

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



November 21, 2000

ALL-COUNTY INFORMATION NOTICE NO. I-

TO: ALL COUNTY WELFARE DIRECTORS
 ALL FOOD STAMP (FS) COORDINATORS
 ALL FS/CORRECTIVE ACTION/QUALITY
 CONTROL COORDINATORS

REASON FOR THIS TRANSMITTAL	
<input type="checkbox"/>	State Law Change
<input type="checkbox"/>	Federal Law or Regulation Change
<input type="checkbox"/>	Court Order or Settlement Agreement
<input type="checkbox"/>	Clarification Requested by One or More Counties
<input checked="" type="checkbox"/>	Initiated by CDSS

SUBJECT: FOOD STAMP PROGRAM BEST PRACTICES

The purpose of this All County Information Notice (ACIN) is to distribute a guide of Food Stamp Program (FSP) error reduction "best practices". This effort is an important component to California's Corrective Action Plan (CAP) for Federal Fiscal Year 2000/2001. The attached guide provides descriptions of the best practices submitted by our Performance Measurement Counties and reviewed by the Large Eight County Work Group.

The best practices have been placed into eight categories. Each best practice contains the name of the county that submitted it and who to contact for further information. To assist the counties, we have also included reference to the automation system used in the county. Many of the best practices contain attachments showing examples of the forms and products used by the originating county. We encourage all counties to review each of these best practices and, where applicable, tailor them to fit your county's payment accuracy needs.

We included these best practices in the November, 2000 update to California's statewide CAP. Counties should address their use of these or other best practices in future county CAPs. By widely employing these practices, we can improve payment accuracy at the county level and statewide.

When your county has had success with new and innovative approaches to error reduction, please use the attached format to submit these best practices to the California Department of Social Services at:

Food Stamp Branch
 CA/ME Unit
 744 P Street, MS 16-32
 Sacramento, CA 95814

Page Two

If you have questions about this ACIN or want to make a best practice submission, please call Joanne Jensen of my staff at (916) 654-3366. If you want more information on a specific best practice, please contact the county person named on the attachment.

Sincerely,

Original document signed by

GARY SWANSON, Chief
Food Stamp Branch

Attachments

Best Practices Submission Form
Best Practices Guide

Food Stamp Program COUNTY BEST PRACTICE

Submit to: CDSS Food Stamp Branch, 744 P Street, M.S. 16-32, Sacramento, CA 95814

Title of Best Practice:	
County Name:	
Automation System:	
Information Contact:	
Phone Number:	
E-mail Address:	
Description of the Best Practice: (please include the methodology used and the date of implementation and attach examples of the forms, language, products, etc.)	

**Food Stamp Program
COUNTY BEST PRACTICE**

County Name:	
Title of Best Practice (Page 2)	
Description of the problem this best practice is attempting to resolve: 	
Results of the Best Practice: 	
Problems encountered in implementation: 	

California Food Stamp Program



COUNTY BEST PRACTICES

Compiled by Large Eight County Group and Performance Measurement Counties

November 2000

CALIFORNIA FOOD STAMP PROGRAM
COUNTY BEST PRACTICES

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CALIFORNIA FOOD STAMP PROGRAM

COUNTY BEST PRACTICES

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Part A.



CASEWORK TOOLS

Food Stamp Program COUNTY BEST PRACTICE

Title of Best Practice:	FOOD STAMP AUTOMATED PRORATION MODULE
County Name:	Los Angeles
Automation System:	Legacy
Information Contact:	Charlotte Lee, Human Services Administrator III
Phone Number:	(562) 908-8406
E-mail Address:	clee@dpss.co.la.ca.us
Total 06/00 Household Participation: 268,804	
Federal FS Households: 229,349 Federal/State: 35,382 State: 4,073	
Supervisor Ratio: 7 to 1 intake; 8 to 1 continuing	
<p>Description of the Best Practice: (please include the methodology that you used and attach examples of the forms, language, products, etc.)</p> <p>In February 1999, Los Angeles County implemented an enhancement to its Integrated Benefit Payment System (IBPS) to automate the proration of income and expenses on Food Stamp cases containing excluded household members. Based on the persons information and gross income and expense information coded on each case, the module computes the deductible income and allowable expense deduction. Systems specifics include the following:</p> <ul style="list-style-type: none"> · On CalWORKs/Food Stamp cases with persons aided on CW but not FS, the module prorates the CW grant and references the amount to the FS computation. · New persons' eligibility status codes were created to identify persons who have income that must be prorated. · New eligibility status codes were created to identify fleeing felons and drug convicted felons. <p>Conversion to the new coding system and activation of the proration module on cases requiring income and deduction proration was completed over a four month period, ending on May 25, 1999.</p> <p>The FS Automated Proration Module Procedures are contained in DPSS Administrative Directive Number #3964, dated March 10, 1999. Copies of the directive may be obtained from the County contact person listed above.</p>	

**Food Stamp Program
COUNTY BEST PRACTICE**

County Name:	Los Angeles
Title of Best Practice (Page 2)	Food Stamp Automated Proration Module
Description of the problem this best practice is attempting to resolve: Federal sample case reviews were identifying large numbers of errors due to the incorrect proration of income or shelter costs when excluded household member(s) resided in the home. The most common error was the proration shelter costs when ineligible alien(s) without income resided in the home. The full housing expense should have been allowed on these cases.	
Results of the Best Practice: The County has not compiled performance data to precisely assess the effectiveness of the Automated Proration Module. However empirical data suggests that the number of proration errors have been reduced, but not eliminated. The County is planning a focused review of cases requiring the proration of income or expenses. The review will serve to determine the effectiveness of the module and identify the nature of any continuing problems.	
Problems encountered in implementation: All cases requiring the proration of income or shelter expenses had to be surveyed to activate the module. All of the affected cases could not be identified centrally, so some cases did not have the module activated. Also, the incorrect coding of persons information or the incorrect input of income or expense amounts resulted in incorrect prorations.	

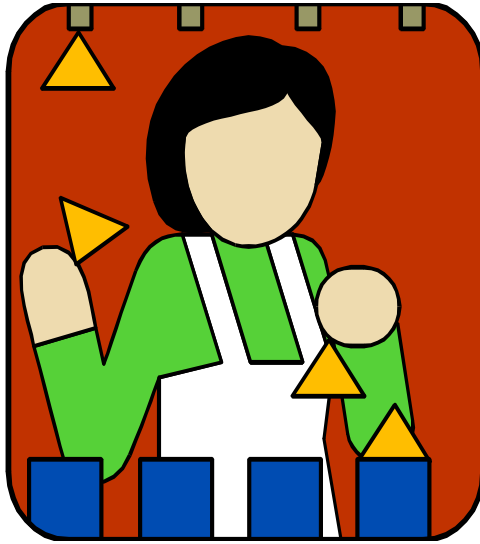
Food Stamp Program COUNTY BEST PRACTICE

Title of Best Practice:	CASE CONTROL LOG
County Name:	Riverside
Automation System:	Legacy
Information Contact:	Liza Cachola, Corrective Action Coordinator
Phone Number:	909-358-3394
E-mail Address:	Lcachola@riversidedpss.org
Total 06/00 Household Participation: 21,995	
Federal FS Households: 20,666 Federal/State: 1,310 State: 19	
Supervisor Ratio: 7 to 1	
<p>Description of the Best Practice: (please include the methodology that you used and attach examples of the forms, language, products, etc.)</p> <p>The Case Control Log is a tool that Riverside County utilizes to help give the Eligibility Technician (ET) as much information about their caseload as possible. The Case Control Log lists the client's name and address. This is used as a quick reference for the ET to compare the addresses on the log and the CW 7 Monthly Report. It also lists the Budget Identification Codes (BICs) in the cases that involve types of income. Next to the BICs, the log will also have the last entered amount for each income BIC. This is important because it identifies cases that may have a higher priority for CW 7 processing.</p> <p>The Case Control log gives general case information such as the case number, primary language codes, and ethnic origin. Specific information is given too. It includes benefit amounts (CalWORKS and/or Food Stamps), a Medical Share of Costs amount, persons counts, and re-determination/re-certification dates. The Case Control Log also has spaces that allow for automated controls that have been set.</p> <p>Typical controls include controlling for a child that has reached a certain age, terminating a client from receiving aid, changes in expected income, etc. Spaces are allowed for the ET to write the date that a CW 7 or MC 176 (the Medical quarterly report) was received, the date the CW 7 or MC 176 was sent back with the appropriate Notice of Action, and the date that the CW 7 or MC 176 was processed by the ET. Lastly, the Case Control Log has a space for the ET to write down remarks about the case or its location (if the case was sent out for a review).</p>	

Food Stamp Program COUNTY BEST PRACTICE

County Name:	Riverside
Title of Best Practice (Page 2)	CASE CONTROL LOG
Description of the problem this best practice is attempting to resolve:	
<p>Failure To Act (FTA) errors continue to be a concern. These errors occur because the ET failed to act on reported information or to update the case records with the correct information. Many of the FTA errors that occur involve accounting for income correctly and, as a result, the incorrect benefits are given to the customer. The Case Control Log gives the ET information about their cases, without them even having to open up a case. This gives the ET another tool that will help them to stay on top of their workload.</p>	
Results of the Best Practice:	
<p>The results from using the Case Control Logs are simple: ETs who use the Case Control Log will process their work more efficiently and accurately. The log assists ETs struggling to set controls.</p>	
Problems encountered in implementation:	
<p>Giving people tools and having them use them are two different things. Some of the ETs tend to struggle for a while before they realize that there are better ways to do things.</p>	

Part B.



CLIENT-CAUSED ERRORS

Food Stamp Program COUNTY BEST PRACTICE

Title of Best Practice:	NAFS INTAKE QUESTIONNAIRE/ CUSTOMER PROFILE AND INTERVIEW
County Name:	Riverside
Automation System:	Legacy
Information Contact:	Liza Cachola, Corrective Action Coordinator
Phone Number:	909-358-3394
E-mail Address:	Lcachola@riversidedpss.org
Total 06/00 Household Participation: 21,995	
Federal FS Households: 20,666 Federal/State: 1,310 State: 19	
Supervisor Ratio: 7 to 1	
<p>Description of the Best Practice: (please include the methodology that you used and attach examples of the forms, language, products, etc.)</p> <p>In its effort to prevent client-caused errors, Riverside County uses a variety of techniques, including the attached “NAFS Intake Questionnaire”, form DPSS 2306. This form is used to construct a profile that can detect the need for the county to take further action to prevent the occurrence of intentional program violations. The DPSS 2306 asks the customer a series of questions based on a statistical model designed to check for the potential of fraud. This form is given to the customer as part of the intake and re-certification application. The DPSS 2306 is kept in the case file and a new one is completed with every application.</p> <p>The need for an interview with an Investigative Technician (IT) is determined by the way that the customer completes the DPSS 2306. When the profile determines follow-up is necessary, the DPSS 2306 is discussed during an interview between an Investigative Technician and the customer. During this interview, the IT reviews the reporting responsibilities and the Statement of Facts with the customer. They also explain the definition of fraud and discuss how to avoid it. If an Eligibility Technician (ET) has a concern about a customer, the IT can address that concern during the interview. If the IT finds that a field investigation may be necessary, he/she obtains written authorization from the customer during the interview. The IT documents the interview in the case narratives and makes a referral to the Special Investigations Unit (SIU) if warranted.</p>	

Food Stamp Program COUNTY BEST PRACTICE

County Name:	Riverside
Title of Best Practice (Page 2)	NAFS Intake Questionnaire/Customer Profile and Interview
Description of the problem this best practice is attempting to resolve:	
<p>The DPSS 2306 and interview address two problems. First, the process allows the county to re-emphasize to the customer the importance of correct reporting. Many caseload errors occur because the client failed to report something. Secondly, the consequences for failure to report and incorrect reporting are emphasized with the client during using this process.</p>	
Results of the Best Practice:	
<p>More timely and accurate reporting is gained after the customer has completed an interview with the IT. The customer understands the importance of reporting any changes that occur after their initial eligibility was established. The process provides case record documentation of the client's understanding of reporting responsibilities in the event further action becomes necessary.</p>	
Problems encountered in implementation:	
<p>Riverside County is a large, diverse county. For this reason, there is a need to ensure adequate numbers of IT staff able to communicate effectively with the clients. Effective communication with the clients is essential to the success of the NAFS Intake Questionnaire/Customer Profile and Interview.</p>	

Riverside County Department of Public Social Services
NAFS INTAKE QUESTIONNAIRE

APPLICANT (PRINT NAME)	<i>Last</i>	<i>First</i>	<i>MI</i>	Eligibility Technician No.
ADDRESS:	<i>Street</i>	<i>City</i>	<i>Zip Code</i>	APPLICANT TELEPHONE
SOCIAL SECURITY NUMBER:				DATE OF BIRTH

	Please circle either YES or NO for each question	
1. ARE YOU TEMPORARILY STAYING WITH FRIENDS OR RELATIVES?	YES	NO
2. ARE YOU OR ANYONE IN YOUR HOUSEHOLD WORKING LESS THAN 100 HOURS PER MONTH?	YES	NO
3. HAVE YOU OR ANYONE IN YOUR HOUSEHOLD EVER HAD A FOOD STAMP OVERISSUANCE IN ANY OTHER COUNTY OR STATE?	YES	NO
4. HAVE YOU RECEIVED FOOD STAMPS FROM ANOTHER COUNTY OR STATE AGENCY IN THE LAST TWO YEARS?	YES	NO
5. ARE YOU APPLYING FOR FOOD STAMPS FOR EVERYONE LIVING IN THE HOME?	YES	NO
6. HAVE YOU BEEN LIVING AT YOUR CURRENT ADDRESS FOR THE LAST SIX MONTHS?	YES	NO
7. DO YOU OWN OR CURRENTLY HAVE USE OF ANY VEHICLE THAT IS REGISTERED/NOT REGISTERED?	YES	NO
8. HAVE YOU RECEIVED ANY KIND OF FINANCIAL SUPPORT FOR THE PAST THREE MONTHS?	YES	NO
9. ARE YOU CURRENTLY RECEIVING FREE HOUSING, OR UTILITIES, OR FOOD FROM ANY SOURCE?	YES	NO
10. IF YOU HAVE RECEIVED FOOD STAMP BENEFITS IN THE LAST 12 MONTHS, WERE THEY DENIED OR STOPPED FOR LACK OF VERIFICATION?	YES	NO
11. HAVE YOU OR ANYONE IN YOUR HOUSEHOLD LOST A JOB IN THE LAST 90 DAYS?	YES	NO
12. DO YOU OR ANYONE IN YOUR HOUSEHOLD HAVE A BANK ACCOUNT OR OWN PROPERTY IN ANOTHER STATE OR COUNTRY?	YES	NO

APPLICANT'S SIGNATURE
DATE

ARE YOU CURRENTLY RECEIVING CASH AID FROM ANOTHER COUNTY? YES NO
 IF "YES", WHAT COUNTY? _____ DATE MOVED TO RIVERSIDE COUNTY: _____

COUNTY ONLY USE SECTION	
PFI criteria met? <input type="checkbox"/> YES <input type="checkbox"/> NO OA INITIALS _____	ES INITIALS _____

Food Stamp Program COUNTY BEST PRACTICE

Title of Best Practice:	DMV CLEARANCE
County Name:	Solano
Automation System:	CDS
Information Contact:	Nancie Monson
Phone Number:	707 553-5318
E-mail Address:	Nmonson@solanocounty.com
Total 06/00 Household Participation: 5,669	
Federal FS Households: 5,496 Federal/State: 144 State: 29	
Supervisor Ratio: (if provided)	
<p>Description of the Best Practice: (please include the methodology that you used and attach examples of the forms, language, products, etc.)</p> <p>With information not reported on the increase, client caused errors represented 33% of the dollar errors in our county. About September 1999 we started a pilot project of running DMV checks through our Special Investigative Bureau on all new Food Stamp applications and all RV's.</p> <p>Information available was limited, and workers running the checks needed to be trained, but the pilot project was a success. A total of 991 clearances were completed during the period of June 23, 1999 to July 30, 1999. Because of the information obtained using this procedure, we discontinued a total of 13 cases for being over property and we denied benefits to an additional 21 cases.</p>	

**Food Stamp Program
COUNTY BEST PRACTICE**

County Name	Solano
Title of Best Practice (Page 2)	DMV Clearance
Description of the problem this best practice is attempting to resolve: Unreported resources	
Results of the Best Practice: See interoffice memorandum attached.	
Problems encountered in implementation: In the beginning of the pilot project we had a problem getting hits back from the eligibility workers (they were to notify the Special Investigative Bureau if the information obtained from the DMV clearance had any effect on the eligibility of a case).	

INTEROFFICE MEMORANDUM

To: All CalWORKs, Food Stamp, General Assistance & SIB Staff
From: Mary Swofford, DMV Clearance Clerk
Date: November 20, 2000
Re: DMV Clearance for July 2000

The Month's Statistics :

DMV Clearance Request Completed	722
All Vehicles Reported	106
No Vehicles Found	411
Request for Investigation	1
Unreported Vehicle(s) Did Not Make Case Ineligible	53
Possible Match Not Owned by Client	14
SIB Still Waiting for Responses	119
NAFS Cases Discontinued/Denied	10
PAFS Cases Discontinued/Denied	0
CalWORKs Cases Discontinued/Denied	<u>8</u>
Total Cases Discontinued/Denied For The Month	18

Cost Avoidance For The Month:

Cost Avoidance NAFS	\$ 19,890
Cost Avoidance PAFS	0
Cost Avoidance CalWORKs	<u>\$120,192</u>
Total Cost Avoidance For The Month	\$140,082

Solano County provided the computation to determine the cost avoidance figures for the CalWORKs cases. The average cash grant amount (\$626), times the average number of months a public assistance case remains active once granted (24), times the number of denials/discontinuances. A Solano County/State of California computation is used for the PAFS and the NAFS figures. Solano County was able to provide the average amount paid out for PAFS and NAFS cases, however, the county was not able to provide the average number of months PAFS and NAFS cases were active. The State of California was able to provide information regarding the average number of months PAFS and NAFS cases were active statewide. The PAFS and NAFS computations are nine (9) months times \$171.00 and nine (9) months times \$221.00 respectively. Historically SIB did not differentiate between NAFS, PAFS, and CalWORKs cases when computing cost avoidance. However, we are doing so now to provide the most accurate figure possible.

cc: Don Rowe, Director
Moirra Sullivan, Assistant Director
Vicki Sparks, Deputy Director
Rose Mary Lewis, Deputy Director
All Bureau Chiefs

**Food Stamp Program
COUNTY BEST PRACTICE**

Title of Best Practice:	CLIENT ERROR REDUCTION – REPORTING RESPONSIBILITIES
County Name:	San Diego
Automation System:	CDS
Information Contact:	Patricia Madison Corrective Action Coordinator
Phone Number:	619-515-6778
E-mail Address:	Pmadiss@co.san-diego.ca.us
Total 06/00 Household Participation: 32,637	
Federal FS Households: 28,163 Federal/State: 4,173 State: 301	
Supervisor Ratio: 8 to 1	
<p>Description of the Best Practice: (please include the methodology that you used and attach examples of the forms, language, products, etc.)</p> <p>This best practice was adopted to increase client awareness of reporting responsibilities and thereby reduce the client error rate in a particular district office. In order to achieve a significant outcome, the office implemented the following measures:</p> <ul style="list-style-type: none"> • Announcements were made over the lobby public address system (once in the morning and once in the afternoon) reminding clients to report changes. • Eligibility Technician voice mail messages were changed to encourage clients to report changes. • Flyers were posted in the lobby reminding clients of their responsibility to report changes and informing clients that both ET's and clients have a mutual responsibility in the eligibility and benefit determination process. <p>Samples of announcements, voice mail messages, and flyers in English and Spanish are attached.</p> <p>(Best Practice author: Martha Baylon-Futterman, Corrective Action Supervisor, Center City Family Resource Center)</p>	

**Food Stamp Program
COUNTY BEST PRACTICE**

County Name:	San Diego
Title of Best Practice (Page 2)	CLIENT ERROR REDUCTION – REPORTING RESPONSIBILITIES
Description of the problem this best practice is attempting to resolve:	
<p>The office that adopted this practice had a 20.05% dollar error rate for Federal Fiscal Year 1998-1999. The agency caused error rate was 3.89%. The client caused error rate was 16.16%. This best practice addressed the client caused errors.</p>	
Results of the Best Practice:	
<p>The client caused dollar error rate reduced from 16.16% in FFY 98-99 to 0% for FFY 99-00.</p>	
Problems encountered in implementation:	
<p>Some Eligibility Technicians did not want to change their voice mail message.</p>	

SAMPLE VOICE MAIL MESSAGE

“Hello, you have reached the office of _____ with the Health and Human Services Agency, _____ Resource Center. My office hours are _____. My day off is _____ (if applicable). Do I have all the current information for your case such as your current address, rent and utility amounts that you are being billed for? Did you know that you can leave a message and I will process the change for you? Please don't forget to report any changes within ten days of the change.

I can't come to the phone right now, but if you leave your name and telephone number, I will return your call within the next 24 hours. If you are in the lobby and you are not seen within 15 minutes, please go to the receptionist. If you need immediate assistance, please press zero now. Thank you.”

For Spanish-speaking workers the following message should be also recorded:

Before your English message your voice mail message should say: “ Este mensaje se repetirá en español. Por favor espere” (English message to follow)..... “ Hola, está usted llamando al _____ de Recursos para la Familia de la Agencia de Salud y Servicios Humanos. Mis horas de oficina son _____. Mi día libre es el _____ (if applicable). Quisiera preguntarle: ¿ tengo toda la información correcta en su caso tal como dirección en la que vive ahora y cantidad de renta, agua, luz y gas que le cobran?

¿ Sabía que puede dejarme un mensaje con esa información y yo la procesaré? Por favor, no olvide reportar todos los cambios de situación dentro de los diez días en que ocurra el cambio.

No puedo contestar su llamada ahora, pero si deja su nombre y número de teléfono, le regresaré su llamada en las próximas 24 horas. Si ésta es una emergencia, por favor oprima el cero ahora. Si usted está en la oficina y han pasado 15 minutos desde dejó su primer mensaje y no lo he llamado, por favor vaya con la recepcionista. Gracias.”

SAMPLE PUBLIC ADDRESS SYSTEM ANNOUNCEMENT FOR LOBBY

GOOD MORNING/ AFTERNOON!

DID YOU KNOW THAT YOU COULD LEAVE A MESSAGE ON YOUR WORKER'S PHONE TO LET THEM KNOW OF AN ADDRESS CHANGE OR A CHANGE IN THE AMOUNT THAT YOU PAY FOR RENT AND UTILITIES? YOU DIDN'T?

WELL, YOU CAN JUST CALL YOUR WORKER AND THEY WILL PROCESS THE CHANGE. IF THEY NEED ANYTHING ELSE THEY WILL SEND YOU A LETTER OR CALL YOU BACK. REMEMBER TO ALSO REPORT IT ON YOUR MONTHLY REPORT!

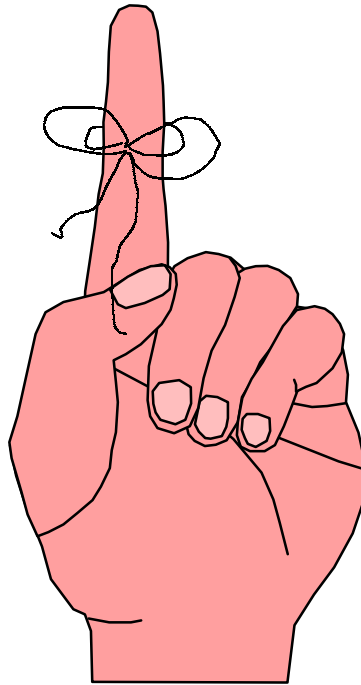
SPANISH VERSION

BUENOS DIAS/ TARDES:

SABIA USTED QUE PUEDE DEJARLE UN MENSAJE A SU TRABAJADOR PARA DEJARLE SABER QUE SE CAMBIO DE CASA O QUE LO QUE PAGA DE RENTA O SERVICIOS PUBLICOS CAMBIO? NO LO SABIA?

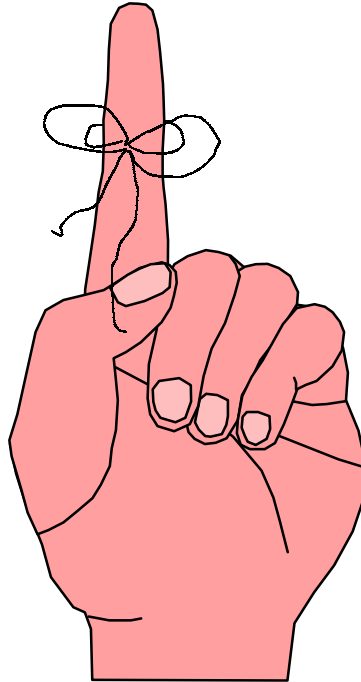
PUES SI, SOLO LLAME A SU TRABAJADOR Y DEJE LA INFORMACION Y ELLOS LA PROCESARAN Y LE MANDARAN UNA CARTA O LE HABLARAN POR TELEFONO PARA DECIRLE SI NECESITA ALGUN OTRA INFORMACION. NO SE LE OLVIDE PONERLO TAMBIEN EN SU REPORTE MENSUAL.

REMEMBER!



**TO REPORT ANY CHANGES OF
RENT AND/OR UTILITIES TO
YOUR WORKER WITHIN 10 DAYS
OF THE CHANGE AND ON YOUR
MONTHLY REPORT**

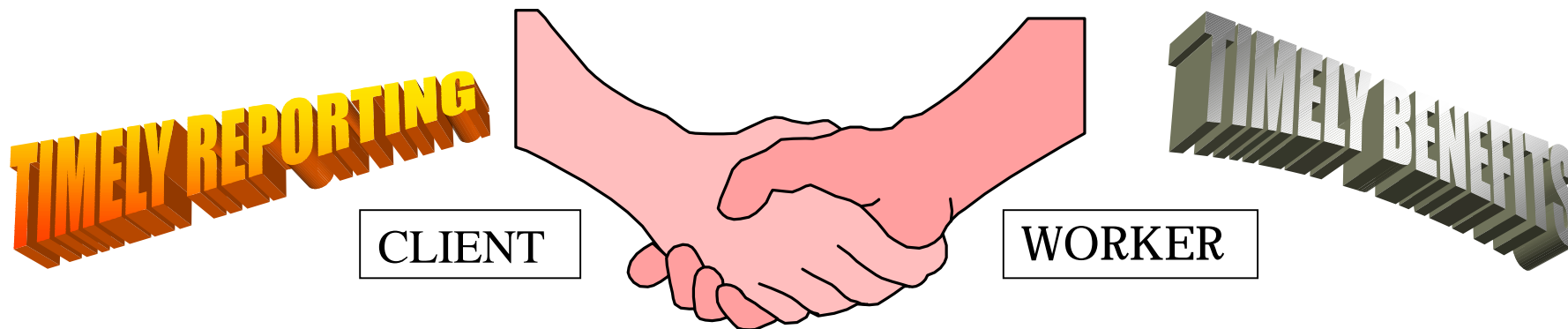
¡NO OLVIDE!



**REPORTAR LOS CAMBIOS EN
DOMICILIO, RENTA O SERVICIOS
PUBLICOS A SU TRABAJADOR DENTRO
DE LOS 10 DIAS DESPUES DE QUE
SUCEDIO EL CAMBIO.**

**NO OLVIDE TAMBIEN REPORTARLO
EN SU REPORTE MENSUAL**

WORKING TOGETHER



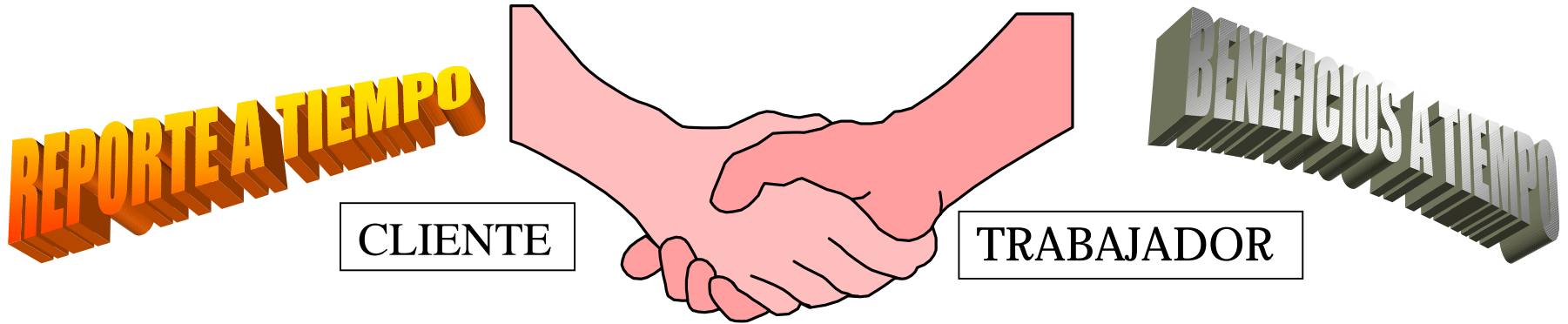
10 e

CAL-WORKs **FOOD STAMPS** **MEDI-CAL**

D O N ' T F O R G E T !

**IN ORDER FOR EVERYONE TO BENEFIT
WE HAVE A JOINT RESPONSIBILITY.
LET'S WORK TOGETHER!**

TRABAJANDO JUNTOS



10 f

CAL-WORKs

**ESTAMPILLAS
DE COMIDA**

MEDI-CAL

NO OLVIDE!

**TENEMOS UNA RESPONSABILIDAD MUTUA.
PARA QUE TODOS NOS BENEFICIEMOS,
¡TRABAJEMOS JUNTOS!**

Part C.



**EARNED
INCOME**

Food Stamp Program COUNTY BEST PRACTICE

Title of Best Practice:	FOOD STAMP EARNED INCOME EXPEDITED CASE PROCESSING PROJECT
County Name:	Los Angeles
Automation System:	LA Leader/LA Legacy
Information Contact:	Javier Mercado Human Services Administrator I
Phone Number:	(626) 927-5406
E-mail Address:	Jmercado@dpss.co.la.us
Total 06/00 Household Participation: 268,804	
Federal FS Households: 229,349 Federal/State: 35,382 State: 4,073	
Supervisor Ratio: 7 to 1 Intake; 8 to 1 continuing	
<p>Description of the Best Practice: (please include the methodology that you used and attach examples of the forms, language, products, etc.)</p> <p>Effective July 3, 2000, the DPSS Bureau of CalWORKs implemented a project requiring that all cases with reported earnings be processed each month. The project consists of three components, including:</p> <ul style="list-style-type: none"> · Requirement that all CW/CA 7s reporting earned income be delivered to case workers within one day (24 hours). · Creation of task forces in each district office to process cases reporting new employment to ensure that new earnings are worked and the case reassigned to a specialized earned income file. · Requirement that Eligibility Supervisors actively monitor the processing of earned income case changes in their units and report on production results to their office managers. Supervisors also review a 10% sample of case actions for correctness. <p>Districts report on the results of their processing efforts in all three areas to their Division Chiefs each month.</p> <p>The Food Stamp Earned Income Expedited Case Processing project procedures are contained in project proposal drafted by the Bureau of CalWORKs. Copies of the procedures may be obtained from the County contact person listed above.</p>	

Food Stamp Program COUNTY BEST PRACTICE

County Name:	Los Angeles
Title of Best Practice (Page 2)	Food Stamp Earned Income Expedited Case Processing
Description of the problem this best practice is attempting to resolve:	
<p>Earned Income is the largest error class identified in Federal sample case reviews, comprising 54.5% of the County error rate in FFY 1999 and for 52.1% through the May sample month in FFY 2000. The largest proportion of the earnings errors are due to agency failure to act on reported changes in earnings.</p>	
Results of the Best Practice:	
<p>The County district offices are allocated one staff person to perform Quality Assurance reviews for the district. They perform 50 randomly selected QA reviews per month. In the next few months, the QC Monitors will be redirected to review a sample of earned income cases to assess timeliness of processing and the correctness of actions taken. The results will validate the effectiveness of the Earned Income Expedited Case processing project. Supplemental reviews of earned income by the Management Information and Evaluation Section will also be performed.</p>	
Problems encountered in implementation:	
<p>No implementation problems have been reported by the Bureau of CalWORKs representatives to the agency Corrective Action Committee.</p>	

**Food Stamp Program
COUNTY BEST PRACTICE**

Title of Best Practice:	REMINDER LETTER
County Name:	Monterey
Automation System:	ISAWS
Information Contact:	Vivian Brown
Phone Number:	(831)755-4411
E-mail Address:	vbrown@redshift.com
Total 06/00 Household Participation: 6,022	
Federal FS Households: 5,727 Federal/State: 290 State: 5	
Supervisor Ratio: 6 to 1	
Description of the Best Practice: (please include the methodology that you used and attach examples of the forms, language, products, etc.)	
<p>Two client letters in ISAWS to</p> <ol style="list-style-type: none"> 1. Remind clients that they will receive an 'extra' pay check in an upcoming month. 2. Return a check stub submitted by the client for the wrong month. <p>Since the letters are client letters in ISAWS, they are very easy for staff to use. Workers manually generate and print the appropriate letter and write in the additional information. The letter is already addressed for mailing and contains identifying information.</p>	

**Food Stamp Program
COUNTY BEST PRACTICE**

County Name:	Monterey
Title of Best Practice (Page 2)	Reminder Letter
<p>Description of the problem this best practice is attempting to resolve:</p> <p>When a company pays weekly or bi-weekly, some months have 'extra' checks which clients may forget to report. The ISAWS reminder letter is used to remind clients of the number of checks they will receive in the upcoming month.</p> <p>Clients are often confused about what month to send in a paystub. The letter returns a stub sent for the wrong month and lets them know when to submit it.</p>	
<p>Results of the Best Practice:</p> <p>The letters were developed recently and are to be used as needed by staff. Workers who use the letters report a decrease in client reporting errors.</p>	
<p>Problems encountered in implementation:</p> <p>None noted</p>	

MONTEREY COUNTY
Department of Social Services
P.O. Box 299
Salinas, CA 93902

ISAWS client letters
developed for earned
income cases. Workers
use as needed.

Date: 06/12/2000

Case Name: [REDACTED]
Case Number: [REDACTED]
Worker: [REDACTED]
Telephone: (831)-899-[REDACTED]

[REDACTED]

Monterey County
Department of Social Services
P.O. BOX 220, 1281 Broadway Street
Seaside, CA 93955

Reminder: In _____ you will receive _____ checks.
Please send the _____ stubs with your SAWS7 by
_____.

MONTEREY COUNTY
Department of Social Services
P.O. Box 299
Salinas, CA 93902

Date: 06/12/2000

Case Name: [REDACTED]
Case Number: [REDACTED]
Worker: [REDACTED]
Telephone: (831)-899-[REDACTED]

[REDACTED]

Monterey County
Department of Social Services
P.O. BOX 220, 1281 Broadway Street
Seaside, CA 93955

The attached check stub was sent in the wrong income report (SAWS7).
You received this check in _____.

(month/year)

Please report this check next month on your _____ monthly
report (SAWS7). (month/year)

**Food Stamp Program
COUNTY BEST PRACTICE**

Title of Best Practice:	SC 455 INCOME CONTROL CALENDAR
County Name:	Sacramento
Automation System:	CDS
Information Contact:	Terri Colosimo
Phone Number:	916-875-8494
E-mail Address:	tcolosim@gw.co.sacramento.ca.us
Total 06/00 Household Participation: 36,317	
Federal FS Households: 34,659 Federal/State: 1,377 State: 281	
Supervisor Ratio: 8-10 to 1	
<p>Description of the Best Practice: (please include the methodology that you used and attach examples of the forms, language, products, etc.)</p> <p>To assist line staff with the control of income cases, Sacramento County developed an “Income Control Calendar” and implemented its use 10 years ago. This form is to be filed on top of the CW 7s so that it is readily available to track the dates and amounts of client’s earned and unearned income. Case managers are required to complete this form on a monthly basis. Attached is a copy of the calendar and worker’s instructions for its use.</p> <p>Additionally, the department sends a control of income calendar out to the client along with instructions so they can keep track of the income they receive and can report accurately on their CW7. Copies of these items are also attached.</p>	

Food Stamp Program COUNTY BEST PRACTICE

County Name:	Sacramento
Title of Best Practice (Page 2)	SC 455 Income Control Calendar
Description of the problem this best practice is attempting to resolve:	
<p>Staff was having difficulty determining which months were three pay-day months for employed clients. The calendar was developed as an aid for workers to correctly track their clients' income. This is also a tool to help the clients keep track of their paydays.</p>	
Results of the Best Practice:	
<p>There is a reduction in income errors when case managers and clients use the calendars. This has been verified through quality control reviews and second party reviews.</p>	
Problems encountered in implementation:	
<p>No problems have been encountered once the case manager starts to use the calendar.</p>	

S	M	T	W	Th	F	S	GROSS	S	M	T	W	Th	F	S	GROSS
January 2000								July 2000							
						1								1	
2	3	4	5	6	7	8		2	3	4	5	6	7	8	
9	10	11	12	13	14	15		9	10	11	12	13	14	15	
16	17	18	19	20	21	22		16	17	18	19	20	21	22	
23/30	24/31	25	26	27	28	29		23/30	24/31	25	26	27	28	29	
YTD	Total							YTD	Total						
February 2000								August 2000							
		1	2	3	4	5				1	2	3	4	5	
6	7	8	9	10	11	12		6	7	8	9	10	11	12	
13	14	15	16	17	18	19		13	14	15	16	17	18	19	
20	21	22	23	24	25	26		20	21	22	23	24	25	26	
27	28	29						27	28	29	30	31			
YTD	Total							YTD	Total						
March 2000								September 2000							
			1	2	3	4							1	2	
5	6	7	8	9	10	11		3	4	5	6	7	8	9	
12	13	14	15	16	17	18		10	11	12	13	14	15	16	
19	20	21	22	23	24	25		17	18	19	20	21	22	23	
26	27	28	29	30	31			24	25	26	27	28	29	30	
YTD	Total							YTD	Total						
April 2000								October 2000							
						1		1	2	3	4	5	6	7	
2	3	4	5	6	7	8		8	9	10	11	12	13	14	
9	10	11	12	13	14	15		15	16	17	18	19	20	21	
16	17	18	19	20	21	22		22	23	24	25	26	27	28	
23/30	24	25	26	27	28	29		29	30	31					
YTD	Total							YTD	Total						
May 2000								November 2000							
	1	2	3	4	5	6					1	2	3	4	
7	8	9	10	11	12	13		5	6	7	8	9	10	11	
14	15	16	17	18	19	20		12	13	14	15	16	17	18	
21	22	23	24	25	26	27		19	20	21	22	23	24	25	
28	29	30	31					26	27	28	29	30			
YTD	Total							YTD	Total						
June 2000								December 2000							
				1	2	3							1	2	
4	5	6	7	8	9	10		3	4	5	6	7	8	9	
11	12	13	14	15	16	17		10	11	12	13	14	15	16	
18	19	20	21	22	23	24		17	18	19	20	21	22	23	
25	26	27	28	29	30			24/31	25	26	27	28	29	30	
YTD	Total							YTD	Total						

Reminder: EW MUST check YTD totals. Client must report ACTUAL PAY DAY not PAY PERIOD ENDING DATE. EW must indicate the reported pay day on this form. Is it consistent?

INCOME INFORMATION

Person # or Name: _____
 Source (employer, UIB, etc.): _____
 Employment Status: Full time Part time N/A
 Paid: Weekly Bi-weekly Semi-monthly Monthly
 Pay days or dates: _____
 Receives tips: no yes
 Other information: _____

Person # or Name: _____
 Source (employer, UIB, etc.): _____
 Employment Status: Full time Part time N/A
 Paid: Weekly Bi-weekly Semi-monthly Monthly
 Pay days or dates: _____
 Receives tips: no yes
 Other information: _____

INCOME CONTROL CALENDAR

INSTRUCTIONS: Below are the guidelines developed by the Corrective Action Committees for the use of the Income Control Calendar.

- Use of the calendar is MANDATORY on every CalWORKS case and all NAFS income case.
2. Use one calendar for each case. Multiple sources of income and/or income received by more than one person shall be recorded on one calendar. The worker is responsible for developing an annotation system which will allow for tracking of all income sources.

File calendars in chronological order in the current volume on the top of the most recent CA 7. Do not interfile.
 3. The calendar shall be used as a control for recording paydays by both intake and continuing.

Intake: If the dates of receipt are known, complete the calendar by annotating the dates of receipt for all income sources for the first three (3) months.

If dates of receipt are being predicted, annotate the calendar margin with information used to determine the predicted income amounts/dates of receipt.

Continuing: Review and compare the dates annotated on the calendar with the information reported on the CA 7.

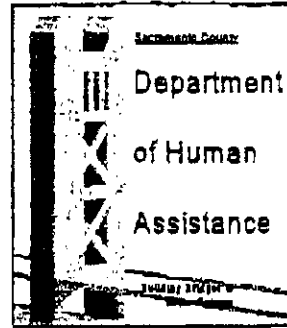
Cross off (X) annotated dates to ensure that all income was reported as expected. Review for any discrepancy between expected dates of receipt and actual dates of receipt, number of checks expected, year-to-date totals, etc. Take appropriate action.

Update the calendar for the future month.
 4. Complete "Income Information" section for each source of income. If the person is employed, enter the name of the employer under "Source". If the person is unemployed, enter the name of the employer under "Source".
 5. On all income cases the EW shall send the client the payday calendar CDS 779 and provide an explanation of it's purpose and use.

REMINDER: Verification is required whenever income increases, decreases, starts or stops.

Sacramento County

Department of Human Assistance
PO BOX 487 • Sacramento CA • 95812-0487



NAME
ADDRESS
CITY STATE ZIP
BAR CODE

Year 2000 Pay Day Calendar
This calendar is for YOUR OWN USE. DO NOT RETURN IT to your worker.

What is this calendar for?

You can use this calendar to track which days you get money. Any money you get from a job, training, social security, child support, a friend or relative, or any other source, must be reported on your monthly eligibility report (CW 7) with the dates you got it. This calendar can help you keep track of those days.

How to use the calendar

Circle the day of the month on this calendar when you get any money. If you are paid every week, this will help you keep track of the months you have 5 paydays instead of 4 paydays. Or, if you are paid every other week, this will show the months you have 3 paydays instead of 2 paydays.

Reminder

You must send proof of earnings with your CW7.

Calendar is on the reverse side . . .

Year 2000 Pay Day Calendar

THIS CALENDAR IS FOR YOUR OWN USE. DO NOT RETURN IT.

Remember . . . You must send proof of earnings with your CW7.

JANUARY 2000

SU	MO	TU	WE	TH	FR	SA
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

FEBRUARY 2000

SU	MO	TU	WE	TH	FR	SA
			1	2	3	4
		5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	

MARCH 2000

SU	MO	TU	WE	TH	FR	SA
			1	2	3	4
		5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

APRIL 2000

SU	MO	TU	WE	TH	FR	SA
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

MAY 2000

SU	MO	TU	WE	TH	FR	SA
		1	2	3	4	5
		6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

JUNE 2000

SU	MO	TU	WE	TH	FR	SA
					1	2
				3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

JULY 2000

SU	MO	TU	WE	TH	FR	SA
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

AUGUST 2000

SU	MO	TU	WE	TH	FR	SA
			1	2	3	4
		5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

SEPTEMBER 2000

SU	MO	TU	WE	TH	FR	SA
					1	2
				3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

OCTOBER 2000

SU	MO	TU	WE	TH	FR	SA
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

NOVEMBER 2000

SU	MO	TU	WE	TH	FR	SA
				1	2	3
				4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

DECEMBER 2000

SU	MO	TU	WE	TH	FR	SA
					1	2
					3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Food Stamp Program COUNTY BEST PRACTICE

Title of Best Practice:	SIMPLIFICATION OF IDENTIFYING 3RD AND 5TH PAY CHECKS VIA TAD 9 FORM
County Name:	San Bernardino
Automation System:	None
Information Contact:	Shelby Owens, Sandra Henderson
Phone Number:	(909) 388-0275 (760) 956-4502
E-mail Address:	Sowens@dpss.co.san-bernardino.ca.us Shenderson@dpss.co.san-bernardino.ca.us
Total 06/00 Household Participation: 44,781	
Federal FS Households: 42,236 Federal/State: 2,438 State: 107	
Supervisor Ratio: (if provided)	
<p>Description of the Best Practice: (please include the methodology that you used and attach examples of the forms, language, products, etc.)</p> <p>In January, 2000 San Bernardino County simplified the process for identifying when a client receives a 3rd or 5th paycheck. Because San Bernardino County has a large working population receiving food stamps, a form (TAD 9) was developed to identify when clients were paid. By putting a years worth of monthly calendars on the front of the form, in addition to the information provided by the client in the body of the form, you now have a highly visible, user friendly form.</p>	

**Food Stamp Program
COUNTY BEST PRACTICE**

County Name:	San Bernardino County
Title of Best Practice (Page 2)	SIMPLIFICATION OF IDENTIFYING 3RD AND 5TH PAY CHECKS VIA TAD 9 FORM
<p>Description of the problem this best practice is attempting to resolve:</p> <p>The goal was to make it so easy for workers to see when a 3rd or 5th paycheck is to be received by the client that it would be impossible to overlook an unreported check when processing the monthly status report. The form is to be completed each time a client reports a new job, at RV and at start of new calendar year. Form is kept in the case file.</p>	
<p>Results of the Best Practice:</p> <p>Evaluation is scheduled for December of 2000 via case reviews of income cases for 3rd and 5th paycheck errors. Verbal feedback from both EW's and Supervisors is that the form is very easy to use and follow.</p>	
<p>Problems encountered in implementation:</p> <p>None encountered. Would recommend that follow up with a percentage of focus reviews of earned income cases the second month of implementation to insure form is used.</p>	

Case Name: _____

Worker Number: _____

Case Number: _____

Date: _____

Instruction: • Please have the employed person complete Section 1.
 • If you are self-employed you must also complete Section 2.

SECTION 1:

- Person employed: _____
- Place employed: _____
- Date employment started: _____
- Job title: _____
- Rate of pay: \$ _____
- When paid:
 - Weekly (day) _____
 - Every other week (day) _____
 - Bi-Monthly (dates) _____
 - Monthly (date received) _____
- First/next pay expected: _____
- Hours worked per week: _____
- Days worked per week: _____
- Do you or will you earn tips, commission, overtime, shift differential? Yes No
- Will you or do you have health insurance?
 - Yes No
 - If yes: Company's name _____
 - How much do you pay \$ _____ per _____
 - Complete enclosed form DHS 6155
- Do/will you have child care costs? Yes No

SECTION 2:

- Name of business: _____
- Type of business: _____
- Adjusted gross from last year \$ _____
- Has the income changed from last year?
 - Yes No
- Do you pay yourself a salary? Yes No
 - If yes, how much \$ _____ per _____
- What is the estimated gross profit per month?
 - \$ _____
- List monthly estimated expense:
 - _____ \$ _____
 - _____ \$ _____
 - _____ \$ _____

If you are getting or asking for CalWORKs or Medi-Cal, to determine your adjusted gross income, do you want to use?

Verified actual expenses 40% deduction

- COUNTY USE ONLY - 2000 Calendar

CalWORKs and FS Reminder: Put Gross and YTD on CW7

JANUARY							FEBRUARY							MARCH							APRIL							MAY							JUNE							
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	
					1				1	2	3	4	5				1	2	3	4						1			1	2	3	4	5	6						1	2	3
2	3	4	5	6	7	8	6	7	8	9	10	11	12	5	6	7	8	9	10	11	2	3	4	5	6	7	8	7	8	9	10	11	12	13	4	5	6	7	8	9	10	
9	10	11	12	13	14	15	13	14	15	16	17	18	19	12	13	14	15	16	17	18	9	10	11	12	13	14	15	14	15	16	17	18	19	20	11	12	13	14	15	16	17	
16	17	18	19	20	21	22	20	21	22	23	24	25	26	19	20	21	22	23	24	25	16	17	18	19	20	21	22	21	22	23	24	25	26	27	18	19	20	21	22	23	24	
23	24	25	26	27	28	29	27	28	29					26	27	28	29	30	31		23	24	25	26	27	28	29	28	29	30	31				25	26	27	28	29	30		
30	31																				30																					
JULY							AUGUST							SEPTEMBER							OCTOBER							NOVEMBER							DECEMBER							
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	
					1				1	2	3	4	5						1	2	1	2	3	4	5	6	7				1	2	3	4							1	2
2	3	4	5	6	7	8	6	7	8	9	10	11	12	3	4	5	6	7	8	9	8	9	10	11	12	13	14	5	6	7	8	9	10	11	3	4	5	6	7	8	9	
9	10	11	12	13	14	15	13	14	15	16	17	18	19	10	11	12	13	14	15	16	15	16	17	18	19	20	21	12	13	14	15	16	17	18	10	11	12	13	14	15	16	
16	17	18	19	20	21	22	20	21	22	23	24	25	26	17	18	19	20	21	22	23	22	23	24	25	26	27	28	19	20	21	22	23	24	25	17	18	19	20	21	22	23	
23	24	25	26	27	28	29	27	28	29	30	31			24	25	26	27	28	29	30	29	30	31					26	27	28	29	30			24	25	26	27	28	29	30	
30	31																											26	27	28	29	30			31							

**CONDADO DE SAN BERNARDINO – DEPARTAMENTO DE ASISTENCIA TRANSITORIA
RESUMEN DE INFORMACION DEL TRABAJO**

Nombre del caso: _____ Número del trabajador: _____

Número del caso: _____ Fecha: _____

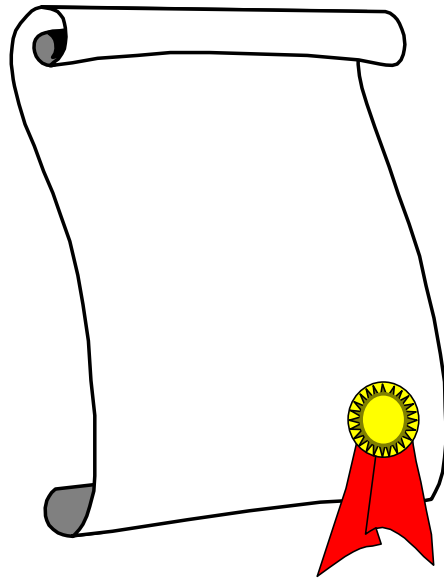
Instrucciones: <ul style="list-style-type: none"> • La persona empleada tiene que completar la sección 1. • Si usted tiene negocio propio tambien tiene que completar la sección 2. 	
SECCION 1: 1. Persona empleada: _____ 2. Lugar de empleo: _____ 3. Primer día de empleo: _____ 4. Título de trabajo: _____ 5. Cantidad de pago: \$ _____ 6. Fecha en que recibe el pago: <input type="checkbox"/> Semanal (día) _____ <input type="checkbox"/> Quincena (día) _____ <input type="checkbox"/> Dos veces al mes (fechas) _____ <input type="checkbox"/> Mensual (fecha recibido) _____ 7. Cuando espera primer/próximo pago: _____ 8. Horas trabajadas por semana: _____ 9. Días trabajados por semana: _____ 10. ¿Recibe usted or recibirá propinas, comisión, horas extras, horario diferencial? <input type="checkbox"/> Si <input type="checkbox"/> No 11. ¿Tiene o tendrá seguro médico? <input type="checkbox"/> Si <input type="checkbox"/> No Si es si: Nombre de la compañía _____ Cuanto paga \$ _____ cada _____ Complete la forma adjunta DHS 6155 12. ¿Tiene o va a tener costo para el cuidado del nino? <input type="checkbox"/> Si <input type="checkbox"/> No	SECCION 2: 1. Nombre del negocio: _____ 2. Clase de negocio: _____ 3. Ingresos ajustados brutos del año pasado \$ _____ 4. ¿Han cambiado sus ingresos desde el año pasado? <input type="checkbox"/> Si <input type="checkbox"/> No 5. ¿Se paga a usted mismo un salario? <input type="checkbox"/> Si <input type="checkbox"/> No Si es si, cuanto \$ _____ cada _____ 6. ¿Aproximadamente cuantos son sus ganancias brutos por mes? \$ _____ 7. Aliste costos mensuales aproximados: _____ \$ _____ _____ \$ _____ _____ \$ _____ Si usted recibe o está solicitando CalWORKs o Medi-Cal, para determinar sus ingresos netos ajustados, ¿quiere usted usar ? <input type="checkbox"/> Costos actual verificadas <input type="checkbox"/> deducción de 40%?

– SOLO PARA USO DEL CONDADO – Calendario 2000

CalWORKs and FS Reminder: Put Gross and YTD on CW7

JANUARY							FEBRUARY							MARCH							APRIL							MAY							JUNE																																									
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S																																			
						1							1							1							1							1							1							1							1																					
2	3	4	5	6	7	8	6	7	8	9	10	11	12	5	6	7	8	9	10	11	2	3	4	5	6	7	8	7	8	9	10	11	12	13	4	5	6	7	8	9	10	11	12	13	14	15	16	17	16	17	18	19	20	21	22	16	17	18	19	20	21	22	21	22	23	24	25	26	27	18	19	20	21	22	23	24
9	10	11	12	13	14	15	13	14	15	16	17	18	19	12	13	14	15	16	17	18	9	10	11	12	13	14	15	14	15	16	17	18	19	20	11	12	13	14	15	16	17	16	17	18	19	20	21	22	21	22	23	24	25	26	27	18	19	20	21	22	23	24														
16	17	18	19	20	21	22	20	21	22	23	24	25	26	19	20	21	22	23	24	25	16	17	18	19	20	21	22	21	22	23	24	25	26	27	18	19	20	21	22	23	24	16	17	18	19	20	21	22	21	22	23	24	25	26	27	18	19	20	21	22	23	24														
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Part D.



EMPLOYEE AWARDS

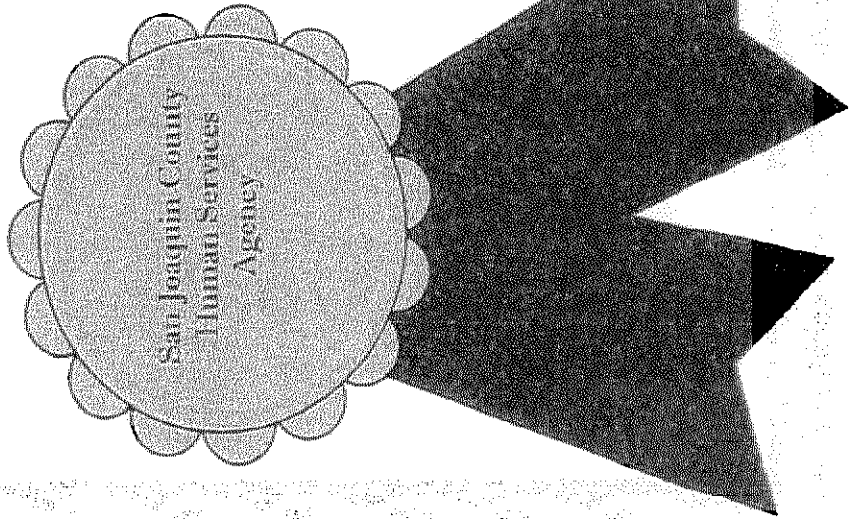
**Food Stamp Program
COUNTY BEST PRACTICE**

Title of Best Practice:	QUALITY CONTROL AWARD PROGRAM
County Name:	SanJoaquin
Automation System:	SAWS
Information Contact:	William Corder
Phone Number:	209 468-1177
E-mail Address:	bcorder@co.san-joaquin.ca.us
Total 06/00 Household Participation: 15,624	
Federal FS Households: 14,095 Federal/State: 1,497 State: 32	
Supervisor Ratio: 5-6 to 1	
<p>Description of the Best Practice: (please include the methodology that you used and attach examples of the forms, language, products, etc.)</p> <p>Awards are given to workers who have correct reviews in a given month. If the worker has more than one case selected all cases must be correct.</p> <p>A certificate is given to each worker every quarter for any months they were entitled. The Director or a Deputy Director presents the certificates. Refreshments are provided and managers and supervisors are encouraged to attend. This best practice was implemented in March 1999.</p>	

**Food Stamp Program
COUNTY BEST PRACTICE**

County Name:	San Joaquin
Title of Best Practice (Page 2)	QUALITY CONTROL AWARD PROGRAM
Description of the problem this best practice is attempting to resolve:	
Food Stamp errors	
Results of the Best Practice:	
<p>Staff are very responsive to the awards program. Ninety seven percent of the workers displayed their certificates at their workstations.</p> <p>In a survey, workers' comments included that they were more conscious about keeping their cases error free, so that they would receive an award.</p> <p>They also commented that receiving recognition from the agency motivated them to pay more attention to the accuracy of their cases.</p> <p>We infer from current error rate that this practice is working. San Joaquin County's error rate through June 2000 is 8 %, down from 10.5% last year.</p>	
Problems encountered in implementation:	
No problems have been encountered.	

QUALITY CONTROL CERTIFICATE OF EXCELLENCE



William Corder

*You were caught in the act
of accurate case processing
in the month of March, 2000.*

John Vera, Director

Date: October 5, 2000



William Corder, Quality Control Coordinator

Date: October 5, 2000

Part E.



ERROR REVIEW FORUMS

Food Stamp Program COUNTY BEST PRACTICE

Title of Best Practice:	ERROR CITATION WORKGROUP
County Name:	Alameda
Automation System:	CDS
Information Contact:	Marietta Jubert 510-615-5363 Karen Bridges 510-267-9457
Phone Number:	above
E-mail Address:	Mjubert@co.alameda.ca.us kbridges@co.alameda.ca.us
Total 06/00 Household Participation: 23,971	
Federal FS Households: 22,855 Federal/State: 981 State: 135	
Supervisor Ratio : 7 to 1	
Description of the Best Practice: (please include the methodology that you used and attach examples of the forms, language, products, etc.)	
<p>In August 1999, an Error Citation Workgroup was established to:</p> <ul style="list-style-type: none"> ◆ Challenge questionable error citations and subsequently lowering the error rate; ◆ Highlight the importance of the error citation process; ◆ Encourage staff to participate in the process by correcting and challenging error citations; and ◆ Further facilitate the decrease in error rate, in February 2000 the workgroup focused on identifying causal factors. <p>The Error Citation Workgroup meets monthly, or as necessary. The workgroup members include Program Managers, the Food Stamp Program Specialist, and the QC Supervisor. Supervising Eligibility Technicians (SETs) and Eligibility Technicians (ETs) are welcome to attend.</p> <p>During each meeting, the team reviews the QC case, the eligibility (benefit) case, the Error summary sheet, the accuracy of the error citation, and the cause of the error in order to determine the magnitude of the error, identify error trends, and the corrective action necessary to prevent future errors.</p> <p>As a result of the review by the Error Citation Workgroup, the error summary sheet is amended to identify the dollar amount of the errors and the causal factors. The error summary sheet is then presented to the Quality Improvement Panel (QIP) and is also reviewed by the eligibility staff.</p> <p>Other products of the Error Citation Workgroup include:</p> <ul style="list-style-type: none"> ◆ Food Stamp Newsletters; ◆ Focused Training; and ◆ Focused secondary party reviews. 	

Food Stamp Program COUNTY BEST PRACTICE

County Name:	Alameda
Title of Best Practice (Page 2)	ERROR CITATION WORKGROUP
Description of the problem this best practice is attempting to resolve:	
<ul style="list-style-type: none"> ◆ The error findings were reported to the State with minimal input from the eligibility staff; ◆ High concentration of agency caused errors in earned income. ◆ Unidentified error causes 	
Results of the Best Practice:	
<p>The workgroup is responsible for:</p> <ul style="list-style-type: none"> ◆ Improved the communication between QC and the eligibility staff; ◆ Identifying common errors and the causal factors; ◆ Informing the staff that lack of participation in the review process may contribute to a higher error rate; ◆ Increasing eligibility staff's knowledge of the QC review process; and ◆ Reduction in the error rate. <p>The result has been a substantial reduction in the error rate. Another result has been the building of relationships among county staff so they act as a team and less as adversaries.</p>	
Problems encountered in implementation:	
<ul style="list-style-type: none"> ◆ Identifying appropriate participants for the Error Citation Workgroup; ◆ Reluctance of eligibility staff to participate in the corrective action process; and <p>(However, as noted above, there has been a reduction in these problems, and more of a team spirit now prevails.)</p>	

**ALAMEDA COUNTY
ERROR CITATION WORKGROUP**

ERROR SUMMARY

07/00: 6.38%
10/99-7/00: 7.73%

- I. NAME 30-XXXXXX-01 WORKER # \$XX U/I
1. Agency incorrectly prorated rent.
- Mother & 3 siblings are excluded (undocumented) noncitizens and have no income. Full amount of rent should have been allowed because only the FS HH has income and excluded HH members do not contribute to the shelter expense.
63-502.3 & Noncitizen Reference Guide
- ✓ CORRECTIVE ACTION:
-
- II. NAME 09-XXXXXX-09 WKR # \$XX U/I
1. Monthly expenses were not deducted from total rental income.
- Allowance for property taxes and interest on mortgage loan was not allowed as a deduction from rental income.
63-503.4 & FS HANDBOOK 63-5.4
- ✓ CORRECTIVE ACTION:
-
- III. NAME 30-XXXXXX-00 WKR # \$XX O/I
1. Correct wages and deductions not shown to budget
- Wages changed on cash budget and not FS budget
➤ Housing cost not prorated to reflect SSI child in home.
63- 502.1, 63-502.3 & Desk Guide: FS Budgeting for Excluded Members.
- ✓ CORRECTIVE ACTION:

ALAMEDA COUNTY
 QUALITY CONTROL
 QUARTERLY STATISTICAL ANYALSIS
 QC DATA 10/99 - 07/00
 ROLLING ERROR RATE 7.73%

10/99	Error Rate 3.59%*	*(Includes client errors)	
	ERROR	CAUSE	AMOUNT
			\$42 U/I

11/99	Error Rate 15.35%*	*(Includes client errors)	
	ERROR	CAUSE	AMOUNT
			\$77 O/I

SUMMARY

10/99-07/00

- 31 Agency errors; 18 client errors; 16 underissuances; 21 overissuances; 2 ineligible

Error

- 3 cases: Incorrect earnings
-

Cause

- 5 cases: Client failed to report
-

Trends

- Unreported income is increasing
- Ineligible cases are decreasing

Suggested areas of corrective action concentration:

-

Food Stamp Program COUNTY BEST PRACTICE

Title of Best Practice:	PREVENTIVE ACTION COMMITTEE
County Name:	Orange
Automation System:	CDS
Information Contact:	Sandy Bloore
Phone Number:	(714) 541-7752
E-mail Address:	sbloore@ssa.co.orange.ca.us
Total 06/00 Household Participation: 24,901	
Federal FS Households: 21,823 Federal/State: 2,763 State: 315	
Supervisor Ratio: (if provided) 6 – 8 to 1	
<p>Description of the Best Practice: (please include the methodology that you used and attach examples of the forms, language, products, etc.)</p> <p>The Preventive Action Committee is a work group established in May 2000 by Program staff to assist in the review, discussion and analysis of cited food stamp errors (including those identified via Supervisory and Program Integrity Coordinator reviews). The goal of the work group is the development and recommendation of effective, workable strategies for the prevention and correction of such errors.</p> <p>Committee membership was designed to solicit input from a variety of viewpoints by including staff with line, training, systems, and Quality Control responsibilities. Participants are a combination of case workers, first level and second level supervisors representing each district office and each division. Each member has a high degree of knowledge about food stamp regulations.</p> <p>A decision was made to designate this as a “Preventive Action” rather than a “Corrective Action” work group, in an effort to focus on avoiding errors in the first place rather than identifying and correcting errors later.</p>	

**Food Stamp Program
COUNTY BEST PRACTICE**

County Name:	ORANGE
Title of Best Practice (Page 2)	Preventive Action Committee
Description of the problem this best practice is attempting to resolve: The Preventive Action Committee was created in response to Orange County's increasing food stamp error rate and the resulting sanction liability.	
Results of the Best Practice: The Preventive Action Committee provided useful suggestions concerning noncitizen cases and ways to identify cases containing potential errors. Aspects of food stamp eligibility needing clarification, such as deductions for child support payments, have also been identified by this committee.	
Problems encountered in implementation: No significant problems have been encountered thus far.	

Food Stamp Program COUNTY BEST PRACTICE

Title of Best Practice:	ERROR REVIEW PANEL
County Name:	San Diego
Automation System:	CDS
Information Contact:	Patricia Madison Corrective Action Coordinator
Phone Number:	619-515-6778
E-mail Address:	Pmadisss@co.san-diego.ca.us
Total 06/00 Household Participation: 32,637	
Federal FS Households: 28,163 Federal/State: 4,173 State: 301	
Supervisor Ratio: 8 to 1	
<p>Description of the Best Practice: (please include the methodology that you used and attach examples of the forms, language, products, etc.)</p> <p>With an initial goal of aggressively challenging any questionable State error citations, thereby lowering our error rates, San Diego County implemented the Error Review Panel in July 1991. Standing panel members are the Corrective Action Coordinator, Quality Control Full-Field Audit Supervisor, and Food Stamp Program Specialist. Corrective Action Supervisors attend on behalf of their district if an error was attributed to their office. Eligibility Supervisors and Eligibility Technicians responsible for the errors are encouraged to attend but attendance is not mandated. The panel meets on a bi-weekly basis, as necessary.</p> <p>Each Error Review Panel reviews the case file and the error cited to determine:</p> <ul style="list-style-type: none"> • The accuracy of the error citation; • The cause of the error; • The scope of the error, if a trend is cited; and • Corrective action required by the district or county to prevent further errors. <p>Corrective action products resulting from the panel meetings include one-page alerts to staff distributed countywide, mini-module lesson plans, desk aids, coordinated countywide focused supervisory case reviews, and clarifications issued to staff from the County Policy and Program Support Division. An example of one of the products, a Corrective Action Alert, is attached.</p> <p>Error cause analysis from the Panel is reviewed monthly at countywide corrective action meetings and is included in the county's Corrective Action Plan (CAP).</p>	

Food Stamp Program COUNTY BEST PRACTICE

County Name:	San Diego
Title of Best Practice (Page 2)	ERROR REVIEW PANEL
Description of the problem this best practice is attempting to resolve:	
<p>Prior to implementation of the Error Review Panel, district staff was not given the opportunity to challenge full-field desk audit citations. In addition, sometimes full-field error citations were evaluated as incorrect upon expert review by Policy and Program Support staff. The Error Review Panel provides a check on the accuracy of full-field error citations to ensure the integrity of the dollar error rate for the county. In addition, the Panel provides a mechanism for involving line staff and supervisors in the countywide corrective action process by obtaining their input on error causes.</p>	
Results of the Best Practice:	
<p>The Error Review Panel provides immediate review of full field desk audit citations and initiation of corrective actions for error prevention. It has been successful in overturning erroneous citations and increasing accountability among line staff for food stamp accuracy. For the current fiscal year, the Panel has overturned 3 erroneous error citations. Corrective action products produced are directly related to the error cause and applied immediately to impact the current fiscal year reviews. By doing these things, this practice has energized the Corrective Action Supervisors.</p>	
Problems encountered in implementation:	
<p>Due to the short timeframes involved in reporting Q5 data to the state, the Corrective Action Supervisors have often received less than a week's notice prior to convening the Panel. In some instances, these time constraints have also pressed Policy and Program Support staff to obtain immediate clarification of program issues. Furthermore, because Eligibility Supervisor and Eligibility Technician attendance at the Panel is voluntary, some managers refuse to have their line staff participate; thereby, decreasing the accountability and involvement the Panel seeks to accomplish. Some eligibility staff are reluctant to attend out of fear of reprisal for the error by the Panel, however staff is assured that the purpose of the panel is to determine error causes for corrective action and not disciplinary in nature.</p>	

Part F.



NON-CITIZENS

Food Stamp Program COUNTY BEST PRACTICE

Title of Best Practice:	CFAP CLAIMING CORRECTIONS
County Name:	Orange
Automation System:	CDS
Information Contact:	Sandy Bloore
Phone Number:	(714) 541-7752
E-mail Address:	sbloore@ssa.co.orange.ca.us
Total 06/00 Household Participation: 24,901	
Federal FS Households: 21,823 Federal/State: 2,763 State: 315	
Supervisor Ratio (if provided): 6 – 8 to 1	
<p>Description of the Best Practice: (please include the methodology that you used and attach examples of the forms, language, products, etc.)</p> <p>To ensure that staff knew and understood the correct usage of CFAP Budget Income Codes, a one page summary of the codes and their use was distributed and reviewed during unit meetings. This was implemented in May, 2000. At the recommendation of the Preventive Action Committee, it was decided that a focused review of identified potential error cases would be helpful in correcting claiming errors.</p> <p>Systems limitations prevented the direct identification of only those cases with errors. A CDS ad hoc report was produced which listed active cases with members coded as eligible to CFAP and earned income was being budgeted for food stamps. Another ad hoc was produced simultaneously that listed these same cases where the additional claiming BIC for earned income of a CFAP member was also present. The second report was used to exclude cases from the first report that did not require further review.</p> <p>Approximately 1,000 cases were identified in this manner. Focused reviews of these cases were completed by Program Integrity Coordinators or other designated staff in each district office. Upon review it was determined that some identified cases were correct and some contained other errors involving the determination of CFAP/Federal eligibility. For all cases with errors, the necessary changes or additions to CDS coding were made to correct future month claiming.</p>	

**Food Stamp Program
COUNTY BEST PRACTICE**

County Name:	Orange
Title of Best Practice (Page 2)	CFAP CLAIMING CORRECTIONS
<p>Description of the problem this best practice is attempting to resolve:</p> <p>Errors in claiming were identified during QC reviews of NAFS and PAFS cases that included a combination of Federal and CFAP eligible persons. The errors existed because case workers failed to make the Budget Income Code (BIC) entries on CDS initially or failed to change the entries when the case situation changed. These BICs are additional entries to those required to produce the allotment for the household. Claiming errors primarily occurred when earned income was being received by a CFAP eligible person. No on-line edits exist to help ensure that these entries are made when appropriate.</p>	
<p>Results of the Best Practice:</p> <p>It has been only a few months since this focused review to correct CFAP claiming was completed, however there has been a noticeable reduction in QC cited errors in this area.</p>	
<p>Problems encountered in implementation:</p> <p>Because it was impossible to identify only those cases in error, time was spent reviewing cases that were correct.</p>	

Noncitizen QC Issues

- Noncitizen nationals (such as persons born in American Samoa) are Federally eligible
- Action must be taken to re-evaluate food stamp eligibility when household reports that noncitizen has been legalized, naturalized, etc.
- Legally present noncitizens (except persons admitted as students, visitors, etc.) who do not qualify for Federal food stamps are currently eligible to CFAP
- Failure to enter **BIC 1SE** with gross earned income of CFAP individuals is causing incorrect claiming computations and large federal QC dollar errors

Table of CFAP BICs

BIC	Entries
19S	The number of eligible persons (in the cents field) when all FSHH members are CFAP. Should match the number entered with BIC 190.
19F	The number of Federally eligible persons (in the cents field) when there are both Federal and CFAP individuals in the FSHH.
1SE	Gross earned income of CFAP eligible individuals. When income is derived from self employment, enter the net amount.
1SU	Unearned income of CFAP eligible individuals. CalWORKs and GR grants should <u>not</u> be entered with this BIC.
1EE	Prorated portion of earned income of ineligible aliens considered income to the FSHH.
1EU	Prorated portion of unearned income of ineligible aliens considered income to the FSHH. CalWORKs and GR grants should <u>not</u> be entered with this BIC.
1PA	Grant amount when BIC 135 and/or 136 are present. Includes grant of a second family in the FSHH receiving CalWORKs assistance from a different case serial number or a household member who receives GR assistance.
1FL*	Manually computed Federal share of combined allotment to override the System computation. *Do not enter this BIC unless directed to do so by Food Stamp Program or Systems Staff.

**Food Stamp Program
COUNTY BEST PRACTICE**

Title of Best Practice:	NON-CITIZEN ELIGIBILITY DETERMINATION
County Name:	Ventura
Automation System:	Legacy
Information Contact:	Patty Kreider
Phone Number:	(805) 652-7569
E-mail Address:	Patty.Kreider@mail.co.ventura.ca.us
Total 06/00 Household Participation: 8,199	
Federal FS Households: 7,516 Federal/State: 596 State: 87	
Supervisor Ratio (if provided) : 8 to 1	
<p>Description of the Best Practice: (please include the methodology that you used and attach examples of the forms, language, products, etc.)</p> <p>The 'Non-Citizen Eligibility Determination' form is used as an aid in the determination of state v. federal food stamp eligibility for non-citizen applicants and recipients. A copy of the form is attached.</p> <p>The form is completed by workers</p> <ol style="list-style-type: none"> 1. at application for households with non-citizens; and 2. at recertification for households with non-citizens who are ineligible or state food stamp eligible. 	

Description of the problem this best practice is attempting to resolve:

Goal: A reduction in confusion and resulting errors related to improper identification of eligibility status of non-citizens.

Results of the Best Practice:

Using this form seems to be working to prevent errors, because Ventura County is not experiencing an unusually high error rate in this element.

Problems encountered in implementation:

None

NON-CITIZEN ELIGIBILITY DETERMINATION

NON-CITIZEN _____ CASE NUMBER _____

CalWORKs NON-CITIZEN ELIGIBILITY**STEP 1:** Does the non-citizen meet federal CalWORKs eligibility requirements?

- Asylee/Refugee
- Deportation withheld
- Amerasian immigrant
- Cuban/Haitian entrant
- Cross Border Native American (Jay Treaty)
- Parolee for 1 year or more on or before 8/21/96
- Conditional Entrant on or before 8/21/96
- Legal Permanent Resident with 40 quarters
- Legal Permanent Resident that can be credited with 40 quarters
- Legal Permanent Resident with military connection (includes spouse and children)
- Legal Permanent Resident on or before 8/21/96
- Battered non-citizen with appropriate INS documentation on or before 8/21/96 (Batterer must be citizen/legal non-citizen)

If **YES** to any of the above, non-citizen is federal CalWORKs eligible. If **NO**, go to STEP 2.**STEP 2:** Does the non-citizen meet state CalWORKs eligibility requirements?

- Parolee for 1 year or more on or after 8/22/96
- Conditional Entrant on or after 8/22/96
- Battered non-citizen with appropriate INS documentation on or after 8/22/96 (Batterer must be citizen/legal non-citizen)
- Legal Permanent Resident on or after 8/22/96 without 40 quarters

If **YES** to any of the above, non-citizen is state CalWORKs eligible for the first 5 years from date of status, then federal. Date of status _____ Add 5 years to get date federally eligible _____. If **NO** to all, non-citizen is ineligible.**FOOD STAMP NON-CITIZEN ELIGIBILITY****STEP 1:** Determine federal Food Stamp eligibility. Does the non-citizen meet one of the following?:

- Asylee/Refugee (within 7 years)
- Deportation withheld (within 7 years)
- Amerasian immigrant (within 7 years)
- Cuban/Haitian entrant (within 7 years)
- Cross Boarder Native American
- Parolee with military connection
- Conditional Entrant with military connection
- Legal permanent resident with military connection
- Legal permanent resident credited with 40 quarters
- Hmong/Highland Laotian Tribal Members and assisted U.S. in Vietnam (includes spouse/children)
- Battered spouse/child or parent/child of a battered person with INS petition and military connection
- Legal non-citizen on or before 8/22/96 and under 18 years
- Legal non-citizen on or before 8/22/96 and blind or disabled (State Manual 63-102.e)
- Both legal non-citizen and 65 years or older on 8/22/96

If **YES** to any of the above, non-citizen is federally food stamp eligible. If **NO**, go to **STEP 2**.**STEP 2:** Determine state Food Stamp eligibility. Does the non-citizen meet one of the following?:

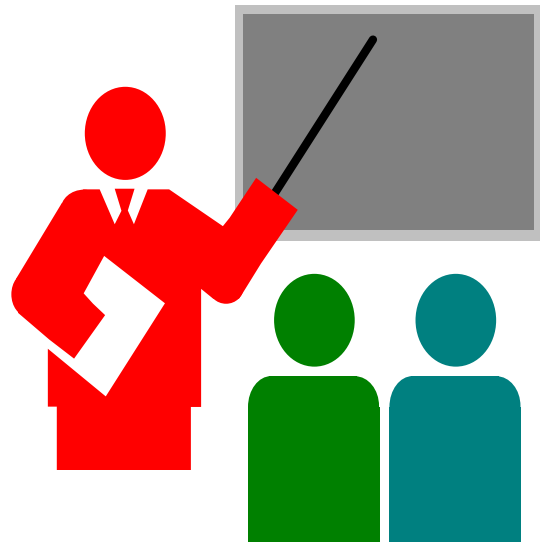
- Legal permanent resident without 40 quarters
- Battered spouse/child or parent/child of a battered person with INS petition
- Cuban/Haitian entrant (after 7 years)

If **YES** to any of the above, non-citizen is state food stamp eligible, go to **STEP 3**. If **NO**, non-citizen is ineligible.**STEP 3:** Date non-citizen obtained legal status? _____

DATE

- If **on or before 8/21/96**, eligible to state food stamps **indefinitely**.
- If **on or after 8/22/96**, eligible to state food stamps **10/1/99 through 9/30/01**.

Part G.



POLICY EDUCATION

Food Stamp Program COUNTY BEST PRACTICE

Title of Best Practice:	FOOD STAMP TEC TEAM
County Name:	Stanislaus
Automation System:	Legacy
Information Contact:	Nancy Smith, Food Stamp Coordinator Elvira Garibay, Corrective Action Representative
Phone Number:	209 558-3521 209 558-2873
E-mail Address:	Smithn@mail.ca.stanislaus.ca.us Garibaye@mail.co.stanislaus.ca.us
Total 06/00 Household Participation: 11,115	
Federal FS Households: 10,409 Federal/State: 671 State: 35	
Supervisor Ratio: (if provided) average 9 to 1 . The units also have a community service participant and one bilingual interpreter.	
Description of the Best Practice: (please include the methodology that you used and attach examples of the forms, language, products, etc.)	
<p>Stanislaus County's Best Practice is the use of a Food Stamp Tec Team. The Tec Team meets twice a month or as needed. The Tec Team assigns and presents training sessions, reviews newly written/updated handbook sections and Policy/Action memos for changes, clarifies and implements new regulations and sends e-mail to staff as needed. The Tec Team consists of a workgroup of line workers, supervisors and managers representing all the sections that work in the Food Stamp Program: Program staff, Clerical, Training, Hearings, Handbooks and State Reports. The members meet to be proactive with change and supportive for problem resolution. When errors are discussed at the Tec Team and at management meetings, the term "Accuracy Rate" is used to project a positive light.</p> <p>Examples:</p> <p>One example is when additional CFAP information was received. The Tec Team reviewed the information, determined if any changes were needed and presented training to staff.</p> <p>Another example was in May 2000 when the Tec Team began a process to review newly written sections for the Stanislaus County's Food Stamp Handbook. Two to three Tec Team members were assigned to review each section. The goal is to have a completed up to date handbook online this fiscal year. Additional training needs will be identified in the process.</p>	

**Food Stamp Program
COUNTY BEST PRACTICE**

County Name	Stanislaus
Title of Best Practice (Page 2)	FOOD STAMP TEC TEAM
<p>Description of the problem this best practice is attempting to resolve:</p> <p>The Food Stamp Tec Team is used to promote increased program accuracy.</p>	
<p>Results of the Best Practice:</p> <p>This Best Practice has resulted in consistently high food stamp accuracy over several years, including federal fiscal year 1998 when Stanislaus had the second best accuracy in California and in 1999 when Stanislaus County had the best accuracy rate in the state.</p>	
<p>Problems encountered in implementation:</p> <p>Full attendance to the meeting is a challenge; however, this does not slow assignments as absent members are equally considered for new projects. This practice encourages discussion and clarification of regulations and policies by all stakeholders.</p>	

Food Stamp Program COUNTY BEST PRACTICE

Title of Best Practice:	EMPLOYMENT & HUMAN SERVICES MONTHLY BULLETIN
County Name:	Contra Costa County
Automation System:	CDS
Information Contact:	Donna Jacoby
Phone Number:	925-313-1554
E-mail Address:	Djacoby@ehsd.co.contra-costa.ca.us
Total 06/00 Household Participation: 9,787	
Federal FS Households: 9,231 Federal/State: 518 State: 38	
Supervisor Ratio: (if provided) :	
<p>Description of the Best Practice: (please include the methodology that you used and attach examples of the forms, language, products, etc.)</p> <p>The QC Performance Sample for the last review month is discussed at the monthly Food Stamp/Corrective Action Meeting. Each error is discussed. The error and solution is then published in the Monthly Bulletin.</p> <p>Each month a monthly bulletin is published and distributed to all staff. This bulletin contains information and clarification on program, policy and procedure. If appropriate, manual sections, etc. are referenced.</p> <p>These bulletins are reviewed with staff at their scheduled staff meetings.</p> <p>The bulletins are printed on colored paper. Staff knows at a glance that the bulletin is in their in box and know to read it upon receipt.</p>	

Food Stamp Program COUNTY BEST PRACTICE

County Name:	Contra Costa County
Title of Best Practice (Page 2)	Employment & Human Services Monthly Bulletin
<p>Description of the problem this best practice is attempting to resolve:</p> <p>The monthly bulletin is our attempt to resolve errors that occur more than once. For example:</p> <p>The 3/00 QC sample had errors on Failure to comply-Client caused overpayments and Earned income of a child under the age of 18.</p> <p>The 4/00 QC sample had errors relating to 10-day notice and CW-7 processing.</p> <p>(The monthly bulletin is also used to publish clarification given to staff as a result of questions received during the month.)</p>	
<p>Results of the Best Practice:</p> <ol style="list-style-type: none"> 1. All staff receives the "same" information. 2. All staff receives a copy of the monthly bulletin and the information is discussed at their staff meetings. If further clarification is needed, the unit supervisor contacts the program analyst. 3. All staff is reminded of several items each month. 	
<p>Problems encountered in implementation:</p> <p>Sometimes staff needs to be reminded to review the monthly bulletins.</p>	

FOOD STAMP PROGRAM:

1. 24 Month Cert Period for Elderly/Disabled Households:

BIC 191, 60+/SS Disab HH, and Aid type 09-D, must be entered at the same time as the 24 month cert period is entered. Workers need to set a come-up tickler to remind them to make a 12 month contact on the 24 month certs.

2. Receipt of UIB/DIB:

Workers should be allowing 2 mailing days from the check issue date (as shown on IEVS) as date of receipt for UIB/DIB checks. The mailing date should never be used as the receipt date. Always document this information.

3. Reception and Placement cash received by Refugees: (DM 133 8-3-00)

Any Reception or Placement cash received by a Refugee from his/her sponsor during the first month of U.S. residence must be counted as income in the Food Stamp budget. (This same income is disregarded in determining income eligibility and calculating the RCA grant).

4. 10 Day Notice Release:

Food Stamp regulations do not allow clients to sign a release to have their Food Stamp allotment decreased due to the lack of a 10 day informing notice. (This is allowed in CalWORKs but NOT Food Stamps.)

5. CW-7 Processing:

Food Stamp recipients are considered to have met their reporting responsibility if they correctly report by the 1st working day of the month following the month the CW-7 was due (Extended Filing Date). There is no overissuance for this. A Saldivar Stamp is used to stamp these CW-7's to alert the worker that the report was received by the EFD. This is just a tool for the worker. The CW-7 MUST BE DATE STAMPED BY THE MAIL ROOM OR RECEPTION OR ETC. ON THE DATE IT IS RECEIVED IN THE COUNTY OFFICE. This date is the date used to determine when the CW-7 was received.

Complete CW-7's received timely, with reported income or any other change resulting in a decrease or termination in the allotment amount, must be processed and NOA's mailed by 10 day cutoff.

Complete CW-7's received after 10 day cutoff, but by the Extended Filing

Date, (Close of business on the 1st working day of the Issuance month) are Saldivar. The procedure for processing these CW-7's are as follows:

- a. Enter BIC entries in the Future Month to reflect reported changes on CW-7. (This correct income information must be entered to correspond with Earnings Clearance).
- b. Enter BIC 188 (manual override), along with the most recent allotment for which recipient has already received 10-day notice, in the Future month and enter the Future month as the THRU DATE.
- c. Send NOA generated on 1st working day of Issuance Month between the 1st and 20th of the Issuance month. This reflects information on the CW-7 which could not be acted upon because timely notice could not be given. If the next CW-7 is received timely, process as stated above.

Example: July CW-7 received 8-23 reporting a new job with income of \$500 per month. \$250 was received 7-1 and \$250 on 7-15. August Food Stamp allotment was \$110.

Enter BIC 100 and \$500 in the Future Month.(9-00)
Enter BIC 188 with a Thru date of 09-00 and \$110 in the Future month.(9-00)

August CW-7 received 9/5 and reported earnings of \$100 on 8-1 and \$300 on 8-15.

Enter BIC 100 and \$400 in the Future Month (10-00)

Send timely NOA reflecting this new information.

6. Adding a Newborn: (EAS 63-504.353 and 63-504.422(b))

Food Stamp benefits are to be issued for new household members effective the first of the month following the month in which the change was reported.

Prospectively budget the new member's income and specific deductions in combination with the existing household's retrospectively budgeted income and deductions for the first two months the new member is added.

For CalWORKs/Food Stamp cases, the add dates may be different. If a

corrective cash grant payment is made in a current or future month and it can not be prospectively budgeted, BIC 127 is to be used. (Refer to Food Stamp

Handbook 63-1400.12)

7. PDT1 - Expiration Dates:

The Expiration date is the date the exemption ends, not the date the certification period ends.

8. CW-7 Suspends on 38-F cases:

On 38-F cases, for failure to send in CW-7's or return of incomplete CW-7s, Do not enter BIC 199 in the Future Month and Do not "X" or "Y" Suspend. Enter D-652 or D-653. (See page 43 of the ELIG screen).

If the CW-7 is received by the Extended Filing date rescind the discontinuance using Stat code "C".

9. NOA 625

NOA 625 has been revised. There are now 3 blanks where a date must be filled in. The first date is the date of application. (8/5) The 2nd date is 30 days from the date of application. (9/4) The 3rd date is the same as the 2nd date. (9/4)

Food Stamp Program COUNTY BEST PRACTICE

Title of Best Practice:	UNIT QUIZZES
County Name:	Fresno
Automation System:	CDS
Information Contact:	Pam Neely
Phone Number:	(559) 453-6204
E-mail Address:	Pneely@fresno.ca.gov
Total 06/00 Household Participation: 25,366	
Federal FS Households: 22,360 Federal/State: 2,895 State: 111	
Supervisor Ratio (if provided): 6 to 1	
<p>Description of the Best Practice: (please include the methodology that you used and attach examples of the forms, language, products, etc.)</p> <p>At a Valley Corrective Action conference Fresno County learned and has now implemented a method of getting staff involved in learning Food Stamp rules and regulations. The idea came from Kern County where it was used in "ACE Games". In Fresno County we used Kern County's questions on areas we were having problems in based on State Quality Control errors cited. We sent out a set of questions to the supervisors in the Employment & Training Assistance section for 5 consecutive weeks. There were 5 questions on each test with a point value assigned. With each question the degree of difficulty increased and was assigned an increased amount of points. Each supervisor was to give out the test questions in a weekly unit meeting and the unit was to work together as a team to answer the questions.</p> <p>The supervisors were also given the answers to the questions so that after the unit came up with their answers, the supervisor had the correct answers to the questions. This information was then shared with the unit members. This was to ensure that each person would come away from the meeting having a copy of the questions and correct answers.</p> <p>In addition to the quizzes for staff, a quiz was sent to both Social Services Program Supervisors and their units in February and March 2000 as an additional learning tool on some of our most common errors.</p> <p>Fresno County tried this to get staff actively involved in working and learning more of the rules and regulations of the Food Stamp program.</p>	

**Food Stamp Program
COUNTY BEST PRACTICE**

County Name:	Fresno
Title of Best Practice (Page 2)	UNIT QUIZZES
Description of the problem this best practice is attempting to resolve:	
<p>Numerous State Quality Control errors have been cited on ABAWD, non-citizenship, pro-ration of income and shelter costs.</p>	
Results of the Best Practice:	
<p>Fresno County's error rate has decreased from what it has been over the last few years. This practice has also been useful as a "safe learning tool."</p>	
Problems encountered in implementation:	
<p>There was a problem implementing the full scope of the idea, because of inability to obtain the funds for the prizes that were given as the idea was used in Kern County.</p>	

Corrective Action Evaluation Quiz

February, 2000

The following is a quiz for CalWORKs SSPS's with Food Stamp responsibilities. This quiz is being given to comply with an evaluation requirement in the corrective action process. These are all situations that resulted in Q. C. errors.

This quiz replaces the previous quiz issued by Program Manager Julie Hornback.

Please circle the correct answer on multiple choice questions.

Please complete and return to Gayle DeLateur/TR30 by 2/25/2000.

1. Mr. and Mrs. V's case has a rent receipt on file dated 6/99 showing the rent amount as \$330.00. The SSI father contributed \$150.00 to rent with no separate contribution to the utility costs (standard utility is being used). Case consists of Mr. & Mrs. V. and their 3 minor children.
 - a. What is the correct rent for the food stamp household? _____
 - b. What is the correct utility amount to be used in the FS budget?

2. Mrs. G and her family live in a residence with another family. The two families maintain separate household status. Each of the families pays one-half the rent and one-half the utilities. The total rent is \$475.00 per month and Standard Utility allowance is being used.
 - a. What is the housing amount to be used in the food stamp budget for Mrs. G's family? _____
 - b. What is the utility amount to be used in the food stamp budget for Mrs. G's family? _____
 - c. What is the manual section to support your answer? _____

3. Mr. and Mrs. S and their 2 children entered the United States on 11/14/99. The family is legal non-citizens. Mr. S's brother sponsored the family. Neither Mr. S nor Mrs. S. has worked 40 quarters. Family is within the income and resource limits.
 - a. Is the family eligible for Food Stamps? _____
 - b. What Food Stamp Program is the family eligible to? Fed. FS **or** CFAP

4. Ms. G. lives in the back house on a lot. There is another house on the lot and these two houses share an electric meter. The PG & E bill (Amount is \$116.74) is sent to the non-resident landlord and he charges each individual head of each residence his or her share of the power bill. The PG & E bill is for the 3/10/99 cycle. Ms. G. pays \$30.00 per month for her part of the bill.
 - a. What is the utility amount to be used in Ms. G's food stamp budget?

 - b. What manual section supports your answer? _____

5. Client receives Food Stamps plus a Cal WORKs grant of \$469.00 less the fraud overpayment adjustment of \$47.00.
 - a. What is the correct PA grant to be used in the FS budget? _____
 - b. What BIC would be used for the PA grant amount used in the FS budget?

6. Mr. D. was receiving SDI. His last check from disability was received in the 10/99 cycle. He attached a copy of the SDI stubs to the 10/99 CW7. His total income on the 10/99 CW7 was \$440 and his wife has \$320.00 Social Security income. One of the SDI stubs showed the claim was exhausted. The CW7 was received in time to change the 12/99 Food Stamps.
 - a. The correct income to the 12/99 Food Stamps budget is \$_____
 - b. What is the manual section to support your answer? _____

7. A 3/99 CalWORKs supplement was issued to Mrs. T. on 3/29/99. The amount of the supplemental corrective action payment was \$135.00.
 - a. Does the supplemental payment need to be used in the food stamp budget computation? _____
 - b. If your answer is yes, what month? _____

8. Clients were paying rent of \$500 through 8/99. Clients receive Section 8 housing assistance that was approved as of 9/99. Section 8 housing has lowered client's rent to \$106.00 per month.
 - a. What is the correct rent amount for 9/99? _____
 - b. What is the correct rent amount for 10/99? _____

9. Mr. J receives earned income of \$890.00 per month, Mrs. J and the 3 children have no income of their own. Mr. pays out court ordered child support of \$150.00 per month. Mr. J. also pays private health insurance of \$85.00 per month for his family.

- Identify the income deductions (with manual sections) for which Mr. J. would be eligible.

Deduction	Manual Section

10. Define who is a CFAP person.

Corrective Action Evaluation Quiz---March 2000

The following is a quiz for staff who has Non Assistance Food Stamp responsibilities. This quiz is being given to comply with an evaluation requirement in the Corrective Action Plan.

Please circle the correct answer on the multiple choice questions.

Please complete and return to Julie Hornback, Main Annex by ??/??/00.

1. BIC 191 is used for what purposes?
 - a. _____
 - b. _____

2. The Agriculture Research, Extension, and Education Reform Act of 1998 (AREERA) restored Federal Food Stamp eligibility for certain non-citizens. When was this Act effective? Which non-citizens were restored to Federal Food Stamps by this Act?
 - a. _____
 - b. _____

3. What is the only way that you can collect an Administrative Over-issuance and why ?

4. Which Food Stamp Manual Section discusses discontinued income in a beginning month?

5. How would you treat income earned from AmeriCorps and support your decision by the manual section?
 - a. _____
 - b. _____

6. Mr. Jones, age 28 and a US citizen applies for Homeless Food Stamps. He reports has earned income of \$500.00 per month and is living in a temporary homeless shelter. He is expected to contribute \$143.00 for his room and \$25.00 towards utilities. He is a cycle 10 and applied on the 16th of March. What BICs and entries are you going to use?

a. _____

7. Mr. Smith comes into apply for FS. When completing the FS application, he self-declares that he is a convicted Drug Felon. Further questioning of the applicant, indicates that the client committed the act on 8/20/96 and was convicted on 11/25/96. Is he eligible for FS?

a. Yes

b. No

c. None of the Above. Please explain: _____

8. A mother and 3 children are receiving FS. Also, in the house is a 22 year- old child receiving SSI and another unrelated adult. The 22 year- old child declares himself as a separate HH, as does the unrelated adult.

The SSI person contributes \$300.00 towards rent and utilities, and the unrelated adult contributes \$175 towards rent and utilities.

The total rent is \$400 and SUA was selected. What shelter costs would be allowed the FS HH? What utility expense would be allowed for the FS HH?

a. Shelter Costs _____

b. Utility _____

9. FS HH lives in a trailer in the backyard of his parent's home (they are the mortgagees). The parents are not on FS and provide him access to their electricity service-thus a shared meter. They charge him 1/3 of the utilities, per sworn statement (340A). The client requests SUA. What BIC for utilities would you use and what entry would you make for utilities?

a. _____

California Food Assistance Program (CFAP)

TRUE OR FALSE

- ___ 1. All non-citizens are eligible for Food Stamps under CFAP.
- ___ 2. Effective immediately all legal non-citizens are eligible to receive Federal Food Stamps.
- ___ 3. Staff does not have to continue to establish eligibility for Federal Food Stamps and/or CFAP for those individuals who met previous program requirements.
- ___ 4. All legal non-citizens must meet the sponsorship requirements to qualify under CFAP.
- ___ 5. A worker should continue to review for 40-quarter eligibility for legal non-citizens.
- ___ 6. CalWORKs/Food Stamp applicants do not have to be evaluated for CFAP eligibility.
- ___ 7. All legal non-citizens have to meet the same work requirements to be eligible for Food Stamps under CFAP.

FILL IN THE BLANKS:

- 8. Some legal non-citizens not eligible to the _____ Food Stamp program may be eligible to the State program.
- 9. CFAP eligible persons ages _____ and receiving CalWORKs are required to meet the _____ requirements unless _____.
- 10. Those persons who are sponsored under the new provisions in PRWORA who do not meet an exemption from deeming, the period of deeming of a sponsor's income and resources shall be: _____.
- 11. What two forms are mandatory if the above is applicable?

12. If qualifying because sponsor is deceased, disabled or abusive, where does the eligibility worker need to enter the coding? _____
What code is to be used? _____
13. Non-Assistance Food Stamp CFAP recipients must now meet the Federal Food Stamp requirement established for _____.
14. The above persons have a PEC code of _____?
15. A _____ is used to flag CFAP cases.
16. The _____ NOA is sent to clients to inform him/her of a status change.

SITUATIONS:

In the following scenarios assume applicants/recipients are income and resource eligible for Food Stamps.

17. Mr. (age 40) and Mrs. G.(age 35) currently receive CalWORKs with an Unemployed Parent deprivation. They also receive Food Stamps. Clients and their 3 children (ages 16, 12, and 8) entered the U. S. on 10/4/94, neither Mr. or Mrs. have met the 40 quarter requirement.
- a.) Are the clients CFAP eligible? _____
 - b.) If eligible/not eligible, explain why.
 - c.) If eligible what is the work registration requirement?

18. Mr. & Mrs. V. and their children (ages 18 & 16) were previously denied CFAP. The family entered the U. S. 9-20-97. If family reapplied could they be CFAP eligible? a) _____
- b) If eligible/not eligible, explain why.
- c) If eligible what is the work registration requirement?

19. Mr. (age 49) & Mrs. C. (age 48) and their 2 children (ages 18 and 19) entered the United States 10-15-96. Mrs. C's brother sponsored the family. Mr. C. works 30 hours a week at Sears, Mrs. C. is unemployed, daughter (age 18) is a senior in high school, and son (age 19) is working 20 hours a week at Burger King.
- a) Are the clients CFAP eligible? _____
- b) If eligible/not eligible, explain why.
- c) If eligible what is the work registration requirement?

**Food Stamp Program
COUNTY BEST PRACTICE**

Title of Best Practice:	SAWS 7 PROCESSING GUIDELINES
County Name:	Kern
Automation System:	ISAWS
Information Contact:	Vickie Sarceda
Phone Number:	661-631-6563
E-mail Address:	Sarcedv@co.kern.ca.us
Total 06/00 Household Participation: 19,069	
Federal FS Households: 18,099 Federal/State: 941 State: 29	
Supervisor Ratio (if provided):	
<p>Description of the Best Practice: (please include the methodology that you used and attach examples of the forms, language, products, etc.)</p> <p>This is a Kern County Department of Human Services Corrective Action Memorandum. The memo provides instruction on the procedure for processing SAWS 7's. The use of this tool was implemented in November 1996 and revised in February 1999.</p>	

**Food Stamp Program
COUNTY BEST PRACTICE**

County Name:	Kern
Title of Best Practice (Page 2)	SAWS 7 PROCESSING GUIDELINES
Description of the problem this best practice is attempting to resolve: Errors identified as a result of the agency's failure to act, income errors and shelter/utility errors.	
Results of the Best Practice: There has been no significant change in the error rate, however, this is an ongoing requirement. This memorandum will be reissued in a future training to emphasize the need to complete a thorough review of each case monthly.	
Problems encountered in implementation: None	

**KERN COUNTY DEPARTMENT OF HUMAN SERVICES
CORRECTIVE ACTION MEMORANDUM NO. 99-01**

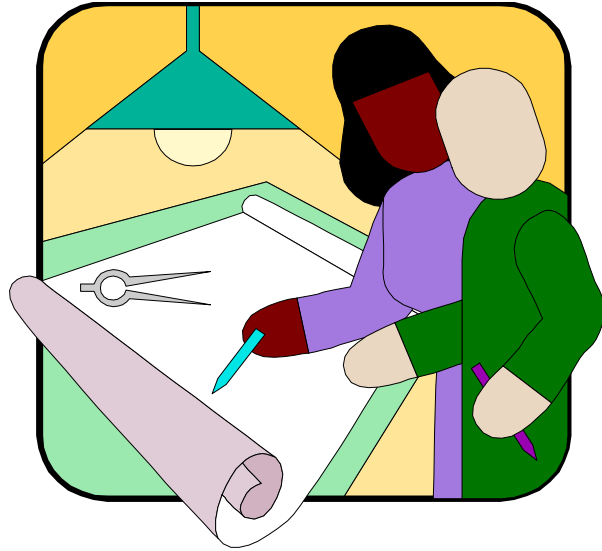
DATE : February 9, 1999
 TO : All Eligibility Staff
 FROM: Corrective Action Committee

RE: **SAWS 7 PROCESSING GUIDELINES** (CAP Memorandum 98-01 is obsolete)

The purpose of this memo is to provide instructions on the procedure for processing SAWS 7's. According to Quality Control findings, errors exist as a result of agency "failure to act." This procedure must be used for every monthly status report for the prevention of errors in all aid programs.

STEP	ACTION	WHAT, WHY, HOW, WHEN, ETC.	
1	Review SAWS 7 for completeness	⇒ Questions answered "yes" must have information reported in the section and/or mandatory verification attached. ⇒ View the pay dates. Did the client report correctly? Is the YTD accurate? ⇒ Is the SAWS 7 signed and dated by all the right people? (The rules appear above the signature line on the SAWS 7.)	
2	Go to ALMENU	⇒ Review case alerts.	
3	Go to AECOMM	⇒ Review case comments for recollection of actions on current cases, and every new case to caseload.	
4	Open the document folder	⇒ Review information filed since last SAWS 7 processed. ⇒ Compare the current SAWS 7 to the previous one. ⇒ View the housing costs verification on file. (File current housing cost verification(s) in the verification section, at the very top of other documents.)	
5	Go to AESHEX (screen 1 & 2) <u>Cases with FS</u>	⇒ Compare the housing costs verification on file, and the household composition (shared housing information) with the data entered in the AESHEX fields.	
6	Process	⇒ If the client reports any changes (e.g., income or shelter costs) on the SAWS 7, or the SAWS/ document folder review indicates there has been a change in circumstance, update the appropriate AE screens, run EDBC, review results and authorize correct results.	⇒ If it appears to be a "no change" SAWS 7, at a minimum review the last recurring WRAP UP results. Check and compare for correct AU composition, resource, income, OPs & UIs, shelter costs verification and AESHEX. ⇒ If the circumstances remain the same, EDBC does not need to be run. ⇒ If the results in WRAP UP are different from the current, verified circumstances, update the appropriate AE screens, run EDBC, review results and authorize correct results.
7	Go to AECOMM	⇒ Depending on the action taken, a case comment (AECOMM) may be required.	
8	Sign-off on the SAWS 7	⇒ The ET signs and dates the bottom of the SAWS 7 indicating all appropriate actions have been taken as of that date.	
9	PRMENU	⇒ Update the "SAWS 7 status" to complete.	

Part H.



SECOND PARTY REVIEWS

Food Stamp Program COUNTY BEST PRACTICE

Title of Best Practice:	SECOND PARTY REVIEWS
County Name:	Alameda
Automation System Name:	CDS
For More Information, Contact Name:	Marietta Jubert 510-615-5363 Karen Bridges 510-267-9457
Phone Number:	Above
E-mail Address:	Mjubert@co.alameda.ca.us Kbridges@co.alameda.ca.us
Total 06/00 Household Participation: 23,971	
Federal FS Households: 22,855 Federal/State: 981 State: 135	
Supervisor Ratio: (if provided) 7 to 1	
<p>Description of the Best Practice: (please include the methodology that you used and attach examples of the forms, language, products, etc.)</p> <p>The Quality Assurance (QA) review is a central, impartial process to identify the proficiency of the work using systematically selected samples. Quality Assurance is currently reviewing a random sampling of Food Stamp intake cases to identify errors in eligibility determinations and to identify training needs. The results of the QA reviews are presented to the Quality Improvement Panel (QIP) and also reviewed by the eligibility staff.</p> <p>Supervisory Eligibility Technician (SET) reviews are conducted to reinforce accuracy and consistency in eligibility determinations and to assess training needs. Training is provided based on the results of the assessment. The focus area for district cases is taking action on reported information and recertifications. SET reviews will continue to focus on reported changes on the CW7 and full case reviews. SET reviews are completed on 400 FS cases per month. The results of the SET reviews are presented to QIP and also reviewed by the eligibility staff.</p> <p>In Alameda County the supervisor to worker ratio is 7:1. The caseload standard for the Food Stamp Program is:</p> <ul style="list-style-type: none"> ◆ Intake-100 cases per month; and ◆ District- 300 cases per month. 	

**Food Stamp Program
COUNTY BEST PRACTICE**

County Name:	Alameda
Title of Best Practice (Page 2)	Second Party Reviews
<p>Description of the problem this best practice is attempting to resolve:</p> <p>QA Reviews are attempting to resolve the following problems:</p> <ul style="list-style-type: none"> ◆ Incorrect eligibility determinations; ◆ Failure to take action on reported information; and ◆ Incorrect processing of CW7s <p>SET Reviews are attempting to resolve the following problems:</p> <ul style="list-style-type: none"> ◆ Ineffective training; ◆ Lack of worker accountability; ◆ Failure to take action on reported information; and ◆ Incorrect eligibility determinations. 	
<p>Results of the Best Practice:</p> <p>Reduction in the error rate. For the period of 10/99 through 6/00 the error rate was 7.82%, this represents an 8.47% reduction from the period of 10/98 through 6/99.</p>	
<p>Problems encountered in implementation:</p> <p>Problems encountered in QA Reviews: Lack of sufficient QA staff; location of QA staff in district office.</p> <p>Problems encountered with SET reviews: Obsolete review forms and procedures and uniformity of SET reviews.</p>	

FOCUSED FOOD STAMP REVIEW

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Reviewer

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Review Date

		/		
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Review Month

0	0	1
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Focus Number

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ET Pos. #

--	--	--	--

Aid Code

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Serial FBU

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Case Name, Last

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Case Name, First

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Review Occasion (see below)

Review Occasion Codes: (1) Application Approval (2) Application Denial (3) Reinvestigation/Recertification
 (4) Aid Discontinued (5) CW7 Review (6) Other

A	B	C	D	E
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Complete Item #1 for Denials and Discontinuances Only.

1.

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A. Is Denial/Discontinuance Action Correct? (1)Yes (2) No
 B. Enter Negative Action Code in **Boxes B through D.**

Complete Items #2 - #5 for Approvals and Continuing Cases.

A	B	C	D	E
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2.

	0	0	0	0
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A. Is beginning date of aid correct? (1) Yes (2) No (9) Does Not Apply

A	B	C	D	E
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3.

		0	0	0
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of HH Members: _____ # of Excluded Members: _____ # of Ineligible Members: _____.
 A. Is household composition correct? (1)Yes (2) No
 B. Is Noncitizen Status Correct? (1)Yes (2) No (9) Does Not Apply

A	B	C	D	E
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4.

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A. Is income correct? (1)Yes (2) No (9) No Income
 B. If income, enter BIC Code for primary source in **Boxes B through D.** (See Reverse)
 E. Is Income documented in Case Record? (1) Yes (2) No
 Where? CW7 WISE Chronological WISE Narrative Flaps IIC or IID

A	B	C	D	E
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5.

				0
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A. Are correct amount(s) entered for Shelter Costs? (1) Yes (2) No (9) No Shelter Costs
 B. Are correct amount(s) entered for Utility Costs? (1) Yes (2) No (9) No Utility Costs
 C. Utility BICs are for: (1) SUA (2) Actual (9) No Utility Costs
 D. Shelter Proration: (1) Correct (2) Incorrect (9) No Proration

Proration Factor: Cost ÷ # of Contributors x # of persons eligible for FS = _____ ÷ _____ x _____.

Item #	Reviewer Findings and Comments: (Additional Space on Reverse Side)

Reviewer Signature: _____ Response/Correction deadline: _____ or [] N/A

Corrections made? Yes No If no, enter comments on reverse side. **Return Form to Reviewer.**

ET Signature: _____ Date: _____

BIC	DESCRIPTION	BIC	DESCRIPTION	BIC	DESCRIPTION
100	Gross Earnings	124	Workers' Compensation	12A	No 20% income deduction (Late earned income)
102	Work Study	125	Other Retirement	12F	Failure to Cooperate with FSD
103	Training Allowances	126	CalWORKs Fraud Overpayment	12G	GA Sanction
104	Prospective Earnings	127	SP/CS/URAM/STEP	12H	Failure to Meet School attendance Requirements
110	Self Employment Gross	128	Other Unearned Income	12J	Voluntary Job Quit
115	Boarder Expense	129	Prospective Unearned Income	12L	Failure to Cooperate with CAL-Learn
116	Self Employment Business Exp	131	Non-Federal Loan/Grant	12M	Failure to Meet Immunization Requirements
120	Child Support Disregard	140	Educational Expenses Prorate	12P	Customer Caused O/P Grant Adjustment
121	Social Security Benefits	149	Ineligible Student-Prorate	12S	CalWORKs WtW Employment Sanction
122	VA Benefits	196	No Income	12V	CalWORKs IPV
123	UIB/SDI	270	Additional ECS Gross		

Additional Comments:

Item #	Reviewer Findings and Comments

Food Stamp Program COUNTY BEST PRACTICE

Title of Best Practice:	SECOND PARTY REVIEW PROCESS (EMPHASIS ON PREVENTIVE ACTION)
County Name:	Merced
Automation System:	MAGIC
Information Contact:	Johanna Johnson, PEU
Phone Number:	(209) 385-3000 ext.5610
E-mail Address:	JJOHNSON@HAS.CO.MERCED.CA.US
Total 06/00 Household Participation: 8,025	
Federal FS Households: 7,287 Federal/State: 718 State: 20	
Supervisor Ratio: (if provided) 8-11 (including 1 lead worker) to 1	
<p>Description of the Best Practice: (please include the methodology that you used and attach examples of the forms, language, products, etc.)</p> <p>Merced County implemented an Internal QA procedure in 07/97 and modified it in 08/98 and 12/99. The county is continuing to improve the process of determining methods in which 2nd party reviews are completed for the maximum number of cases. The Merced automation system, MAGIC, is an online system. These reviews are completed online.</p> <p>Eligibility supervisors are required to complete a minimum of 50 2nd party reviews per month. The supervisors are obligated to complete no less than 30 of these before ten-day notice, to allow for the highest number of cases being corrected before benefits actually generated.</p> <p>Supervisors have been afforded the flexibility to have their lead worker participate in the 2nd party review process to ensure our maximum requirements are met.</p> <p>Additionally, second party reviews are considered as an opportunity to recognize good casework.</p>	

Food Stamp Program COUNTY BEST PRACTICE

County Name:	Merced
Title of Best Practice (Page 2)	Second Party Review Process (Emphasis on Preventive Action)
Description of the problem this best practice is attempting to resolve:	
<p>Provide more standardization of QA reviews including use of the automated system to conduct some portion of the reviews and conducting earlier in the month reviews to facilitate timely corrective action.</p> <p>Make better use of QC and QA findings to assess training needs and evaluate workers.</p>	
Results of the Best Practice:	
<p>Processing the majority of our reviews before ten-day notice results in a significant decrease in error rate as the correct benefits are authorized timely. The Division has developed a data based chart and tracking system that provides an overview of total reviews, total errors, and percentage of errors by worker and unit on a monthly basis. The supervisors utilize the data collected in their monthly performance consultation with their staff and document the results on their evaluations.</p> <p>Merced County's error rates show the results of this practice. Error rates for recent Federal Fiscal Years are: FFY 1997: 16.07 FFY 1998: 12.29 FFY 1999: 13.05 FFY 00 (09/99 through 6/00): 7.74</p>	
Problems encountered in implementation:	
<p>A format had to be developed to ensure the same standards are followed by all supervisors and lead workers, including the categories such as; renewals/re-certifications, SAWS7 processing, add programs/persons and new applications for all programs.</p>	

**Food Stamp Program
COUNTY BEST PRACTICE**

Title of Best Practice:	SECONDARY REVIEWS/ COACHING PLANS
County Name:	Riverside
Automation System:	Legacy
Information Contact:	Liza Cachola Corrective Action Coordinator
Phone Number:	909-358-3394
E-mail Address:	Lcachola@riversidedpss.org
Total 06/00 Household Participation: 21,995	
Federal FS Households: 20,666 Federal/State: 1,310 State: 19	
Supervisor Ratio: (if provided) 7 to 1	
<p>Description of the Best Practice: (please include the methodology that you used and attach examples of the forms, language, products, etc.)</p> <p>Secondary reviews are vital to Riverside County’s success in error reduction. The secondary reviews include: Quality Assurance (QA) Sampling, Supervisory Audits, Coaching Plans and Special Audits.</p> <p>QA Sampling are reviews completed by specialized units who audit random samples of cases. The sample will include continuing and intake cases. The number of cases audited is 10% of the average sized caseload.</p> <p>Supervisory audits are audits completed by the supervisor of the Eligibility Technicians (ET). A new ET has every case action audited during the time that they are still in a probationary status. An experienced ET is audited to ensure that they are up to date with their program knowledge. Auditing all of the ETs is useful in noting error trends and developing and maintaining an ET that is well versed in their program and who commits fewer errors.</p> <p>Coaching plans are used to help develop an ET that may be struggling in a specific area. Informal coaching involves the everyday interaction that a supervisor has with an ET in which they exchange program information. Formal coaching is a plan in which the ET and their supervisor form a written plan that sets specific goals and a targeted timeframe in which the ET meets these goals. This kind of coaching is not meant to be used as a disciplinary tool. Special Audits are used when the coaching plan has failed. An ET is given a specific timeframe in which to meet a satisfactory level of performance. Failure to meet standards could result in the denial of a wage increase or further disciplinary action.</p> <p>The Riverside County DPSS Manual policy section “Coaching Employees for Improved Job Performance” is attached. This manual’s sections on Eligibility Technician/Trainee Performance Standards contain other practices that document Riverside County’s staff accountability standards. These sections may be requested from the contact shown above.</p>	

**Food Stamp Program
COUNTY BEST PRACTICE**

County Name: Riverside County	Riverside
Title of Best Practice (Page 2) Secondary Reviews	Secondary Reviews/Coaching Plans
<p>Description of the problem this best practice is attempting to resolve:</p> <p>Secondary Reviews and coaching plans are used as tools for error reduction.</p>	
<p>Results of the Best Practice:</p> <p>Using the information given to Riverside County by the state through 4/00, Riverside County had the lowest error rate of the Large 8 counties of California. Riverside County had the third lowest error rate overall at 6.16%</p>	
<p>Problems encountered in implementation:</p> <p>No problems have been reported. On the contrary, these practices lend themselves to discussion and clarification of regulations and that results in strong program knowledge.</p>	

CalWORKs/Food Stamps Corrective Action Alert

Did you know that:

- \$ For CalWORKs and Food Stamps cases income eligibility is always determined prospectively for all months.
- \$ If in the Payment Month the client's new or increased income (minus the deductions) makes the case over income in the Payment Month and in subsequent months, you must discontinue the case with timely NOA.

EXAMPLE: On 11-1-99, the Employment Case Manager notifies the ET via the NOA 810 that the client started working on 10-22-99, 40 hours/week, at \$10.10/hour, with a monthly gross income of \$1616. H/H is one adult and one child. The ET needs to discontinue aid effective 11-30-99.

- \$ Always check the CW-7 for job and income changes and take the appropriate action.

EXAMPLE: One adult in the home is already working full time. The second adult in the home starts working in September 1999. Client reports all of this on her 9/99 CW-7 received 10-8-99. Income is anticipated to continue at same level. Net non-exempt income is now \$935, MAP for three is \$626. The ET needs to discontinue aid effective 10-31-99.

Reference: CalWORKs Program Guide 44-315.5 and Food Stamp Program Guide 63-271.

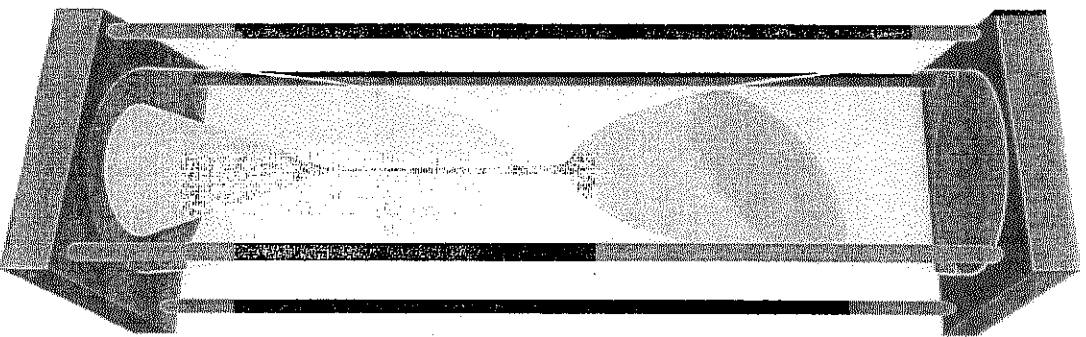


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- .1 GENERAL
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.1 GENERAL

- .11 Coaching and developing staff is a vital part of a supervisor's responsibility. It is a way to help the employee increase productivity and improve performance. This section summarizes the approach to employee coaching that is provided for supervisors and managers through Staff Development Division (SDD) training. Coaching is a positive aspect of the supervisor's relationship to his/her employees. Informal, loosely structured coaching should occur daily in supervisory-employee interaction. Formally structured, time-limited coaching may be required by the employee or initiated by the supervisor, and may apply to job performance that is at, above, or below standard.
- .12 This section is not intended to be a coaching manual or to substitute for training or written material provided through the Staff Development Division. The purpose of this section is to define the scope of coaching and identify its importance within the supervisor's role. Standardized documentation requirements are provided for formal coaching to enhance uniformity and fairness for employees throughout the Department. Additional resources are available through the SDD Management Training Courses.
- .13 Although coaching job performance blends with other areas of employee development, coaching focuses on the level of skill in task-specific methods and techniques needed to accomplish the job.
- .14 Areas which are dealt with in a different manner and which are not dealt with in this section include:
 - .141 Personal or psychological problems, and
 - .142 Work habits or skill levels not directly related to specific job tasks (tardiness, low reading or arithmetic levels, etc.).

.2 INFORMAL COACHING

Informal coaching is basic to a positive supervisor-employee relationship. It also provides a positive background essential to the success of formally structured coaching. Informal coaching need not be an accidental part of supervisor-employee interactions, but can be learned and practiced by the supervisor as a specific skill. Staff Development training teaches this aspect of coaching as a process of positive reinforcement and encouragement used by the supervisor to develop his/her employees.

.3 FORMAL COACHING

Formally structured coaching is a one-to-one teaching method by which the supervisor instructs, demonstrates, and trains an employee in the fundamentals of how to perform a task. It cannot be overemphasized that coaching is to be a positive experience. It is not a form of discipline nor is it intended to be merely a preliminary step to discipline for problem employees. A supervisor must coach his/her subordinates. An employee should not have to feel that he/she is in trouble in order to receive supervisory coaching. The DPSS 1962, Coaching for Success, is to be used as a documentation guide in the formal coaching process. Documentation tools used in the SDD Management Training class may be used in lieu of the DPSS 1962.

.31 The first phase of coaching involves an initial discussion with the employee about the specific performance activities in which improvement is desired. The supervisor should make sure the employee has his/her performance data to review and a set time and place for discussion, in advance. Questions the employee has about the data can be handled before the discussion.

.311 The discussion with the employee should follow the steps outlined in supervisory training provided by Staff Development. The goal of improvement in a job performance activity may appear overwhelming to the employee. Successful coaching requires that the goal be approached by smaller steps that are possible to accomplish. To expect the employee to perform immediately at a much higher level would be setting him/her up for defeat. On the other hand, for the employee to attempt to improve his/her performance in such small steps that the goal could not be reached within a realistic time frame would also be defeating. The coaching plan which the supervisor and employee agree on must have attainable performance objectives and still achieve the goal within a limited time.

A. Ask Questions Such as the Following:

1. What are the performance standards in this area?
2. What is your actual performance level?
3. What ideas do you have for improving your performance?

Note: The questions are being asked in order to get the employee to think through the coaching process with the supervisor.

B. Outline How Both the Supervisor and Employee Can Help Improve the performance

C. Agree on the Method for Training and Developing the Employee

Self-development, personal supervisory training, reading, on-the-job (OJT) training, working with others, etc.

.312 Document the specific performance goals and coaching plan developed and dates to begin and end coaching (to provide a definite time period over which both supervisor and employee can determine progress) on the DPSS 1962.

a second coaching phase involves one-to-one, on-the-job training of the employee. Structure this training around scheduled coaching sessions which follow the coaching plan (.31 above). Coaching sessions should include the following elements, as appropriate.

.321 Review the Coaching Plan

The supervisor should review the goals and methods of the coaching plan with the employee and determine if changes are necessary. The supervisor's emphasis should be that each coaching session is for the express purpose of assisting the employee in achieving an improved performance level. Any changes in the plan are to be documented on the DPSS 1962 or the Management Training documentation tools.

.322 Focus on the Performance Activity and Techniques for Improvement

The supervisor should be aware of his/her relationship with the employee at two levels: (1) the employee's self esteem; (2) the employee's technical skill. In order to teach the employee to improve job performance, the supervisor must focus the employee's effort on specific technical tasks that he/she will be able to do. If the employee succeeds in these tasks, a "positive" production cycle can begin. He/she will build confidence that the goals for improvement can be reached. Thus, by helping the employee improve job performance, the supervisor is also building the employee's self-esteem.

EXAMPLE 1:

Greg has been an ET II for four months and has met all processing standards. However, he wants to "exceed standard". He asks Molly, his supervisor, to help him improve his performance. Molly and Greg agree that he spends longer than necessary processing income cases that have special problems and lets the easier "no change" processing pile up. Molly and Greg develop a plan:

- A. Each day before beginning to process Monthly Reports Greg will divide them into groups of similar types (such as, (1) "no income, no change"; (2) "no income, change"; (3) "income, no change"; (4) "Income and change").
- B. Greg will process some income reports alternately from each group, setting a specific time limit per income report, which will allow getting all processed within a reasonable time.
- C. When doing a difficult case which causes him to go over the time limit, he will take the case to Molly. They will identify the specific problem that is preventing him from finishing it quickly, and she will help him decide on a course of action.

EXAMPLE 2:

On two occasions, a compliance review by DPSS Internal Audits has found a case of Mary's to have an incomplete SOC 156, Placement Agreement. Mary and her supervisor, Martha, discuss the audit results. Martha provides Mary with a sample SOC 156, Placement Agreement, which shows the correct completion of the form. Together Mary and Martha work out a plan for assuring that the form will be completed properly.

- A. Mary will use the sample form to aid in filling out the SOC 156 at the time of placement.
- B. Martha will review the next five cases where placements or replacements have been made by Mary to assure that the form is completed correctly.

.323 Practice the Planned Improvement Techniques

The supervisor and employee should practice the planned improvement techniques together to test the workability. Depending on the nature of the job, the supervisor may do one or more of the following:

- A. Clearly state the desired expectations.
- B. Demonstrate a technique which will lead to improved performance.
- C. Have the employee demonstrate how he/she performs the task.
- D. Coach the employee step-by-step on how to use the new technique.
- E. Have the employee demonstrate the technique again.
- F. Reinforce improved performance.
- G. Go over examples of the most common task situations with the employee.
- H. Review key steps and uses.
- I. Provide a written checklist of key steps, if necessary.
- J. Decide when and how to monitor progress.

.324 Follow-up and Evaluation

Coaching must be time-limited for a given activity. Progress toward achieving the goals of the plan should be evaluated and a final date for completion of the plan reaffirmed at each session. The result of each session is to be documented using the DPSS 1962 or the Management Training documentation tools.

Distribution: All Supervisors

LSL:isl

"COACHING FOR SUCCESS"

EMPLOYEE:	UNIT:	DATE:
POSITION:	SUPERVISOR:	

INSTRUCTIONS:

This planning form provides an outline for use by the supervisor in coaching employees for improved performance, as described in CMS 11-21. Use the questions as a guide, attach narrative documentation and take notes throughout the remedial process. A current copy of this planning form is kept in the supervisory personnel folder and is shared with the employee. It is placed in the departmental personnel file only if the performance problem is not resolved.

I. PROBLEM IDENTIFICATION (Date: _____) TO BE COMPLETED BEFORE THE IN-DEPTH DISCUSSION OF PART II.

1. DESCRIBE THE PERFORMANCE PROBLEM IN PRECISE TERMS. SUGGESTED ITEMS WHICH MAY NEED TO BE ADDRESSED ARE: (USE QUANTITATIVE DATA TO THE EXTENT AVAILABLE.)
Give date of onset and comparison with employee's prior performance level. Have you had previous discussions with the employee about this problem? Has this problem or a similar problem occurred before? What types of remedial action were taken? Give dates and pertinent details. Attach copies of supporting documents (e.g., performance standard, audit records, examples of specific problem situations).

II. IN-DEPTH DISCUSSION WITH EMPLOYEE:

1. DATE EMPLOYEE PROVIDED WITH PERFORMANCE DATA TO REVIEW.
(Before discussion): _____

2. DATE OF SCHEDULED DISCUSSION: _____
(Today's date: _____)

3. SUMMARY OF DISCUSSION ON (date): _____

a. PROBLEM DESCRIPTION (Suggested description content items). How did you explain the problem to the employee? What data did you use? How did the employee react? How much did the employee participate in problem analysis? What agreement or disagreement resulted? How was any disagreement resolved?

b. CAUSES OF THE PROBLEM (Suggested causal content items). What conclusions or assumptions did you have about the causes before this discussion? Is the problem caused by generally poor work habits? How does the employee analyze the causes of the problem? Is the problem caused by skill deficiencies which can be remedied by improved organization or technique? What are your conclusions about the causes after this discussion? Has the employee discussed with you any personal problems which may be affecting performance? If so, refer to the Employee Assistance Program.

II. IN-DEPTH DISCUSSION WITH EMPLOYEE: (continued)

- c. SOLUTIONS AND THE REMEDIAL ACTION PLAN. What solutions did the employee propose? What is your evaluation of his/her solutions? What alternatives did you consider? Which alternatives do you think are most likely to correct the problem? Why? Does the employee agree? Describe the specific actions you have agreed to use to improve performance.

III. COACHING THE EMPLOYEE FOR SUCCESSFUL PERFORMANCE:

Coaching began on (date): _____

See narrative on attached sheet(s) numbered _____

1. WHAT ELEMENTS OF THE INITIAL DISCUSSION WERE REVIEWED WITH THE EMPLOYEE?
Problem description? Did you make any changes in the remedial action plan on dates? Methods for training? Are there any proposed changes in the skill building practice sessions?

2. SUMMARIZE YOUR SESSION WITH EMPLOYEE. Compare what was planned with what actually occurred. If skill building practice exercises were conducted, what was the result? What problems were found that require additional planning or effort? What dates were set for monitoring and further coaching? Is the employee making satisfactory progress toward meeting performance standards? What additional actions will be required?

IV. COMPLETION AND EVALUATION:

The remedial action plan was completed on (date): _____

See narrative on attached sheet(s) numbered: _____

1. The employee is now meeting all performance standards.
Describe specific improvement which has been made.

2. The employee is not meeting the following performance standards.

The following further action is planned.

Food Stamp Program COUNTY BEST PRACTICE

Title of Best Practice:	ALTERNATE SUPERVISOR CASE REVIEWS
County Name:	San Diego
Automation System:	CDS
Information Contact:	Patricia Madison Corrective Action Coordinator
Phone Number:	619-515-6778
E-mail Address:	Pmadisss@co.san-diego.ca.us
Total 06/00 Household Participation: 32,637	
Federal FS Households: 28,163 Federal/State: 4,173 State: 301	
Supervisor Ratio: (if provided) 8 to 1	
<p>Description of the Best Practice: (please include the methodology that you used and attach examples of the forms, language, products, etc.)</p> <p>In an effort to achieve more balanced and objective supervisory case reviews, some offices established a system of alternate supervisor case reviews. The system operated within the county's established supervisory case review process and included, at the managers' discretion, a provision requiring supervisors to review alternate units' work throughout the year. This system was not widely used throughout the county and was voluntary in nature. Last year, two offices used the alternate supervisor case review process.</p> <p>To establish the system, each office developed a schedule for supervisory case reviews with a different supervisor reviewing a units' work for a specific period of time. The rotation schedule varied by office, using either a monthly or quarterly rotation schedule. The type of follow-up to cited errors varied also. In one office, the alternate supervisor reviewed the corrections; in another, the unit's supervisor conducted follow-up.</p> <p>One of the offices temporarily suspended the alternate supervisor case reviews but will be reinstating the process in the future.</p>	

Food Stamp Program COUNTY BEST PRACTICE

County Name:	San Diego
Title of Best Practice (Page 2)	ALTERNATE SUPERVISOR CASE REVIEWS
Description of the problem this best practice is attempting to resolve:	
<p>The increasing complexity of the Food Stamp program had led to the rise of supervisors who were specialists or experts in certain program components (i.e. CFAP, income and housing pro-ration, student regulations, etc.). Not all supervisors had expert knowledge in all facets of the program. In addition, some supervisors stopped conducting detailed case reviews of their most accurate staff because they had come to expect a consistently high level of work performance. By reviewing the work of other units, it was hoped that each supervisor could provide their own unique perspective and expertise to the case reviews and thus reduce errors overall.</p>	
Results of the Best Practice:	
<p>Besides utilizing the particular program strengths of each supervisor, some supervisors gained good comparison for evaluating their own staffs work performance by reviewing the work of other units. Supervisors also gained the benefit of cross training by reviewing the error citations from other supervisors. Lastly, providing a “second set of eyes” on the work being produced enhanced objectivity and program integrity.</p> <p>During the implementation period for each office and in conjunction with other corrective action measures, dollar error rates decreased for one office from 13.48% (FFY 98) to 8.48% (FFY 99) and for the second office from 12.31% (FFY 99) to 2.97% (present).</p>	
Problems encountered in implementation:	
<ul style="list-style-type: none"> • This system works best in offices with a large number of supervisors who participate in the case reviews. • Some supervisors felt their unit received less than satisfactory reviews by their alternates. • Some procedural errors cited by other supervisors were more a matter of individual unit practice and preference than actual errors. • The office that temporarily suspended the alternate supervisor reviews indicated that some supervisors wanted to conduct their own reviews for a time in order to re-familiarize themselves with their own unit’s work. 	

DATE OF REVIEW: _____

REVIEW MONTH: _____

CASE NAME: _____

CURRENT ET: _____

CASE NUMBER: _____

REVIEW MONTH ET: _____

REVIEW TYPE: CalWORKs CalWORKs/PAFS NAFS

FULL CASE FOCUS REVIEW : _____

FRAUD PREVENT CHECKLIST – CIRCLE: Y or N (no circle = N/A)

CURRENT NARRATIVE	Y	N
PAFD FOLLOW-UP	Y	N
CASE CONSISTENT	Y	N

YEAR OF COMPUTER DOCUMENTS	Y	N
FORGED DOCUMENTS	Y	N
COMPANION CASE	Y	N

REVIEW ELEMENTS	FS	
	\$	X
1. FORMS: SAWS1, SAWS2, CA8/CA8A/CA64/ DFA258A1/A2,CA22/CA72/CA25/CA25A		
2. DEPRIVATION: DEATH INCAPACITY CONTINUED ABSENCE U-PARENT/PWE		
3. BASIC PROGRAM REQUIREMENTS: AGE/SCHOOL ATTENDANCE CITIZEN/ALIEN STATUS/SAVE CODING C/S COOP/REF TO DA CW-7 DRUG/FLEEING FELON FOOD STAMP CERT. PER. IDENTITY IEVS/PVS IMMUNIZATIONS IPV SANCTION/PENALTY MAX. FAM. GRANT NOA'S CORRECT/TIMELY PAROLE/PROBATION VIOLATOR RELATIONSHIP RESIDENCE SSN – (ALIAS) WORK REQ. WtW/ABAWDS/UJS		
4. RESOURCES CHECKING/SAVINGS/CASH LIQUID ASSETS/ PERSONAL PROPERTY LUMP SUM RESIDUAL MOTOR VEHICLE REAL PROPERTY SPONSORED ALIEN PROP TOTAL RESOURCES ELIGIBILITY		
5. INCOME-EARNED EARNED INCOME DEDUCTIONS EARNED INKIND OTHER EARNED/SDI/TWC PAYDATE CHECKLIST SELF-EMPLOYMENT WAGES/SALARIES/TIPS WRE		
6. INCOME-UNEARNED CHILD/SPOUSAL SUPPORT EDUCATIONAL GRANTS/LOANS EXCLUDED/STEP/SR. PARENT INKIND INCOME OTHER/INTEREST/R&B PA/GA GRANT/ SUPP PAYDATE CHECKLIST SPONSORED ALIEN SSA/SSI/VA UIB		
7. GRANT ALLOTMENT COMPUTATION CFAP (BICS/CODES) FBU/AU/FSHH SIZE/TYPE INCOME ELIG. TESTS MEDICAL DEDUCTIONS PRORATION (INCOME/DEDUCTIONS) SHELTER DEDUCTIONS SPECIAL NEEDS - DIET/PREGNANCY SPECIAL NEEDS – HOMELESS (HAPI) STATE CalWORKs		
REVIEW ELEMENTS	FS	
	\$	X

8. CLAIMS AND ADJUSTMENTS OVERPAYMENTS (ACK/CALC/RECOUP/NOA) UNDERPAYMENTS (ACK/OFFSET/ SUPP/NOA) OVERISSUANCE (ACK/09-43/09-46/NOA) UNDERISSUANCE (ACK/OFFSET/ADD-LOST/09-46)			
9. MEDI-CAL/MEDS DHS 8155 (OHC)/CODE THIRD PARTY LIABILITY MEDS: ACTIVE/NO HOLDS MEDS ABAWDS TRACKING			
10. EBT ACTIVE (PR CODES)			
11. IMMN/FSES IMMN PROCESSED/NOA FSES PROCESSED/CODES			
NON-PROGRAM ITEMS			EXPECTATION NOT MET
12. CIVIL RIGHTS LANGUAGE NEEDS/BILING. NARRATIVE			
13. Caseload Management DESK ORGANIZATION CONTROL LOG/MER USAGE DESK CALENDAR/CASE TICK CASE FILING PROGRAM MATERIAL USAGE			

NOTES:

CORRECTION DUE DATE: _____

DATE TO ET: _____

DATE RETURNED CORRECTED CASE TO ES: _____

SUPERVISOR SIGN BELOW WHEN ERROR CORRECTED AND/OR RE-REVIEW COMPLETED:

**Food Stamp Program
COUNTY BEST PRACTICE**

Title of Best Practice:	SECONDARY REVIEW RE-REVIEWS AT 2ND LEVEL OF MANAGEMENT
County Name:	San Francisco
Automation System:	CDS
Information Contact:	Rosalie Roca
Phone Number:	(415) 503-4810
E-mail Address:	Rosalie_roca@ci.sf.ca.us
Total 06/00 Household Participation: 13,345	
Federal FS Households: 12,042 Federal/State: 824 State: 479	
Supervisor Ratio: (if provided) 8 to 1	
<p>Description of the Best Practice: (please include the methodology that you used and attach examples of the forms, language, products, etc.)</p> <p>Secondary reviews are done by the line Supervisors using the new One-Page Standardized Supervisory Case Review Form (SCRF) which was implemented in 02/2000 for NA Food Stamp Program and in 04/2000 for PA Food Stamp Program. Line Supervisors conduct 5 complete reviews per worker per month as well as complete case reviews at recertification.</p> <p>In addition to these reviews, the Senior Supervisor or Section Manager also reviewed 10 to 15 cases per unit in their respective sections. This is the second level of management review.</p>	

Food Stamp Program COUNTY BEST PRACTICE

County Name:	San Francisco
Title of Best Practice (Page 2)	SECONDARY REVIEW
<p>Description of the problem this best practice is attempting to resolve:</p> <p>Line staff have problems in processing cases (intake and carrying) especially in the manner of thorough reviews of application forms and monthly reports. Follow up on reported changes result in inaccurate payment of benefits because of failure to act on these changes and incorrectly applying policy. There is also a problem in the proper identification of the cause and nature of the errors.</p> <p>The use of the form will help the supervisors identify and collect data on the causes and nature of errors when they conduct focus reviews.</p>	
<p>Results of the Best Practice:</p> <p>Evaluation and supervisory interviews conducted in July resulted in the identification of common errors caused by the agency and the clients. It also created an awareness on the responsibility of line staff as well as line supervisors to conduct thorough reviews before authorization of benefits knowing that there will be a second level of management review.</p> <p>This practice also resulted in identifying what caused the error and the worker is alerted to initiate corrective action.</p>	
<p>Problems encountered in implementation:</p> <p>The form needed some modification to help the line supervisors focus on the workers' action and benefit authorization. The second level review by the Section Managers should also be conducted on a continuous basis. The Section Managers have very limited time to conduct re-reviews because of the multifarious duties and responsibilities connected to their position.</p>	

Food Stamp Case Comment/Supervisor Review Case # _____ NA_PA__

Case Name _____ Wkr # _____ Date _____

Type of Review: New Cert ___ Recert ___ Rest/Rescind ___ Transfer ___ CW7 ___ Disc/Deny ___ Allotment ___

Specific Review of Element(s) # _____ Other (Reason) _____

Check if error found (or Questionable), FTA (Failure To Act) or PIA (Policy Incorrectly Applied) if applicable.

	Error	?	FTA	PIA
1. HH Composition				
2. ABAWD status				
a. Tracking				
b. Regaining				
3. CAAP/PA Grant				
4. Earned Income				
5. Unearned Income				
6. Income of Excl Member				
7. Shelter - Rent/Mtge				
a. Homeless Std.				
8. Utilities/SUA				
a. Actual				
9. Other Deductions				
10. Expenses of Excl. Member				
11. Resources				
12. CW7				
13. Student				
14. Age/Disability				

	Error	?	FTA	PIA
15. Immigrant				
a. CFAP/Fed				
b. SAVE/G845				
c. Sponsored				
16. Voluntary Quit				
17. Budgeting (Retro/Prosp.)				
18. CDS Entries				
19. CA 63				
20. IEVS/MEDS/SN				
21. NOA				
22. Documentation				
a. Conflicting Info				
23. Required Forms:				
24. Case Organization				
25. Other				
26. Refer to: FRED OP Coll SIU Calworks Other				

(circle)

#	Remarks (corresponding to # above). <input type="checkbox"/> Check if must be resubmitted by _____ (date)	Action taken

Check if no error found or corrections complete. Supervisor # _____ Initial _____

Response (corresponding to above)

Worker initial

**Food Stamp Program
COUNTY BEST PRACTICE**

Title of Best Practice:	FOOD STAMP MINI-REVIEW
County Name:	Santa Clara
Automation System:	CDS
Information Contact:	Eva Vasquez
Phone Number:	408 999-6112
E-mail Address:	vasqueze@ssa.co.santa-clara.ca.us
Total 06/00 Household Participation: 14,867	
Federal FS Households: 12,869 Federal/State: 1,590 State: 408	
Supervisor Ratio: if provided 8-9 to 1	
<p>Description of the Best Practice: (please include the methodology that you used and attach examples of the forms, language, products, etc.)</p> <p>Food Stamp Mini-Reviews were implemented about May, 1999, and the format is subject to periodic revision based on error trends found. The EW Supervisors complete 30 Food Stamp Mini-Reviews for the designated months for their unit. They divide the 30 reviews evenly among the workers' cases. A copy of our Food Stamp Mini-Review form is attached, as well as a copy of the SC 1112, the Income Report Record used in Santa Clara County, which must be checked as part of the Food Stamp Mini-Review.</p> <p>At the end of the month copies of the 30 reviews are submitted to the manager. The manager will share the results with the office Corrective Action Committee Liaison. Any error trends needing corrective action need to be discussed in office Corrective Action Committee, as well as the Agency's Corrective Action Committee.</p> <p>Results determine the focus of our future Mini-Reviews.</p>	

**Food Stamp Program
COUNTY BEST PRACTICE**

County Name:	Santa Clara
Title of Best Practice (Page 2)	FOOD STAMP MINI-REVIEWS
Description of the problem this best practice is attempting to resolve: In one recent month (April, 2000), 10 percent of the cases had incorrect earned or unearned income.	
Results of the Best Practice: Since the month of April 2000, there has been a decrease in earned and unearned income errors of 5 percent.	
Problems encountered in implementation: It is a lot of work on the supervisor to have to review so many cases in addition to their everyday work.	

FOOD STAMP MINI-REVIEW

4/00 5/00 6/00
(Circle Month of Review)

Case Name: _____ Case Aid Type and Case #: _____

Date: _____ EW's Name & Number: _____

	YES	NO	N/A
1. Is the gross earned or unearned income:			
a) Computed correctly?	<input type="checkbox"/>	<input type="checkbox"/>	
b) Prorated Correctly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. SC 1112 correctly completed?	<input type="checkbox"/>	<input type="checkbox"/>	

COMMENTS:

Please correct and return to EW Supervisor by: _____

EW Supervisor to SSPM/Corrective Action Liaison by: _____

INCOME REPORT RECORD

CASE NAME	CASE NUMBER	EW NUMBER
-----------	-------------	-----------

EARNED/UNEARNED INCOME

EMPLOYER/SOURCE	PERSON EMPLOYED/ RECEIVING	DAY(S) RECEIVED (Circle)	HOW OFTEN (Circle)
		Su M T W Th F Sa	Wk Bi/Wk Tw/Mo Mo
		Su M T W Th F Sa	Wk Bi/Wk Tw/Mo Mo

CHILD SUPPORT DISREGARD (AMT) RECEIVED IN BUDGET MONTH

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

DEPENDENT CARE

NAME OF PROVIDER	ADDRESS OF PROVIDER	AMOUNT PAID	HOW OFTEN

MISCELLANEOUS

Job start date: _____ End date: _____ Tips received: _____

The following deductions are applicable to Medi-Cal. Reduce by the number of months the client received \$30 and 1/3 while on AFDC. (These deductions are not applicable to Section 1931(b) Medi-Cal.)

\$30 1/3 eligible? Yes No (name) _____ (dates eligible) _____ to _____

\$30 disregard? Yes No (name) _____ (dates eligible) _____ to _____

CIRCLE PAY DATES FOR BUDGET MONTH WHEN CW 7 (OR MC 176S) IS PROCESSED

JANUARY 2000						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					
YTD \$						

FEBRUARY 2000						
S	M	T	W	T	F	S
						1
2	3	4	5	6		
7	8	9	10	11	12	
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29				
YTD \$						

MARCH 2000						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					
YTD \$						

APRIL 2000						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						
YTD \$						

MAY 2000						
S	M	T	W	T	F	S
						1
2	3	4	5	6		
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			
YTD \$						

JUNE 2000						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						
YTD \$						

JULY 2000						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					
YTD \$						

AUGUST 2000						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					
YTD \$						

SEPTEMBER 2000						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						
YTD \$						

OCTOBER 2000						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				
YTD \$						

NOVEMBER 2000						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						
YTD \$						

DECEMBER 2000						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					
YTD \$						

Food Stamp Program COUNTY BEST PRACTICE

Title of Best Practice:	2ND PARTY REVIEW
County Name:	Tulare
Automation System:	CDS
Information Contact:	Debi Tyler
Phone Number:	(559) 730-2968
E-mail Address:	blue.dtyler@tularehhsa.org
Total 06/00 Household Participation: 14,489	
Federal FS Households: 13,551 Federal/State: 1,256 State: 42	
Supervisor Ratio (if provided) 10-12 to 1	
<p>Description of the Best Practice: (please include the methodology that you used and attach examples of the forms, language, products, etc.)</p> <p>Using ad hoc reports generated through CDS, the EW Supervisor reviews 7 cases each month for each individual worker, using a standard review sheet. Questions on the review sheet are based on the areas of the CW 7 process where errors are occurring. The practice of choosing cases using ad hoc reports was implemented in August 2000.</p> <p>Also, the ad hoc reports are generated by earnings cases or cases in which a non-citizen is a HH member. Statistics are compiled and provided to the District Office Program Managers to assist in development of corrective actions.</p> <p>Copy of the latest review sheet is attached.</p>	

**Food Stamp Program
COUNTY BEST PRACTICE**

County Name:	Tulare
Title of Best Practice (Page 2)	2nd Party Review
Description of the problem this best practice is attempting to resolve: The areas of CFAP and correct actions on reported income continue to increase the errors in our county. By focusing the case reviews to just those cases that have either or both of these issues, a more effective use of resources occurs. Specific concerns regarding these two issues can be identified and additional corrective actions developed.	
Results of the Best Practice: We learned additional CFAP training is needed. Errors occur due to workers working too fast when processing the CW 7. Uncovered caseload distribution contributes to errors. CDS entries for CFAP continue to be confusing to staff.	
Problems encountered in implementation: Originally, all cases were included in the 2 nd party review, using the CW 7 control log generated by CDS. Cases with no income, no non-citizens were included in the reviews. These cases were not the largest contributor to the error rate. By running the ad hoc and limiting cases reviewed to those with earned income and non-citizens, cases that had a potential to effect the error rate were chosen and reviewed. The amount of data generated by the reviews is daunting. There is a large amount of information that must be input into the computer. A clerk is necessary to keep up with the data entry. Manipulation of the data and the creation of reports takes time. Results of the reviews need to be provided more timely.	

Modified CW 7 FOCUSED REVIEW SHEET - 8/99

Case Name:	DISTRICT OFFICE: D L P T V (Circle)	Case Type: (Circle)
Case No.	Month of CW 7: Review Mo:	PAFS
Is this an earned income case? Y N (Circle One)	Is this a non-citizen case? Y N (Circle one)	NAFS

Review Elements (C=Correct, I=Incorrect, NA if the question does not apply to this case)

BOTH CASH AND FS QUESTIONS:

	CASH			FS		
	C	I	NA	C	I	NA
1. Incomplete CW 7:						
2. YTD :						
3. Income reported on CW 7:						
4. Action on inconsistent changes:						
5. Case Suspension:						
6. Address change:						
7. PVS Reports:						
8. County Use Section:						
9. Add/Delete Persons:						
10. Other Error Found: Describe:						

FOOD STAMP ONLY QUESTIONS:

	FS		
	C	I	NA
1. BAWD calendar:			
2. Excluded Person:			
3. CFAP or CFAP/FED:			
4: Other Error Found: Describe:			

Question # _____	Comments _____
Question # _____	Comments _____
Question # _____	Comments _____
Question # _____	Comments _____
Question # _____	Comments _____
Question # _____	Comments _____

DOLLAR ERROR POSSIBLE: (Circle what applies)

OP UP IE Client Caused Administrative

OI UI IE Client Caused Administrative

Supervisor Signature: _____

Date Review Completed: _____

216-FS Temp (8/00)

Original to STOP Representative. Copy for EW Supervisor