



CDSS

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STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES

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EDMUND G. BROWN JR.
GOVERNOR

January 9, 2015

ALL COUNTY LETTER NO. 15-01

TO: ALL COUNTY WELFARE DIRECTORS
ALL CalWORKS PROGRAM SPECIALISTS
ALL WELFARE-TO-WORK COORDINATORS
ALL COUNTY REFUGEE COORDINATORS
ALL COUNTY CALFRESH SPECIALISTS
ALL CONSORTIA REPRESENTATIVES
ALL TRIBAL TANF ADMINISTRATORS

SUBJECT: CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO
KIDS (CalWORKs) PROGRAM: ADDITIONAL GUIDANCE AND
FORMS REGARDING WELFARE TO WORK (WTW) 24-MONTH TIME
CLOCK EXTENSIONS, AND RELEASE OF RELATED WELFARE
DATA TRACKING IMPLEMENTATION PROJECT (WDTIP) TRACKING
RECIPIENTS ACROSS CALIFORNIA (TRAC) IMPACT CODE

REFERENCE: SENATE BILL (SB) 1041 (CHAPTER 47, STATUTES OF 2012);
WELFARE AND INSTITUTIONS CODE (WIC) SECTIONS 11322.8,
11322.85, 11322.86, AND 11322.87; AND ALL COUNTY LETTERS
(ACLs) 12-67, 14-09, 14-16, 14-48, 14-65, 15-02, AND 15-03

The purpose of this ACL is to issue further guidance to County Welfare Departments (CWDs) regarding extensions to the WTW 24-Month Time Clock, including clarification of extension criteria, the determination process, and extension reevaluations. Initial guidance on extensions was issued in ACL 14-09.

This ACL also provides instructions to CWDs regarding an additional circumstance determined by the Department for which a client may request an extension to the WTW 24-Month Time Clock, as allowed in WIC Section 11322.87(a)(6) adopted by SB 1041, and transmits an additional WDTIP TRAC code for this extension circumstance. Initial guidance and transmission of WDTIP TRAC codes associated with extensions to the WTW 24-Month Time Clock were released in ACL 14-48.

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

This ACL also transmits the attached “WTW 24-Month Time Clock Extension Request Form” (WTW 44), the “WTW 24-Month Time Clock Extension Determination” (WTW 45), and provides additional guidance on the use of these forms for evaluation and determination of extension requests. The WTW 44 and WTW 45 were developed as a result of changes to the CalWORKs program enacted in SB 1041 and codified in WIC Section 11322.8, 11322.85, 11322.86, and 11322.87. Beginning in January 2015, some CalWORKs clients may reach the end of the WTW 24-Month Time Clock. In order to provide clients with the opportunity to request an extension to the WTW 24-Month Time Clock, CWDs must provide the WTW 44 to the client. The CWDs must also provide the WTW 45 to the client to inform him or her of the approval or denial of a WTW 24-Month Time Clock extension request. More guidance regarding the process for this transition will be provided in ACL 15-02.

Additional Guidance on Extension Criteria

Pursuant to WIC Sections 11322.86 and 11322.87, a client subject to the WTW 24-Month Time Clock who still has time remaining on the CalWORKs 48-month time limit and is unlikely to meet CalWORKs federal standards may request an extension to the WTW 24-Month Time Clock and present evidence to the CWD that he or she meets any of the extension circumstances previously released in ACL 14-09. This includes the availability of a WTW 24-Month Time Clock extension for a client who is likely to obtain employment within six months, or has encountered unique labor market barriers temporarily preventing employment, and therefore needs additional time to obtain employment. The CWDs must include county-specific descriptions of these criteria in their written county policies and develop written procedures to ensure consistency when granting WTW 24-Month Time Clock extensions. Examples of these two circumstances include, but are not limited to, the following scenarios.

Scenario One: Likely to Obtain Employment within Six Months

A client qualified in forklift operation is applying for a position at a manufacturing warehouse that is scheduled to open in the next six months. This client may be considered as likely to obtain employment within six months.

Scenario Two: Unique Labor Market Barriers

Unique labor market barriers temporarily preventing employment may include situations where a primary employer in the local area has closed or moved, such as a factory that has recently shut down operation or relocated out of the area. This would create a significant labor force disruption, particularly in the situation where the industry field of the primary employer required a specialized skill set that may not be easily transferable to a different industry field.

Scenario Three: Unique Labor Market Barriers

Unique labor market barriers temporarily preventing employment may also include local or regional natural disasters, such as a drought or freeze, which impact local labor

markets in a way that temporarily causes a disruption to the labor force.

Extension Circumstance for a Two-Parent Assistance Unit (AU)

To ensure that both parents in a two-parent AU have the opportunity to receive the full benefits, services, and participation flexibility allowed during the WTW 24-Month Time Clock period, the Department has established an additional circumstance upon which a client may request an extension to the WTW 24-Month Time Clock, as allowed by WIC Section 11322.87(a)(6) adopted in SB 1041. This extension circumstance is provided as an option for a two-parent AU where only one parent has exhausted his or her WTW 24-Month Time Clock on the condition that the AU will meet CalWORKs minimum standards as described in ACL 14-16 by combining both parents' hours of participation. This extension circumstance allows the two-parent AU to remain subject to the WTW 24-Month Time Clock rather than the AU being subject to CalWORKs federal standards upon expiration of only one parent's WTW 24-Month Time Clock, and prevents the second parent from having to meet CalWORKs minimum standards alone. An extension granted for this circumstance is limited to the duration of the second parent's WTW 24-Month Time Clock. Please refer to ACL 15-03 for other options available to a two-parent AU where one parent has exhausted his or her WTW 24-Month Time Clock.

This letter transmits a new WDTIP TRAC code associated with the additional circumstance for an extension to the WTW 24-Month Time Clock. The TRAC system captures all cumulative months used by all mandatory WTW participants as part of the WTW 24-Month Time Clock. All WTW 24-Month Time Clock data must be submitted, via batch file transactions, by the Consortia systems to the TRAC system. A mandatory participant's individual WTW 24-Month Time Clock data will be displayed in the TRAC system for a comprehensive statewide view. The TRAC system now includes an additional code related to extensions to the WTW 24-Month Time Clock (see Attachment A). Please refer to ACL 14-48 for the WDTIP TRAC codes that were previously released for the other available WTW 24-Month Time Clock extension circumstances.

Extension Request and Determination Forms

As instructed in ACL 14-09, prior to determining whether a client meets the WTW 24-Month Time Clock extension criteria, CWDs must thoroughly review a client's case to ensure an accurate accounting of his or her WTW 24-Month Time Clock. If an aided adult reaches his or her CalWORKs 48-month time limit before exhausting the WTW 24-Month Time Clock, the adult is removed from the AU, and is no longer required to participate in WTW. Therefore, the WTW 24-Month Time Clock no longer applies and these individuals are not eligible for an extension. Furthermore, a client cannot receive an extension to the WTW 24-Month Time Clock for a period of time that exceeds the number of months remaining on his or her CalWORKs 48-month time limit, including any additional months remaining due to a CalWORKs 48-month time limit extender. However, this does not preclude a client that has received a CalWORKs 48-month time limit extender from requesting an extension to the WTW 24-Month Time Clock.

The CWDs are required to provide the WTW 43 (9/14), "Notice of Your WTW 24-Month Time Clock Ending Soon" to a client at least once between months 18 and 21 of his or her WTW 24-Month Time Clock as instructed and released in ACL 14-65, and pursuant to WIC Sections 11322.85(c) through (e). As a reminder, when sending the WTW 43, CWDs must also send the "CalWORKs Exemption Request Form" (CW 2186A) to provide a client the opportunity to request a CalWORKs 48-month time limit and/or WTW 24-Month Time Clock and participation exemption. Please refer to ACL 12-67 for a list of existing WTW 24-Month Time Clock and CalWORKs 48-month time limit exemptions. In addition to the WTW 43 and the CW 2186A, CWDs must also send the WTW 44 (1/15): "WTW 24-Month Time Clock Extension Request Form" to clients subject to the WTW 24-Month Time Clock who still have time remaining on the CalWORKs 48-month time limit prior to the exhaustion of the client's WTW 24-Month Time Clock. This form provides clients with an opportunity to request an extension to the WTW 24-Month Time Clock.

The WTW 45 (1/15): "WTW 24-Month Time Clock Extension Determination" was created for CWDs to notify clients of the approval or denial of a request for an extension to the WTW 24-Month Time Clock. Upon making an extension determination, the CWD must issue the WTW 45 to the client that includes an explanation of the CWD's extension determination and the client's hearing rights. The process for evaluation and determination of an extension request is described further in the following section of this ACL.

The CWDs must keep copies of the completed forms in the client's case file as verification, whether via electronic means or hard copy.

These forms may also be utilized at other times during the process for transitioning clients approaching the end of the WTW 24-Month Time Clock to the participation requirements known as CalWORKs federal standards. This process will include a review of the client's eligibility for an extension to the WTW 24-Month Time Clock. Additional guidance regarding the process for transitioning clients approaching the end of the WTW 24-Month Time Clock is discussed in detail in ACL 15-03.

Extension Determination and Evaluation Process

As described in ACL 14-09, and pursuant to WIC Sections 11322.86 and 11322.87, a client subject to the WTW 24-Month Time Clock who still has time remaining on the CalWORKs 48-month time limit and is unlikely to meet CalWORKs federal standards may request a review to be conducted by the CWD to determine eligibility for an extension to the WTW 24-Month Time Clock. A client may make this request by completing the WTW 44. When a client verbally requests an extension, the CWD should provide the WTW 44 to the client to complete in order to assist the CWD with identifying any applicable extension circumstance.

As described in ACL 14-09, if a CWD identifies that a client meets one of the extension criteria as a result of information already available to the CWD, including the client's WTW plan and verification of satisfactory participation, the CWD may approve an

extension to the WTW 24-Month Time Clock without requiring additional information or a formal request for an extension from the client. Upon receiving a request for an extension, the CWD shall review the information provided by the client to determine if his or her circumstance meets one of the extension criteria. If the information or evidence provided by the client supports one of the extension criteria, the CWD may approve the client's request for an extension to the WTW 24-Month Time Clock so that the client may complete an activity in his or her current WTW plan or in a revised WTW plan based on the circumstance for which the extension was granted.

When necessary to make a determination, the CWD may request additional information or evidence of the specified circumstance to be provided by the client. If the CWD determines that the evidence provided does not support the existence of the specified circumstance, the CWD may deny the extension request. Additional guidance regarding twenty percent target estimates for extensions to the WTW 24-Month Time Clock for CWDs is addressed in ACL 15-02.

If the client is requesting an extension because he or she has submitted an application to receive Supplemental Security Income (SSI) disability benefits and provides evidence to the CWD that a hearing date has been established, the CWD must approve the extension request.

Upon making an extension determination, the CWD must provide the WTW 45 to the client that informs the client whether the request for an extension has been approved or denied, the reason for the approval or denial, and hearing rights.

As described in ACL 14-09, CWDs are reminded that at any state hearing in which a client disputes a CWD's denial of an extension, the CWD shall have the burden of proof to establish that an extension was not justified.

The CWDs should ensure that the extension request and determination process is completed prior to the end of the 24th month of the client's WTW 24-Month Time Clock. As previously stated in this ACL, additional guidance on the process for transitioning clients approaching the end of the WTW 24-Month Time Clock, including a review of the client's eligibility for an extension to the WTW 24-Month Time Clock and the timeframe associated with the transition process, is described in ACL 15-03. If the client's request for an extension to the WTW 24-Month Time Clock is denied, and the client is not eligible for a WTW 24-Month Time Clock and participation exemption, the CWD must proceed with transitioning the client to CalWORKs federal standards.

Extension Duration and Reevaluations

As instructed in ACL 14-09, and pursuant to WIC Section 11822.87(d), CWDs may approve an extension request for an initial period of up to six months, and are required to reevaluate the extension at least every six months. Prior to the client reaching the last month of an extension period, the CWD must review the client's circumstance and reevaluate whether the client's circumstance continues to meet one of the extension

criteria. The CWD may request additional information to be provided by the client in order to reevaluate the client's circumstance. The CWDs must use the WTW 45 to inform the client of the extension reevaluation determination. If the client's extension reevaluation is denied, the CWD must proceed with transitioning the client to CalWORKs federal standards.

Noticing Instructions

The WTW 44 (1/15): "WTW 24-Month Time Clock Extension Request Form" and the WTW 45 (1/15): "WTW 24-Month Time Clock Extension Determination" are required forms and no substitutes are permitted. Required forms may not be modified or restructured by CWDs. However, overprinting or reformatting under the conditions outlined in Manual of Policies and Procedures (MPP) Operations Manual Section 23-400.211, Overprinting Required Forms, and Section 23-400.212, Electronic Data Processing Modifications, is permitted.

Upon release of this ACL, CWDs must provide the WTW 44 in order for clients to have the opportunity to request an extension to the WTW 24-Month Time Clock. The CWDs must use the WTW 45 to inform clients of the outcome of his or her extension request. However, as a result of any delay in the release of these forms, CWDs may have initiated their own method for clients to request an extension to the WTW 24-Month Time Clock, and to inform clients of the extension request determination. As long as the CWD's written notification included the client's name, pertinent information regarding the WTW 24-Month Time Clock extension, and is documented in the client's case file, the client will be considered as having been provided the opportunity to request an extension and having been informed of the determination.

Automation systems may need to be modified to allow CWDs to send the WTW 44 and WTW 45 when appropriate. Until consortia are able to automate these forms, CWDs will have to implement these forms manually.

CAMERA READY COPIES AND TRANSLATIONS

For camera-ready copies in English, contact the California Department of Social Services (CDSS) Forms Management Unit at fmudss@dss.ca.gov. If your office has internet access you may obtain these forms from the CDSS webpage at: http://www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm.

When all translations are completed per MPP Section 21-115.2, including Spanish forms, they are posted on an on-going basis on the CDSS webpage. Copies of the translated forms can be obtained at: http://www.dss.cahwnet.gov/cdssweb/FormsandPu_274.htm.

For questions on translated materials, please contact CDSS Language Services at (916) 651-8876. Until translations are available, recipients who have elected to receive materials in languages other than English should be sent the English version of the form

or notice along with the [GEN 1365 \(3/08\) - Notice of Language Services](#) and a local contact number.

The CWDs shall ensure that effective bilingual services are provided. This requirement may be met through utilization of paid interpreters, qualified bilingual employees, and qualified employees of other agencies or community resources. These services shall be provided free of charge to the applicant/recipient. In the event that CDSS does not provide translations of a form, it is the CWD's responsibility to provide the translation if an applicant or recipient requests it. More information regarding translations can be found in MPP Section 21-115.

If you have any questions or need further information regarding this letter, please contact the following CDSS representatives:

- CalWORKs Eligibility Bureau County Consultant (916) 654-1322
- CalWORKs Employment Bureau County Consultant (916) 654-2137
- Program Integrity (WDTIP) (916) 654-2125

Sincerely,

Original Document Signed By:

TODD R. BLAND
Deputy Director
Welfare to Work Division

Attachments

cc: CWDA
CSAC

EXTENSIONS TO THE WELFARE TO WORK (WTW) 24-MONTH TIME CLOCK WDTIP/TRAC EXCEPTION CODES

PGMEXC CD	PGMEXC RSN CD	START DATE	END DATE	PROGRAM EXCEPTION REASON NAME	PROGRAM EXCEPTION REASON TEXT	PGM EXC TANF 60 FG	PGM EXC CW 48 FG	PGM EXC WtW 24 FG
06	612	1/1/2015		Two-Parent	Extension of the WTW 24-Month Time Clock - Individual is a member of a two-parent assistance unit where the other parent has yet to exhaust his or her Welfare-to-Work 24-Month Time Clock on the condition that both parents' combined participation will meet CalWORKs minimum standards.	N ²	N ²	Y

² Extensions do not affect the TANF and CalWORKs clocks; the "Ns" in these columns mean "N/A."

WELFARE-TO-WORK (WTW) 24-MONTH TIME CLOCK EXTENSION REQUEST FORM

PLEASE PRINT

YOUR NAME		COUNTY USE ONLY	
ADDRESS STREET		COUNTY	
CITY	ZIP	CASE NAME	
PHONE ()		CASE NO.	OTHER ID NO.
QUESTIONS? ASK YOUR WORKER.		WORKER NAME	

Once you have used all 24 months of your WTW 24-Month Time Clock, you will have to meet different Welfare-to-Work rules to continue getting your portion of cash aid and supportive services. However, you can get an extension of your WTW 24-Month Time Clock if you meet one of the conditions listed below.

Please check the box that applies. Please be sure to sign your name and date this form. Along with this form, please give the county any proof that you can provide to help the county decide if you can get an extension to the WTW 24-Month Time Clock and continue to be in activities in your current welfare-to-work plan.

YES NO WTW 24-MONTH TIME CLOCK EXTENSIONS

- 1. Are you in an educational program, including adult basic education, vocational education, or a self-initiated program, that you will be finishing soon?
 If yes, what is your graduation, transfer, or completion date? _____
- 2. Are you in a treatment program, such as a program for substance abuse or mental health, that you will be finishing soon?
 If yes, what is your completion date? _____
- 3. Do you need more time to complete an activity in your welfare-to-work plan due to a learning disability or other disability?
- 4. Have you submitted an application to receive Supplemental Security Income (SSI) disability benefits?
 If yes, what is the date of your hearing? _____
- 5. Are you in a two-parent assistance unit where the other parent has not yet used all of his or her WTW 24-Month Time Clock?
- 6. Are you likely to get a job in the next six months? Please explain below.

- 7. Has there been a change in the job market that has temporarily prevented you from getting a job so you need more time to get one? Please explain below.

YOUR SIGNATURE	DATE
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PLEASE CONTACT YOUR WORKER IF YOU HAVE QUESTIONS ABOUT THIS FORM.

- If you need help getting proof of your condition, your worker can help you.
- You will be get a notice if you do or do not get an extension to the WTW 24-Month Time Clock and the reason why.
- If you do not agree with the county, you may ask for a state hearing.
- If you think you should not be in Welfare-to-Work and have not asked for an the exemption, or need more information about exemptions from participation in Welfare-to-Work, please contact your worker.

WELFARE-TO-WORK (WTW) 24-MONTH TIME CLOCK EXTENSION DETERMINATION

CASE NAME _____

CASE NO. _____

COUNTY _____ OTHER ID NO. _____

WORKER NAME _____

Questions? Ask your worker.

On _____, _____ asked for an extension of the WTW 24-Month Time Clock.
(DATE) (NAME)

Based on the information you have provided, the county made the following decision:

This extension is APPROVED. Reason for extension: _____

This means that you can continue to be in the activities in your current welfare-to-work plan for more time.

Your extension will end on _____ .
(DATE)

Your condition may be reviewed again to see if you should continue to get an extension. If your extension ends, you will need to change the activities in your welfare-to-work plan to meet CalWORKs federal standards.

If your extension should continue, you may need to provide information to the county to show that it should continue before the ending date above, or you will need to meet CalWORKs federal standards.

You can change the activities in your welfare-to-work plan to meet CalWORKs federal standards at any time by contacting your worker and signing a new welfare-to-work plan.

This extension is DENIED. Reason for denial: _____

You must meet CalWORKs federal standards once you have used all 24 months of your WTW 24-Month Time Clock. You will get a notice from the county about changing the activities in your welfare-to-work plan to meet CalWORKs federal standards.

CONTACT YOUR WORKER RIGHT AWAY IF YOU:

- Need more information about CalWORKs federal standards that you must meet once you have used all of your WTW 24-Month Time Clock months.
- Think you should not be in Welfare-to-Work and have not asked for an exemption, or need more information about exemptions from participation in Welfare-to-Work.

CONTACT YOUR WORKER IF YOU THINK THIS NOTICE IS WRONG. YOU MAY ALSO ASK FOR A STATE HEARING. "YOUR HEARING RIGHTS" FORM ON THE BACK SIDE OF THIS PAGE TELLS YOU HOW TO ASK FOR A STATE HEARING.

YOUR HEARING RIGHTS

You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice. If you have good cause as to why you were not able to file for a hearing within the 90 days, you may still file for a hearing. If you provide good cause, a hearing may still be scheduled.

If you ask for a hearing before an action on Cash Aid, Medi-Cal, CalFresh, or Child Care takes place:

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your CalFresh benefits will stay the same until the hearing or the end of your certification period, whichever is earlier.

If the hearing decision says we are right, you will owe us for any extra Cash Aid, CalFresh or Child Care Services you got. To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop: Cash Aid CalFresh
 Child Care

While You Wait for a Hearing Decision for:

Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

- To get those supportive services, you must go to the activity the county told you to attend.
- If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

Cal-Learn:

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

OTHER INFORMATION

Medi-Cal Managed Care Plan Members: The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

Child and/or Medical Support: The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask for it.

Hearing File: If you ask for a hearing, the State Hearing Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. **(W&I Code Sections 10850 and 10950.)**

TO ASK FOR A HEARING:

- Fill out this page.
- Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
- Send or take this page to:

OR

- Call toll free: 1-800-952-5253 or for hearing or speech impaired who use TDD, 1-800-952-8349.

To Get Help: You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

If you do not want to go to the hearing alone, you can bring a friend or someone with you.

HEARING REQUEST

I want a hearing due to an action by the Welfare Department of _____ County about my:

- Cash Aid CalFresh Medi-Cal
 Other (list) _____

Here's Why: _____

- If you need more space, check here and add a page.
 I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: _____

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTH DATE

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

NAME OF PERSON COMPLETING THIS FORM

PHONE NUMBER

- I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)

NAME

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE