



CDSS

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DIRECTOR

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

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EDMUND G. BROWN JR.
GOVERNOR

November 18, 2016

ALL COUNTY LETTER (ACL) NO. 16-95

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) ASSEMBLY BILL (AB) 98 SUBSIDIZED
EMPLOYMENT AND EXPANDED SUBSIDIZED EMPLOYMENT
(ESE) PROGRAM CHANGES

REFERENCE: [AB 1603](#) (CHAPTER 25, STATUTES OF 2016); WELFARE AND
INSTITUTIONS CODE (WIC) SECTIONS [11322.63](#), [11322.64](#);
MANUAL OF POLICIES AND PROCEDURES (MPP) SECTIONS
[42-302.1](#), [42-717](#), [42-780.53](#); ALL COUNTY INFORMATION
NOTICE (ACIN) NO. [1-20-09](#); ACL NOs. [11-32](#), [11-58](#), [12-01](#), [12-15](#),
[12-29](#), [13-81](#), [13-101](#), [14-17](#), [14-81](#), [16-17](#); COUNTY FISCAL
LETTER (CFL) NOs. [10/11-65](#), [10/11-65E](#), [13/14-22](#), [13/14-23](#),
[13/14-50](#), [13/14-58](#), [14/15-18](#), [14/15-65](#), [15/16-25](#), [15/16-53](#),
[16/17-23](#)

REASON FOR THIS TRANSMITTAL

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

The purpose of this ACL is to inform County Welfare Departments (CWDs) of immediate changes to subsidized employment in the CalWORKs program pursuant to [AB 1603](#). These changes were effective July 1, 2016. These changes streamline subsidized employment and should not impact client experience, regardless of existing type of placement. Programmatic changes should simplify subsidized employment logistics for CWDs.

AB 98 Program Changes

The AB 98 Subsidized Employment Program (AB 98) became inoperative on July 1, 2016 ([WIC section 11322.63](#)).

[AB 1603](#) repealed existing law which required the California Department of Social Services (CDSS) to reimburse CWDs for 50 percent of a CalWORKs recipient's wage based on the AB 98 funding formula ([WIC section 11322.63](#)). The CWDs will still be able to operate a subsidized employment program through Single Allocation funds or ESE. Although AB 98 is repealed, the base funding requirement remains a condition of ESE. The base funding amount was calculated using each county's actual state fiscal year (FY) 2012-13 AB 98 expenditures and CalWORKs Single Allocation Subsidized Employment expenditures as of April 2014. Please see [ACL 13-81](#) and [CFL 13/14-50](#) for details about the base funding amount requirement. The ESE allocation for FY 2016-17 is forthcoming.

The program codes established for the AB 98 program to claim the expenses for wage subsidy and associated costs are inoperative. For participants in an AB 98 placement that started prior to July 1, 2016, CWDs may claim the expenses to either Single Allocation or ESE. Please see [CFL 16/17-23](#) for further guidance on these changes.

Effective with the July 2016 report month, the AB 98 subsidized employment participant data report (as detailed in [ACL 12-01](#)) is discontinued. Starting with July 2016, all subsidized employment participants with costs claimed to the ESE program codes (regardless of whether the participant began under the AB 98 or ESE program) should be reported on the monthly ESE data report (as detailed in [ACL 14-17](#)). These reports will continue to be electronically submitted to the same secure file transfer protocol location as has been used for the AB 98 and ESE program reports. This requirement is in addition to what is reported on the WTW 25 and 25A and may be duplicative. For any questions regarding the submission of ESE data reports, please contact the Data Systems and Survey Design Bureau at (916) 651-8269.

ESE Program Changes

As of July 1, 2016, individuals who have exceeded their CalWORKs 48-month time on aid per [MPP section 42-302.1](#) and are receiving Safety Net benefits for their eligible family members are eligible to remain in an ESE placement. Individuals who are already in the Safety Net can be placed into ESE. Previously, only AB 98 and Single Allocation funded subsidized employment was allowable for Safety Net recipients ([WIC section 11322.64](#)).

As a reminder, ESE participants who income out of CalWORKs as a result of ESE income may continue to participate until the end of the ESE placement. This population

and Safety Net adults are the only non-aided populations who may be served using ESE funds.

Other adults who began a subsidized employment placement and subsequently left aid may continue in their placement using Single Allocation funds if the county provides job retention services; the continued placement may not be funded using ESE dollars. In accordance with [CFL 13/14-22](#) (page 3, "Claiming Instructions"), program codes 633 and 451 are available to use in lieu of the ESE program codes.

If the CWD wishes to provide job retention services in accordance with [MPP section 42-717](#) and such services are not included in its CalWORKs County Plan (Plan), or its job retention services are defined in the Plan in such a way that only specific job retention services are allowed and subsidized employment is excluded, the CWD must amend its Plan. For information on submitting a Plan amendment, please see [ACIN I-20-09](#).

Additional Information

Subsidized employment must be included in a county's Plan to qualify under the provisions of ESE. If a county wishes to participate in this program but does not provide subsidized employment as a WTW activity in the current Plan, a Plan Addendum must be submitted. As stated in [MPP section 42-780.53](#), a county may immediately implement the changes in an addendum upon submittal to CDSS.

Effective January 1, 2017, the CDSS AB 98 email address (AB98.CN@dss.ca.gov) will be deactivated to coincide with the elimination of AB 98. Please direct all subsidized employment questions to the CDSS ESE Program email address (ESEProgram@dss.ca.gov).

[ACL 13-81](#) includes important implementing guidelines and CWDs are encouraged to reference this letter when establishing an ESE program. As outlined in [ACL 13-81](#), each CWD participating in the ESE Program must submit a written plan to CDSS describing how the CWD intends to use the ESE funds. Attached to [ACL 13-81](#) are the ESE Plan (WTW 39) form template and a "Subsidized Employment Toolkit" with strategies for CWDs. The WTW 39 is separate from, and required in addition to, the CalWORKs County Plan referenced above. The WTW 39 form can be accessed at: <http://www.cdss.ca.gov/cdssweb/PG169.htm>. Current CWD ESE Plans can be found here: <http://www.cdss.ca.gov/calworks/PG3412.htm>.

The CWDs are reminded of the ESE data reporting requirement detailed in [ACL 14-17](#). Client-level ESE data is electronically transmitted to the same secure file transfer portal used for the AB 98 data reports (<https://sft.ca.gov/>). This secure file transfer portal requires a user account which is obtained by submitting a completed GEN 1321 form to the CDSS (see Attachment). The CWDs were allowed to have up to a total of four users for **both** the AB 98 and ESE Programs, and CWDs may continue to have up to

four user accounts for the ESE Program. Effective July 1, 2016, AB 98 data is no longer accepted; therefore, user accounts may need to be eliminated. If user accounts need creating or deleting per the elimination of AB 98, please complete a GEN 1321 form for each request and submit to the CDSS ESE Program email address: ESEProgram@dss.ca.gov.

If you have any questions regarding the information in this letter please contact your CalWORKs Employment Bureau County Consultant at (916) 654-2137 or the CDSS ESE Program email address: ESEProgram@dss.ca.gov.

Sincerely,

Original Document Signed By:

TODD R. BLAND
Deputy Director
Welfare-to-Work Division

Attachment

c: CWDA

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. All completed forms are to be filed locally.

Step 1 REQUESTING ORGANIZATION:

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 SYSTEM ADMINISTRATORS:

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

Step 3 USERS:

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 (Sections 1, 2, 4, 7, 8, 10)
 Other

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 _____ LAST _____ FIRST _____ MI _____
 [Complete if box above is checked]

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
DSSnet/SUN	Groups:		
NT	Groups:		
HWDC (<i>Specify</i>) Also complete GEN 1321(a)			
TEALE (<i>Specify</i>) Also complete GEN 1321(a)			
Other (<i>Specify</i>)			
Other (<i>Specify</i>)			
APPLICATION(S)		LOGON ID(S)	DATE COMPLETED
Exchange/Outlook Mailbox			
Other (<i>Specify</i>)			
Other (<i>Specify</i>)			

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
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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 termination.

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
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SECTION 9 - Information Security Officer Signature

The CDSS Information Security Officer signature is needed if access is requested for a user who is not 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
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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
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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
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