (PL 105-89) and established two additional service components: time-limited reunification and adoption support services.

2010

CAPTA Reauthorization Act – PL 111-320

Congress strongly encouraged state and local child protective services agencies to utilize the practice of differential response. Differential response is described as “a state or community-determined formal response that assesses the needs of the child or family without requiring a determination of risk or occurrence of maltreatment.” One goal of the act is to develop differential response systems so that more preventative services can be offered to strengthen families and protect children from harm.

2011

Child Welfare Realignment – W&IC sections 18960, 18961, 18962 and 18963.

The funding for the CWS program, which includes CAPIT and State Family Preservation, was realigned from the state to the county. With this implementation, counties are no longer required to contract for services, but are able to use their funds in-house for direct services as long as federal match requirements continue to be met. For more information refer to the 2011 Realignment tab.

*Please refer to the first tab titled “[Acronyms](#)” for a full description of acronyms.

This page is intentionally blank

Supplemental Security Income/State Supplementary Payment (SSI/SSP)*

DESCRIPTION:

The SSI/SSP provides a monthly cash benefit to enable aged (at least 65 years old), blind and disabled recipients to meet basic living expenses for food, clothing and shelter. The SSA administers and issues SSI and SSP payments concurrently as a single benefit in California under a contract between SSA and the state. Each state sets its own SSP rates and living arrangement categories. All SSI recipients receive SSP, but recipients with other income exceeding the SSI payment standard may receive only SSP. SSI payments include \$10 for food in lieu of CalFresh eligibility.

The SSA performs all functions related to the administration of SSP (e.g., receive and process the application, determine disability, detect and collect overpayments, issue payments and notices and handle appeals). The contract also contains a description of the SSP living arrangements and sets out both the states and SSA's rights and responsibilities.

Under current federal law, states must meet the MOE requirements. Under the MOE requirements, states must either maintain the SSP levels that existed in calendar year 1983 or match the total SSP expenditures that they paid in the preceding calendar year. California has always used the payment level method to meet the MOE requirement. Failure to meet the MOE requirements would result in loss of federal funding for Medi-Cal. Currently, California's SSP rates have been reduced to those that existed in calendar year 1983 except for three living arrangement categories: 1) the Restaurant Meal Allowance, 2) Title XIX Medical Facility, and 3) Non-Medical Out Of Home Care. The state cannot reduce SSP payments further unless the total expenditure method can be used to meet MOE requirements.

FUNDING:

The SSI is a federally-funded benefit. The SSP is a payment added to the SSI benefit and funded by the state's GF. In calendar year 1994, the SSA started charging a per-check administrative fee for its administration of SSP. The fee increases each year based on a COLA provided by the SSA.

ELIGIBILITY:

To be eligible for SSI/SSP, a person must be at least 65 years-old, blind or disabled (including blind or disabled children). A qualified recipient must file an application with SSA. Federal criteria are used to determine eligibility. To be eligible for SSI and maintain eligibility, a person must meet certain income and resource requirements. A qualified SSI recipient is automatically qualified for SSP.

*Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

Supplemental Security Income/State Supplementary Payment (SSI/SSP)*

HISTORY OF MAJOR PROGRAM CHANGES:

1972-1974

SSI Program – PL 92-603

Under PL 92-603, the federally administered SSI program was established by Congress in 1972 and payments began in 1974. In the 50 states and the District of Columbia, it replaced the former federal-state programs of Old-Age Assistance, Aid to the Blind and Aid to the Permanently and Totally Disabled.

States were given the option of providing SSPs both to recipients transferred from the former federal-state program and to those newly eligible for SSI. When SSPs are federally administered, as in California, the SSA makes eligibility and payment determinations for the state. Basic SSI/SSP eligibility cannot be modified without a change in federal law, although states set their own living arrangements payment categories and SSP rates that are subject to certain federal limitations.

1972

COLAs – PL 92-336

Federal law was enacted to provide COLAs, which allow Social Security and SSI benefits to keep pace with inflation and established the procedures for issuing automatic COLAs each year, beginning in 1975. The SSI COLAs are based on increases to the CPI for Urban Wage Workers and Clerical Workers. The SSP COLAs are based on the CNI.

1976

SSP MOE Set at December 1976 Levels – PL 94-585

Federal law requires states to maintain SSPs at the level of December 1976 ("maintenance of payments") or to continue to pay in supplements the same total annual amounts ("maintenance of expenditures") when the federal SSI payment level is increased and thereby pass through any increases in federal benefits without reducing state supplements.

1983

SSP MOE Adjusted to December 1983 Levels – PL 98-21

Federal pass-through law was adjusted under PL 98-21 by substituting the SSP levels in effect in March 1983 for those in effect in December 1976 as the levels that states must maintain in complying with the pass-through requirements.

*Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

Supplemental Security Income/State Supplementary Payment (SSI/SSP)*

HISTORY OF MAJOR PROGRAM CHANGES (CONTINUED):

1991-1998, 2004, 2006-2009

Suspension of State COLA Increases to SSPs – W&IC section 12201

Statute authorizes the COLA for SSP recipients based on the CNI and specifies calendar years which receive no adjustment under this section.

1993, 1997

Administrative Fees for SSPs – PL 103-66 and PL 105-33

In 1993, federal law required states to pay fees for federal administration of their SSP under the Omnibus Reconciliation Act. In 1997, the schedule of pre-payment fees was revised for federal administration of SSP for FFY 1998 through 2002 and provided a formula for determining the fee beyond FFY 2002.

2010

Reductions of SSP Grant to the MOE Floor – Title XX of the CFR section 416.096

To assist in balancing the 2009-10 Governor's Budget, SSP grants were reduced. Federal funding for Medi-Cal would be lost if a state reduces SSP payments below MOE levels. The SSP grants were reduced to the minimum levels.

2011

Elimination of Statutory Requirement to Provide State COLAs to SSPs

W&IC section 12201(g)(1)

Statute was amended to clarify that no adjustment to SSP benefits amounts shall be made unless otherwise specified by statute.

2016-2017

SSP COLA (SB 1603) – Signed 06/27/16

The 2016 Appropriation reflected a one-time COLA to the SSI/SSP, CAPI and California Veterans Cash Benefit program recipients. A CNI of 2.76 percent was applied to the SSP portion of the grant commencing January 1, 2017.

*Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

This page is intentionally blank

Unaccompanied Undocumented Minors^{*}

DESCRIPTION:

CDSS awards funding to qualified nonprofit legal services organizations to provide legal services to eligible unaccompanied undocumented minors. Eligible unaccompanied undocumented minors are those who are present in California and transferred to the care and custody of the federal Office of Refugee Resettlement or are residing with a sponsor.

The funding is provided solely for the purpose of providing legal representation for unaccompanied undocumented minors in the filing of, preparation for and representation in administrative and/or judicial proceedings for asylum, T-Visa, U-Visa and/or Special Immigrant Juvenile Status. The legal services include culturally and linguistically appropriate services provided by attorneys, paralegals, interpreters and other support staff for state court proceedings, federal immigration proceedings and any appeals arising from those proceedings.

FUNDING:

The funding for unaccompanied undocumented minors is funded with 100 percent GF.

ELIGIBILITY:

To receive funding the nonprofit organizations must have: 1) at least three years of experience in providing legal representation for at least 25 unaccompanied undocumented minors in asylum, T-Visa, U-Visa and/or Special Immigrant Juvenile status applications and administrative/judicial proceedings; 2) experience conducting trainings on immigration removal proceedings for asylum, T-Visa, U-Visa and/or Special Immigrant Juvenile status to practitioners who are not their staff; and 3) experience guiding and supervising the work of attorneys who do not regularly provide legal representation for unaccompanied undocumented minors in asylum, T-Visa, U-Visa and/or Special Immigrant Juvenile status processes and administrative/judicial proceedings.

Additionally, the organization must be accredited by the Board of Immigration Appeals under the United States DOJ's Executive Office for Immigration Review or meets the requirements to receive funding from the Trust Fund Program administered by the State Bar of California.

**Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.*

This page is intentionally blank