STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • *www.cdss.ca.gov*

CDSS

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January 13, 2012

ALL COUNTY LETTER (ACL) NO. 12-01

TO: ALL COUNTY WELFARE DIRECTORS
                ALL COUNTY REFUGEE PROGRAM COORDINATORS
                ALL COUNTY WELFARE-TO-WORK COORDINATORS

SUBJECT: CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO
                KIDS (CalWORKs) SUBSIDIZED EMPLOYMENT (SE) CLAIMED
                UNDER ASSEMBLY BILL (AB) 98 (CHAPTER 589, STATUTES
                OF 2007/SENATE BILL (SB) 72 (CHAPTER 8, STATUTES OF 2011)

REFERENCE: ACL 11-32, DATED APRIL 6, 2011
                ACL 11-58, DATED AUGUST 31, 2011
                COUNTY FISCAL LETTER 10/11-65, DATED MAY 3, 2011

This ACL is to inform counties of the discontinuation of the use of the WTW-AB 98 reporting form and to transmit new instructions for submitting data on AB 98 recipients in order to evaluate the outcomes of AB 98 SE and to assess the cost neutrality of the program. This data request will provide county, federal, and state entities with information necessary for budgeting, staffing, and program planning. Counties should continue to submit AB 98 SE data on an ongoing, monthly basis.

CHANGES TO AB 98

Effective March 24, 2011, SB 72 made changes to Section 11322.63 of the Welfare and Institution Code for AB 98 SE. This section requires the California Department of Social Services (CDSS) to reimburse counties for 50 percent, less $56, of a CalWORKs recipient's wage subsidy outside of the county Single Allocation when the recipient is participating in private sector or public sector SE. In order for county programs to qualify under AB 98, the following conditions must be met:

1. At the time of entry into the SE position, individuals must not be otherwise employed.

2. Populations eligible for the AB 98 program are limited to current CalWORKs recipients, safety net individuals, and AB 98 participants who have become ineligible for CalWORKs cash aid due to their income from SE (i.e. incomed-out).

3. The state's share of the wage subsidy must not exceed 100 percent of the computed grant for the assistance unit in the month prior to participation in SE.

4. AB 98 funding for wage subsidies is limited to a maximum of six months for each participant, unless the county determines that a longer subsidy period is necessary to mutually benefit the employer and the participant. If a county makes such a determination, AB 98 funding can be available for up to a total of 12 months.

BACKGROUND

California led the nation in utilizing American Recovery and Reinvestment Act funds to create SE job opportunities. Building on this success, the above changes to the state's AB 98 SE program enacted by SB 72 were made to support counties' ability to continue operating SE programs. However, the intent of the Legislature is to have a "cost neutral" program. Instead of funding a SE opportunity, the AB 98 program diverts the amount of assistance funding that otherwise would have been paid to a family. SB 72 requires that an assessment of cost neutrality be conducted and testimony regarding the results of this assessment be provided during the Fiscal Year 2012-13 budget hearings.

In addition to the cost neutrality assessment, SB 72 requires that the following SE outcomes be measured and reported to the Legislature by January 10, 2013:

*   The number of CalWORKs recipients that entered subsidized employment.
*   The number of CalWORKs recipients who found unsubsidized employment after the subsidy ended.
*   The earnings of program participants before and after the subsidy.
*   The impact of this program on the state's work participation rate.

The CDSS convened a workgroup, including representatives from the California Welfare Directors Association, the Legislative Analyst's Office, and County Welfare Departments, to determine the best method for collecting the data needed to assess cost neutrality and measure program outcomes. This workgroup determined that the prior AB 98 reporting form was inadequate for these purposes, as well as cumbersome and labor-intensive for the counties. As a result, the electronic client-level data collection process explained in this ACL was developed.

This new process will allow CDSS to "match" other databases, including the Employment Development Department's Base Wage File. This will provide a more streamlined and robust program outcome measurement process, which will support meaningful evaluations of the long-term effects of SE in California.

DATA REPORTING

Effective September 2011, the use of the WTW-AB 98 reporting form was discontinued. Instead, client-level data will be electronically transmitted to a secure file transfer protocol location. The uploaded file must be in comma separated value (CSV) format. If the file is an Excel spreadsheet, the file extension must be changed to ".csv" and saved prior to the transmission. Please refer to Attachment 1 for further instructions. In order to establish county user identifications and passwords, Attachment 3, GEN 1321, sections 2, 8 (to be filled out by supervisor), and 11, must be completed and emailed to: AB98.CN@DSS.CA.GOV.

Counties should transmit data no later than February 15, 2012, retroactive to August 2011. After August, each month's data is due on the 45th day after the end of the month (i.e. September's data is due on or before November 14th). Due dates that fall on a Saturday, Sunday, or state holiday are extended to the following business day.

The data related to the cost neutrality of the program is needed from August 1, 2011 through January 31, 2012 from select counties that are participating in the cost neutrality assessment. These counties are identified below. Beginning February 1, 2012, SE data for cost neutrality purposes will no longer be necessary. All counties will continue to submit data elements listed under *reporting required fields* only. (See Attachment 2 for identification of cost neutrality vs. data reporting fields).

It has been determined that 11 counties currently operating an AB 98 SE program represent a valid sample to assess the cost neutrality of the program. Only these 11 counties need to report the three additional data fields identified in Attachment 2. These counties include Glenn, Los Angeles, Mariposa, Orange, Sacramento, San Bernardino, San Francisco, Santa Clara, Stanislaus, Tehama, and Trinity.

Questions regarding this letter should be directed to Jianjun Chen, CalWORKS and CalFresh Estimates Bureau at (916) 657-2357.

Sincerely,

Original Document Signed By:

FRAN MUELLER
Deputy Director
Administration Division

Attachments

CALWORKS SUBSIDIZED EMPLOYMENT DATA REPORTING UNDER AB 98
INSTRUCTIONS – IN CONCURRENCE WITH ACL 12-01

Definitions

County: County reporting the subsidized employment. Column Header = County; Format = two digit county code

Month/Year: Month and year of subsidized employment reporting period or month prior to start of subsidized employment. Column Header = Month_Year; Format = mmyyyy

Client Identification Number: Participant's Client Index Number. Column Header = CIN; Format = Text 9

Case Review Number: AB 98 participant's county Case Review Number (including leading year [i.e. 11_____], not including the FBU). Column Header = Case; Format = Text 8

Date Participant Entered Subsidized Employment: Date participant started earning subsidized wages under AB 98 (date of participant's first day of work), include only month and year. Column Header = Entered; Format = mmyyyy

Date Participant Left Subsidized Employment: Date participant stopped earning subsidized wages under AB 98 (date of participant's last day of work), include only month and year. Column Header = Left; Format = mmyyyy

Residual Grant: Cash grant paid to AB 98 participant's case during the reporting month. Column Header = Residual; Format = $4

Assistance Unit Size: The total members in the participant's assistance unit during the reporting month. Column Header = AU; Format = numeric 2

Earned Income From Subsidy: The amount of the actual wage paid directly to the participant by the county social service agency (as the employer), the employer, or a third party (e.g. a work investment board or employment placement agency). Column Header = Subsidy_Income; Format = $4

Total Reported Earned Income for Case: The total monthly earned income reported by all members of the Assistance Unit for the reporting month (includes subsidized employment and unsubsidized employment as well as any other earned income reported by any other member of the assistance unit). Column Header = Total_Income; Format = $4

Monthly Hours Worked: The total amount of hours worked by the AB 98 participant within the reporting month (includes both unsubsidized and subsidized employment). Column Header = Hours; Format = numeric 3

Unearned Income: Unearned income reported by the AB 98 participant and all members of the assistance unit for the reporting month. Column Header = Unearned_Income; Format $4

Definitions (Cont.)

<u>Is This A Safety Net Case</u>: A safety net case occurs when the AB 98 participant is an adult who has timed off and the children remain aided. If the participant is timed-out and is in a case with a non timed-out adult, the case is not considered a safety net case. Column Header = Safety_Net; Format = yes/no

Data Submission

Report for every month the recipient is in AB 98 subsidized employment including the months during which the recipient received no grant due to increased earnings.

For cost neutrality purposes, submit a report for the month of July 2011 for those participants starting subsidized employment in August 2011. The data received for July 2011 will provide a base month for comparison for participants beginning subsidized employment in August 2011. Fields should not be left blank, enter "0" (zero) in a field which includes no value.

Name each file transmitted using the following format:

AB98ccddmmyy.csv   Comma Separated Values

cc = County number
ddmmyy = day, month, and year file prepared

Monthly Reporting and the QR 7

Please use the most current data available in the case file when reporting monthly for AB 98 subsidized employment. This data can be from the most recent Quarterly Status/Eligibility Report (QR 7) or from any mid-quarter reports that have been received. Under quarterly reporting rules recipients do not have to report changes in income unless they exceed their income reporting thresholds and clients are not required to report any changes in household composition mid-quarter. Therefore, unless there has been a voluntary report of a change mid-quarter, the "most current data available" could be from the last QR 7 and be up to three months old. For example, if an AB 98 participant has increased earnings due to subsidized employment in the QR 7 submit month of November, unless the income is over their IRT, they will not be required to report this income until the following QR 7 is due in February. In this situation, for the monthly AB 98 data reporting it is acceptable to report data based on the November QR 7 in December, January, and February.

Cost Neutrality and Data Reporting

The 11 counties submitting data as part of both the cost neutrality determination and data reporting requirements (Glenn, Los Angeles, Mariposa, Orange, Sacramento, San Bernardino, San Francisco, Santa Clara, Stanislaus, Tehama, and Trinity) will submit the following data fields:

County [County]
Month/Year [Month_Year]
Client Identification Number [CIN]

Cost Neutrality and Data Reporting (Cont.)

Case Review Number [Case]
Date the Participant Entered Subsidized Employment [Entered]
Date the Participant Left Subsidized Employment [Left]
Residual Grant [Residual]
Earned Income from Subsidy [Subsidy_Income]
Reported Earned Income for Case [Total_Income]
Monthly Hours Worked [Hours]
*Assistant Unit Size [AU]
*Unearned Income [Unearned_Income]
*Is this a Safety Net Case (yes/no) [Safety_Net]

* Data fields attributed to cost neutrality and will not be required beginning February 1, 2012.
[] = Data field headings – see Attachment 2

Data Reporting

All counties participating in AB 98 Subsidized Employment Data Reporting will submit the following data fields:

County [County]
Month/Year [Month_Year]
Client Identification Number [CIN]
Case Review Number [Case]
Date the Participant Entered Subsidized Employment [Entered]
Date the Participant Left Subsidized Employment [Left]
Residual Grant [Residual]
Earned Income from Subsidy [Subsidy_Income]
Reported Earned Income for Case [Total_Income]
Monthly Hours Worked [Hours]

[] = Data field headings – see Attachment 2

File Transfer Protocol Submission Instructions

1. The uploaded file must be in CSV format. Each data element of each row must be separated by a comma, and there should not be trailing or leading spaces on the data elements. The file format (and values) should match the format example in the definitions section of this form. If the file is an Excel spreadsheet (see examples, Attachments 2), save the file and change the file extension to *.csv* prior to submission, which will add the comma delimiter automatically.

2. There is no size limit to the file that can be uploaded.

File Transfer Protocol Submission Instructions (Cont.)

3. The first row of the file must be a header row containing all the field names. Field names are case insensitive (*i.e.* **CASE_NUMBER**, **Case_Number** and **case_number** are all treated as the same field name). Having less than the number of required fields will generate a "missing fields" error, while having additional fields will generate an "unknown fields" error. Fields can be in any order, as long as the data on the following lines keeps that same order. If there is an error with the header file, the remainder of the file will not be evaluated. An example of the spreadsheet with headers is included with this form.

4. Data in the file is evaluated on a record by record basis. If there is an error with an individual record, that record will be rejected, but processing of the file will continue.

Counties are to upload data files using an internet browser at the following web address:

https://sft.ca.gov/

In order to establish county user identifications and passwords, the attached GEN 1321 form, sections 2, 8 (to be filled out by supervisor), and 11, must be completed and emailed to:

AB98.CN@DSS.CA.GOV

The CDSS will then notify the county via email of each user's ID and password. Each county is allowed to have up to four users. A separate GEN 1321 is required for each user. The GEN 1321 form and email above can subsequently be used to delete users, add new users, or change passwords. Note: The GEN 1321 form takes approximately five business days for processing. Counties should submit the GEN 1321 form by 5th of the month prior to the implementation of their AB 98 Subsidized Employment program.

AB 98 Subsidized Employment data reporting is due 45 days after the end of the prior month reporting period. For example, reporting for September would be due on or before November 14th. Due dates that fall on a Saturday, Sunday, or state holiday are extended to the following business day.

County	Month_Year	CIN	Case	Entered	Left	Residual	Subsidy_ Income	Total_ Income	Hours	AU*	Unearned_ Income*	Safety_Net*

CDSS SYSTEM AND APPLICATION ACCESS FORM

The **CDSS System and Application Access Form** *(GEN 1321)* is used to authorize, change and terminate access to all systems and applications containing CDSS data. The information on this form must be kept current. It must be signed by the Supervisor and the appropriate System Administrator(s). It must also be signed by the user before he/she obtains access. *(Note: the user's signature is not required to initiate the request.)* When an employee separates from the Department, requests to terminate access must be submitted to the appropriate System Administrator(s) as soon as possible and no later than one business day after the employee's separation date. <u>All completed forms are to be filed locally.</u>

Step 1 <u>REQUESTING ORGANIZATION:</u>

1. Complete Sections 1 through 8 (complete only system and application names in Section 3).
2. Forward the **CDSS System and Application Access Form** *(GEN 1321)* to the Information Security Officer *(ISO)* for signature, only if necessary (See Section 9). The ISO will return the form to the requesting organization.
3. Forward the completed form to the appropriate System Administrator(s). If access is requested for more than one system or application, concurrently route copies of the form to all appropriate System Administrators.
4. Upon completion by the System Administrator(s), forward all completed forms to the user for signature.

Step 2 <u>SYSTEM ADMINISTRATORS:</u>

1. Complete Sections 3 and 10.
2. Return the completed form to the Supervisor.

Step 3 <u>USERS:</u>

1. Complete Section 11.
2. Return the completed form to the Supervisor.

SECTION 1 - Access Request Type *(to be completed by the requesting organization)*

Check (✔) Only One / Complete Unit Data:

New Access   (All Sections)

Change Access   (All Sections)

Terminate Access

Current Bureau/Unit/Index _____

Receiving Bureau/Unit/Index _____

Effective Date _____

Information Systems Division Modifications:
(Not Applicable to RACF)

For Changes to Access:

Indicate Name or Location of Server/System

From _____ to _____

For New Server Access:

Indicate Name or Location of

System/Server _____

SECTION 2 - User Information *(to be completed by the requesting organization)*

USER NAME	LAST	FIRST	MI
Check if name change			
FORMER NAME [Complete if box above is checked]	LAST	FIRST	MI
COMPANY (FOR NON EMPLOYEES)			
ADDRESS			

CITY	STATE	ZIP CODE

PHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS

CDSS SYSTEM AND APPLICATION ACCESS FORM - CONTINUED

SECTION 3 - System and Application Information: The requesting organization must identify all systems and/or applications for which access should be authorized, changed, or terminated. **In addition, GEN 1321(a) must be completed for all TSO/RACF requests.**

(Completed by Requesting Organization)	(Completed by System Administrator)	
SYSTEM NAME(S)	**LOGON ID(S)**	**DATE COMPLETED**
Groups:		
Groups:		
HWDC *(Specify)*		
TEALE *(Specify)*		
Other		
Other		
APPLICATION(S)	**LOGON ID(S)**	**DATE COMPLETED**
Other		
Other		

SECTION 4 - File Disposition:
To be completed by the requesting organization for **Changes and Terminations Only (Not Applicable for RACF).**

Delete the files (attach a list)

Move the files with user (attach a list)

Move the files to another user's library *(specify Logon ID receiving files)* [_____]

Other *(attach a list)*

NOTE: Files for the user/logon ID will be deleted if not specified.

SECTION 5 - Justification: The requesting organization must identify a business need for providing access to the above listed systems and/or applications. **Note**: It is not necessary to complete this section for DSSnet *(the CDSS network)* or Outlook *(CDSS e-mail requests)*.

SECTION 6 - Comments *(optional)*

SECTION 7 - Personal Computer Administrator (PCA) Contact Information (Not Applicable for RACF):
The requesting organization must provide the name and phone number for the PCA or appropriate technical support staff.

PCA NAME *(PRINT)*	BUSINESS PHONE NUMBER ( )	DATE CONTACTED

SECTION 8 - Supervisor Verification Signature (all access action requires a supervisor signature)

NOTE: Confirmations 1 - 3 and attachments are required to process a request for a new / modified access.
   Only Confirmation 4 is required for an access temination.

I confirm that:

1. The proposed permission and/or privileges for systems and/or applications have been authorized on a "need to know" basis (not needed for Outlook).

2. A copy of the specific permissions and/or privileges for each system and/or application is attached to this document (not applicable for Outlook).

3. A copy of the **Internet Consent Form and the CDSS E-Mail Retention Policy Acknowledgement Form** will be provided to the employee. The signed forms will be on file in the bureau/unit records within 10 working days of the employee start date.

4. Termination action has been taken to cancel the employee's account and, if applicable, Section 4 of this form has been completed.

SUPERVISOR NAME *(PRINT)*	SUPERVISOR SIGNATURE	DATE

SECTION 9 - Information Security Officer Signature

The CDSS Information Security Officer signature is needed if access is requested for a user who is <u>not</u> a State, county or federal employee or not working under contract *(e.g., a volunteer or other such individual).*

INFORMATION SECURITY OFFICER NAME *(PRINT)*	INFORMATION SECURITY OFFICER SIGNATURE	DATE

SECTION 10 - System Administrator Signature

After signing, each System Administrator is to send copies of the signed forms to the requesting organization.

   I certify that the above access request has been completed.

   I certify that the name change request has been completed.

SYSTEM ADMINISTRATOR NAME *(PRINT)*	SYSTEM ADMINISTRATOR SIGNATURE	DATE

SECTION 11 - User Acknowledgements and Signature

This section is to be read and completed by the user prior to receiving access to any CDSS system(s) and/or application(s).

I acknowledge that the Department has provided automation equipment for my use in performing my job duties. The Department will grant system and/or application access to me as specified in this document. I will use the automation equipment and system and/or application access for appropriate business purposes. I will take reasonable precautions to protect the confidential and sensitive data in these system(s) and application(s). This access will remain in force until it is changed and documented in a subsequent change request.

All Information Security policies may be viewed on the CDSS internal web page or obtained by contacting the Information Security and Management Systems Branch.

USER'S NAME *(PRINT)*	USER'S SIGNATURE	DATE