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CalWORKs AB 85 County Repayment and Funding Subaccounts

DESCRIPTION:
This premise reflects funding shifts for CalWORKs grant and single allocation costs from GF to revenues deposited into the CalWORKs MOE Subaccount, Realignment Family Support Subaccount and Child Poverty, and Family Supplemental Support Subaccount. Funds deposited into the Child Poverty and Family Supplemental Support subaccounts consist of county indigent health savings transferred from the Health Subaccount. These funds will be redistributed to counties instead of GF for CalWORKs grants expenditures.

This premise also includes a GF decrease to CalWORKs Assistance and a corresponding increase to county funds to reflect additional county indigent health care savings realized by counties in FY 2014-15 and FY 2015-16.

IMPLEMENTATION DATE:

KEY DATA/ASSUMPTIONS:
CalWORKs MOE Subaccount
- Authorizing statute: W&IC section 17601.20.
- Funds previously deposited into the Mental Health Subaccount are deposited in the CalWORKs MOE Subaccount.
- Counties are required to pay an increased share of CalWORKs assistance costs up to the amount of funds available in the CalWORKs MOE Subaccount.
- The CalWORKs MOE Subaccount is expected to contain revenues of $1.1 billion in both FY 2017-18 and FY 2018-19.

Realignment Family Support Subaccount
- Authorizing statute: W&IC section 17600.50.
- Funds deposited in this subaccount consist of county indigent health savings transferred to the health subaccount which are distributed to counties in lieu of GF for CalWORKs grants and the single allocation costs.
- In FY 2017-18 the Realignment Family Support Subaccount will contain $386.1 million to offset grants and $271.1 million available to offset the single allocation. In FY 2018-19, there will be $413.1 million available to offset grants and $117.4 million available to offset the single allocation.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
KEY DATA/ASSUMPTIONS (CONTINUED):

Child Poverty and Family Supplemental Support Subaccount

- Authorizing statute: W&IC section 11450.025.
- The Child Poverty and Family Supplemental Support Subaccount provides funding for the grant impact of the March 1, 2014 and April 1, 2015 five-percent, along with the October 1, 2016, 1.43 percent CalWORKs MAP increases and any subsequent grant increases when sufficient revenues are available.
- The Child Poverty and Family Supplemental Support Subaccount also provides funding for the MFG costs, effective January 1, 2017. For additional details, please refer to the MFG Repeal premise.
- Previously, the Child Poverty and Family Supplemental Support Subaccount consisted of growth and base funding. Effective FY 2017-18, both growth and base funding are consolidated into one account and the funding will directly be available to the counties.
- In the Child Poverty and Family Supplemental Support Subaccount, $310.4 million will be available in FY 2017-18 and $388.0 million will be available in FY 2018-19.

AB 85 2014-15 County Repayment

- Authorizing statute: W&IC section 17601.75.
- FY 2017-18 applies $269.7 million in savings from the counties’ FY 2014-15 indigent health care account to the CalWORKs assistance payments.
- Pursuant to AB 85, the county savings must be redirected to the CalWORKs program to offset GF costs. The following 14 counties had indigent health care savings in FY 2014-15:
  - Alameda: $427,209
  - Contra Costa: $6,675,216
  - Fresno: $708,833
  - Kern: $12,546,353
  - Los Angeles: $127,284,842
  - Merced: $664,242
  - Monterey: $2,875,786
  - Orange: $1,473
  - Riverside: $27,199,645
  - San Bernardino: $26,383,990

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
CalWORKs AB 85 County Repayment and Funding Subaccounts

KEY DATA/ASSUMPTIONS (CONTINUED):

AB 85 2014-15 County Repayment (continued)

San Diego: $2,738
San Joaquin: $15,057,335
San Mateo: $15,819,534
Santa Clara: $34,023,138

AB 85 2015-16 County Repayment

- FY 2018-19 applies $231.2 million in savings from the counties’ FY 2015-16 indigent health care account to the CalWORKs assistance payments.

- Pursuant to AB 85, the county savings must be redirected to the CalWORKs program to offset GF costs. The following 15 counties had indigent health care savings in FY 2015-16:

  Alameda: $731,447
  Contra Costa: $3,357,326
  Fresno: $4,198,223
  Kern: $2,863,154
  Los Angeles: $193,401,724
  Monterey: $3,071,146
  Orange: $144,763
  Riverside: $684,611
  San Bernardino: $1,006,426
  San Diego: $41,146
  San Luis Obispo: $24,865
  San Mateo: $226,424
  Santa Clara: $21,245,627
  Tulare: $7,327
  Ventura: $191,558

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
CalWORKs AB 85 County Repayment and Funding Subaccounts*

**METHODOLOGY:**

Counties are required to pay an increased share of CalWORKs assistance costs based on the most recent projections of available funds in the CalWORKs MOE Subaccount, Realignment Family Support Subaccount, and Child Poverty and Family Supplemental Support Subaccount. AB 85 County Repayments reflect actual savings from counties indigent health care account.

**FUNDING:**

The increased county share is funded by revenues from the CalWORKs MOE Subaccount, Realignment Family Support Subaccount, the Child Poverty and Family Supplemental Support Subaccount, and AB 85 County Repayment and offsets an equivalent amount of GF.

**CURRENT YEAR CHANGE FROM APPROPRIATION:**

**CalWORKs MOE Subaccount**

There is no change.

**Realignment Family Support Subaccount – CalWORKs Assistance**

There is no change to the total funds. Due to updated revenue projections and available funding, the funding shift has decreased county costs.

**Child Poverty and Family Supplemental – Growth (non-add)**

There is no change to the total funds. The shift to county funds has decreased as a result of applying cash basis instead of accrual accounting.

**Child Poverty and Family Supplemental Subaccount**

There is no change to the total funds. Due to updated revenue projections and available funding, the funding shift has increased county costs.

**AB 85 FY 2014-15 County Repayment – CalWORKs Assistance**

There is no change to the total funds. Due to revised actual savings from FY 2014-15 funding, the funding shift has increased county costs.

**AB 85 FY 2015-16 County Repayment – CalWORKs Assistance**

This new line implements in FY 2018-19.

**Realignment Family Support Subaccount – CalWORKs Single Allocation**

There is no change to the total funds. Due to updated revenue projections and available funding, the funding shift has increased county costs.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
CalWORKs AB 85 County Repayment and Funding Subaccounts

REASON FOR YEAR-TO-YEAR CHANGE:

CalWORKs MOE Subaccount
There is no change.

Realignment Family Support Subaccount – CalWORKs Assistance
There is no change to the total funds. Due to updated revenue projections and available funding, the funding shift has increased county costs.

Child Poverty and Family Supplemental – Growth (non-add)
There is no change.

Child Poverty and Family Supplemental Subaccount
There is no change to the total funds. Due to updated revenue projections and available funding, the funding shift has increased county costs.

AB 85 FY 2014-15 County Repayment – CalWORKs Assistance
The decrease reflects one-time FY 2014-15 savings which will be spent in FY 2017-18.

AB 85 FY 2015-16 County Repayment – CalWORKs Assistance
This is a new line.

Realignment Family Support Subaccount – CalWORKs Single Allocation
There is no change to the total funds. Due to updated revenue projections and available funding, the funding shift has decreased county costs.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
CalWORKs AB 85 County Repayment and Funding Subaccounts

EXPENDITURES:
(in 000s)

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<tr>
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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Temporary Assistance for Needy Families (TANF)/Maintenance of Effort (MOE) Adjustments*

DESCRIPTION:
This premise reflects the adjustments and funding shifts necessary to meet the MOE funding requirements of the TANF program as well as additional state funding requirements for the CalWORKs program. This premise includes the following items: CalWORKs Administrative Cap Adjustment, Tribal TANF MOE Adjustment, GF MOE WPR Adjustment, GF MOE Adjustment, TANF Carry Forward, Excess MOE Needed to Fund Programs, and TANF Reserve.

The TANF Reserve for home visiting is included in the Home Visiting Initiative premise. For other TANF and MOE premise items please refer to the TANF/MOE in Other State Agencies, CalWORKs Non-MOE and CalWORKs AB 85 County Repayment and Funding Subaccounts premises.

IMPLEMENTATION DATE:
The TANF program and MOE requirements implemented on October 1, 1996.

KEY DATA/ASSUMPTIONS:
Administrative Cap Adjustment
- Authorizing statute: 45 CFR sections 263.0 and 263.13.
- The TANF program rules prohibit states from spending more than 15 percent of federal TANF funds on administrative costs.
- The administrative cap is applied statewide rather than to each county individually. Administrative activities include, but are not limited to: eligibility determinations, automation, fraud, and administrative costs incurred by contractors.
- The total Administrative Cap Adjustment is maintained at $259.0 million for both FY 2017-18 and FY 2018-19.

State MOE Requirement
- Authorizing statute: 45 CFR section 263.1.
- The CalWORKs TANF Block Grant is $3.7 billion for both FY 2017-18 and FY 2018-19. This amount reflects a 0.33 percent reduction for FFY 2017 to fund research, technical assistance, and evaluation of the TANF program at the federal level.
- Federal legislation established the amount of MOE GF that states must contribute as a condition for receipt of the block grant. The ongoing state MOE requirement is approximately $2.9 billion.
- The state MOE requirement may be adjusted by both Tribal TANF and the WPR adjustment.

Tribal TANF/MOE Adjustment
- Adjustments are made to the TANF block grant and the MOE requirement to account for Tribal TANF expenditures.

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
Temporary Assistance for Needy Families (TANF)/Maintenance of Effort (MOE) Adjustments *

KEY DATA/ASSUMPTIONS (CONTINUED):

Tribal TANF/MOE Adjustment (continued)
- The total federal TANF funds transferred for Tribal TANF programs are $87.2 million for FY 2017-18 and $86.0 million for FY 2018-19.
- It is projected that $80.1 million in GF for FY 2017-18 and $81.1 million in FY 2018-19 will be spent for Tribal TANF programs.
- Of these additional GF expenditures, approximately $67.2 million in FY 2017-18 and $68.1 million in FY 2018-19 may be used to reduce the state’s TANF MOE requirement.

GF MOE WPR Adjustment
- Any year in which the state meets both the all families and two-parent federal WPR for the CalWORKs program the MOE requirement is reduced from 80 percent to 75 percent of the historical FFY 1994 expenditures.
- While California met the all families WPR for FFY 2016, the state failed the two-parent WPR. Therefore, the MOE requirement is maintained at 80 percent.

TANF Carry Forward and TANF Reserve
- Unspent TANF funds from one FY may be carried forward to be spent in the future FYs. The estimated carry forward available to spend is $421.0 million in FY 2017-18 and $207.0 million in FY 2018-19.
- The TANF Reserve was established to fund unforeseen program needs in the CalWORKs Program. There are currently no funds in the TANF Reserve in FY 2017-18 and FY 2018-19. The Home Visiting Initiative Reserve is $131.8 in FY 2018-19. Please see the Home Visiting Initiative premise for details.

Excess MOE
- If projected expenditures for CalWORKs exceed the combined total of the available TANF Block Grant, MOE requirement, and/or GF budgeted, the additional projected GF is considered excess GF needed to fund programs and may be claimed as excess MOE, if appropriate.
- There is no excess MOE required in FY 2017-18. The estimated excess MOE required is $11.2 million in FY 2018-19.

METHODOLOGY:

Administrative Cap Adjustment
- Actual state and federal administrative expenditures from October 1, 2015 through September 30, 2016, are compared to the net annual TANF Block Grant and required MOE for FFY 2016.
- The amount in excess of the 15 percent administrative cap is shifted from TANF to MOE.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Temporary Assistance for Needy Families (TANF)/ Maintenance of Effort (MOE) Adjustments*

METHODOLOGY (CONTINUED):

State MOE Requirement

- The State MOE Requirement is reduced by the funds expended in the Tribal TANF program to determine the adjusted MOE requirement.
- The projected MOE eligible state and county expenditures, including those in other state departments, are compared to the state’s adjusted MOE requirement to determine the expenditures below the MOE requirement.
- The sum of the expenditures below the MOE requirement and the excess MOE is the GF MOE Adjustment.
- The GF MOE Adjustment is shifted from Federal TANF funds to GF. The GF MOE Adjustment does not change the total funds available.

FUNDING:

Funding for the items in this premise consists of TANF and GF MOE.

CURRENT YEAR CHANGE FROM APPROPRIATION:

The increase in the GF MOE Adjustment primarily reflects a faster decline in the CalWORKs caseload than previously projected and a decrease in the state share of costs countable towards the MOE requirements from WINS programs. There is no change in the Administrative Cap Adjustment, the GF MOE WPR Adjustment, and the TANF Reserve. The increase in the TANF Carry Forward primarily reflects a decrease in CalWORKs program funding due to a lower CalWORKs caseload than previously projected. The decrease in Excess MOE Needed to Fund Programs reflects sufficient GF to fund the CalWORKs program after applying the available TANF, GF, and county funding to the projected CalWORKs program costs.

REASON FOR YEAR-TO-YEAR CHANGE:

The increase to the GF MOE Adjustment primarily reflects a decrease in GF and county expenditures in CalWORKs program. There is no change in the Administrative Cap Adjustment, the GF MOE WPR Adjustment, and the TANF Reserve. The decrease in the TANF Carry Forward reflects the funds available to carry forward to FY 2018-19 after accounting for projected TANF expenditures in FY 2017-18. The increase in Excess MOE Needed to Fund Programs reflects additional GF needed to fund the CalWORKs program after applying the available TANF, GF, and county funding to the projected CalWORKs program costs.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Temporary Assistance for Needy Families (TANF)/
Maintenance of Effort (MOE) Adjustments*

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| Item 101 – CalWORKs Administration | | | |
|-----------------------------------|-------|---------|-------|--------|--------|
| Administrative Cap Adjustment     | $0    | -$258,950 | $258,950 | $0     | $0     |

TANF Page

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TANF Block Grant Transfer/Carry Forward

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| Administrative Cap Adjustment     | $0    | -$258,950 | $258,950 | $0     | $0     |

TANF Reserve

Expenses:

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TANF Block Grant Transfer/Carry Forward

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| Item 101 – CalWORKs Administration | | | |
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| Administrative Cap Adjustment     | $0    | -$258,950 | $258,950 | $0     | $0     |

TANF Reserve

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
CalWORKs Grants*

DESCRIPTION:
This premise reflects the costs of providing cash assistance to eligible CalWORKs families. These costs include expenditures for the Diversion program as well as non-MOE and RNE families. Adjustments are made for policy changes that have an impact on recipients’ grant amounts.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: W&IC section 11450.
- For FY 2017-18, the average monthly caseload is approximately 295,000 all families households and 33,700 two-parent households. For FY 2018-19, the average monthly caseload is approximately 267,200 all families households and 31,900 two-parent households.
- Based on the actual assistance expenditures from January 2017 through June 2017, the projected grant cost per case for both FY 2017-18 and FY 2018-19 is $476.24 for all families and $585.38 for two-parent households.
- The grant costs for the MAP increases are displayed in the MAP Increases premise.
- For FY 2017-18 and FY 2018-19, the monthly diversion cost per case is $2,396 and is based on the actual diversion cost per case during FY 2016-17. The diversion caseload is developed by determining the proportion of cases that received diversion payments compared to the overall CalWORKs caseload in FY 2016-17. The ratio is then applied to the projected CalWORKs caseload in the relevant FY. There are an average of nine monthly diversion cases projected for both FY 2017-18 and FY 2018-19.
- The all families and two-parent basic costs are adjusted for the projected Old Age, Survivors and Disability Insurance COLA. The COLA increase is 2.0 percent for calendar year 2018 and 2.6 percent for calendar year 2019. These adjustments result in a total reduction of $225,149 in FY 2017-18 and $639,418 in FY 2018-19.
- The costs for Cal-Learn Bonuses and Sanctioned Grants are reflected in the actual CalWORKs caseload and expenditure trends. To display the associated costs in the Cal-Learn premise, the costs are removed from the grant costs in this premise.
- The projected CalWORKs grants savings reflected separately as Cal-Learn Bonuses are approximately $612,000 in FY 2017-18 and $590,000 in FY 2018-19.
- The projected CalWORKs costs reflected separately as Cal-Learn Sanctioned Grants are approximately $186,000 in FY 2017-18 and $179,000 in FY 2018-19.
- The projected CalWORKs base grant cost for the non-MOE caseload is approximately $524.5 million in FY 2017-18 and $548.2 million in FY 2018-19.
- Due to the fixed statutory amount associated with the MFG repeal, an adjustment to CalWORKs grants is needed as these expenses are imbedded in the actual CalWORKs grant costs. The adjustment is determined by comparing the statutory MFG repeal funding to the estimated costs imbedded within CalWORKs grants. This results in a reduction of $120.1 million in FY 2017-18 and $126.2 million in FY 2018-19.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
CalWORKs Grants*

KEY DATA/ASSUMPTIONS (CONTINUED):

- Due to a reduction in the Riverside County AB 85 county repayment balance due in FY 2017-18, a $1.4 million positive adjustment is made to the basic grant costs.

- Grant costs reflect a funding shift for RNE cases to fund all RNE cases, including both state-only and mixed households, with GF. The projected average monthly RNE persons is approximately 24,600 (including 16,000 state-only persons) in FY 2017-18 and 23,100 (including 15,000 state-only persons) in FY 2018-19. The projected average monthly RNE cost per person is $156.49 in FY 2017-18 and FY 2018-19.

- Based on the actual expenditures from January 2017 through June 2017, the grant costs for TANF Timed-Out cases represent 9.2 percent of the basic grant costs less the Old Age, Survivors and Disability Insurance COLA.

- The impact of the WTW 24-Month Time Clock grant reductions is assumed to be fully reflected in the overall CalWORKs caseload and expenditure trends; associated savings are imbedded within the basic grant costs. In FY 2016-17, a monthly average of three cases were removed from aid due to failing to meet federal requirements after exhausting the WTW 24-Month Time Clock.

METHODOLOGY:

- The all families and two-parent cases are multiplied by the cost per case and by 12 months to determine the annual basic costs.

- Annual diversion costs are calculated by multiplying the average monthly caseload by the cost per case by 12 months.

- The following are added to the basic grant costs: the annual diversion program costs; the Cal-Learn Sanctioned Grant costs; and the projected non-MOE grant costs.

- The following costs are deducted from basic grant costs: the Old Age, Survivors and Disability Insurance COLA; the Cal-Learn Bonuses; and the MFG Repeal adjustment.

- The adjustment for AB 85 county repayment funding for Riverside County is added to the funding for FY 2017-18 only.

- The total CalWORKs grants costs is the sum of the annual basic costs and all adjustments.

FUNDING:

Grant costs for CalWORKs cases are funded with 97.5 percent TANF and 2.5 percent county funds with the exception of non-MOE cases, diversion payments, RNE grant costs, and costs for TANF Timed-Out cases. Non-MOE cases are funded with 97.5 percent GF and 2.5 percent county funds and are not countable towards the TANF MOE spending requirement. The grant costs for diversion payments are 97.5 percent TANF and 2.5 percent county funds. The RNE grant costs are 95.0 percent GF and five percent county funds. Grant costs for TANF Timed-Out cases are funded with 97.5 percent GF and 2.5 percent county funds.

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
CalWORKs Grants*

CURRENT YEAR CHANGE FROM APPROPRIATION:
The decrease reflects a faster caseload decline than previously projected.

REASON FOR YEAR-TO-YEAR CHANGE:
The decrease reflects projected caseload decline.

EXPENDITURES:
(in 000s)

| FY 2017-18 |
|-----------------|-----------------|-----------------|-----------------|-----------------|
| Item 101 – CalWORKs Assistance | Total | Federal | State | County | Reimb. |
| CalWORKs Grants | $2,328,470 | $1,576,646 | $691,339 | $60,485 | $0 |

| FY 2018-19 |
|-----------------|-----------------|-----------------|-----------------|-----------------|
| Item 101 – CalWORKs Assistance | Total | Federal | State | County | Reimb. |
| CalWORKs Grants | $2,172,095 | $1,422,569 | $693,053 | $56,473 | $0 |

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Maximum Aid Payment Increases*

DESCRIPTION:
This premise reflects the cost to the CalWORKs program as a result of increasing the MAP for all AUs. This premise consolidates the three separate MAP increases. The cost of the MAP increases is funded with the Child Poverty and Family Supplemental Support Subaccount of the LRF, which includes carried-over funding from previous FYs. The growth revenues deposited into the Child Poverty and Family Supplemental Support Subaccount of the LRF are monitored by the Department of Finance to calculate funding available for subsequent MAP increases. For more information regarding the Child Poverty and Family Supplemental Support Subaccount of the LRF, see the CalWORKs AB 85 County Repayment and Funding Subaccounts premise.

IMPLEMENTATION DATE:
The first five percent MAP increase implemented on March 1, 2014. The second five percent MAP increase implemented on April 1, 2015. The 1.43 percent MAP increase implemented on October 1, 2016.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: W&IC section 11450.025.
- The projected average monthly CalWORKs caseload is 425,562 in FY 2017-18 and 400,237 in FY 2018-19.
- Based on the CalWORKs expenditures from January 2017 to June 2017, the average monthly grant increase from the MAP increases is $56.62.
- In addition to the CalWORKs program, MAP increases impact TCVAP, ARC, Non-Minor Dependent, and Alternatives to In-Person Interviews programs. The estimated cost of MAP increases for these programs is approximately $3.2 million in FY 2017-18 and $3.6 million in FY 2018-19.

METHODOLOGY:
The grants cost is calculated by multiplying the average monthly CalWORKs caseload by the applicable grant increase and months in each FY. The estimated impact of the MAP increases for other premises are added to calculate the total grants cost.

FUNDING:
The funding for CalWORKs grant costs is 100 percent GF, which is offset by the Child Poverty and Family Supplemental Support Subaccount of the LRF.

CURRENT YEAR CHANGE FROM APPROPRIATION:
The decrease reflects a faster CalWORKs caseload decline than previously projected.

REASON FOR YEAR-TO-YEAR CHANGE:
The decrease reflects a projected CalWORKs caseload decline.

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
## Maximum Aid Payment Increases*

**EXPENDITURES:**
(in 000s)

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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Maximum Family Grant Repeal*

DESCRIPTION:
This premise reflects the cost to repeal the CalWORKs MFG rule. In accordance with the Budget Act of 2016, cash grants will be increased to include any child who was not receiving cash assistance because he or she was born to a family who received aid (for the ten months prior to the child’s birth). Effective January 1, 2017, no child shall be denied aid because he or she was born into a family during a period in which the family was receiving aid. This applies to children currently designated as MFG, as well as future children born to the AU. Since these children will no longer be excluded from aid by law, their needs must be included in the CalWORKs cash grant if all other conditions of eligibility are met.

IMPLEMENTATION DATE:
This premise implemented on January 1, 2017.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: W&IC section 11450.04.
- The annual grant cost to fund the MFG repeal is specified in state statute as $223,454,000.

METHODOLOGY:
The grant cost is the amount specified in state statute.

FUNDING:
The grant cost is funded with Child Poverty and Family Supplemental Support Subaccount. To the extent that sufficient funding is unavailable from the Subaccount, the remaining costs are funded with TANF and GF in the CalWORKs Grants premise.

CURRENT YEAR CHANGE FROM APPROPRIATION:
There is no change.

REASON FOR YEAR-TO-YEAR CHANGE:
There is no change.

EXPENDITURES:
(in 000s)

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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
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* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
Homeless Assistance Program*

DESCRIPTION:

This premise reflects the cost to the CalWORKs program as a result of removing a limitation on CalWORKs temporary and permanent homeless assistance. Temporary homeless assistance provides shelter payments for up to 16 consecutive calendar days while the household is looking for permanent housing. Permanent homeless assistance helps households secure or retain a permanent residence by providing payment to cover the security deposit and last month’s rent or two months of arrearages for those facing eviction. Families may request permanent and temporary homeless assistance simultaneously. Under this policy, temporary and permanent homeless assistance payments are available once every 12 months rather than the once-in-a-lifetime limitation under previous state law. In addition, this premise also reflects the cost of AB 236 (Chapter 545, Statutes of 2017) which expands access to homeless assistance benefits to families with a child or children in out-of-home placements that are receiving reunification services.

IMPLEMENTATION DATE:

The elimination of once-in-a-lifetime limitation provision was implemented on January 1, 2017. The AB 236 provision implemented on January 1, 2018.

KEY DATA/ASSUMPTIONS:

- Authorizing statute: W&IC section 11450.
- The base homeless assistance expenditures (prior to the elimination of once-in-a-lifetime limitation and expansion of benefits based on AB 236) are reflected in the total CalWORKs Grants.

Elimination of Once-In-a-Lifetime Limitation

- Based on caseload trends from the CA 237 HA - CalWORKs Homeless Assistance Program Monthly Statistical Report, the average monthly increase to the projected temporary assistance caseload is 3,171 in FY 2017-18 and FY 2018-19.
- Based on the actual expenditures from Jan 2017 through July 2017, the benefit for temporary homeless assistance is an average of $788.42 per occurrence per case.
- Based on caseload trends from the CA 237 HA - CalWORKs Homeless Assistance Program Monthly Statistical Report, the average monthly increase to the projected permanent assistance caseload (including permanent with temporary) is 277 in FY 2017-18 and FY 2018-19.
- Based on the actual expenditures from Jan 2017 through July 2017, the benefit for permanent (including permanent with temporary) homeless assistance is an average of $1,161.61 per case.
- Based on historical data, approximately 2.26 hours of county administrative time is necessary to process the homeless assistance application.
- A manual workaround of approximately 15 minutes is needed for July 2017 through December 2017 until the automation changes are complete.
- The eligibility worker cost per hour is $57.57.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Homeless Assistance Program*

KEY DATA/ASSUMPTIONS (CONTINUED):

Elimination of Once-In-A-Lifetime Limitation (continued)

- The total administrative cost per case is $144.50 with the manual workaround and $130.11 ongoing thereafter. These costs are applied on both temporary assistance and permanent assistance (including permanent with temporary).

- The Administration costs are applied to 2,483 cases in FY 2017-18 and FY 2018-19.

Homeless Assistance for Families with Children in Out-of-Home Placement

- Based on MEDS data from the June 2017 quarter, the average monthly caseload is 36 in FY 2017-18 and six in FY 2018-19.

- Based on January 2017 through June 2017 actual data from CA 237 HA - CalWORKs Homeless Assistance Program Monthly Statistical Report, each case is assumed to use 12 days of homeless assistance per episode at the daily rate of $65.

- Until automation changes are complete in the SAWS, approximately 15 minutes are needed for a manual workaround for the first 12 months of implementation.

- The administrative cost per case is consistent with elimination of once-in-a-lifetime assumptions.

- One-time automation changes are needed to modify SAWS and are expected to complete in FY 2017-18.

METHODOLOGY:

- The benefit costs are calculated by multiplying the applicable caseload by the assistance cost per case and by the number of months in each FY.

- The total benefit cost is the sum of the temporary, permanent, and families with children in out-of-home placement costs in each FY.

- The administrative costs are calculated by multiplying the caseload by the administrative cost per case and by the number of months in the applicable FY.

- The total administration cost is the sum of the temporary, permanent, and families with children in out-of-home placement costs in each FY.

FUNDING:

The funding for benefit costs is 66.4 percent TANF, 31.1 percent GF, and 2.5 percent county funds. The funding for administration costs is 75.9 percent TANF and 24.1 percent GF. The funding for automation costs is 100 percent TANF.

CURRENT YEAR CHANGE FROM APPROPRIATION:

The increase in benefit and administration costs is primarily due to higher caseload growth than previously projected. The increase also reflects the new cost of homeless assistance for families with children in out-of-home placement. The increase in automation reflects modifications to the SAWS Consortia for homeless assistance for families with children in out-of-home placement.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Homeless Assistance Program*

REASON FOR YEAR-TO-YEAR CHANGE:
The decrease in benefits reflects a lower caseload projection for families with children in out-of-home placement. The decrease in administration reflects a lower caseload projection for families with children in out-of-home placement and the completion of the one-time manual workaround. The decrease in automation cost reflects the completion of changes to the SAWS Consortia in FY 2017-18.

EXPENDITURES:
(in 000s)

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* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
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* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
Child Support (SB 380)*

DESCRIPTION:
This premise reflects the savings to the CalWORKs program as a result of the option to exclude a step-sibling or half-sibling of an eligible child from an aided AU’s cash grant calculation when the step-sibling or half-sibling is receiving child support in excess of the child’s share of the AU’s monthly cash grant. SB 380 (Chapter 729, Statutes of 2017) allows a parent or caretaker, at their option, to exclude such a child from an AU and retain 100 percent of the child support payment. This policy change also prohibits the child support payment to be counted as income for the purposes of the CalWORKs grant calculation.

IMPLEMENTATION DATE:
This premise will implement on November 1, 2018.

KEY DATA/ASSUMPTIONS:
• Authorizing statute: W&IC sections 11008.14 and 11450.17.
• Based on FY 2016-17 data from the Department of Child Support Services, each month 3,400 children are expected to receive child support payments in excess of the child’s share of the AU’s monthly cash grant.
• It is assumed that all families who would benefit financially will opt-in and retain 100 percent of the child support payment associated with that child.
• The monthly grant savings per child is expected to be $137, which is the difference between the MAP for an AU of three and four.
• The eligibility worker cost per hour is $57.57.
• An additional 15 minutes of administrative time is needed to reassess the monthly grant amount for these cases.
• The upfront automation costs for SAWS Consortia changes are $1.2 million in FY 2017-18.

METHODOLOGY:
• The grant and administration costs in FY 2018-19 are calculated by multiplying the caseload by the respective cost per case and then by eight months.
• The automation funding is based on costs for SAWS Consortia changes.

FUNDING:
The grant cost is 66.4 percent TANF, 31.1 percent GF, and 2.5 percent county funds. The administration cost is 75.9 percent TANF and 24.1 percent GF. The automation is 100 percent TANF.

CURRENT YEAR CHANGE FROM APPROPRIATION:
This new premise implements in FY 2018-19.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Child Support (SB 380)*

REASON FOR YEAR-TO-YEAR CHANGE:
This is a new premise. The decrease in automation reflects changes to the SAWS Consortia taking place in FY 2017-18.

EXPENDITURES:
(in 000s)

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| Item 101 – CalWORKs Assistance | Child Support (SB 380) | Total | Federal | State | County | Reimb. |
| Child Support (SB 380) | -$3,726 | -$2,475 | -$1,158 | -$93 | $0 |
| Item 101 – CalWORKs Administration | Child Support (SB 380) | $391 | $297 | $94 | $0 | $0 |
| Item 141 - Automation | Child Support (SB 380) | $0 | $0 | $0 | $0 | $0 |
| Total | -$3,335 | -$2,178 | -$1,064 | -$93 | $0 |

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
Domestic Abuse Homeless Assistance (AB 557)*

DESCRIPTION:
This premise reflects the cost of extending homeless assistance to CalWORKs applicants who are victims of domestic abuse. Under AB 557 (Chapter 691, Statutes of 2017), a CalWORKs applicant who provides a sworn statement of past or present domestic abuse and who is fleeing his or her abuser is deemed to be homeless and is eligible for temporary homeless assistance, for a limited period of time, notwithstanding any income and assets attributable to the alleged abuser. AB 557 also provides that housing search documentation would be required of these applicants only under specified circumstances.

IMPLEMENTATION DATE:
This premise will implement July 1, 2018.

KEY DATA/ASSUMPTIONS:
- The domestic abuse homeless assistance annual caseload is assumed to be 1,000.
- The homeless assistance benefit payments are $65.00 per day.
- It is assumed that 25 percent of cases will need homeless assistance for 16 days and the remaining 75 percent will need homeless assistance for 32 days.
- The homeless assistance cost per cases is $1,040 for 16 days and $2,080 for 32 days.
- It is assumed that 1.13 hours of county administrative time will be necessary for domestic abuse homeless assistance applications.
- The eligibility worker cost per hour is $57.57.
- The administrative cost per case is $65.05.

METHODOLOGY:
- For 25 percent of the caseload, the homeless assistance cost per case is applied for 16 days. For the remaining 75 percent of the caseload, the homeless assistance cost per case is applied for 32 days.
- The benefit cost for 16 days is added to the benefit cost for 32 days to determine the total assistance cost.
- The total caseload is multiplied by the administrative cost per case to determine the total administrative cost.

FUNDING:
The funding ratios for assistance costs are consistent with the CalWORKs Grants premise. The funding ratios for administrative costs are consistent with the CalWORKs Administration premise.

CURRENT YEAR CHANGE FROM APPROPRIATION:
This premise implements in FY 2018-19.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Domestic Abuse Homeless Assistance (AB 557)*

REASON FOR YEAR-TO-YEAR CHANGE:
This is a new premise.

EXPENDITURES:
(in 000s)

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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Cal-Learn

DESCRIPTION:
This premise reflects the funding for the Cal-Learn program, which provides intensive case management, supportive services, and financial incentives and deterrents to CalWORKs teen recipients who are pregnant or parenting.

The Cal-Learn program provides services to encourage pregnant or parenting teens to complete high school or an equivalent program. Case management services must meet the standards and scope of the Adolescent Family Life Program, which is administered by CDPH, to provide comprehensive case management services to program participants and their children. Those standards include activities such as arrangement and management of supportive services, development and review of the report card schedule, exemption and deferral recommendations, and recommendations for bonuses and sanctions.

This premise includes costs for the identification of cases, initial informing notices, and referrals to orientation. It also includes the administrative time for CWDs and contracted service providers to process supportive services payments and county mandated tasks for the Adolescent Family Life Program. Tasks include determination of deferrals, exemptions, bonuses, sanctions, and good cause, as well as activities associated with fair hearings.

IMPLEMENTATION DATE:
This premise implemented on April 1, 1994.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: W&IC section 11331 through 11334.7.
- The projected average monthly caseload is 3,862 cases in FY 2017-18 and 3,726 cases in FY 2018-19.

Bonuses
- Cal-Learn incentives include a $100 bonus per report card period for satisfactory progress and a $500 bonus upon graduation.
- Based on FY 2016-17 STAT 45 reports, 4.9 percent of the Cal-Learn participants will receive the $100 bonus and 1.7 percent will receive the $500 bonus each month.
- The state-only RNE cases rate is 1.5 percent.

Sanctioned Grants
- A $100 penalty is imposed per report card period for failure to either submit a report card or make adequate progress.
- Based on FY 2016-17 STAT 45 reports, 4.0 percent of the projected Cal-Learn monthly caseload are sanctioned.

Intensive Case Management
- Based on the 2005 county time study, the average eligibility worker cost is $57.57 per hour.
- An eligibility worker requires one hour of regular case management per month per case.

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
KEY DATA/ASSUMPTIONS (CONTINUED):

Intensive Case Management (continued)

- Based on FY 2016-17 county expenditure claims, the intensive case management costs are $4,315 annually per case for all activities performed by the case manager.
- Based on FY 2016-17 STAT 45 reports and county expenditure claims, 12.3 percent are projected to utilize transportation services at a cost per case of $49.71 per month.
- Based on FY 2016-17 STAT 45 reports and county expenditure claims, 2.7 percent are projected to utilize ancillary services at a cost per case of $137.34 per month.
- Subsidized child care is available for Cal-Learn participants who are attending high school. Please refer to the CalWORKs Child Care - Stage One Services and Administration premise in this binder for the assumptions and methodology used to develop that estimate.
- The costs for Cal-Learn tracking are approximately $20 annually per participant.
- Approximately 1.5 percent of the projected Cal-Learn caseload are RNEs.
- This estimate includes case management, administration, ancillary, and transportation costs for the state RNE caseload, which was previously included in the CalWORKs Employment Services premise. The federal RNE share (38.8 percent of RNE caseload) is included in the federal share of costs.
- The sanctioned caseload projections and the state-only RNE share are shifted to GF.

METHODOLOGY:

Bonuses

- The Cal-Learn bonus costs are determined by multiplying the bonus amount by the total caseload, by their respective utilization rates, and then by 12 months. The state-only RNE share is subtracted, and reflected in CalWORKs grants premise as an RNE cost.

Sanctioned Grants

- The sanctioned grant savings are determined by multiplying the total caseload by the percent of cases which are sanctioned, by the $100 savings per case, then by 12 months.

Intensive Case Management

- The regular case management costs are determined by multiplying the eligibility worker cost per hour by the number of hours required each month, by the projected caseload, and then by 12 months.
- The intensive case management costs are determined by multiplying the projected Cal-Learn caseload by the annual cost per case.
- The annual transportation costs are determined by multiplying the Cal-Learn caseload by the transportation utilization rate, multiplied by the transportation cost per case and then multiplied by 12 months.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Cal-Learn

METHODOLOGY (CONTINUED):

Intensive Case Management (continued)

- The annual ancillary service costs are determined by multiplying the Cal-Learn caseload by the ancillary utilization rate, then by the ancillary cost per case, and then by 12 months.
- The costs for case tracking are determined by multiplying the projected caseload by the annual tracking cost per case.
- The total Cal-Learn intensive case management costs are the sum of the regular case management, intensive case management, transportation, ancillary, and case tracking costs.
- The Cal-Learn Intensive Case Management caseload is split between federal and state share. The federal share is calculated as total projected Cal-Learn caseload less the sanctioned caseload. The State share is calculated as the sanctioned caseload plus the state-only RNE share.

FUNDING:

Cal-Learn costs are 100 percent TANF, except for bonuses and services for the sanctioned and state-only RNE caseload which are 100 percent GF and countable toward the TANF MOE requirement.

CURRENT YEAR CHANGE FROM APPROPRIATION:

The increases reflect a slower caseload decline than previously projected.

REASON FOR YEAR-TO-YEAR CHANGE:

The decreases reflect a lower projected caseload.

EXPENDITURES:

(in 000s)

<table>
<thead>
<tr>
<th>Item 101 – CalWORKs Assistance</th>
<th>Total</th>
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| Item 101 – CalWORKs Services | Total  | Federal | State | County | Reimb. |
| Cal-Learn - Intensive Case Management | $20,159 | $19,197 | $962  | $0     | $0     |

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
### Cal-Learn* 

**EXPENDITURES (CONTINUED):**  
(in 000s)

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* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
Alternatives to In-Person Interviews*

DESCRIPTION:
This premise reflects the cost to the CalWORKs program to provide benefits to newly eligible cases as a result of simplifying the initial eligibility interview for applicants. At the CWDs option, initial eligibility interviews for the CalWORKs program can be conducted via telephone or other electronic means in lieu of an in-person interview. This policy requires an in-person interview to be conducted if requested by an applicant.

IMPLEMENTATION DATE:
This premise implemented on January 1, 2017.

KEY DATA/ASSUMPTIONS:
• Authorizing statute: W&IC section 11052.5.
• Based on the CA 255 CW data report from FY 2016-17, 11,382 cases were not approved for CalWORKs due to failing to comply with procedural requirements (7,444 cases) or withdrawing/cancelling the application (3,938 cases).
• Due to the flexibility provided by this policy change, it is assumed approximately five percent of applications denied eligibility due to failure to comply with procedural requirements or withdrawn/cancelled will complete the application and interview process and will be determined eligible for CalWORKs benefits.
• The cases denied due to failure to comply with procedural requirements equates to approximately 0.08 percent of the total CalWORKs caseload. The cases denied due to cancelled or withdrawn applications equates to approximately 0.04 percent of the total CalWORKs caseload.
• The average monthly CalWORKs caseload is 425,562 in FY 2017-18.
• As a result of simplifying the initial eligibility interview, 45 new cases will become eligible each month in FY 2017-18 until the full caseload impact of 540 cases per month is reached over a 12-month period.
• Of the 45 new cases each month, 15 cases that were denied due to a cancelled or withdrawn application will need to go through the entire eligibility determination process.
• Based on the CA 800 Cash Assistance Report from January 2017 to June 2017, the average monthly grant cost per case (excluding non-MOE cases) is $564.66. The portion associated with the MAP increases, $77.58, is reflected in the MAP Increase premise. The remaining $487.08 is reflected in this premise.
• Based on the FY 2016-17 data from the CA 237 CalWORKs Caseload Report and the WTW 25/25A Caseload Report, 40.50 percent are WTW cases and will receive employment services.
• The employment services cost per case is $382.37.
• The CalWORKs eligibility intake cost of $197.75 has been applied only to cancelled and withdrawn cases in their initial month of eligibility. Eligibility intake costs for cases previously denied due to failure to comply with procedural requirements is reflected in the CalWORKs Administrative Costs premise.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Alternatives to In-Person Interviews*

KEY DATA/ASSUMPTIONS (CONTINUED):

- The eligibility worker cost per hour is $57.57.
- Ten minutes of CalWORKs administrative time per case is needed for multiple telephone interviews, explanations of document submission, and clarification.
- Based on the Stage One Child Care utilization rate in FY 2016-17, 18.5 percent of the WTW cases will utilize child care services.
- Based on the Stage One Child Care data, the average child per family ratio is 1.7.
- The child care cost per child is $670.62 in FY 2017-18 and $689.22 in FY 2018-19.

METHODOLOGY:

- The grant costs are calculated by multiplying the newly eligible phased-in caseload by the grant cost per case.
- The employment services cost is calculated by multiplying the newly eligible phased-in caseload by the percentage of cases that will receive WTW services and then by the employment services cost per case.
- The initial administrative cost is calculated by multiplying the caseload that was denied due to a withdrawn application by the eligibility intake cost per case and then by the months in the applicable FY.
- The ongoing administrative costs are calculated by multiplying the ongoing phased-in caseload by the ongoing administrative cost per case.
- The total administrative cost is the summation of the initial and ongoing administrative costs.
- The child care cost is calculated by multiplying the phased-in employment services caseload by the child care utilization rate, by 1.7 children per case, and then by the child care cost per case.

FUNDING:

The funding for grant costs is 87.6 percent TANF, 9.9 percent GF, and 2.5 percent county funds. The funding for employment services cost is 97.9 percent TANF and 2.1 percent GF. The funding for administration costs is 75.9 percent TANF and 24.1 percent GF. The funding for stage one child care costs is 83.0 percent TANF and 17.0 percent GF.

CURRENT YEAR CHANGE FROM APPROPRIATION:

The decrease reflects a decline in the projected caseload.

REASON FOR YEAR-TO-YEAR CHANGE:

The increase reflects a full year of implementation.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Alternatives to In-Person Interviews*

EXPENDITURES: (in 000s)

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Total | $2,734 | $2,415 | $276 | $43 | $0 |

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Total | $5,025 | $4,445 | $501 | $79 | $0 |

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Minimum Wage Increases*

DESCRIPTION:
This premise reflects the savings to the CalWORKs and CFAP programs as a result of increasing the statewide minimum wage. The increases to the minimum wage will result in decreased CalWORKs grants and CFAP benefits for cases with earnings that remain on the program.

The minimum wage increased from $10.00 to $10.50 per hour on January 1, 2017. Due to the passage of SB 3 (Chapter 4, Statutes of 2016), the minimum wage again increased from $10.50 to $11.00 per hour on January 1, 2018. There will be a one dollar increase every year on January 1, until the minimum wage reaches $15.00 per hour, effective January 1, 2022.

The minimum wage increase impacts to IHSS programs are included in the IHSS Basic Services and the SB 3 Minimum Wage Impact premises.

IMPLEMENTATION DATE:
This premise implemented on July 1, 2014.

KEY DATA/ASSUMPTIONS:

CalWORKs
- The impact of the minimum wage increase to $10.50 per hour is fully reflected in the base CalWORKs expenditure trends. Therefore, it is no longer reflected in this premise.
- The projected average monthly CalWORKs caseload is approximately 419,800 for the period of January through June 2018, and 400,200 in FY 2018-19.
- Savings are derived from cases that remain on the program after receiving a minimum wage increase with a reduced grant amount. No grant savings are included for cases that income off the program as actual data does not show a correlation between the minimum wage increases and cases exiting CalWORKs.
  - Cases will experience a reduction in their monthly grant amount in the reporting period following that minimum wage increase.
  - Savings are assumed to phase in over six months due to SAR reporting periods.
  - Because cases impacted by the minimum wage are already working, it is assumed that their grants have already been adjusted for the impact of the initial $225.00 EID.
- Based on FFY 2016 RADEP data, grant savings due to the minimum wage increase to $11.00 will impact 1.34 percent of CalWORKs cases. These cases work an average of 91 hours per month and will incur a grant savings of $0.20 per hour worked.
- Based on FFY 2016 RADEP data, grant savings due to the minimum wage increase to $12.00 will impact 3.38 percent of CalWORKs cases. These cases work an average of 89 hours per month and will incur a grant savings of $0.44 per hour worked.

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
Minimum Wage Increases*

KEY DATA/ASSUMPTIONS (CONTINUED):

**CalWORKs (continued)**

- The minimum wage in Los Angeles is scheduled to increase to $12.00 per hour prior to the statewide increase; therefore, Los Angeles' portion of the statewide caseload is discounted from the total caseload impact. Based on FY 2016-17 data from the CalWORKs CA 237 report, Los Angeles represents 31.68 percent of the statewide CalWORKs caseload.

- The CalWORKs Employment Services and Administration savings for cases that exceed the income threshold and are no longer eligible for the CalWORKs program has been removed. Actual data does not show a correlation between the minimum wage increases and cases exiting CalWORKs.

**CFAP**

- The impact of the minimum wage increase to $10.50 per hour is fully reflected in the base CFAP expenditure trends. Therefore, it is no longer reflected in this premise.

- For the impact of the minimum wage increase on CFAP benefits, a CalFresh benefit decrease is calculated and, consistent with other premises, a one-percent multiplier is used to estimate the impact on CFAP. CalFresh benefits will be impacted as well but these costs are 100 percent federally funded and are not reflected in the local assistance budget.

- The projected average monthly CalFresh caseload is approximately 1,913,100 for the period of January through June 2018, and 1,869,800 in FY 2018-19.

  - Based on the FFY 2015 CalFresh Household Characteristics Study, 24.80 percent of cases have earned income, and of those with earnings 89.55 percent are NACF cases and 10.45 percent are Public Assistance CalFresh cases.

  - Savings are assumed to phase in over six months due to SAR reporting periods.

  - The minimum wage in Los Angeles is scheduled to increase to $12.00 per hour prior to the statewide increase; therefore, Los Angeles’ portion of the statewide caseload is discounted from the total caseload impact. Based on FY 2016-17 data from the CalFresh DFA 256 report, Los Angeles represents 26.69 percent of the statewide CalFresh caseload.

- Based on FFY 2016 CalFresh RADEP data, 44.27 percent of CalFresh cases with income will be impacted by the wage increase to $11.00 and 56.48 percent will be impacted by the wage increase to $12.00.

- Using benefit calculations for a household of two, the $11.00 per hour wage increase will decrease the monthly food benefits by $12.00 for NACF cases and $3.00 for Public Assistance CalFresh cases. The monthly decrease in food benefits due to the wage increase to $12.00 per hour is $23.00 for NACF cases and $5.00 for Public Assistance CalFresh cases.

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
Minimum Wage Increases*

METHODOLOGY:

CalWORKs
- The CalWORKs grant savings are determined by multiplying the projected CalWORKs caseload by the percent of cases that will be impacted by the applicable wage increase, the average monthly hours worked, then by the grant savings and the number of months impacted.

CFAP
- The impacted caseload is determined by multiplying the projected CalFresh caseload by the percent of cases with earned income, the percent of cases with income that will be impacted by the applicable wage increase and then by either the NACF or Public Assistance CalFresh ratio.
- The impacted NACF caseload is multiplied by the monthly decrease in food benefits for NACF cases.
- The impacted Public Assistance CalFresh caseload is multiplied by the monthly decrease in food benefits for Public Assistance CalFresh cases.
- The total CalFresh savings is the sum of the NACF and Public Assistance CalFresh savings.
- The total CalFresh savings is multiplied by one-percent to determine the CFAP savings.

FUNDING:
The funding for CalWORKs grants is 68.6 percent TANF, 28.9 percent GF, and 2.5 percent county funds in FY 2017-18. In FY 2018-19, the funding for CalWORKs grants is 66.4 percent TANF, 31.1 percent GF, and 2.5 percent county funds. The funding for CFAP is 100 percent GF.

CURRENT YEAR CHANGE FROM APPROPRIATION:
The decrease in CalWORKs grant savings for the wage increase to $11.00 per hour reflects fewer cases expected to receive a minimum wage increase. The decrease in CalWORKs employment services and administration savings for the wage increase to $11.00 per hour is due to removing the impact of cases incoming off CalWORKs. The increase in CFAP benefits for the wage increase to $11.00 per hour reflects updated data.

REASON FOR YEAR-TO-YEAR CHANGE:
The increase in CalWORKs grant savings for the wage increase to $11.00 per hour reflects a full year of implementation. No savings are included for CalWORKs employment services or administration in FY 2018-19 due to removing the impact of cases incoming off CalWORKs. The increase in the CalWORKs grant savings for the wage increase to $12.00 per hour reflects implementation in FY 2018-19. The increase in CFAP benefits for the wage increase to $11.00 per hour reflects a full year of implementation. The increase in CFAP benefits for the wage increase to $12.00 per hour reflects implementation in FY 2018-19.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
## Minimum Wage Increases*

### EXPENDITURES:
(in 000s)

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<tr>
<td>Minimum Wage Increase to $12.00 (Jan 2019)</td>
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* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
CalWORKs Employment Services*

DESCRIPTION:
This premise reflects the cost of providing services to individuals in the CalWORKs WTW program. Employment services provided to WTW participants include a wide variety of work, educational and training activities designed to assist individuals in obtaining and retaining employment. The CalWORKs Employment Services premise includes funding previously identified for CalWORKs Basic Services, Safety Net, and RNE cases. This premise is consolidated to include the County Performance Incentives premise.

IMPLEMENTATION DATE:
This premise implemented on January 1, 1998.

KEY DATA/ASSUMPTIONS:

CalWORKs Employment Services

- Authorizing statute: W&IC section 15204.3(a).
- The Employment Services caseload is comprised of all adults required to participate in WTW as well as those with a WTW exemption who are voluntarily participating.
- Based on a trend of actual caseload data of the Unduplicated, Noncompliance, Good Cause, and WTW Sanction counts from the CalWORKs WTW Monthly Activity Reports (WTW 25 and WTW 25A), the CalWORKs Employment Services caseload is projected to be approximately 176,652 in FY 2017-18 and 169,920 in FY 2018-19.
- The CalWORKs Employment Services monthly cost per case is budgeted at $382.37 based on a three-year average of the funding and caseload from FY 2006-07 through FY 2008-09. Detailed information on how the methodology for CalWORKs Employment Services was developed can be referenced in the 2013-14 Governor’s Budget, Estimate Methodologies section.
- Hardship cases are estimated to be 0.46 percent of the total projected CalWORKs Employment Services expenditures (less contract costs) based on county expenditure claims for FY 2016-17. This amount is shifted from TANF to GF/MOE, as these cases are not federally eligible.
- Based on county expenditure claims for FY 2016-17, RNE cases account for 1.67 percent of the total Employment Services expenditures (less contract costs). This amount is shifted from TANF to GF/MOE.
- Based on caseload information from the CA 800 expenditure reports, the state-only RNE recipients who are ineligible for TANF benefits make up approximately 64.17 percent of the RNE population and the remaining 35.83 percent are federally eligible recipients in mixed households.
- Based on actual non-MOE services expenditure and a trend of actual caseload data for FY 2016-17, the services funding for non-MOE cases is projected to be $10,252,523 FY 2017-18 and $10,714,180 in FY 2018-19. This amount is shifted from TANF to GF. Additional details can be found in the CalWORKs Non-MOE premise.
- Contract costs are projected to be $3,888,308 for FY 2017-18 and FY 2018-19.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
CalWORKs Employment Services*

KEY DATA/ASSUMPTIONS (CONTINUED):

County Performance Incentives

- Authorizing Statute: W&IC sections 10544.1 and 10544.2.
- Incentive funds shall be available for encumbrance and expenditure by counties until all funds are expended.
- Based on FY 2016-17 expenditure information reported by counties, the unexpended performance incentive balance available in FY 2017-18 is $4,702,265.
- All available funds are displayed in FY 2017-18 since counties may spend all of the performance incentive balance in the current FY.

METHODOLOGY:

The CalWORKs Employment Services base funding is determined by multiplying the projected caseload by the monthly cost per case by 12 months. The total CalWORKs Employment Services funding is determined by adding the contract costs to the base funding.

For County Performance Incentives, any funds from the remaining balance that are unspent in the prior FY are reappropriated to the current FY.

FUNDING:

The services costs for RNE, Safety Net, Long-Term Sanction and Hardship cases are 100 percent GF. The Safety Net and Long-Term Sanction costs are shifted from MOE GF to non-MOE GF in the CalWORKs Non-MOE premise. All other costs are 100 percent TANF.

CURRENT YEAR CHANGE FROM APPROPRIATION:

The decrease in Employment Services reflects a lower projected caseload. The decrease in the GF share of cost reflects a technical correction to methodology for the non-MOE share of cost. The increase in County Performance Incentives reflects the unexpended balance from FY 2016-17 being reappropriated to FY 2017-18.

REASON FOR YEAR-TO-YEAR CHANGE:

The decrease in Employment Services reflects a lower projected caseload. The decrease in County Performance Incentives reflects the expectation that all remaining incentive funds will be expended in the current FY.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
CalWORKs Employment Services*

EXPENDITURES:
(in 000s)

<table>
<thead>
<tr>
<th>Item 101 – CalWORKs Services</th>
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</tr>
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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Mental Health and Substance Abuse Services*

DESCRIPTION:
This premise reflects the cost to provide mental health and substance abuse services to CalWORKs WTW participants in need of these services to obtain or retain employment. The CWDs must provide a plan for the treatment of mental health difficulties and substance abuse that may limit or impair a participant's ability to make the transition from WTW or retain long-term employment. The CWDs and county alcohol and drug departments are required to collaborate to ensure an effective system is available to provide evaluations and substance abuse treatment.

IMPLEMENTATION DATE:
This premise implemented on January 1, 1998.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: W&IC sections 11322.6, 11325.7, and 11325.8.
- For both years, the projected mental health expenditures and substance abuse expenditures are based on the historical budget funding amounts of $76.3 million and $50.3 million, respectively.

METHODOLOGY:
The projected mental health expenditures and substance abuse services expenditures are summed to obtain the total funding.

FUNDING:
The funding for this premise is 100 percent GF MOE.

CURRENT YEAR CHANGE FROM APPROPRIATION:
There is no change.

REASON FOR YEAR-TO-YEAR CHANGE:
There is no change.

EXPENDITURES:
(in 000s)

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<thead>
<tr>
<th>Item 101 – CalWORKs Services</th>
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* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
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* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
Mental Health and Substance Abuse – Indian Health Clinics*

DESCRIPTION:
This premise reflects the cost to provide mental health and substance abuse services to Native Americans by providing a clinician in each Indian Health Clinic. Services provided are necessary to obtain or retain employment or to participate in county or TANF WTW activities.

The services may include: 1) outreach and identification of individuals who are receiving or may be eligible for CalWORKs benefits; 2) screening of individuals for mental health and substance abuse issues; 3) ensuring individuals have transportation to the CWD to apply for CalWORKs or to participate in WTW activities; 4) accompanying individuals to the evaluation for mental health and substance abuse services; 5) providing individual, group services or making referrals to more intensive treatment services offered by CWDs; and 6) facilitating the integration of individuals into the CalWORKs WTW program.

IMPLEMENTATION DATE:
This premise implemented in FY 2001-02.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: W&IC sections 10553.15 and 11322.6.
- The Legislature appropriated $1,943,000 for mental health and substance abuse services in 36 Indian Health Clinics in FY 2017-18.
- There are 36 clinics anticipated to operate in FY 2018-19.
- The FY 2018-19 funding is anticipated to remain at the FY 2017-18 level.

METHODOLOGY:
The total cost is based on the amount appropriated for the 36 clinics.

FUNDING:
These costs are funded with 100 percent GF MOE

CURRENT YEAR CHANGE FROM APPROPRIATION:
There is no change.

REASON FOR YEAR-TO-YEAR CHANGE:
There is no change.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
## Mental Health and Substance Abuse – Indian Health Clinics

### EXPENDITURES:
(in 000s)

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### FY 2017-18

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### FY 2018-19

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* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
Expanded Subsidized Employment*

DESCRIPTION:
This premise reflects the funding for expanding subsidized employment opportunities to CalWORKs WTW participants. The Expanded Subsidized Employment program allows counties to form partnerships with private, non-profit, and public agencies. These agencies provide WTW participants with job opportunities, a connection to the labor force, and the job experience needed to obtain unsubsidized work and self-sufficiency.

Expanded Subsidized Employment is generally limited to a maximum of six months for each participant. Participation in this program may be available for a total of 12 months if the county determines that an extended subsidy will increase the likelihood of the participant obtaining unsubsidized employment with the participating employer. Participation may also be available for a total of 12 months if the county determines specific skills and experiences are relevant for unsubsidized employment to a particular field.

Counties that choose to participate in the Expanded Subsidized Employment program must submit an Expanded Subsidized Employment plan no later than 30 days after the implementation of their programs. The Expanded Subsidized Employment plans are available on the CDSS website (http://www.cdss.ca.gov/inforesources/CalWORKs/County-Plans/County-Expanded-Subsidized-Plans).

IMPLEMENTATION DATE:
This premise implemented on July 1, 2013.

KEY DATA/ASSUMPTIONS:
• Authorizing statute: W&IC sections 11322.63 and 11322.64.
• The projected monthly average number of slots in FY 2017-18 and FY 2018-19 is 8,250.
• Based on data reported by counties during the two-year TANF ECF program and feedback from the Early Engagement stakeholder workgroup, the monthly cost per slot is $1,355.
• The cost per slot includes subsidized wages and benefits, non-wage employer costs (such as worker's compensation), supervision, training, and ongoing job development.

METHODOLOGY:
The Expanded Subsidized Employment services cost is the average monthly cost per slot multiplied by the average monthly number of slots and 12 months.

FUNDING:
The costs are 94.3 percent TANF and 5.7 percent GF MOE. A portion of the GF MOE cost is shifted to Non-MOE in the CalWORKs Non-MOE premise.

CURRENT YEAR CHANGE FROM APPROPRIATION:
There is no change in total funds. The decreased share of TANF and increased share of GF costs reflect updated funding ratios based on the most recent year of actual expenditures.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Expanded Subsidized Employment*

REASON FOR YEAR-TO-YEAR CHANGE:
There is no change.

EXPENDITURES:
(in 000s)

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* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
Family Stabilization*

DESCRIPTION:
This premise reflects the funding for family stabilization services to remove barriers to self-sufficiency and improve child well-being. As a component of the CalWORKs program, Family Stabilization provides intensive case management and services to clients who are experiencing an identified situation or crisis that is destabilizing the family and would interfere with adult clients’ ability to participate in WTW activities and services. In addition to an increased level of case management, Family Stabilization may include transitional housing, emergency shelter, rehabilitative services, counseling, and other services.

IMPLEMENTATION DATE:
This premise implemented on January 1, 2014.

KEY DATA/ASSUMPTIONS:
- The projected Family Stabilization expenditures are $46.9 million in FY 2017-18 and FY 2018-19.

METHODOLOGY:
The funding reflects the amount provided for Family Stabilization in the Budget Act of 2017.

FUNDING:
The funding for this premise consists of TANF and GF MOE. A portion of the GF MOE is shifted to GF Non-MOE in the CalWORKs Non-MOE premise for family stabilization services to long-term sanctioned cases.

CURRENT YEAR CHANGE FROM APPROPRIATION:
There is no change in total funding. The decrease in TANF funding and increase in GF reflects updated funding ratios based on the most recent year of actual expenditures.

REASON FOR YEAR-TO-YEAR CHANGE:
There is no change.

EXPENDITURES:
(in 000s)

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</table>

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Online CalWORKs Appraisal Tool (OCAT)*

DESCRIPTION:
This premise reflects the funding for hosting, integration, and usage of the OCAT, a web-based interview tool designed to equip CalWORKs caseworkers with an in-depth appraisal of client strengths and barriers to self-sufficiency. The OCAT gathers and provides information about the client on a variety of topics, including employment and educational history, housing stability, physical and behavioral health, and domestic abuse, in order to assist the caseworker in developing expedient and effective placement in WTW activities and referral to supportive services. The cost includes the contractor’s responsibilities for continuation of hosting and additional support of the appraisal tool until the integration into the SAWS case management systems is fully established and operative.

IMPLEMENTATION DATE:
This premise implemented on January 1, 2014. Statewide implementation occurred on October 1, 2015.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: W&IC section 11325.2.
- Based on actual caseload trend data from the CalWORKs WTW Monthly Activity Reports (WTW 25 and WTW 25A), the projected CalWORKs Employment Services and Exempt caseload is 239,365 in FY 2017-18 and 230,243 in FY 2018-19.
- Based on FFY 2016 RADEP sample data, the WTW 25 and WTW 25A reports and the expectation that a portion of current cases will need an appraisal, it is assumed that 6.43 percent of the CalWORKs Employment Services and Exempt caseload will require an OCAT appraisal.
- The OCAT interviews requires one additional hour of caseworker time for each adult interviewed using the appraisal tool at the average caseworker cost of $57.57 per hour.
- Funding of $750,000 in FY 2017-18 and $1,100,000 in FY 2018-19 is for continued hosting of the tool by the vendor until the integration of OCAT into SAWS is fully established.
- The integration of OCAT into SAWS includes $3.7 million in automation costs in FY 2017-18 and $8.3 million in FY 2018-19.

METHODOLOGY:
- The monthly appraisal caseload is calculated by multiplying the projected CalWORKs Employment Services and Exempt caseload by the percentage that will require an OCAT appraisal.
- The cost of conducting the OCAT interviews is calculated by multiplying the monthly appraisal caseload by the additional cost for one hour of caseworker time and then by 12 months.
- The funding for both OCAT automation and integration is based on cost estimates provided by the contracted vendor and SAWS Consortia.
- The total funding is calculated by summing the OCAT interview and automation costs.

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
Online CalWORKs Appraisal Tool (OCAT)*

FUNDING:
The OCAT interviews funding is consistent with the CalWORKs Employment Services base funding ratios for TANF and GF/MOE. The automation costs are 100 percent TANF.

CURRENT YEAR CHANGE FROM APPROPRIATION:
The decrease of OCAT interviews cost reflects a lower appraisal caseload than previously projected. There is no change in OCAT automation and integration costs.

REASON FOR YEAR-TO-YEAR CHANGE:
The decrease in OCAT interviews funding reflects a decline in the projected appraisal caseload. The increase in OCAT automation and integration reflects updated estimate from the vendor and SAWS Consortia.

EXPENDITURES:
(in 000s)

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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Housing Support Program*

DESCRIPTION:
This premise reflects funding for the CalWORKs Housing Support Program. The intent of the Housing Support Program is to provide evidence-based housing interventions to CalWORKs families to help them obtain and keep permanent housing. Stable housing is recognized as a critical need for self-sufficiency and child well-being. This funding allows CWDs to assist families to obtain permanent housing quickly and to provide wrap-around supports to foster housing retention. Rapid re-housing and targeted homelessness prevention programs have been implemented nationwide as cost-effective strategies to help families exit or avoid homelessness and retain permanent housing.

The core components of a successful Housing Support Program include housing identification, rent and move-in assistance, focused case management, and individualized services based on participant needs. The amount and duration of housing subsidies vary depending on the individual needs of the family. Services could include, but are not limited to, landlord outreach and engagement, housing search and placement, housing barrier assessment, legal services, and credit repair.

Separate from the CalWORKs Housing Support Program, homeless CalWORKs recipients are entitled to receive 16 consecutive days of temporary assistance and/or permanent assistance under the Homeless Assistance Program, limited to once in a 12-month period. Families must meet specific income and resource limitations to be eligible for Homeless Assistance benefits. For more information regarding the Homeless Assistance Program, see the Homeless Assistance Program premise.

IMPLEMENTATION DATE:
This premise implemented on July 1, 2014.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: W&IC sections 11330 through 11330.5.
- The FY 2017-18 allocation is available to 49 counties.
- The Budget Act of 2017 appropriated $47 million for the Housing Support Program. The funding for FY 2018-19 is anticipated to remain at FY 2017-18 levels.
- Of the $47 million, $325,000 is set aside for state operations in each FY.
- The housing support program reappropriation reflects unspent funds from the prior FY.
- Unspent funds of $2.5 million from FY 2016-17 are reappropriated in FY 2017-18.
- Based on FY 2016-17 actual expenditures, it is anticipated that 66.38 percent of expenditures for FY 2017-18 and FY 2018-19 are federal funds and 33.62 percent are GF. Of the total GF, 23.36 percent are non-MOE GF.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Housing Support Program*

METHODOLOGY:
The funding reflects the 2017-18 Appropriation less state operations costs for both FY 2017-18 and FY 2018-19. The reappropriation funding is based on the unspent funding in the prior FY.

FUNDING:
Housing Support Program costs for RNE and TANF Timed-Out cases are 100 percent MOE GF. The costs for Safety Net, Long-Term Sanction, Fleeing Felon, TCVAP, and CalWORKs Non-Minor Dependents are 100 percent non-MOE GF. All other costs are 100 percent TANF.

CURRENT YEAR CHANGE FROM APPROPRIATION:
There is no change in total funding. The increase in federal funds and decrease in GF reflect a growth in the projected proportion of services that will be provided to federally eligible families. The increase in the reappropriation amount reflects higher unspent funds in FY 2016-17 than previously projected. The decrease in non-TANF/MOE expenditures reflects a reduction in the projected proportion of services that will be provided to the non-MOE population.

REASON FOR YEAR-TO-YEAR CHANGE:
There is no change to the Housing Support Program. The Housing Support Program reappropriation is assumed to be fully spent in FY 2017-18.

EXPENDITURES:
(in 000s)

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TANF Page

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TANF Page

| Housing Support Program | $-10,904 | 0     | $-10,904 | $0 | $0 |

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
Diaper Assistance (AB 480)*

DESCRIPTION:
This premise reflects the cost for providing diaper assistance as a supportive service for participation in the WTW program. CalWORKs recipients are required to participate in WTW activities as a condition of eligibility for aid and must be provided with the necessary supportive services to do so. Supportive services for WTW activities include child care, personal counseling, transportation costs, and ancillary expenses. Under AB 480 (Chapter 690, Statutes of 2017), a CalWORKs recipient who is participating in a WTW plan is eligible for $30.00 per month to assist with diaper costs for each child who is under 36 months of age.

IMPLEMENTATION DATE:
This premise will implement on April 1, 2018.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: W&IC 11323.2(a)(2).
- Per statute, diaper assistance of $30.00 per child under 36 months of age will be provided to cases that are participating in a WTW plan.
- It is assumed that 25 percent of WTW exempt cases will voluntarily participate in a WTW plan and receive diaper assistance.
- Based on data from MEDS and WDTIP, the projected diaper assistance caseload is 55,836 in FY 2017-18 and 53,626 in FY 2018-19. For the diaper assistance caseload, the projected number of children under 36 months of age is 62,810 in FY 2017-18 and 60,324 in FY 2018-19.
- Participation in a WTW plan will be verified twice per year and will take five minutes of caseworker time. This verification is assumed to occur during the SAR reporting period and be evenly distributed at one-sixth of cases receiving diaper benefits each month.
- The caseworker cost per hour is $57.57.
- The cost per verification is $4.80.
- The one-time automation cost to provide diaper assistance payments is $800,000.

METHODOLOGY:
The verification cost reflects the diaper assistance caseload multiplied by one-sixth, the cost per verification, and months in the FY. The diaper cost reflects the number of children under 36 months of age multiplied by $30.00 and the months in the FY. The verification and diaper cost is summed to obtain the total diaper assistance cost.

FUNDING:
The funding ratios for this premise are consistent with the CalWORKs Employment Services funding ratios. The funding for automation is 100 percent TANF.

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
Diaper Assistance (AB 480)*

CURRENT YEAR CHANGE FROM APPROPRIATION:
This is a new premise.

REASON FOR YEAR-TO-YEAR CHANGE:
The increase in services funding reflects a full year of costs. The decrease in automation cost reflects the expected completion of changes to the SAWS Consortia in FY 2017-18.

EXPENDITURES:
(in 000s)

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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Educational Incentives*

DESCRIPTION:
This premise reflects the funding for the CalWORKs Educational Opportunity and Attainment Program. Recipients receive a one-time award for completion of high school, or its equivalent, or a stipend for enrollment in a term of an educational or training program leading to a career technical certificate, associate's degree, or bachelor’s degree.

The educational incentive awards and education stipends are not entitlement benefits and are available to CWDs only to the extent funding for the CalWORKs Educational Opportunity and Attainment program is allocated. The awards and stipends are available to eligible CalWORKs applicants on a first-come first-serve basis. When funding is exhausted, CWDs are not required to expend any other funds per the provisions of the program.

IMPLEMENTATION DATE:
This premise will implement on January 1, 2018.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: W&IC 11340 through 11346
- The Budget Act of 2017 appropriated a one-time amount of $4.0 million for distribution to CalWORKs recipients who receive a high school degree or enroll into college education or training program.
- The funds shall be spent in FY 2017-18.
- The award amount for completion of high school or equivalent is $500.
- The stipend amount for enrollment into a term of college courses or career training program is $1,000.

METHODOLOGY:
Funding is budgeted as appropriated in the Budget Act of 2017.

FUNDING:
This program is 92.0 percent federal funding. The remaining 8.0 percent will be funded with GF to include cases that are not eligible for federal funding.

CURRENT YEAR CHANGE FROM APPROPRIATION:
The decrease to the federal share and increase to GF reflect adjustments to include cases that are eligible for the program, but not eligible for federal funding.

REASON FOR YEAR-TO-YEAR CHANGE:
The decrease reflects the end of one-time funding provided for FY 2017-18.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
# Educational Incentives*

**EXPENDITURES:**
(in 000s)

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**FY 2017-18**

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**FY 2018-19**

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
DESCRIPTION:
As required by statute, the purpose of the CalWORKs Cal-OAR is to establish a local accountability system that facilitates continuous improvement in county CalWORKs programs by collecting and disseminating data and programmatic best practices amongst counties. In the initial phase of the project, a workgroup will establish a work plan consisting of performance indicators, a county self-assessment process, a county system improvement plan, a qualitative peer review process, implementation timelines, financial incentive recommendations, data reporting recommendations, and an outline of the associated county and state workload. The workgroup will consist of stakeholders specified by statute, including county staff, legislative staff, advocates, current and former CalWORKs recipients, as well as a variety of other relevant parties. The work plan shall be developed and a process established by July 1, 2019. The workgroup will convene, as necessary, to consider whether to establish additional performance indicators that support the programmatic goals for the CalWORKs program after the implementation date.

IMPLEMENTATION DATE:
This premise implemented on September 29, 2017 with the establishment of the workgroup. The Cal-OAR will be implemented on July 1, 2019.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: W&IC section 11523.
- A $125 daily stipend and reimbursement of expenses (such as hotel and travel costs) will be provided to current and former CalWORKs recipients participating in the workgroup.
- Funding is needed for workgroup meeting facilitation and project consultation services.
- The automation costs for SAWS Consortia changes is $1.1 million in FY 2018-19.

METHODOLOGY:
- The services cost is the sum of the funding needed for CalWORKs recipient stipends and reimbursement as well as for meeting facilitation and consultation services.
- The automation funding is based on costs for the anticipated SAWS Consortia changes.

FUNDING:
The service and automation costs are 100 percent TANF.

CURRENT YEAR CHANGE FROM APPROPRIATION:
There is no change.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
CalWORKs Outcomes and Accountability Review (Cal-OAR)

**REASON FOR YEAR-TO-YEAR CHANGE:**
The decrease in service costs reflects lower costs for workgroup meeting facilitation in FY 2018-19. The increase in automation costs reflects changes to the SAWS Consortia taking place in FY 2018-19.

**EXPENDITURES:**
(in 000s)

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**FY 2018-19**

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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Home Visiting Initiative*

DESCRIPTION:
This premise reflects the cost for implementing the Home Visiting Initiative for CalWORKs families. Home visiting is a voluntary evidence-based program model that is intended to connect first-time parents with resources to improve their parenting skills and maintain a safe and nurturing environment for their children. The goals of the Home Visiting Initiative include: 1) improving family engagement practices, 2) reducing the incidence of reports of child maltreatment such as abuse and neglect, 3) supporting the healthy development of young children, 4) reducing children’s need for remedial education, and 5) providing families with barrier removal and work readiness activities (such as job readiness skills and training) that will support families to reach self-sufficiency. The components in this estimate include costs for home visiting services, employment services, child care, and administration. This premise reflects the first-year cost of this three-year program.

IMPLEMENTATION DATE:
This premise will implement on January 1, 2019.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: W&IC section 11337
- This program will engage pregnant or first-time parents under 25 years of age enrolled in the CalWORKs program or caretaker relative for a child-only case, with a child less than 24 months of age.
- Based on data from MEDS and RADEP, there are 3,623 eligible cases projected for FY 2018-19, of which approximately 990 are child-only cases.
- It is assumed that 90 percent of the eligible cases will elect to participate in this program.
- Based on the average cost of various existing evidence-based home visiting models, the monthly cost for home visitation services is assumed to be $500.00 per participating case.
- Due to connection and engagement from the home visitor, this estimate assumes some families will begin participating in WTW activities. It is assumed that 20 percent of the participating cases (excluding child-only cases) will consist of individuals exempt from WTW participation requirements but who are voluntarily participating.
- Employment services costs and OCAT costs are assumed for exempt-volunteer cases.
- The monthly cost for employment services is $382.37 per case.
- In order to appraise the strengths and barriers to self-sufficiency for individuals exempt from the WTW participation requirements, this premise includes the annual cost for caseworkers to perform an OCAT interview for each exempt-volunteer case participating in this program. The annual OCAT cost is $86.00 per case.
- Child care costs are assumed for exempt-volunteer and child-only cases for these families to participate in home visiting.
- The Stage One Child Care take-up rate is approximately 19 percent of the WTW eligible population.

* Please refer to the first tab titled *Acronyms* for a full description of acronyms.
Home Visiting Initiative*

KEY DATA/ASSUMPTIONS (CONTINUED):

- Based on a statewide weighted average of the 75th percentile of the 2016 RMR survey for infant care in centers, the monthly cost for infant child care is $1,447.00 per case.
- A contact from each participating county will report monthly on the progress of program implementation. The monthly cost for county report-out is $9.60 per participating case.
- The mailing cost to disseminate an informing notice is $0.78 per eligible case.
- In addition to FY 2018-19 funding of $26.7 million, a Home Visiting Initiative Reserve of $131.7 million in TANF funding is set aside to fund this program for a total of three years. This reflects $52.5 million for both FY 2019-20 and FY 2020-21, and $26.7 million for the first half of FY 2021-22.
- During FY 2020-21, the program will be evaluated to determine if it should be continued beyond December 31, 2021.

METHODOLOGY:

- The participation rate is applied to the projected monthly caseload of eligible cases to determine the number of cases electing to participate.
- The home visiting cost is calculated by the number of cases electing to participate multiplied by the home visiting cost and the months in the FY.
- The employment services cost is calculated by applying the exempt-volunteer participation rate to the number of cases electing to participate to determine the number of exempt-volunteer cases, then multiplying by the employment services cost and by the months in the FY. The OCAT interview cost is calculated by taking the number of exempt volunteer cases and multiplying by the OCAT interview cost. The services cost reflects the sum of the costs for home visits, employment services, and OCAT interviews.
- The child care cost reflects the sum of participating exempt-volunteer and child-only cases multiplied by the child care take-up rate, infant child care cost, and months in the FY.
- The county report-out cost is calculated by the number of cases participating in the program multiplied by the county report out cost and the months in the FY. The program notification is calculated by multiplying the mailing cost by the number of all eligible cases and by the months in the FY. The administration cost reflects the sum of the county report out and program notification costs.

FUNDING:

This premise displays the funding ratios consistent with the services, administrative, and child care funding ratios for the CalWORKs program.

CURRENT YEAR CHANGE FROM APPROPRIATION:

There is no change.

REASON FOR YEAR-TO-YEAR CHANGE:

This increase reflects implementation in FY 2018-19.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
## Home Visiting Initiative*

### EXPENDITURES:
(in 000s)

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### FY 2018-19

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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
CalWORKs Administrative Costs*

DESCRIPTION:
This premise reflects administrative costs for the eligibility functions of the CalWORKs program. The basic costs provide funding for general administration, coordination, and overhead which includes the salaries and benefits of the staff performing activities related to eligibility determination, litigation, fraud units, monitoring programs, costs for goods and services, funding for preparing budgets, and services related to accounting. Other related costs required for the administration of the program include supplies, equipment, utilities, and rental and maintenance of office space.

Historically, the budget for county administration was based on counties’ administrative budget requests made through a PCAB process, modified by a cost containment system. Beginning with FY 2001-02, the PCAB process was suspended and the last PCAB process, FY 2000-01, established the base from which future costs are determined. Adjustments for caseload changes and other factors are made to the base during each Governor’s Budget and May Revision process.

In addition to the basic CalWORKs administrative costs, this premise also includes administrative funding for Work Verification. Work Verification funding may be used by counties to hire additional staff, retrain existing staff and/or pay for the additional workload to document and verify work participation as required by federal law. Clearly documenting and verifying an individual’s participation will enhance California’s ability to meet the federal WPR and avoid penalties associated with inadequate documentation and verification of the data used in calculating the rates. A detailed description of this premise can be referenced in the Estimate Methodologies section of the 2012 May Revision.

IMPLEMENTATION DATE:

KEY DATA/ASSUMPTIONS:
CalWORKs Administrative Costs
- Authorizing statute: W&IC section 14154.
- The CalWORKs administrative costs base funding, prior to caseload adjustments, is projected to be approximately $632.2 million in FY 2017-18 and $594.2 million in FY 2018-19.
- The CalWORKs caseload is projected to decrease 6.01 percent in FY 2017-18 and 5.95 percent in FY 2018-19.
- The total EBT savings are approximately $9.8 million in FY 2017-18 and $9.2 million in FY 2018-19.
- Based on FY 2016-17 actual expenditures, staff development costs are approximately $18.1 million in both FY 2017-18 and FY 2018-19.
- Be Vu v. Mitchell funding is approximately $52,300 in FY 2017-18 and $49,200 in FY 2018-19.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
CalWORKs Administrative Costs*

KEY DATA/ASSUMPTIONS (CONTINUED):

CalWORKs Administrative Costs (continued)

- The SAWS development and testing interface costs are approximately $129,000 in both FY 2017-18 and FY 2018-19.
- Administrative costs related to the Merced Automated Global Information Control system are approximately $272,000 in both FY 2017-18 and FY 2018-19.
- Contract costs are approximately $4.1 million in both FY 2017-18 and FY 2018-19.
- Legacy Systems savings are approximately $12.1 million in both FY 2017-18 and FY 2018-19.
- Costs from restoring CalWORKs administrative funding to the actual FY 2005-06 spending level are $140.0 million in both FY 2017-18 and FY 2018-19.
- Los Angeles County processes their closed WINS cases for federal data reporting purposes in the RADEP sample. An additional $48,000 annually is provided for this purpose in both FY 2017-18 and FY 2018-19.
- San Bernardino County is developing a plan for operationalizing repatriation efforts and will need to contract with a consultant. An additional $100,000 is provided for this purpose in FY 2017-18.
- The funding for administration costs for the Homeless Assistance Program are included in the Homeless Assistance Program premise.
- The funding for administrative costs related to CalWORKs non-MOE and state-only RNE recipients is shifted from federal funds to GF, and is included in the base funding.
- The single allocation augmentation reflects funding for the CalWORKs eligibility component of the CalWORKs single allocation at the FY 2017-18 Appropriation funding level after accounting for caseload decline. Approximately $157.6 million is provided in FY 2017-18 and $187.0 million is provided in FY 2018-19.
- The single allocation augmentation adjustment reflects funding for the other single allocation components at the FY 2017-18 Appropriation funding level after accounting for caseload decline in those components. Approximately $22.6 million is provided for this purpose in FY 2017-18.

Work Verification

- The average monthly CalWORKs caseload, excluding non-MOE cases, is approximately 328,758 and 299,074 in FY 2017-18 and FY 2018-19 respectively.
- Per FFY 2016 RADEP sample data, 27.6 percent of the total cases are participating at some level.
- Of the cases that participate at some level, 44.8 percent participate either partially or fully through work activities and 55.2 percent fully participate through non-work activities.

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
CalWORKs Administrative Costs*

KEY DATA/ASSUMPTIONS (CONTINUED):

Work Verification (continued)

- Based on information from CWDA, of the cases that participated in work activities in FY 2009-10, 80.0 percent had pay stubs that fulfill work verification requirements. The remaining 20.0 percent of cases required additional documentation by the county.
- The average eligibility worker cost per hour is $57.57.
- Of the cases that participate in work activities, 20.0 percent will require work verification for ten minutes.
- Of the cases that participate in non-work activities, 100.0 percent will require work verification for 15 minutes.

METHODOLOGY:

CalWORKs Administrative Costs

- The costs are calculated by adjusting the base funding by the projected percentage change in the CalWORKs caseload and adding the sum of the EBT savings, staff development costs, Be Vu v. Mitchell funding, SAWS development and testing interface costs, Merced Automated Global Information Control system, homeless assistance expenditures, Contract costs, Legacy Systems savings, CalWORKs administrative restoration, RADEP closed cases costs for Los Angeles county, and operationalizing repatriation efforts costs for San Bernardino County.

Work Verification

- The costs are calculated by multiplying the cases that require work verification by the eligibility worker cost for the specific number of minutes then by 12 months.

FUNDING:

Costs for non-MOE and RNE recipients are 100 percent GF. Contract and repatriation costs are 100 percent TANF. All other costs are 77.6 percent TANF and 22.4 percent state MOE in FY 2017-18 and 75.9 percent TANF and 24.1 percent state MOE in FY 2018-19. Due to a federal audit exception, TANF hardship cases are funded with MOE instead of TANF funds effective September 1, 2009. Costs for work verification activities are 100 percent TANF.

CURRENT YEAR CHANGE FROM APPROPRIATION:

The decrease in CalWORKs Administration reflects a faster caseload decline than previously projected and the discontinuance of the Minimum Wage Increase to $10.50 per hour premise, now considered to be in trend. The increase in single allocation augmentation specifically reflects redirected savings from caseload decline in the single allocation eligibility component necessary to hold eligibility funding to the FY 2017-18 Appropriation. The single allocation augmentation adjustment reflects the redirection of savings from other single allocation components based on caseload decline (stage one child care, employment services, and Cal-learn) necessary to keep the total single allocation funded at the FY 2017-18 Appropriation, since these funds have already been allocated to counties. The decrease in Work Verification reflects a faster CalWORKs caseload decline than previously projected.

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
CalWORKs Administrative Costs*

**REASON FOR YEAR-TO-YEAR CHANGE:**
The decreases in CalWORKs Administrative and Work Verification reflect a projected caseload decline. The increase in the single allocation augmentation reflects additional redirected savings from caseload decline in single allocation eligibility component necessary to hold eligibility funding to the FY 2017-18 Appropriation. The decrease in the single allocation augmentation adjustment reflects that there are no savings from caseload decline in other components of the single allocation to redirect, because funds for FY 2018-19 have not yet been allocated.

**EXPENDITURES:**
(in 000s)

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**FY 2018-19**

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* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
Fraud Recovery Incentives*

DESCRIPTION:
This premise reflects the incentive payments made annually to counties for the detection of fraud. Beginning in 2002, each county receives a percent of the actual amount of aid repaid or recovered by a county resulting from the detection of fraud. These savings/recoveries have been defined as the amounts collected on client-caused (non-administrative error) overpayments. County incentives paid with TANF monies must be used for purposes prescribed under the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PL 104-193).

IMPLEMENTATION DATE:
This premise implemented on January 1, 1998.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: W&IC section 11486(j).
- The total CalWORKs overpayment collections for FY 2016-17 are approximately $48.5 million.
- The total estimated CalWORKs overpayment collections for FY 2017-18 are approximately $47.9 million based on a trend of the most recent four years of collections.
- Overpayments are assumed to be funded 97.5 percent TANF/MOE and 2.5 percent county. Therefore, incentives are calculated on 97.5 percent of overpayment collections.
- Based on the FNS 209 Status of Claims Against Households Reports for FY 2016-17, client-caused overpayments represent a weighted average of 55.3 percent of all collections.
- The county incentive is 12.5 percent of the overpayment collections due to client-caused overpayments.
- Incentive payments are made annually to the counties in arrears.

METHODOLOGY:
The county incentive payment is the product of the total overpayment collections from the previous FY multiplied by the TANF share of collections, the percentage of client-caused errors, and the county incentive.

FUNDING:
The fraud recovery incentive funds are 100 percent TANF.

CURRENT YEAR CHANGE FROM APPROPRIATION:
The decrease reflects a reduction in the client-caused error rate and overpayment collections, based on updated actual data.

REASON FOR YEAR-TO-YEAR CHANGE:
The decrease reflects a reduction in projected overpayment collections.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
## Fraud Recovery Incentives

**EXPENDITURES:**
(in 000s)

<table>
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**FY 2018-19**

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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Shared Eligibility*

DESCRIPTION:
This premise reflects the shift of costs that are shared across the CalWORKs, CalFresh, and Medi-Cal programs. The Medi-Cal Services Eligibility program requires counties to determine Medi-Cal eligibility prior to the CalWORKs and CalFresh programs. Initial eligibility determination costs are shared equally across the three benefiting programs. These costs are claimed through the County Expense Claim to the CalWORKs budget and distributed to Medi-Cal and CalFresh accordingly. The Medi-Cal portion of costs is reflected as a savings in the CalWORKs budget and then budgeted as costs at DHCS. The CalFresh common eligibility costs are reflected as a savings in the CalWORKs budget and then shifted to the CalFresh budget through the Public Assistance to Non-Assistance Fund Shift.

Ongoing eligibility costs for CalFresh and CalWORKs dual benefit cases are charged as CalWORKs administrative costs through the County Expense Claim process. A methodology based on the ratio of CalWORKs and Public Assistance CalFresh caseload is used to determine the portion of the eligibility, case management, and program integrity activity costs in CalWORKs that also benefit CalFresh. These eligibility costs are shown as savings in the CalWORKs budget and shifted as costs to CalFresh in the Public Assistance to Non-Assistance Fund Shift.

IMPLEMENTATION DATE:

KEY DATA/ASSUMPTIONS:
- Authorizing statute: W&IC section 14154.

Medi-Cal Services Eligibility Common Costs
- The Medi-Cal common costs were approximately $64.5 million in FY 2016-17. Based on the last two quarters of FY 2016-17 expenditure data, costs will increase approximately 0.6 percent in FY 2017-18.
- The Medi-Cal common costs will maintain the same year-to-year change in FY 2018-19.

Public Assistance to Non-Assistance Fund Shift
- The Public Assistance to Non-Assistance Fund Shift for ongoing administrative costs were approximately $150.3 million in FY 2016-17. Based on the last two quarters of FY 2016-17 expenditure data, costs will decrease approximately 1.9 percent in FY 2017-18.
- The Public Assistance to Non-Assistance Fund Shift for dual benefits administrative expenditures will maintain the same year-to-year change in FY 2018-19.

METHODOLOGY:
Medi-Cal Services Eligibility Common Costs
- The Medi-Cal common cost expenditures are calculated by multiplying one plus the percent change of the expenditures by the prior year expenditures.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Shared Eligibility*

METHODOLOGY (CONTINUED):

Public Assistance to Non-Assistance Fund Shift

- The Public Assistance to Non-Assistance Fund Shift for administrative costs is calculated by multiplying one plus the percent change in expenditures by the prior year expenditures, and then the Medi-Cal common costs are added to the total.

FUNDING:

The CalWORKs savings are 100 percent TANF. The non-assistance CalFresh costs are shared 50 percent SNAP, 35 percent GF, and 15 percent county funds.

CURRENT YEAR CHANGE FROM APPROPRIATION:

The increase in the Public Assistance to Non-Assistance Fund Shift reflects slower decline in expenditures than previously projected. The increase in the Medi-Cal Services Eligibility/Common Costs reflects modest growth in expenditures instead of a decline as previously projected.

REASON FOR YEAR-TO-YEAR CHANGE:

The decrease in the Public Assistance to Non-Assistance Fund Shift reflects a decline in actual expenditures in the most recently available data. The increase in the Medi-Cal Services Eligibility/Common Costs reflects rising actual expenditures in the most recently available data.

EXPENDITURES:

(in 000s)

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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Court Cases

DESCRIPTION:
This premise reflects projected settlement costs and attorney fees associated with CalWORKs, IHSS, SSI/SSP, APS, FC, CalFresh, AAP, CWS, CCL, and Special Programs.

IMPLEMENTATION DATE:
Attorney fees and settlement costs are anticipated to be paid in FY 2017-18 and FY 2018-19.

KEY DATA/ASSUMPTIONS:
• Authorizing statute: Control Section 5.25 of the 1998 Budget Act.
  Item 101 CalWORKs Administration
  • A total of $192,000 is budgeted in FY 2017-18 and $347,500 is budgeted in FY 2018-19.
  Item 111 IHSS, SSI/SSP, APS and Special Programs
  • A total of $607,000 is budgeted in FY 2017-18 and $185,000 is budgeted in FY 2018-19.
  Item 141 CalFresh Administration
  • No funding is budgeted in FY 2017-18. A total of $26,000 is budgeted in FY 2018-19.
  Item 151 FC, AAP, CWS, and CCL Administration
  • A total of $3.0 million is budgeted in FY 2017-18 and $2.9 million is budgeted in FY 2018-19.

METHODOLOGY:
Cost estimates are based on actual and projected attorney fees, settlement costs and miscellaneous writs to be paid in the applicable FY.

FUNDING:
The CalWORKs administration funding is 100 percent TANF. The IHSS, CAPI, SSI/SSP, APS, CWS, CCL, and Special Programs funding is 100 percent GF. The CalFresh funding is 50 percent SNAP and 50 percent GF. The federal funding authority for the FC and AAP programs portion are included in 2011 Realignment.

CURRENT YEAR CHANGE FROM APPROPRIATION:
The increase in court costs for IHSS, SSI/SSP, APS, and Special Programs is based on updated information for attorney fees and settlement costs. The decrease in court costs for CalWORKs, CalFresh, FC, AAP, CWS, and CCL is based on updated information for attorney fees and settlement costs associated with cases expected to settle.

REASON FOR YEAR-TO-YEAR CHANGE:
The increase in court costs for CalWORKs and CalFresh is based on updated information for attorney fees and settlement costs associated with cases expected to settle. The decrease in court costs for IHSS, SSI/SSP, APS, Special Programs, FC, AAP, CWS, and CCL is based on updated information for attorney fees and settlement costs.

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
## Court Cases*

### EXPENDITURES:
(in 000s)

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* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
**Program Monitoring Visits**

**DESCRIPTION:**

This premise reflects the costs for counties to participate in Program Monitoring Visits, previously known as the State/County Peer Review program for the CalWORKs program. The primary purpose of the Program Monitoring Visits is to provide oversight and technical assistance that ensures efficient and effective administration of the CalWORKs program, including housing and family stabilization supportive services. CDSS and counties will perform on-site reviews of CWD WTW programs to identify and share best practices, challenges, and opportunities for improvement and strategies that could positively impact services to clients and the WPR.

Staff from CDSS and one or more CWDs visit other CWDs to review their CalWORKs policies, procedures and data to improve performance outcomes. Since Program Monitoring Visits are mandatory under current law, known as the County Peer Review process, it is necessary to provide CWDs with appropriate funding to participate in these visits. This premise reflects the costs associated with reimbursement for county staff to fill in for the staff participating in the visit ("backfilling") as well as travel and per diem costs.

**IMPLEMENTATION DATE:**

This premise implemented on July 1, 2007.

**KEY DATA/ASSUMPTIONS:**

- Authorizing statute: W&IC section 10533 and W&IC section 11523.
- Due to the passage of SB 89 (Chapter 24, Statutes of 2017), the county peer review process previously budgeted under this premise will be included as part of the Cal-OAR process. No visits are scheduled for FY 2017-18 or FY 2018-19 under this premise.
- Each Program Monitoring Visit requires at least one day of travel for preparation and training followed by a separate two-day visit to complete the Program Monitoring Visit.
- A total of four staff persons from the visiting counties will travel to the host county to participate and conduct the Program Monitoring Visit with CDSS staff. Two staff persons from the host county will participate in the Program Monitoring Visit.
- The travel and per diem costs for each person from the visiting counties is $940 for each Program Monitoring Visit.
- This estimate includes the costs to backfill four county staff: One staff person from each of the visiting counties and two staff persons from the host county. No backfill is assumed for managers.
- Based on a county survey completed during the development of the previous County Peer Review program, the average daily salary and benefits for a county frontline employment services caseworker for an eight-hour day are $286.40.

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
Program Monitoring Visits*

**METHODOLOGY:**

- The travel and per diem cost for each Program Monitoring Visit is determined by multiplying the travel and per diem costs for each person by the number of managers and staff participating in the Program Monitoring Visit review from visiting counties.

- The total backfill cost for each Program Monitoring Visit is determined by multiplying the average daily salary by the number of staff participating in the review and by the number of days required for each review.

- The full cost for each Program Monitoring Visit is the travel and per diem cost plus the backfill cost.

- The total funding for Program Monitoring Visits is the full cost for each visit multiplied by the number of visits to be completed in the FY.

**FUNDING:**

This premise is funded with 100 percent TANF funds.

**CURRENT YEAR CHANGE FROM APPROPRIATION:**

The decrease reflects the discontinuation of this process due to the implementation of Cal-OAR.

**REASON FOR YEAR-TO-YEAR CHANGE:**

There is no change.

**EXPENDITURES:**

(in 000s)

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<tr>
<th>Item 101 – CalWORKs Administration</th>
<th>Total</th>
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**FY 2017-18**

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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
**Research and Evaluation**

**DESCRIPTION:**
This premise reflects the costs for the research and evaluation of the direct and indirect effects of the CalWORKs program. Studies are also conducted to ensure that county demonstration projects and other innovative county approaches to CalWORKs program implementation are rigorously evaluated. Findings of the studies are reported to the Legislature. The evaluation of county-specific programs is to be developed in conjunction with the county and other appropriate agencies responsible for the local program. This premise includes research projects such as the Child Care Characteristics Study and the SB 1041 CalWORKs Evaluation.

**IMPLEMENTATION DATE:**
This premise implemented on July 1, 1997.

**KEY DATA/ASSUMPTIONS:**
Authorizing statute: W&IC sections 11520 through 11522.

**METHODOLOGY:**
The total funds are maintained at historical funding levels.

**FUNDING:**
The costs are funded with both TANF and GF. The GF is used to fund the non-TANF/MOE eligible portion of the Child Care Characteristics Study.

**CURRENT YEAR CHANGE FROM APPROPRIATION:**
There is no change in total funding. The increase in GF reflects more funding dedicated to the Child Care Characteristics Study in CY.

**REASON FOR YEAR-TO-YEAR CHANGE:**
There is no change to total funding. The decrease in GF reflects less funding for the Child Care Study in FY 2018-19.

**EXPENDITURES:**
(in 000s)

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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
CalWORKs and CalFresh Reporting*

DESCRIPTION:
This premise reflects the administrative savings associated with the QR, SAR, and AR/CO for CalWORKs, CalFresh, and CFAP. Additional details regarding these three premise items are in the 2014 May Revision Binder. This premise also reflects the administrative savings associated with the Elimination of Change Reporting for CalFresh and CFAP. Additional details regarding this premise item are in the 2017-18 Governor's Budget Binder.

In FY 2003-04 the CalWORKs, CalFresh, and CFAP caseloads converted from a monthly reporting system with retrospective budgeting to a QR system with benefits determined prospectively for a three-month period. Federal rules excluded certain CalFresh households from reporting quarterly and required these households to be assigned to change reporting.

In October 2012, certain child-only CalWORKs AUs were changed to annual reporting. For these AR/CO cases, the annual eligibility and benefits of recipients are determined prospectively based on information reported by recipients on the annual redetermination form.

In October 2013, the remainder of the CalWORKs QR caseloads and the CalFresh and CFAP QR caseloads were transitioned to SAR. Under SAR, the eligibility and benefits for recipients are determined prospectively for a six-month period based on information reported by recipients on the semiannual report form. Between semiannual reports, all recipients are required to inform the county of any changes in income that exceed their income reporting threshold. CalWORKs recipients are also required to inform the CWDs of any changes in household composition. Per statute, the administrative savings that may be reflected in this premise pertaining to the QR to SAR conversion are limited to the net GF costs of SAR.

In June 2016, for CalWIN counties, and July 2016, for the remainder of the state, CalFresh and CFAP households subject to change reporting were converted to SAR or Annual Reporting with certification periods of up to two years depending on household circumstances.

IMPLEMENTATION DATE:
The QR Prospective Budgeting reporting requirement implementation dates varied by county and occurred between November 1, 2003, and June 30, 2004. The AR/CO reporting requirements implemented in October 2012. The SAR reporting requirements implemented in October 2013. The Elimination of Change Reporting implemented in June and July 2016.

KEY DATA/ASSUMPTIONS:
- The total caseload is the sum of SAR and AR/CO caseloads.
- The estimated benefit costs and administrative savings of both AR/CO and SAR are based on statistical information comparing the QR system to the AR/CO and SAR system.
- The cost for mailing a report form to a recipient is $0.78.
- The CalWORKs eligibility worker cost is $57.57 per hour.
- The CalFresh eligibility worker cost is $58.27 per hour.
- Based on the 2005 county time study data, the amount of time needed for CalWORKs continuing case activities under QR is 26 minutes ($24.95) per month per case and 13 minutes ($13.11) per month per case for NACF and CFAP.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
CalWORKs and CalFresh Reporting*

KEY DATA/ASSUMPTIONS (CONTINUED):

- Based on the 2005 county time study data, the funding needed to process mid-quarter activities (voluntary and mandatory mid-period reporting and county-initiated contact) is $8.63 per case for CalWORKs and $28.23 per case for NACF and CFAP. Mid-period activity cost per case is assumed to remain the same under SAR.

- The CalWORKs, NACF, and CFAP cases will require an additional five minutes to perform income assessments at redetermination under SAR and AR/CO. The income assessments will now be combined with the annual redetermination.

- It is projected that some cases will stay on aid longer due to the change in reporting requirements (i.e., cases that become ineligible for not submitting a report will stay on aid additional months). These cases are partially offset by those cases reaching the CalWORKs income reporting threshold.

AR/CO


- The AR/CO savings are based on approximately 227,000 average monthly cases in FY 2017-18 and approximately 222,000 average monthly cases in FY 2018-19.

- The number of required CalWORKs reports was reduced from four quarterly reports and one annual redetermination to only one annual redetermination.

- Due to the reduced reporting requirements under AR/CO, the amount of time needed for CalWORKs continuing case activities is reduced to approximately 16 minutes per month at a cost of $16.09 per case.

- The AR/CO policy also requires cases to report changes in household composition and certain changes in income. Each month 2.83 percent of AR/CO cases will report mid-period resulting in mid-period administrative costs.

SAR


- The CalWORKs SAR savings are based on approximately 198,500 average monthly cases in FY 2017-18 and approximately 178,300 average monthly cases in FY 2018-19.

- The FY 2017-18 CalFresh and CFAP SAR savings are based on approximately 1.57 million average monthly NACF cases and 18,900 average monthly CFAP cases. The FY 2018-19 savings are based on approximately 1.52 million average monthly NACF cases and 18,200 average monthly CFAP cases.

- Based on FFY 2015 RADEP sample data, NACF and CFAP caseloads are reduced by 25.70 percent to remove cases that were change reporters.

- Under SAR, the number of required reports was reduced from four quarterly reports and one annual redetermination to one SAR 7 report and one annual redetermination.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
CalWORKs and CalFresh Reporting*

KEY DATA/ASSUMPTIONS (CONTINUED):

SAR (continued)

- Due to the reduced reporting under SAR, the time needed for CalWORKs continuing case activities is reduced to 19 minutes per month at the cost of $18.50 per case. The NACF and CFAP continuing case activities are ten minutes per month at the cost of $9.73 per case.

- The CalWORKs, NACF, and CFAP household composition change reporting requirements remain the same as required under QR; however, under SAR, counties are required to act on any voluntary report of a change in household composition resulting in decreased benefits for CalFresh and CFAP. It is assumed that the number of voluntary household composition change reports received under SAR will remain the same as those received under QR, resulting in no fiscal impact due to SAR implementation.

- The additional SAR 7 Eligibility Status Report cost for NACF and CFAP cases with an associated CalWORKs child-only case is assumed to be $15.25 per year.

Elimination of Change Reporting


- The CalFresh savings for the elimination of change reporting is $3.21 per NACF case. The CFAP savings is one percent of the CalFresh savings.

METHODOLOGY:

- The CalWORKs, NACF, and CFAP administrative savings associated with continuing case activities under SAR (and AR/CO for CalWORKs) are calculated by multiplying the per case continuing costs by the casemonths of those required to report on a semiannual basis (or on an annual basis for CalWORKs AR/CO cases) and comparing the cost to QR costs.

- The CalWORKs, NACF, and CFAP administrative savings due to reduced mailing of report forms are calculated by multiplying the SAR (and AR/CO for CalWORKs) caseload by the number of quarterly reports in one FY compared to the same caseload multiplied by the number of semiannual/annual reports and multiplying the difference in the number of required reports by the cost to mail one report.

- The administrative savings for reduced mailings are offset by the administrative costs for income assessment at redetermination and for cases staying on aid longer. The costs for income assessment at redetermination are calculated by multiplying the additional caseworker time by the impacted caseload.

- The increased NACF and CFAP caseload cost is calculated by multiplying the cumulated monthly increase in cases by the ongoing administrative cost per case.

- The total administrative savings for SAR are limited to the amount necessary to offset GF costs in each respective program.

- The CalFresh administrative savings for the elimination of change reporting is calculated by multiplying the average monthly NACF caseload by the administrative savings per case.

- The CFAP administrative savings for the elimination of change reporting is calculated by multiplying the CalFresh administrative savings by one percent.

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
CalWORKs and CalFresh Reporting*

METHODOLOGY (CONTINUED):

The following tables provide a breakout of the administrative savings:

<table>
<thead>
<tr>
<th>FY 2017-18 (in 000s)</th>
<th>CalWORKs</th>
<th>CalFresh</th>
<th>CFAP</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>QR</td>
<td>-$49,515</td>
<td>-$141,801</td>
<td>-$1,711</td>
<td>-$193,027</td>
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<tr>
<td>SAR</td>
<td>-14,365</td>
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<td>-657</td>
<td>-15,022</td>
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<tr>
<td>AR/CO</td>
<td>-23,564</td>
<td>0</td>
<td>0</td>
<td>-23,564</td>
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<tr>
<td>Elimination of Change Reporting</td>
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<td>-5,457</td>
<td>-55</td>
<td>-5,512</td>
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<tr>
<td>Total¹</td>
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<td>-$147,258</td>
<td>-$2,423</td>
<td>-$237,125</td>
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<table>
<thead>
<tr>
<th>FY 2018-19 (in 000s)</th>
<th>CalWORKs</th>
<th>CalFresh</th>
<th>CFAP</th>
<th>Total</th>
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</thead>
<tbody>
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<td>QR</td>
<td>-$46,569</td>
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<td>-$1,640</td>
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<td>SAR</td>
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<td>AR/CO</td>
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<tr>
<td>Elimination of Change Reporting</td>
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<td>-$142,421</td>
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FUNDING:

The funding for CalWORKs administration is 77.6 percent TANF and 22.4 percent GF in FY 2017-18 and 75.9 percent TANF and 24.1 GF in FY 2018-19. The CalFresh administration funding is 50 percent SNAP, 35 percent GF, and 15 percent county. The CFAP costs are 100 percent GF.

CURRENT YEAR CHANGE FROM APPROPRIATION:

The decreases in savings reflect a faster caseload decline than previously projected.

REASON FOR YEAR-TO-YEAR CHANGE:

The decreases in savings reflect a projected caseload decline.

¹ Total may not match the expenditure table due to rounding.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
## CalWORKs and CalFresh Reporting*

**EXPENDITURES:**
(in 000s)

<table>
<thead>
<tr>
<th></th>
<th>FY 2017-18</th>
<th></th>
<th>FY 2018-19</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Federal</td>
<td>State</td>
</tr>
<tr>
<td><strong>Item 101 – CalWORKs Administration</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CalWORKs Reporting</td>
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<td><strong>Item 141 – CalFresh Administration</strong></td>
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<td>CalFresh Reporting</td>
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<td><strong>Item 141 – CFAP Administration</strong></td>
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<tr>
<td>CFAP Reporting</td>
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<tr>
<td><strong>Total</strong></td>
<td>-$237,124</td>
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<td>-$73,515</td>
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</table>

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
CalWORKs Child Care –
Stage One Services and Administration*

DESCRIPTION:
This premise reflects the cost for Stage One Child Care for CalWORKs families with children under 13 years of age. Eligible recipients include those who are working or participating in work activities while on aid, eligible teen parents participating in the Cal-Learn program, and former CalWORKs recipients who are unable to transfer to Stage Two Child Care due to funding or programmatic issues.

The CalWORKs Child Care program includes three stages. CDSS administers Stage One. The CDE administers Stage Two and Stage Three. Stage Two serves participants either working or participating in work activities while on aid or participants transitioning off aid, while Stage Three serves participants who have been off aid for two years or more.

This premise includes Stage One Child Care services and administration funding previously identified in the Safety Net, RNE, and State-Only Cal-Learn premises.

IMPLEMENTATION DATE:
This premise implemented on January 1, 1998.

KEY DATA/ASSUMPTIONS:

- Authorizing statute: Education Code sections 8350, 8351, 8352, 8357, and W&IC section 11331.7.
- The projected monthly caseload is 38,759 children in FY 2017-18 and 38,693 children in FY 2018-19 based on a trend projection using actual caseload data reported on the CW 115 and 115A Child Care Monthly Reports. This includes approximately 872 Safety Net children in FY 2017-18 and 1,114 Safety Net children in FY 2018-19.
- The services cost per case is $549.40 based on FY 2016-17 actual expenditures and caseload data. This cost is adjusted to include the full year impact of the RMR increase to the 75th percentile of the 2014 survey, which implemented in January 2017.
- The Stage One Child Care administrative ratio is 17.63 percent of the services expenditures and is based on actual expenditures from FY 2016-17. The administrative expenditures represent 14.99 percent of the total expenditures from FY 2016-17.
- The state-only Cal-Learn Child Care costs are 0.06 percent of the total Stage One Child Care cost based on expenditures from FY 2016-17.
- The Child Care costs for RNE recipients are 2.99 percent of the Stage One Child Care cost based on expenditures from FY 2016-17. Based on information from the CA 800 expenditure report, the state-only RNE households (those with no federally eligible members) reflect 35.18 percent of the RNE costs.
- The TANF Timed-Out Child Care costs are 7.04 percent of the Stage One Child Care cost based on expenditures from FY 2016-17.

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
CalWORKs Child Care –
Stage One Services and Administration*

KEY DATA/ASSUMPTIONS (CONTINUED):

- The Child Care costs for two-parent families are 6.88 percent of the Stage One Child Care cost based on expenditures from FY 2016-17.

- For informational purposes, the total Stage One Child Care cost per case in FY 2018-19 is $689.22, which includes administrative costs and a full year impact of the January 2018 RMR increase to the 75th percentile of the 2016 survey (see Regional Market Rate Increase premises for further detail).

METHODOLOGY:

- The Stage One Child Care services costs are calculated by multiplying the total projected caseload by the services cost per case and then by 12 months.

- The Stage One Child Care administrative costs are calculated by multiplying the services costs by the administration to services ratio.

- The total Stage One Child Care costs equal the services costs plus the administrative costs.

- The state-only portion of Stage One Child Care costs is the sum of the Stage One Child Care costs attributed to state-only Cal-Learn, RNE recipients, TANF Timed-Out recipients, and two-parent families plus the Safety Net Child Care costs.

FUNDING:

Stage One Child Care for two-parent families, RNE, Safety Net, TANF Timed-Out, and state-only Cal-Learn is funded with 100 percent GF. Child care for two-parent families is not funded with TANF funds, as these families must work or participate a minimum of 55 hours per week in WTW activities to be eligible for federally funded child care. The Safety Net costs are shifted from MOE GF to non-MOE GF in the CalWORKs Non-MOE premise. All other cases are funded with TANF. Child Care is also an allowable use of Title XX funds. To the extent funding is available, TANF transferred to Title XX is spent on child care. Please refer to Title XX premise for more information on the proportion of TANF to Title XX used for Stage One Child Care.

CURRENT YEAR CHANGE FROM APPROPRIATION:

The decrease reflects a lower caseload projection and a lower cost per case.

REASON FOR YEAR-TO-YEAR CHANGE:

The decrease reflects a lower caseload projection.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
## CalWORKs Child Care – Stage One Services and Administration*

**EXPENDITURES:**

(in 000s)

<table>
<thead>
<tr>
<th>Item 101 – CalWORKs Child Care</th>
<th>Total</th>
<th>Federal</th>
<th>State</th>
<th>County</th>
<th>Reimb.</th>
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</thead>
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<td>Services</td>
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**FY 2018-19**

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<th>Item 101 – CalWORKs Child Care</th>
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<th>Federal</th>
<th>State</th>
<th>County</th>
<th>Reimb.</th>
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<td>Services</td>
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<td>$241,965</td>
<td>$58,102</td>
<td>$0</td>
<td>$0</td>
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</tbody>
</table>

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
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* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
Regional Market Rate (RMR) Increase – License-Exempt*

DESCRIPTION:
This premise reflects the cost to the CalWORKs Stage One Child Care program to increase the reimbursement ceilings for license-exempt child care providers from 65 to 70 percent of the family child care home rate. The RMR ceilings are the maximum amounts that child care providers can be reimbursed from the state for subsidized child care. Child care providers of Alternative Payment Program child care and current and former CalWORKs participants receiving Stage One, Stage Two, and Stage Three Child Care may be affected by this increase. Costs for Stage Two, Stage Three, and Alternative Payment Program child care are included in the CDE budget. Refer to the RMR Increase premise for details regarding the costs for other RMR increases.

IMPLEMENTATION DATE:
This premise implemented on January 1, 2017.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: Education Code section 8357.
- This premise includes the cost to increase the reimbursement ceiling for license-exempt child care providers from 65 to 70 percent of the family child care home rate.
- The final projected Stage One Child Care caseload is 38,759 in FY 2017-18 and 38,693 in FY 2018-19.
- The proportion of each county's caseload is based on the FY 2016-17 Stage One Child Care caseload as reported on the CW 115 and the CW 115A Child Care Monthly Reports.
- According to data from the FY 2016-17 CW 115 and 115A reports, the Stage One Child Care population reflects the following characteristics:
  - Approximately 18 percent of children served are infants, 49 percent are ages two to five, and 33 percent are school age.
  - Approximately 45 percent of children receive license-exempt care, 31 percent receive care in a family child care home, and 24 percent receive care in Child Care Centers.
- The hourly and monthly full-time rates are used to estimate the overall cost to reimburse license-exempt providers up to 70 percent of the family child care home rates. The 1999 Child Care Characteristics Study data on the Stage Two Child Care population is used as a proxy for the Stage One Child Care caseload to determine the proportion of cases reimbursed as weekly part-time versus hourly and the number of weeks or hours of care used per month.
  - Approximately 13 percent of these cases are reimbursed using the hourly rate and average approximately 43 hours of care per month.
  - Approximately 33 percent of these cases are reimbursed using the weekly part-time rate and average three weeks of care per month.

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
Regional Market Rate (RMR) Increase – License-Exempt*

KEY DATA/ASSUMPTIONS (CONTINUED):

- According to SAWS Consortia data on Stage One Child Care from calendar year 2016, approximately 54 percent of children receive full-time care and 46 percent of children receive part-time care.
- The Stage One Child Care administrative ratio is approximately 18 percent of the services expenditures and is based on actual expenditures from FY 2016-17. The administrative expenditures represent approximately 15 percent of total expenditures in FY 2016-17.
- The reimbursement rate increase for license-exempt providers results in a weighted average cost per case increase of $15.62 per month.

METHODOLOGY:

- The cost to increase the RMR ceiling from 65 to 70 percent of the family child care home rate is calculated for each rate category and each age group.
- Each county’s share of the projected Stage One Child Care caseload is calculated by multiplying their proportion of the FY 2016-17 Stage One Child Care actual caseload by the final projected Stage One Child Care caseload for each FY.
- The Stage One Child Care caseload characteristics are applied to each county’s share of the projected caseload to determine the projected caseload that falls into the various survey categories.
- The cost for each survey category (age settings, care settings, and time basis) is multiplied by its respective caseload to determine the cost for each survey variation by county. For the hourly rate, the cost is multiplied by the hours of care used in a month.
- The costs for the different survey variations are summed to determine the total monthly services cost and then multiplied by 12 months.
- The services cost is multiplied by the administrative ratio to determine the administrative cost. The services cost and administration cost are summed to determine the total cost.

FUNDING:

The RMR Increase License-Exempt costs are consistent with the CalWORKs Child Care Stage One Services and Administration base funding ratios for TANF and GF/MOE.

CURRENT YEAR CHANGE FROM APPROPRIATION:

The decrease reflects updated county specific Stage One Child Care caseload, resulting in an increased proportion of Stage One Child Care for counties with a lower reimbursement ceiling.

REASON FOR YEAR-TO-YEAR CHANGE:

The decrease reflects a lower caseload projection.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
### Regional Market Rate (RMR) Increase – License-Exempt

**EXPENDITURES**: (in 000s)

<table>
<thead>
<tr>
<th>Item 101 – CalWORKs Child Care</th>
<th>Total</th>
<th>Federal</th>
<th>State</th>
<th>County</th>
<th>Reimb.</th>
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<tbody>
<tr>
<td>License-Exempt Increase to 70 Percent</td>
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<table>
<thead>
<tr>
<th>FY 2017-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item 101 – CalWORKs Child Care</td>
</tr>
<tr>
<td>License-Exempt Increase to 70 Percent</td>
</tr>
</tbody>
</table>

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Regional Market Rate (RMR) Increase*

**DESCRIPTION:**
This premise reflects the cost to the CalWORKs Stage One Child Care program to update the RMR ceilings. The RMR ceilings are the maximum amounts that child care providers can be reimbursed from the state for subsidized child care. Child care providers of current and former CalWORKs participants receiving Stage One, Stage Two, Stage Three, and the Alternative Payment Program child care may be affected by the RMR increase. Costs for Stage Two, Stage Three, and Alternative Payment Program child care are included in the CDE budget as those programs are administered by CDE.

On January 1, 2018, RMR ceilings were updated to the 75th percentile of the 2016 RMR survey. If the updated RMR ceiling for a particular rate category within a county is less than the reimbursement amount before the increase, the reimbursement is held harmless and the rate in effect before January 1, 2018 is used for that category. Costs associated with the increase in reimbursement ceilings to the 75th percentile of the 2014 RMR survey, effective January 2017, are reflected in the trend data and included in the Stage One Child Care services.

In addition to the costs reflected in this estimate, on January 1, 2017, reimbursement for license-exempt providers was increased from 65 to 70 percent of the family child care home rate. Refer to the RMR Increase – License Exempt premise for the increased cost to raise the ceiling for license-exempt providers to 70 percent of the family child care home rate.

**IMPLEMENTATION DATE:**
The RMR Increase to the 75th percentile of the 2016 RMR survey with the hold-harmless provision implemented on January 1, 2018.

**KEY DATA/ASSUMPTIONS:**
- Authorizing statute: Education Code sections 8357 and 8447.
- This premise includes costs to update the reimbursement rate ceiling to the 75th percentile of the 2016 RMR survey, held harmless to the prior rate if that rate is higher for any particular category.
- The final projected Stage One Child Care caseload is 38,577 in FY 2017-18 and 37,579 in FY 2018-19.
- The proportion of each county's caseload is based on the FY 2016-17 Stage One Child Care caseload as reported on the CW 115 and 115A Child Care Monthly Reports.
- According to data from the FY 2016-17 CW 115 and 115A reports, the Stage One Child Care population reflects the following characteristics:
  - Approximately 18 percent of children served are infants, 49 percent are ages two to five, and 33 percent are school age.
  - Approximately 45 percent of children receive license-exempt care, 31 percent receive care in a family child care home, and 24 percent receive care in Child Care Centers.
- According to SAWS Consortia data from calendar year 2016, approximately 54 percent of children receive full-time care and 46 percent of children receive part-time care.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Regional Market Rate (RMR) Increase*

KEY DATA/ASSUMPTIONS (CONTINUED):

- The monthly full-time, weekly part-time, and hourly rates are used to estimate the overall cost. Full-time cases are reimbursed according to the monthly full-time rate by county. License-exempt part-time cases are reimbursed using the hourly rate by county.

- Licensed part-time cases are reimbursed using either the weekly part-time or hourly rate. The 1999 Child Care Characteristics Study data on the Stage Two Child Care population is used as a proxy for the Stage One Child Care caseload to determine the proportion of cases reimbursed as weekly part-time versus hourly and the number of weeks or hours of care used per month.
  - Approximately 13 percent of these cases are reimbursed using the hourly rate and average approximately 43 hours of care per month.
  - Approximately 33 percent of these cases are reimbursed using the weekly part-time rate and average three weeks of care per month.

- The Stage One Child Care administrative ratio is approximately 18 percent of the services expenditures and is based on actual expenditures from FY 2016-17. The administrative expenditures represent approximately 15 percent of total expenditures in FY 2016-17.

- The RMR increase to the 75th percentile of the 2016 survey results in a weighted average cost per case increase of $27.34 per month.

METHODOLOGY:

- Each county’s share of the projected Stage One Child Care caseload is determined by multiplying their proportion of the FY 2016-17 Stage One Child Care actual caseload by the final projected Stage One Child Care caseload for current year and budget year.

- The Stage One Child Care caseload characteristics are applied to each county’s share of the projected caseload to determine the projected caseload that falls into the various survey categories.

- The costs to update the RMR ceiling to the new rates (with the exception of those categories held harmless to the previous rates) for each survey category are multiplied by their respective caseloads to determine the costs for each care setting. This is done for each survey variation by county. For the weekly part-time rate and the hourly rate, the costs are multiplied by the hours or weeks of care used in a month.

- The costs for the different age settings, care settings, and time basis are each summed to determine the total monthly service costs. The monthly service costs are multiplied by 12 months.

- The service costs are multiplied by the administrative ratio to determine administrative costs.

- The service costs and administrative costs are summed to determine the total costs.

FUNDING:

The RMR Increase costs are consistent with the CalWORKs Child Care Stage One Services and Administration base funding ratios for TANF and GF/MOE.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Regional Market Rate (RMR) Increase*

CURRENT YEAR CHANGE FROM APPROPRIATION:
The decrease reflects updated county specific Stage One Child Care caseload, resulting in an increased proportion of Child Care costs for counties with a lower reimbursement ceiling.

REASON FOR YEAR-TO-YEAR CHANGE:
The increase reflects a full year of implementation, which is slightly offset by a lower caseload projection.

EXPENDITURES:
(in 000s)

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<tr>
<th>Item 101 – CalWORKs Child Care</th>
<th>FY 2017-18</th>
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<th>Federal</th>
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<th>County</th>
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<td>$0</td>
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</table>

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
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* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
Health and Safety Requirements*

DESCRIPTION:

This premise reflects the costs for the TrustLine registration program and the Self-Certification process to ensure license exempt child care providers meet health and safety requirements.

TrustLine is a state-mandated registration program that includes fingerprinting and background checks of certain license exempt child care providers and applicants; this process includes searching the California Criminal History System, the California Child Abuse Central Index, and conducting a FBI background check. TrustLine registration is required for child care providers in Stage One Child Care that are compensated by the CalWORKs program. This premise also includes reimbursement costs for processing applications referred by CDE for CalWORKs Stage Two and Stage Three Child Care and the Alternative Payment Program.

CDSS is responsible for processing TrustLine applications. CDSS contracts with the DOJ to process the fingerprints and California Child Care Resource and Referral Network to search file activities and with the California Child Care Resource and Referral Network to maintain the TrustLine registry and communicate the status of the TrustLine registrants with the payment programs. Counties use a CDSS website to process Live Scan applications and can utilize any Live Scan vendor authorized by the DOJ for fingerprinting services. This premise includes both the contract costs and the county administrative costs associated with the TrustLine program.

This premise also reflects the administrative costs associated with ensuring that license-exempt child care providers self-certify that they meet minimum health and safety standards. License-exempt providers must meet the following minimum standards: 1) prevention and control of infectious diseases; 2) building and physical premises standards; and 3) minimum health and safety training appropriate to the provider setting.

IMPLEMENTATION DATE:


KEY DATA/ASSUMPTIONS:

- Authorizing statute: Health and Safety Code sections 1596.60 through 1596.68 and W&IC section 11324.

- Providers for CalWORKs participants who are currently licensed, or who are an aunt, uncle, or grandparent of the child, are exempt from TrustLine and Self-Certification requirements.

- The state sharing ratio for CDSS TrustLine and Self-Certification is 18.2 percent, based on actual county expenditures from FY 2016-17.

TrustLine

- For FY 2017-18, there are 5,669 CDSS, 2,601 CDE, 4,286 voluntary, and 2,814 ancillary annual TrustLine applications projected.

- For FY 2018-19, there are 5,591 CDSS, 2,485 CDE, 4,397 voluntary, and 2,814 ancillary annual TrustLine applications projected.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Health and Safety Requirements*

KEY DATA/ASSUMPTIONS (CONTINUED):

TrustLine (continued)

- The FY 2017-18 and FY 2018-19 contract service fees are as follows:
  - Live Scan Rolling Fee: $25 (additional five percent administrative fee for CDSS applications)
  - Live Scan TrustLine Web Application Entry Fee: $5
  - DOJ Fee: $64
  - Resource and Referral Network Application Fee: $35
  - Resource and Referral Network Incomplete Application Fee: $15

- Funding for CDSS applications includes the Live Scan Rolling Fee, Live Scan TrustLine Web Application Entry Fee, DOJ Fee, and Resource and Referral Network Application Fee.

- Funding for CDSS applications also includes county administration cost. Based on actual data from in FY 2016-17, the county administration cost per case is $374.03.

- Funding for CDE applications includes the DOJ Fee and the Resource and Referral Network Application Fee.

- For voluntary and ancillary applications, this premise only provides funding for the Resource and Referral Network Application Fee costs. Since voluntary and ancillary applicants pay fingerprinting and DOJ fees directly to the vendor, these fees are reimbursed by applicants to the GF outside of the CDSS budget and not included in this premise.

- Incomplete applications are a combination of CDSS, CDE, and voluntary applicants and incur the Resource and Referral Network Incomplete Application Fee cost. The projected number of incomplete applications is 1,422 for FY 2017-18 and 1,412 for FY 2018-19.

- In FY 2017-18 and FY 2018-19, $200,000 is shifted from MOE GF to non-MOE GF for the voluntary and ancillary application fees.

Self-Certification

- Funding for CDSS TrustLine applications also includes county administration for Self-Certification.

- The Self-Certification county administration cost per case is $93.84, based on actual CWD expenditures divided by the number of CDSS applications in FY 2016-17.

METHODOLOGY:

TrustLine

- The cost of each TrustLine contract is calculated by multiplying the projected number of applications by the applicable contract service fee(s).

- The TrustLine county administration cost is calculated by multiplying the projected number of CDSS applications by the TrustLine county administration cost per case.

- The total TrustLine cost reflects the funding for service fee contracts plus the county administration cost.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Health and Safety Requirements*

METHODOLOGY (CONTINUED):

Self-Certification

- The Self-Certification administration cost is calculated by multiplying the projected number of CDSS applications by the Self-Certification county administration cost per case.

FUNDING:

The CDSS Health and Safety child care costs for two-parent families, RNE, Safety Net, TANF Timed-Out, and state-only Cal-Learn are funded with 100 percent GF. All other CDSS applications are funded with TANF. All costs associated with services to applicants referred by CDE are funded by reimbursements from CDE. Costs for voluntary and ancillary applicants are paid from non-MOE GF.

CHANGE FROM CURRENT YEAR TO APPROPRIATION:

The decrease is primarily due to a projected application decline.

REASON FOR YEAR-TO-YEAR CHANGE:

The decrease is primarily due to a projected application decline.

EXPENDITURES:

(in 000s)

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| TANF Page                      |            |            |       |         |        |           |            |       |         |        |
| TrustLine                      | -$200      | $0         | -$200 | $0      | $0      | -$200     | $0         | -$200 | $0      | $0      |

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
Tribal Temporary Assistance to Needy Families

DESCRIPTION:
This premise reflects GF costs to operate and administer Tribal TANF Programs in California. Federal welfare reform legislation allows for each Indian tribe that has an approved Tribal Family Assistance Plan to receive a Tribal Family Assistance Grant. An MOU must be established to transfer the administrative authority to operate a TANF program from a county or other political subdivision of the State of California over to a tribe. Federal and state funding are based on FFY 1994 levels and expenditures. Transferred funds include amounts needed to meet grant and administrative costs related to cash aid and WTW services. A list of current Tribal TANF Programs in California is available online.

IMPLEMENTATION DATE:
This premise implemented on March 1, 1998.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: W&IC section 10553.25.
- The GF costs are based on the county participation rates of reimbursement during FFY 1994. The state funding cannot exceed the amount designated for the Tribal TANF Program based on the 1994 caseload counts.
- Each county with a Tribal TANF program has a county-specific approved or anticipated caseload.
- The average number of persons per case is 2.9.
- The average monthly cash aid cost per person, WTW cost per case, and administration cost per case are based on the average expenditure amounts in FFY 1994.
- The direct distribution of TANF funds to the tribal organizations reduces both the TANF Block Grant available to the state and the MOE requirement. The state’s MOE is reduced by the same proportion as the reduction in the block grant.
- The TANF Block Grant to California is $3,721,496,000.
- The MOE requirement for the TANF Block Grant is $2,908,684,000.

METHODOLOGY:
The administrative costs are calculated by multiplying the average number of cash aid cases in a county by the average monthly administrative cost per case and the number of months implemented in that county under that Tribal TANF provider.

The grant costs are calculated by multiplying the average number of persons per case by the number of cases in a county, then by the cash aid cost per person and by the number of months implemented in that county under that Tribal TANF provider.

The WTW services costs are calculated by multiplying the annual number of WTW cases in a county by the average monthly WTW services cost per case and the number of months implemented in that county under that Tribal TANF provider. The 50 percent federal share of projected costs is the Tribal TANF Transfer amount.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Tribal Temporary Assistance to Needy Families*

METHODOLOGY (CONTINUED):

The Tribal TANF Transfer is divided by the total TANF Block Grant to develop a ratio that is applied to the MOE requirement to determine the Tribal TANF MOE Reduction.

FUNDING:

Grant costs are 50 percent TANF and 50 percent GF. The GF share of administrative and WTW services costs is based on the applicable GF percentage reimbursed during FFY 1994 in the counties in which the tribes are located.

CURRENT YEAR CHANGE FROM APPROPRIATION:

The increase reflects the anticipated expansion of several tribes.

REASON FOR YEAR-TO-YEAR CHANGE:

The increase reflects the anticipated expansion of services provided by various Tribal TANF organizations in Tehama, Ventura, Orange, and Yolo counties.

EXPENDITURES:

(in 000s)

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<th>Item 101 – Tribal TANF</th>
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TANF Page

| State/County MOE Reduction – Tribal TANF | -$67,239 | $0       | $0       | $0     | $0     |
| Tribal TANF - Transfer                  | 87,154   | 87,154   | 0        | 0      | 0      |

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<th>Item 101 – Tribal TANF</th>
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TANF Page

| State/County MOE Reduction – Tribal TANF | -$68,118 | $0       | $0       | $0     | $0     |
| Tribal TANF - Transfer                  | 86,028   | 86,028   | 0        | 0      | 0      |

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
DESCRIPTION:
This premise consolidates several premises associated with TANF funds and MOE expenditures in other state agencies. The TANF funds are used for eligible services in other departments’ programs that also serve CalWORKs and needy families. Local and state expenditures by CDSS and other departments on behalf of TANF/CalWORKs-eligible families may be counted toward the state’s MOE requirement for the TANF block grant.

Expenditures that would have been authorized in FFY 1995 and allowable under the former AFDC program, Job Opportunities and Basic Skills, Emergency Assistance, Child Care for AFDC recipients, and At-Risk Child Care or Transitional Child Care programs may count toward TANF MOE. Expenditures not previously authorized and allowable are countable up to the amount by which they exceed the total state program expenditures in FFY 1995. State expenditures that are used as a match to draw down other federal funding are generally not countable toward TANF MOE.

CDSS transfers TANF to the following state agencies for the specified purpose:
- The TANF transfer to the California Student Aid Commission for Cal Grants that are awarded to low income students attending public or private colleges and universities.
- The TANF pass-through to CCC for educational services provided to participants in the WTW program.
- The TANF pass-through to CDE for educational activities designed to increase self-sufficiency, job training and work activities for CalWORKs clients.
- The TANF transfer to CDE for early education expansion activities, including capacity building and training of early educators.

The following MOE eligible expenditures have been identified in three state agencies:
- The CCC work-study, other education-related work experience, job placement services and child care services, as well as coordination with county welfare offices to determine eligibility and availability of services provided to students who are CalWORKs recipients.
- The CDE child care programs that provide services for families who are served in the CalWORKs program as well as for families who are income eligible but not currently receiving TANF benefits.
- The Department of Child Support Services for the state portion of the $50 payment that is disregarded from child support collections and passed through to the custodial parent.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: Title 45 CFR sections 263.2 through 263.6.

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
Temporary Assistance for Needy Families (TANF)/Maintenance of Effort (MOE) in Other State Agencies*

KEY DATA/ASSUMPTIONS (CONTINUED):

TANF Transfers to Other State Agencies

- The TANF transfer to California Student Aid Commission for Cal Grants is approximately $1.0 billion in FY 2017-18 and $1.1 billion in FY 2018-19.
  - The following criteria are applied to the Cal Grant Program expenditures:
    - Exclude state expenditures used as federal match.
    - Exclude federally funded expenditures.
    - Exclude expenditures ineligible for TANF (Cal Grant B Access and Cal Grant C).
    - Include expenditures that meet TANF criteria (unmarried students age 25 or younger with annual parental/student income at or below the $50,000 threshold).
  - The annual contracted amounts of the TANF pass-through are $8.4 million for CCC and $10.0 million for CDE, totaling $18.4 million in FY 2017-18 and FY 2018-19.
  - The TANF Transfer to CDE for Early Education Expansion is $42.2 million in FY 2018-19.

MOE Expenditures in Other State Agencies

- The eligible MOE expenditures claimed by CCC will be $44.2 million in FY 2017-18 and FY 2018-19.
  - Current CalWORKs recipients may utilize educational services until their academic objectives are met.
  - These funds are required to be expended for educational-related services for CalWORKs program eligible recipients only.
- The eligible MOE expenditures claimed by CDE will be approximately $439.6 million in FY 2017-18 and $466.9 million in FY 2018-19.
  - Federal regulations allow state expenditures for child care to satisfy both Child Care Development Fund MOE and TANF MOE, provided that these expenditures meet the MOE requirements for both grants. The total “double-countable” expenditures cannot exceed the MOE level for the Child Care Development Fund ($85.6 million).
  - All TANF/CalWORKs-eligible families meet Child Care Development Fund eligibility requirements and meet both Child Care Development Fund and TANF MOE expenditure requirements.
  - If a state has additional child care expenditures that have not been used toward meeting Child Care Development Fund MOE requirement or to receive federal matching funds, these expenditures may count toward the state’s TANF MOE, provided that the benefiting families meet the state’s definition of TANF eligibility. All other TANF MOE requirements and limitations, as set forth in federal regulations, must also be met.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Temporary Assistance for Needy Families (TANF)/ Maintenance of Effort (MOE) in Other State Agencies*

METHODOLOGY:

MOE Expenditures in Other State Agencies (continued)

- The amount of eligible MOE expenditures claimed by Department of Child Support Services is $11.8 million in FY 2017-18 and $11.9 million in FY 2018-19.
  - The child support payment data are based on the counties’ monthly Child Support 35 Reports and the Child Support Services Supplement to the Child Support 34 Monthly Report of Collections and Distributions.
  - The $50 disregard is shared between the state and the federal government and only the state portion of the disregard is reflected in this premise.

TANF to Other State Agencies

- The amount of TANF transferred to California Student Aid Commission reflects the projected amount of TANF that can actually be expended by them for Cal Grants.
- The specified amounts of TANF funds to be passed from CDSS to CCC and CDE are established by interagency agreements.
- The amount of TANF transferred to CDE for Early Education Expansion reflects the amount of TANF available after funding CaWORKs and other programs.

MOE Expenditures in Other State Agencies

- The projected expenditures from CCC and Department of Child Support Services that count toward the MOE requirement is estimated and provided by each agency, respectively.
- The projected expenditures from CDE that count toward the MOE requirement are calculated by multiplying the applicable GF cost for child care programs by the percentage of TANF-eligible families receiving CDE Child Care Services.

FUNDING:

Funds that are passed through or transferred to the California Student Aid Commission, CCC, and CDE are 100 percent TANF. Expenditures claimed as MOE are 100 percent GF.

CURRENT YEAR CHANGE FROM APPROPRIATION:

There is no change to the TANF Pass-Through for State Agencies, the TANF Transfer to the California Student Aid Commission, or the MOE eligible expenditures from CCC. The TANF transferred to the CDE for Early Education Expansion is a new premise item that implements in FY 2018-19. There increase in the MOE eligible expenditures from CDE Child Care Programs reflects increased GF expenditures on CDE Child Care Programs due to an income eligibility increase and 12-Month income eligibility. The decrease in countable MOE from the State Disregard Payment to Families reflects updated projections for the amount of disregard payments from the Department of Child Support Services.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Temporary Assistance for Needy Families (TANF)/
Maintenance of Effort (MOE) in Other State Agencies*

REASON FOR YEAR-TO-YEAR CHANGE:
The increase in the TANF transfer to the California Student Aid Commission reflects additional TANF available for Cal Grants. There is no change in the TANF Pass-Through for State Agencies. The TANF transferred to the CDE for Early Education Expansion is a new premise item. There is no change in the MOE eligible expenditures from CCC. The increase to the MOE eligible expenditures claimed by CDE reflects additional GF expenditures for Stage 2 Child Care. The increase in countable MOE from the State Disregard Payment to Families reflects updated projections for the amount of disregard payments from the Department of Child Support Services.

EXPENDITURES:
(in 000s)

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| TANF Page                                           |           |           |           |           |           |
| Community Colleges – Expansion of Services          | $44,225   | $0        | $44,225   | $0        | $0        |
| CDE Child Care Programs                             | 439,566   | 0         | 439,566   | 0         | 0         |
| State Disregard Payment to Families                 | 11,836    | 0         | 11,836    | 0         | 0         |

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| TANF Page                                           |           |           |           |           |           |
| Community Colleges - Expansion of Services          | $44,225   | $0        | $44,225   | $0        | $0        |
| CDE Child Care Programs                             | 466,863   | 0         | 466,863   | 0         | 0         |
| State Disregard Payment to Families                 | 11,889    | 0         | 11,889    | 0         | 0         |

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Kin-GAP Program*

DESCRIPTION:
This premise provides funding intended to enhance family preservation and stability by recognizing many foster children are in long-term, stable placements with relatives and these placements are the permanent plan for the child. Accordingly, a dependent child who has been living with a relative for at least six months may receive a subsidy, if the relative assumes guardianship and dependency is dismissed. Once dependency is dismissed, there is no need for continued governmental intervention in the family life through ongoing or scheduled court and social services supervision of the placement.

Pursuant to W&IC section 11386, cases determined to be Title IV-E eligible have converted to the Fed-GAP program upon annual redetermination, effective January 1, 2011. Prospective federally eligible cases that would have entered the Kin-GAP program on or after January 1, 2011, now enter the Fed-GAP program.

This premise includes funding for the annual CNI COLA resulting from the California Alliance of Child and Family Services v. William Lightbourne, et al. court decision.

IMPLEMENTATION DATE:
The Kin-GAP program implemented on January 1, 2000, the enhancements implemented on October 1, 2006, and the annual CNI COLA implemented on July 1, 2011.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: W&IC sections 11360 through 11380 and 11461.
- The state-only Kin-GAP program is available for those cases not eligible for the Fed-GAP program but meet the criteria for Kin-GAP. This includes cases transferring from the CalWORKs program, permanent residence under color of law, and cases determined to be non-federally eligible upon annual redetermination.
- When a child is living with a minor parent for whom a Kin-GAP payment is made, the payment shall include an amount for the care and supervision of the child.
- Federal and non-federal basic grant payments are based on the CA 800 Kin-GAP Summary Report of Expenditures from July 1, 2016 to December 31, 2016 to reflect expenditures prior to CCR implementation.
- The costs to cover the difference between the age based rate and the home-based family care rate are displayed in the CCR – Kin-GAP table line.
- Federally eligible cases have been transferred to the Fed-GAP program. Non-federally eligible cases remain in the Kin-GAP program, which represent approximately 44.5 percent of the total guardian assistance payment caseload based on the CA 800 Kin-GAP Summary Report of Expenditures from FY 2016-17.
- The average monthly Kin-GAP caseload is 7,152 for FY 2017-18 and 7,085 for FY 2018-19.
- The average monthly Kin-GAP basic grant payment is $819.50 based on actual expenditures. The monthly grant includes the average clothing allowance provided to new cases of $220.00 initially and $99.00 annually thereafter.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Kin-GAP Program*

KEY DATA/ASSUMPTIONS (CONTINUED):

- The projected Kin-GAP grant payment includes the CNI COLA for FY 2017-18 and FY 2018-19. The costs for the CNI COLA increase is displayed in the Kin-GAP – COLA Increase table line.
- The FY 2017-18 Kin-GAP Administrative costs are maintained at $3.6 million GF.
- Based on actual expenditures, the cost of ongoing monthly county Kin-GAP administrative functions is $64.32 per case in FY 2018-19.
- State and county expenditures associated with all cases are considered eligible to be counted toward the state's TANF MOE requirement.
- This premise assumes no Title IV-E federal funding.

METHODOLOGY:

- The basic costs are calculated by multiplying the projected casemonths by the average monthly Kin-GAP grant payment.
- The administrative costs are calculated by multiplying the projected casemonths by the average monthly Kin-GAP administrative cost per case.
- The CNI COLA costs reflect the net impact of the monthly grant adjusted for the CNI COLA, with the additional CNI COLA applied to the subsequent FY.

FUNDING:

Assistance costs are 79 percent GF and 21 percent county funds, and administrative costs are 50 percent GF and 50 percent county funds for TANF eligible cases. Administrative costs for non-TANF eligible cases are 100 percent GF.

CURRENT YEAR CHANGE FROM APPROPRIATION:

The basic cost increase reflects growth in the average monthly grant, offset by a decline in the projected caseload. There is no change for administration costs. The CNI COLA decrease reflects a decline in the projected impact of the FY 2017-18 COLA.

REASON FOR YEAR-TO-YEAR CHANGE:

The basic cost decrease reflects a decline in the projected caseload. The administration increase reflects growth in the administrative cost per case, partially offset by a decline in the projected caseload. The CNI COLA increase reflects the application of the FY 2018-19 CNI COLA.

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
Kin-GAP Program*

EXPENDITURES:
(in 000s)

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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
After 18 Program*

DESCRIPTION:
This premise reflects the fiscal impact of implementing the federal option to extend benefits as allowed in the Fostering Connections to Success and Increasing Adoptions Act of 2008 (PL 110-351). The CDSS amended the Title IV-E state plan to extend benefits for youth from age 18 to 21 in the FC, Kin-GAP, Fed-GAP, and AAP programs, as well as foster youth who receive aid payments through the CalWORKs program. Extending the age limit that eligible non-minors can receive benefits allows them to receive financial support while they still reside in the security of a supervised living placement, which improves non-minors transition to self-sufficiency and adulthood.

Eligibility for extended benefits up to age 21 is available to non-minors who meet at least one of the five following criteria: 1) completing secondary education or a program leading to an equivalent credential; 2) being enrolled in an institution that provides postsecondary or vocational education; 3) participating in a program or activity designed to promote or remove barriers to employment; 4) being employed for at least 80 hours a month; or 5) being incapable of doing any of the above due to a medical condition that is documented regularly in the non-minor’s case plan.

In addition to the above criteria, non-minor youth in AAP, Kin-GAP, or Fed-GAP placements must have entered their respective out-of-home care program at age 16 or older to be eligible for the After 18 Program. Any case determined to include a disability can receive extended benefits up to age 21 regardless of the age of the youth upon entering the respective program.

The funding for the FC, Fed-GAP, AAP, and CWS programs’ portion of this estimate is included in the 2011 Realignment tab.

IMPLEMENTATION DATE:
The extension of Kin-GAP benefits for disabled cases implemented on January 1, 2011.
The implementation of extended benefits to age 19 occurred on January 1, 2012, to age 20 on January 1, 2013 and to age 21 on January 1, 2014.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: W&IC section 11403(b).
- Kin-GAP
  - The average monthly Kin-GAP caseload is 127 for FY 2017-18 and 129 for FY 2018-19.
  - The average monthly caseload includes the impact of Kin-GAP Interstate Compact for the Placement of Children residing outside of California.
  - The average monthly Kin-GAP basic grant for the after population is $973.73 for FY 2017-18 and $1013.07 for FY 2018-19. Additional Kin-GAP benefits such as a SCI and clothing allowance are determined on a case-by-case basis.
  - The Kin-GAP basic rate includes CNI COLA increases for FY 2017-18 and FY 2018-19, resulting from the California Foster Parent Association v. William Lightbourne et al. court decision.

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
After 18 Program*

KEY DATA/ASSUMPTIONS (CONTINUED):

- Based on actual expenditures, the cost of ongoing monthly county Kin-GAP administrative functions is $70.23 for FY 2018-19. The FY 2017-18 funding is maintained at $48,000 total funds.

Services-Only FC

- Based on the actual Services-Only FC expenditures from November 2016, the projected average monthly caseload is two cases for FY 2017-18 and FY 2018-19.
- The projected grant cost per case is $355. The portion associated with the MAP increases, $38, is reflected in the MAP Increases premise. The remaining $317 is reflected in this premise.
- The average monthly administrative cost per case is $24.96.

METHODOLOGY:

Kin-GAP

- The Kin-GAP assistance costs are calculated by multiplying the projected casemonths by the average monthly Kin-GAP grant payment.
- The Kin-GAP administration costs are calculated by multiplying the projected casemonths by the average monthly Kin-GAP administrative cost per case.

Services-Only FC

- The CalWORKs grant costs for Services-Only FC cases are calculated by multiplying the caseload by the MAP amount and by 12 months.
- The CalWORKs administration costs for Services-Only FC cases are calculated by multiplying the caseload by the average monthly administrative cost per case and by 12 months.

FUNDING:

The Kin-GAP assistance costs are 79 percent GF and 21 percent county funds. The Kin-GAP administration costs are 50 percent GF and 50 percent county funds for TANF eligible cases and 100 percent GF for non-TANF eligible cases.

The grant and administration costs for Services-Only FC cases are 100 percent GF and are not MOE eligible.

CURRENT YEAR CHANGE FROM APPROPRIATION:

The Kin-GAP grant impact increase reflects growth in the projected caseload and growth in the average monthly grant based on actual expenditures. There is no change in the Kin-GAP administration and Service-Only FC costs.

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
After 18 Program*

REASON FOR YEAR-TO-YEAR CHANGE:

The Kin-GAP grant impact increase reflects growth in the projected caseload and growth in the average monthly grant due to the FY 2018-19 CNI COLA. The Kin-GAP administration impact increase reflects growth in the average administrative cost per month due to technical adjustments. There is no change in Service-Only costs.

EXPENDITURES:
(in 000s)

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<th>Item 101 – Kin-GAP Program</th>
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<th>State</th>
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<tr>
<td>Grants</td>
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<tr>
<td>Administration</td>
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<th>Item 101 – After 18 Program Services-Only FC Cases</th>
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<td>Grants</td>
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<td>Administration</td>
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<tr>
<td>Total</td>
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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Kin-GAP Nonrecurring Costs*

DESCRIPTION:
This premise provides funding to reimburse relatives who obtain legal guardianship of children in FC for nonrecurring expenses. The federal Fostering Connections to Success and Increasing Adoptions Act of 2008 (PL 110-351) created a Title IV-E option allowing states to provide Kin-GAP to relatives who assume legal guardianship of related foster children. The Act requires a written, binding Kin-GAP agreement that specifies, among other requirements, that the Title IV-E agency reimburses the legal guardian for the nonrecurring expenses associated with obtaining legal guardianship of the child, which cannot exceed $2,000.

IMPLEMENTATION DATE:
This premise implemented on January 1, 2012.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: W&IC sections 11364 and 11387.
- The maximum reimbursement per case is $2,000.
- The assumptions are maintained to the 2016 Budget Act.
- Based on caseload and expenditure data from the Adoptions program, an average of 30 percent of relative foster parents will submit a claim each FY.
- Based on the caseload reported on the CA 237 Kin-Gap Caseload Movement Report, approximately 21 percent of FC children served in CalWORKs transfer to the Kin-GAP program. Thus, an average of 11 monthly cases will be eligible for the state-only Kin-GAP program each FY.

METHODOLOGY:
The average monthly Kin-GAP caseload is multiplied by the maximum reimbursement per case and then by 12 months.

FUNDING:
The Kin-GAP program costs are 100 percent GF. The Fed-GAP and CWS programs portions of this estimate are included in the 2011 Realignment tab.

CURRENT YEAR CHANGE FROM APPROPRIATION:
There is no change.

REASON FOR YEAR-TO-YEAR CHANGE:
There is no change.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
## Kin-GAP Nonrecurring Costs*

**EXPENDITURES:**
(in 000s)

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* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
Tribal-State Title IV-E Agreements*

DESCRIPTION:
This premise reflects the costs to provide funding when a tribe seeks to implement a CWS program by entering into a Tribal-State Title IV-E Agreement. For tribes with a Tribal-State Title IV-E agreement, the state will provide the pass-through of federal Title IV-E and state funds for maintenance, administration, and service costs for tribal children in FC.

IMPLEMENTATION DATE:

KEY DATA/ASSUMPTIONS:
- The average monthly grants are based on statewide actual expenditures through December 2016 for Kin-GAP, Fed-GAP and AAP grants, and June 2016 for FC grants. For more information on the monthly average grants, refer to the Public Assistance Programs Average Monthly Grants page located within the Reference Documents tab of this binder.
- The assistance grants include CNI COLA increases for FY 2017-18 and FY 2018-19, resulting from the impact of the California Foster Parent Association v. William Lightbourne et al. court decision.
- For FY 2017-18 and FY 2018-19 the Karuk Tribe cases are projected to be six for foster family homes, two for AAP, two for supervised independent living placement, four for Kin-GAP, four for Fed-GAP, six for ER, 45 for ER Assessment, five for FM, five for FR, and two for PP.
- For FY 2017-18 and FY 2018-19 the Yurok Tribe cases are projected to be 32 for foster family homes, eight for AAP, seven for supervised independent living placement, 14 for Kin-GAP, two for Fed-GAP, 200 for ER, 100 for ER Assessment, 43 for FM, 30 for FR, and 24 for PP.
- The percent of federally eligible costs for tribes is based on the non-Project estimate.
- The Karuk Tribe has one FC determination eligibility worker at a cost of $70,000 per year.
- The Yurok Tribe has two FC determination eligibility workers at a cost of $50,000 per eligibility worker per year.
- As Title IV-E agencies, the Karuk and Yurok Tribes will receive additional funding in FY 2017-18 and FY 2018-19 for post-realignment activities and activities that were realigned to counties as part of 2011 Realignment. This additional funding will allow tribes to provide tribal youth with services that have previously been realigned to counties. For more information on the various post-realignment premises, please refer to the corresponding premise. For more information on 2011 Realignment, please refer to the 2011 Realignment tab.

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
Tribal-State Title IV-E Agreements*

METHODOLOGY:

- The assistance costs are calculated by multiplying the case months by the average grant amounts for each program component.
- The FC administrative costs are calculated by multiplying the number of eligibility workers by the annual eligibility worker costs.
- The CWS and Adoptions administrative costs are calculated by summing the products of the time necessary to complete the administrative activities for the applicable caseloads.
- The costs associated with 2011 Realignment programs are calculated by multiplying the 58-county realignment amounts by the tribes' percentage of statewide caseload.

FUNDING:

Federal funding is provided by Title IV-E of the Social Security Act, with the amount of FFP based on the enhanced Tribal FMAP of 83 percent for assistance, 50 percent for administrative costs and 75 percent for training costs for those cases and programs meeting eligibility criteria. For assistance costs, due to the higher tribal FMAP rate the non-federal share will be funded with 100 percent GF for tribes with a federal FMAP of 80 percent or higher, an AAP Tribal FMAP of 62.5 percent or higher or a Fed-GAP Tribal FMAP of 60.5 percent or higher. If the FMAP falls below these thresholds, the tribal share of the non-federal costs will be 60 percent for FC, 25 percent for AAP, and 21 percent for Fed-GAP.

For FC administration costs, the non-federal costs are 70 percent GF and 30 percent tribal funds.

For CWS and Adoptions administration costs, the non-federal costs are funded consistent with the specific CWS and Adoptions program. For more funding information on these specific programs, please refer to the Estimates Methodologies section of the 2011 May Revision Local Assistance binder.

CURRENT YEAR CHANGE FROM APPROPRIATION:

The decrease in Kin-GAP, FC, and AAP grants reflects a decline in the projected caseload. There is no change in FC, CWS, and Adoptions administration.

REASON FOR YEAR-TO-YEAR CHANGE:

The decrease in the Kin-GAP grants reflects a decline in the costs to complete administrative activities, offset by the Kin-GAP grant increasing by the FY 2018-19 CNI COLA. The increase in FC and AAP grants reflects growth in the average monthly grants due to the FY 2018-19 CNI COLA. The decrease in FC administration reflects a decline in the projected costs to complete administrative activities. The increase in the CWS administration reflects additional funding to allow tribes to implement additional child welfare programs. There is no change in Adoptions administration.

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
Tribal-State Title IV-E Agreements*

EXPENDITURES:
(in 000s)

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<td><strong>$4,156</strong></td>
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<td><strong>$470</strong></td>
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* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
Continuum of Care Reform (CCR)*

DESCRIPTION:
This premise provides funds to implement reform of the state’s current rate structure, service delivery and programs for children and families in the continuum of the FC system. Improvements to the continuum of care have been a consistent theme in child welfare in California for the past 15 years. The continuum of placement settings and the array of available services and supports for children and youth in FC is an interconnected system. California’s long standing efforts to improve the continuum of care led to the passage of SB 1013 (Chapter 35, Statutes of 2012) and CDSS’ publication of a report in 2015 titled California’s Child Welfare Continuum of Care Reform.

The report outlined a comprehensive approach to improve the experience and outcomes of children and youth in FC. AB 403 (Chapter 773, Statutes of 2015), AB 1997 (Chapter 612, Statutes of 2016) and AB 404 (Chapter 732, Statutes of 2017) codified the recommendations, which seek to assist youth in FC to have their day-to-day physical, mental and emotional needs met, have the opportunity to grow up in a permanent and supportive home and have the opportunity to grow into self-sufficient, successful adults.

The CCR supports these efforts by giving families who provide FC, now known as resource families, targeted training and individualized support so that they are better prepared to care for youth living with them. The reform also advances California’s long standing goal to decrease the state’s reliance on long-term group home care by ensuring therapeutic and core services and support are available in a family setting. Additionally, the reform effort transforms existing congregate care into a therapeutic residential setting where youth, who cannot immediately transition to family-based placements, can receive short-term intensive interventions designed to enable the child’s transition to family-based placements more quickly.

For a summary of all cost components, please refer to the CCR Summary included in the Reference Documents section of this binder.

IMPLEMENTATION DATE:

The foster family agency social worker rate increase and foster parent, recruitment, retention and support activities for resource families and foster parents implemented on July 1, 2015. The first phase of the home-based family care rate structure implemented on January 1, 2017; the second phase of the home-based family care rate structure automation implemented on December 1, 2017, however, the use of the rates will be available to counties February 1, 2018. Other administrative activities to support CCR implemented on July 1, 2016, or January 1, 2017, as specified below.

KEY DATA/ASSUMPTIONS:

- Authorizing statute: Education Code sections 6552, 7911, 7911.1, 7912, 8712, and 9201; Family Code sections 7911, 7911.1, 7912 and 9203.1; Government code sections 6276.38 and 30029.7; Health and Safety Code sections 1501.1, 1502, 1502.4, 1506, 1506.1, 1506.3, 1506.5 through 1506.8, 1507.25, 1517, 1517.1 through 1517.3, 1520.1, 1520.5, 1522.2, 1522.4, 1522.41, 1522.43, 1522.44, 1523.1, 1524, 1524.6, 1525.5, 1529.2, 1530.7, 1530.8, 1531.1, 1531.15, 1534, 1536, 1538.3, 1538.5 through 1538.9, 1548, 1548, 1562, 1562.01, 1562.35, 1563, and 1567.4; Insurance Code section 676.7; Penal Code section 11105.08, 11105.2, 11105.3, 11165.7 and 11170; Probate Code section 1541 and 1543;
Continuum of Care Reform (CCR)*

**KEY DATA/ASSUMPTIONS (CONTINUED):**

- Authorizing statute (continued): W&IC sections 291, 293, 294, 295, 309, 319.3, 361.2, 361.3, 361.4, 361.45, 361.5, 366.26, 706.6, 727, 727.1, 727.4, 827.11, 832, 4094.2, 4096, 4096.1 4096.5, 4096.55, 5600.3, 10553.12, 11253.2, 11253.45, 11400, 11402, 11402.01, 11403.2, 11460, 11461, 11461.2, 11462, 11462.001, 11462.01, 11462.015, 11462.02, 11462.021, 11462.022, 11462.04, 11462.041, 11462.06, 11463, 11463.01, 11463.1, 11465, 11466, 11466.01, 11466.2, 11466.21, 11466.22, 11466.24, 11466.25, 11466.3, 11466.31 through 11466.36, 11466.5, 11466.6, 11468, 11469, 16000, 16003, 16003.5, 16501, 16501.1, 16504.5, 16514, 16519.5, 16519.52 through 16519.55, 16519.6, 16519.61, 16519.62, 16519.65, 16520, 18250, 18251, 18254, 18358.30, 18987.72.

**Home-Based Family Care Rate Structure**

- The first phase of this component implemented on January 1, 2017. The second phase of this component implemented on December 1, 2017 after full SAWS automation is complete, however, the use of the rates will be available to counties February 1, 2018.

- The first phase of implementation includes raising the minimum basic level of the rate paid to families and adding funds for two new components – services and supports and RFA to the foster family agency rate. For additional information see ACL No. 16-79. The second phase includes implementation of the level-of-care of the rates (see ACL NO. 17-11 and the CCR Summary included in the Reference Documents section of this Binder).

- The current age-based rate structure for out-of-home placements will be replaced by the home-based family care rate structure, which is comprised of four Level of Care rates.

- Funding is based on the incremental difference between the age-based rate structure and the home-based family care rate structure.

- Consistent with rates that will be set forth through written directives, foster family agencies, resource families, foster family homes (including relatives), ARC, as well as prospective AAP, Kin-GAP and Fed-GAP cases will be eligible to receive the home-based family care rate.

- The FC youth currently in group home care will transition to alternative placements including foster family agencies, foster family homes, resource families, relative placements, intensive services FC placements or short-term residential therapeutic programs over a 24-month period.

- During the 24-month period, it is assumed approximately 21 percent will transition to a foster family home or relative placement, 45 percent will transition to a short-term residential therapeutic program, 19 percent will transition to an intensive services FC placement, and 14 percent will transition to a foster family agency.

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
Continuum of Care Reform (CCR)*

KEY DATA/ASSUMPTIONS (CONTINUED):

Home-Based Family Care Rate Structure (continued)

- In FY 2017-18, it is assumed 164 group home placements will move to an intensive services FC placement and receive the intensive services FC basic rate with an intensive services FC agency rate; 584 group home placements will move to a short-term residential therapeutic program and receive the short-term residential therapeutic program rate; and 160 group home placements will move to a family-based setting and receive the home-based family care rate. It is estimated the remaining 4,619 group home placements will not transition out of a group home.

- In FY 2018-19, it is assumed 710 group home placements will move to an intensive services FC placement and receive the intensive services FC basic rate with an intensive services FC agency rate; 1,868 group home placements will move to a short-term residential therapeutic program and receive the short-term residential therapeutic program rate; and 904 group home placements will move to a family-based setting and receive the home-based family care rate. It is estimated the remaining 2,046 group home placements will not transition out of a group home.

- When FC youth transition out of group homes to a placement with a lower grant, child welfare and probation departments will reinvest the cost difference between the two grants into other CCR related activities or services.

- There will be a time-limited investment for a services only rate for counties to use to contract with foster family agencies or other community based organizations to provide services and support to youth in placements with relatives.

- Starting April 1, 2018, funding assumes counties will reduce their specialized care increment investments in amounts consistent with the incremental difference between the age-based rate structure and the home-based family care rate structure. This offset will be used to reduce the GF investment amounts.

- The cost to implement the home-based family care rate is $74.4 million non-federal funds in FY 2017-18 and $34.1 million non-federal funds in FY 2018-19.

- The FY 2017-18 and FY 2018-19 funding includes an offset after reinvestments from group home placement movements to placements with lower grants.

SAWS

- This component implemented July 1, 2016.

- The automation of the home-based family care rate structure will be completed in multiple phases due to the complexity of the automation. This includes, but is not limited to, maintaining two rate structures simultaneously for multiple populations and converting from an age-based rate structure to a structure based on level-of-care.

- The cost to make these changes in the SAWS is $5.0 million total funds in FY 2017-18.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Continuum of Care Reform (CCR)*

KEY DATA/ASSUMPTIONS (CONTINUED):

Foster Family Agency – Social Worker Rate Increase

- This component implemented on July 1, 2015.
- With implementation of the home-based family care rate, the social worker rate cost increase for foster family agencies has been incorporated into the rate and no is no longer displayed separately.

Accreditation

- This component implemented July 1, 2016.
- All short-term residential therapeutic programs and foster family agencies will attain accreditation from a national accreditation body selected by CDSS.
- Fifty percent of the accreditation costs will be funded with GF. The GF funding for Accreditation will end in FY 2017-18.
- The cost of accreditation is $2.8 million total funds in FY 2017-18.

Contracts

- This component implemented in FY 2016-17.
- Contracts will fund activities including but not limited to performance and oversight, automation system change request to the CWS/CMS, and training for county mental health staff, county social workers and probation officers.
- Training for probation officers is displayed in the Child Welfare Training premise. The FY 2017-18 funding is $2.0 million total funds and $1.8 million total funds in FY 2018-19.
- Contracts to support implementation of the CCR will be $12.1 million total funds in FY 2017-18 and $14.1 million total funds in FY 2018-19. Of this amount, $6.0 million from FY 2017-18 and $8.4 million from FY 2018-19 is included in the Item 151 CCR Administration table line. Additional training contracts are displayed in the Child Welfare Training premise.

Child and Family Teams

- This component implemented on January 1, 2017.
- Placing agencies will utilize child and family teams for all out-of-home placements participatory case planning purposes and in an effort to continuously assess foster youth need.
- The needs of the child will determine the duration and frequency of child and family team meetings. Cases with urgent-needs will require more frequent and longer child and family team sessions than cases deemed stable. Each child and family team will need to determine the appropriate frequency and duration on a case-by-case basis.
- A child and family team session may last an average of two hours.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Continuum of Care Reform (CCR)*

KEY DATA/ASSUMPTIONS (CONTINUED):

Child and Family Teams (continued)

- A caseworker will require between one and six hours per child and family team session to work on logistical activities including facilitating the child and family team session. Logistical activities may include identifying individuals that will participate in the child and family team (including family members and agency partners), securing their participation, and documenting the results of the child and family team as part of the case plan.

- The caseworker cost per hour is $99.46.

- The FY 2017-18 funding for child and family teams is maintained at $51.2 million GF.

- The number of foster family homes, foster family agencies, group homes, ARC and non-minor dependent placements that will have a child and family team are 51,720 in FY 2018-19.

- Funding for child and family teams is $64.5 million total funds ($51.9 million GF) in FY 2018-19, including an offset of $4.6 million total funds for participatory case planning activities included in 2011 Realignment.

- Of the $64.5 million total funds in FY 2018-19, $58.2 million total funds ($46.7 million GF) is for CWS and $6.3 million total funds ($5.2 million GF) is for probation departments.

Second Level Administration Review

- This component implemented January 1, 2017.

- All children placed in a short-term residential therapeutic program will require a placement review at intervals no greater than six months and require county deputy director approval for placements exceeding six months.

- The additional placement review will take one hour of caseworker time.

- The caseworker cost per hour is $99.46.

- The FY 2017-18 funding for second level administration review is maintained at $29,000 total funds.

- In FY 2018-19, 1,599 cases will require a placement review.

- Funding for second level administration review in FY 2018-19 is $244,000 total funds ($197,000 GF).

- Of the $244,000 total funds in FY 2018-19, $199,000 total funds ($160,000 GF) is for CWS and $45,000 total funds ($37,000 GF) is for probation departments.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Continuum of Care Reform (CCR)*

KEY DATA/ASSUMPTIONS (CONTINUED):

Foster Parent Recruitment, Retention and Support

- This component implemented on July 1, 2015.
- This funding will increase capacity to transition youth from congregate care to home-based family settings.
- The FY 2017-18 funding for foster parent recruitment, retention and support is maintained at $43.3 million GF.
- Funding for foster parent recruitment, retention and support is $27.1 million total funds ($21.6 million GF) in FY 2018-19.
- Of the $27.1 million total funds in FY 2018-19, $17.5 million total funds ($13.9 million GF) is for CWS and $9.6 million total funds ($7.8 million GF) is for probation departments.

RFA

- Thirteen counties implemented on July 1, 2016: Butte, Kings, Madera, Monterey, Orange, San Francisco, San Joaquin, San Luis Obispo, Santa Barbara, Santa Clara, Stanislaus, Ventura and Yolo counties.
- The remaining 45 counties implemented on January 1, 2017.
- RFAs will be completed by caseworkers and will replace existing processes.
- The caseworker cost per hour is $72.60.
- A county caseworker will spend 26 hours to convert an already existing licensed or approved relative home to an approved resource family.
- A DOJ form transfer will be required for each adult living in an existing licensed or approved relative home that will become an approved resource family.
- A county caseworker will spend 30 hours to approve a new resource family.
- Families denied a RFA may request a state-level hearing, resulting in 14 hours of caseworker time to participate in a due process review conducted by the state.
- A county caseworker will spend 15 minutes per case serving an administrative notice to denied resource families and updating a statewide database with the denials.
- Resource families moving to another county or resource families that receive an additional placement will trigger an annual update, resulting in an average of 7 hours of caseworker time per update based on experience in pilot resource family approval counties.
- Counties will be responsible for completing complaint investigations on resource families, resulting in 16 hours of caseworker time per complaint.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Continuum of Care Reform (CCR)*

KEY DATA/ASSUMPTIONS (CONTINUED):

RFA (continued)

- Counties will be responsible for completing registered sex offender checks on all new RFAs, excluding Foster Family Home conversions.
  - For all new RFA applications, 20 minutes of caseworker time is required to check each home against the Megan’s Law Public Website.
  - For the application registered sex offender check process, the match rate in FY 2018-19 will be 0.35 percent.
  - For each address match, a caseworker will spend 20 hours investigating each the match.
  - Fourteen percent of the investigations will require administrative action.
  - A caseworker will spend 14 hours on an administrative action.

- For all existing RFAs, registered sex offender checks will occur on an ongoing basis, based on monthly address matches provided to the counties by the State.
  - The match rate in FY 2018-19 will be 0.35 percent.
  - For each address match, a caseworker will spend 20 hours to investigate each address match.
  - Fourteen percent of the investigations will require administrative action.
  - A caseworker will spend 14 hours on an administrative action.
  - Counties will be responsible for completing out-of-state background checks for adults in an RFA who lived outside of California.
  - Ten percent of new resource families have resided in another state within the past five years and will require a child abuse and neglect registry check.
  - Four people in the home will require a child abuse and neglect registry check in another state.
  - Ninety percent of those who have resided in another state within the past five years will not have a history of child abuse and neglect. A caseworker will require one hour per registry check for these cases.
  - Ten percent of those who have resided in another state within the past five years and have a child abuse and neglect registry check will have a history of child abuse and neglect. A caseworker will require eight hours per registry check for these cases to investigate and review the facts of the case.

- The FY 2017-18 funding for RFA is maintained at $18.6 million GF.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Continuum of Care Reform (CCR)*

KEY DATA/ASSUMPTIONS (CONTINUED):

RFA (continued)

- Funding for RFA is $34.1 million total funds (23.1 million GF) in FY 2018-19, including an offset of $19.2 million total funds in FY 2018-19 for subsumed activities including initial relative home approvals, annual approvals, multiple relative home approvals, adoption home approvals, grievance reviews for relatives, registered sex offender checks for child welfare services cases, and Adam Walsh out-of-state background checks for CWS and adoption cases.

- Of the $34.1 million total funds in FY 2018-19, $30.5 million total funds ($20.7 million GF) is for CWS and $3.6 million total funds ($2.5 million GF) is for probation departments.

- Costs for subsumed activities that will no longer be completed were included in the 2011 Realignment base funding.

- Only a portion of the realigned funding is expected to be reinvested in FY 2018-19 for subsumed activities that will have a phased-out caseload reduction.

Percent of Eligible Costs

- The percent of federally eligible costs is 67 percent in FY 2017-18 and FY 2018-19 for the non-Project estimate. The Title IV-E California Well-Being Project counties do not receive FFP as the federal funds for the Project are capped.

- Effective October 1, 2017, there are seven counties participating in the Project.

METHODOLOGY:

- The costs for the home-based family care rate are calculated by multiplying the cases that receive the revised rate by the incremental increase between the home-based family care rate and the current rate.

- The CCR administrative costs are calculated by summing the remaining components.

FUNDING:

The social worker rate increase for the foster family agency rate is funded with 100 percent GF. Federal funding for administrative costs is provided by Title IV-E of the Social Security Act, with the amount of FFP based on the FMAP of 50 percent for assistance or based on the 50 percent administration rate and 75 percent enhanced training rate for those cases and programs meeting eligibility criteria.

The responsibility for child welfare and protective services was realigned to the counties in 2011 as part of 2011 Public Safety Realignment. Pursuant to Proposition 30, legislation enacted after September 30, 2012, that has an overall effect of increasing the costs already borne by a local agency for programs or levels of service mandated by 2011 Realignment shall apply to local agencies only to the extent that the state provides annual funding for the cost increase.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Continuum of Care Reform (CCR)*

FUNDING (CONTINUED):
While AB 403 imposes various new requirements and a higher level of service on local agencies that have an overall effect of increasing costs in the short-term, AB 403 will eventually reduce overall costs of FC, which will allow counties to reinvest these savings in CWS. Over the long-term, local agencies should realize significant cost reductions in FC assistance expenditures as group home placements will gradually transition over to alternative family-based settings. These costs reductions will be reinvested to provide additional services to families and to offset CCR administrative costs.

CURRENT YEAR CHANGE FROM APPROPRIATION:
The decrease in CCR Kin-GAP and CCR ARC reflects a decline in the projected caseload and a decline in the projected impact of the home-based family care rate.
The increase in CCR FC for item 101 and item 153 reflects fewer group home placement movements than initially anticipated and the specialized care increment offset starting April 1, 2018.
The increase in CCR AAP reflects the specialized care increment offset starting April 1, 2018.
The increase in CCR SAWS reflects the revised spending plan to ensure completion of the home-based family care rate automation by December 1, 2017.
The net decrease in CCR administration reflects the shifting of contract funding to the Child Welfare Training premise.

REASON FOR YEAR-TO-YEAR CHANGE:
The increase in CCR ARC and CCR Kin-GAP reflects growth in the projected caseload and growth in the costs for the home-based family care rate.
The decrease in the CCR FC for item 101 and item 153 reflects a full year of the specialized care increment offset to the home-based family care rate and additional savings from group home placements transitioning to lower levels of care.
The decrease in the CCR AAP reflects a full year of the specialized care increment offset to the home-based family care rate.
The decrease in CCR SAWS reflects completion of the CCR automation changes.
The net decrease in CCR administration reflects a decline in funding for accreditation due to the funding for this component ending FY 2017-18 and a decline in funding for foster parent recruitment, retention and support funding due to a phase out of the initial GF investment for this activity. The decline is offset by increased costs for contracts to implement CCR, and growth in the projected caseload for child and family teams, second level administration review, and RFA.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Continuum of Care Reform (CCR)*

EXPENDITURES:
(in 000s)

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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Payable from Title IV-E Child Support Collections/Recovery Fund*

DESCRIPTION:
This premise reflects the estimated federal share of FC child support collections as determined by the Department of Child Support Services. The Department of Child Support Services is responsible for transferring the federal share of FC collections, as reported to the federal government, to the Recovery Fund.

IMPLEMENTATION DATE:
This premise implemented on July 1, 2000.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: Social Security Act section 457(e)(1).
- The Department of Child Support Services provides the federal share of the estimated FC collections based on projected FC collections.
- The level of FFP for federal FC claims is 50 percent; the transfer of the collections is displayed as 100 percent federal funds.

METHODOLOGY:
The Department of Child Support Services provides the base estimate with CDSS providing projections for additional authority.

FUNDING:
The FC child support collections are used to offset the federal Title IV-E share of FC expenditures.

CURRENT YEAR CHANGE FROM APPROPRIATION:
There is no change.

REASON FOR YEAR-TO-YEAR CHANGE:
There is no change.

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
Payable from Title IV-E
Child Support Collections/Recovery Fund*

EXPENDITURES:
(in 000s)

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* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
After 18 Supervised Independent Living Placement Parenting Support Plan*

DESCRIPTION:
This premise reflects funding for non-minor dependent parents living in a supervised independent living placement who have developed a parenting support plan between themselves, an identified responsible adult and the CWD. Once the county determines the identified responsible adult meets specified criteria, the non-minor dependent parent is eligible to receive a $200 per month increase to their supervised independent living placement payment. Previously, funding was provided to minor dependent parents, but funding has been expanded to include non-minor dependent parents to cover the increased care and supervision of the child.

IMPLEMENTATION DATE:
This premise implemented on July 1, 2015.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: W&IC sections 11465 and 16501.
- The FY 2017-18 administrative funding is maintained at $41,000 GF.
- The number of non-minor dependents in a supervised independent living placement that have a child and complete a parenting support plan is 624 cases in FY 2017-18 and FY 2018-19.
- The eligible population will receive a $200 per month increase to their supervised independent living placement payment.
- It will take a social worker two hours to complete a written parenting support plan.
- The social worker cost per hour is $72.60.
- The percent of federally eligible cases is 64 percent in FY 2017-18 and FY 2018-19 for the 58-county estimate.

METHODOLOGY:
- The assistance costs are calculated by multiplying the total number of cases by the $200 payment increase and then by 12 months.
- The administrative costs are calculated by multiplying the total number of cases by the social worker time to complete the written parenting support plan and then by the hourly social worker cost.

FUNDING:
Federal funding is provided by Title IV-E of the Social Security Act, with the amount of FFP based on the FMAP of 50 percent for assistance and 50 percent for administrative costs for those cases and programs meeting federal eligibility criteria.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
After 18 Supervised Independent Living Placement Parenting Support Plan*

FUNDING (CONTINUED):

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

CURRENT YEAR CHANGE FROM APPROPRIATION:

The increase reflects growth in the projected caseload.

REASON FOR YEAR-TO-YEAR CHANGE:

The increase reflects growth in the administrative costs to implement this premise due to the caseload projection increasing from the Budget Act of 2017.

EXPENDITURES:

(in 000s)

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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Approved Relative Caregiver (ARC)*

DESCRIPTION:
This premise reflects funding for the ARC Program, which provides an augmentation to the rate paid for non-federally eligible FC children who are placed with relatives. The ARC Program includes tribes with a Tribal-State Title IV-E Agreement. Previously, children in FC who were not Title IV-E eligible and placed with relatives were only eligible to receive a CalWORKs or Tribal TANF payment, which is lower than the FC rates provided to foster parents and relatives of federally eligible children. The ARC Program provides an additional amount above the CalWORKs or Tribal TANF grant to bring the total payment to relative caregivers up to the same amount as FC rates paid for federally eligible children.

Consistent with CCR implementation, the ARC payment to approved relatives will be based on the home-based family care rate. For more information on CCR, refer to the CCR premise. Starting July 1, 2017, eligible ARC cases may receive the infant supplement and the dual agency rate.

IMPLEMENTATION DATE:
This ARC Program implemented on January 1, 2015. The Tribal ARC Program implemented on July 1, 2016.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: W&IC section 11461.3 and 11461.4.

ARC-CalWORKs
- Any change to the CalWORKs MAP will result in a corresponding impact to the additional amount provided by the ARC payment.
- All participants have a CalWORKs application included within the ARC application.
- For those children who qualify for CalWORKs, TANF/MOE funding will be used for the CalWORKs portion of the payment.
- The TANF/MOE share of the foster family home basic rate and the home-based family care rate is based on the CalWORKs MAP levels for an AU size of one. For information regarding the CalWORKs MAP levels refer to the CalWORKs Grants and MAP Increase premises.
- It is assumed that 95 percent of the ARC average monthly caseload qualify for CalWORKs and receive the MAP for an AU of one.
- In FY 2017-18, an average of 3,296 ARC-CalWORKs children monthly in region one and 1,080 in region two are anticipated. In FY 2018-19, an average of 3,554 ARC-CalWORKs children monthly in region one and 1,165 in region two are anticipated.
- The CalWORKs MAP is $392 ($351 excluding MAP increases) in region one and $374 in region two ($334 excluding MAP increases).
- The impact of MAP increases is $2.1 million in FY 2017-18 and $2.3 million in FY 2018-19 and is reflected in the MAP Increases premise.
- Prior to the 2018-19 Governor’s Budget, the cost of ARC-CalWORKs was included in the CalWORKs Grants premise.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Approved Relative Caregiver (ARC)*

KEY DATA/ASSUMPTIONS (CONTINUED):

ARC

- The ARC GF provided an incremental increase above the CalWORKs payment made to approved relatives to equal the home-based family care rate basic level until November 30, 2017. From December 1, 2017, the ARC GF provides an incremental increase to all levels of care of the home-based family care rate.

- For those children who do not qualify for CalWORKs, ARC GF will cover the entire amount of the eligible home-based family care rate.

- The projected monthly ARC caseload is 4,607 in FY 2017-18 and 4,968 in FY 2018-19.

- The home-based family care rate includes the CNI COLA for FY 2017-18 and FY 2018-19.

- State expenditures associated with all cases under the age of 18 are considered TANF/MOE countable.

- The TANF/MOE share of ARC costs is displayed in the ARC table line of the TANF table.

- The costs displayed in the ARC table line represent the costs if the foster family home basic rate was still in effect for ARC cases.

- The costs to cover the difference between the foster family home rate (if it was still in effect for ARC cases) and the home-based family care rate is displayed in the CCR – ARC table line.

- The projected number of ARC cases eligible to receive the infant supplement of $900 is nine in FY 2017-18 and 10 in FY 2018-19.

- The projected number of ARC cases eligible to receive the average dual agency rate of $1,880 is 226 in FY 2017-18 and 244 in FY 2018-19.

- The costs to cover the infant supplement and the difference between the home-based family care rate and the dual agency rate are displayed in the ARC table line.

Tribal ARC

- The Tribal ARC GF provided an additional grant amount above the Tribal TANF payment to approved relative caregivers to equal the home-based family care rate basic level until November 30, 2017. From December 1, 2017, the ARC GF provides an incremental increase to all levels of care of the home-based family care rate.

- To be eligible for the program, all participants must apply for Tribal TANF.

- The Tribal ARC GF fund will be adjusted to fully fund the annual CNI COLA provided to the home-based family care rates.

- Eligible tribes who opt into the program will be required to provide the home-based family care rate starting for all cases for the duration of the tribe’s participation in the program.

- State expenditures associated with all cases under the age of 18 are considered TANF/MOE countable.

- CDSS and tribes will collaborate and develop a revised methodology to calculate the funding for new tribes who develop a Tribal-State Title IV-E agreement.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Approved Relative Caregiver (ARC)*

**METHODOLOGY:**

**ARC-CalWORKs**

The costs are calculated by multiplying each region’s caseload by the MAP in region one and region two, then by 12 months. The total cost is calculated by adding region one and two grant costs.

**ARC**

The costs are calculated by multiplying the projected caseload by the difference between the relevant FC grant and the relevant CalWORKs payment.

**Tribal ARC**

The caseload for the Tribal ARC Program is calculated by multiplying the tribes’ FC caseload by the percentage of relative cases that are participating in the ARC Program. This caseload is then multiplied by the difference between the relevant FC grant and the Tribal TANF grant.

**FUNDING:**

The CalWORKs payments funding is consistent with the CalWORKs grants base funding ratios for TANF and GF/MOE. The incremental increase for the ARC payment is funded 100 percent GF. For tribes with a TANF agreement, additional tribal TANF funding will not be provided.

**CURRENT YEAR CHANGE FROM APPROPRIATION:**

The increase in ARC-CalWORKs reflects higher caseload than previously projected. The decrease in the ARC Program reflects a decline in the projected caseload, offset by increased costs for ARC cases receiving dual agency rates. There is no change in the Tribal ARC Program.

**REASON FOR YEAR-TO-YEAR CHANGE:**

The increase in ARC-CalWORKs reflects growth in the projected caseload. The increase in the ARC Program reflects growth in the projected caseload and growth in the home-based family care rate due to the application of the FY 2018-19 CNI COLA while the CalWORKs MAP rate remains unchanged, slightly offset by a decrease in costs for ARC cases receiving dual agency rates. The increase in the Tribal ARC Program reflects growth in the home-based family care rate due to the application of the FY 2018-19 CNI COLA while the Tribal TANF grant remains unchanged.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Approved Relative Caregiver (ARC)*

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(in 000s)

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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Infant Supplement Grant Increase*

DESCRIPTION:
This premise reflects the costs to provide an additional $489 to the infant supplement grant. The infant supplement grant is an increase in the FC maintenance payment for a parenting youth that is paid to the caregiver, housing provider, or the parent directly in the case of a supervised independent living placement. The payment provides for the care and supervision of the child of the parenting youth. Any youth who has primary custody of their child is eligible for the infant supplement. The original base of the infant supplement grant is part of the 2011 Realignment. For more information on 2011 realignment, please refer to the 2011 Realignment tab. For infant supplement costs associated with ARC cases, please refer to the ARC premise.

IMPLEMENTATION DATE:
This premise implemented on July 1, 2016.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: W&IC section 11465.
- The grant increase is $489 per month.
- The average monthly caseload is 627 for FY 2017-18 and FY 2018-19. The majority of cases are in a foster family agency or supervised independent living placement.
- The percent of federally eligible costs is 67 percent in FY 2017-18 and FY 2018-19 for the non-Project estimate. The Title IV-E California Well-Being Project counties do not receive FFP as the federal funds for the Project are capped.
- Effective October 1, 2017, there are seven counties participating in the Project.

METHODOLOGY:
The assistance costs are calculated by multiplying the total number of cases by the grant increase, then by 12 months.

FUNDING:
Federal funding is provided by Title IV-E of the Social Security Act, with the amount of FFP based on the FMAP of 50 percent for assistance for those cases and programs meeting federal eligibility criteria. The remaining costs are 100 percent GF.

CURRENT YEAR CHANGE FROM APPROPRIATION:
The net decrease reflects a decline in the projected caseload. The Item 153 GF decrease and corresponding increase in federal funds and GF in Item 101 reflects a technical adjustment. The costs in Item 101 and Item 153 are now reflective of the caseload that are outside the Project and thus eligible for FFP.

REASON FOR YEAR-TO-YEAR CHANGE:
The increase reflects a rounding adjustment due to fewer counties participating in the Project.

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
Infant Supplement Grant Increase*

EXPENDITURES:
(in 000s)

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<tr>
<th>Item 101 – FC Net Payments</th>
<th>Total</th>
<th>Federal</th>
<th>State</th>
<th>County</th>
<th>Reimb.</th>
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FY 2018-19

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<td>Infant Supplement Grant Increase</td>
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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Emergency Child Care Bridge*

DESCRIPTION:
This premise reflects funding for the county optional Emergency Child Care Bridge for Foster Children Program (Bridge Program) to increase the number of foster children successfully placed in home-based family care, increase capacity of child care programs to meet the needs of foster children in their care, and maximize funding to support the child care needs of eligible families. The Bridge Program consists of three components: an emergency child care voucher, a child care navigator, and trauma-informed care training and coaching. The voucher component provides eligible families with a time-limited child care voucher to help pay for child care costs. The navigator, employed by the local resource and referral program, provides hands-on assistance to the eligible families with finding long-term, quality child care placement. The training and coaching component provides trauma-informed care training and coaching to child care providers in counties that participate in the Bridge Program. The training curriculum will be developed and coordinated statewide by the California Child Care Resource and Referral Network.

IMPLEMENTATION DATE:
This premise implemented on January 1, 2018.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: W&IC 11461.6, as amended by SB 89 (Chapter 24, Statutes of 2017).
- Counties must opt-in to receive funding.
- The Bridge Program funding is $31.0 million GF annually, as appropriated by the Budget Act of 2017.
- The cost for each component of the Bridge Program is based on advocates' proposal to the State Legislator.
- The costs for the emergency child care voucher is $11.0 million GF in FY 2017-18 and $22.0 million GF in FY 2018-19.
- The cost for the navigator is $2.5 million GF in FY 2017-18 and $5.0 million GF in FY 2018-19.
- For the child care navigator, the 68 Resource and Referral agencies will each receive 0.5 FTE navigator.
- The FTE salary for a navigator is $60,000.
- The remaining funds from the child care navigator funding will be distributed to counties based on their FC population.
- The costs for training child care providers is $1.75 million GF in FY 2017-18 and $3.5 million GF in FY 2018-19.
- There is a state operations contract holdback of $250,000 in FY 2017-18 and $500,000 in FY 2018-19 for the Resource and Referral Network to administer the training portion of the program.
- Effective October 1, 2017, there are seven counties participating in the Project.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Emergency Child Care Bridge

**METHODOLOGY:**
The total GF cost is calculated by summing the three components of the Bridge Program, the emergency child care voucher, the navigator, and the training for child care providers. The FFP for the voucher and navigator portions of the program are calculated using the non-project counties costs and the 50 percent Title IV-E federal match. The FFP for the training portion of the program is calculated using the counties allocation and the 75 percent enhanced Title IV-E federal match.

**FUNDING:**
Federal funding is provided by Title IV-E of the Social Security Act. The training components of the Bridge program will receive the 75 percent enhanced FFP, while the other components will receive 50 percent FFP. The seven Title IV-E California Well-Being Project counties do not receive FFP as the federal funds for the Project are capped. Non-federal funding is 100 percent GF contingent upon the appropriation of funds.

**CURRENT YEAR CHANGE FROM APPROPRIATION:**
The decrease in Item 101 and Item 153, and corresponding increase in Item 151 reflects a shift of funds to the appropriate budget item.

**REASON FOR YEAR-TO-YEAR CHANGE:**
The increase reflects a full year of implementation.

**EXPENDITURES:**
(in 000s)

<table>
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<tr>
<th>Item 101 – FC Net Payments</th>
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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Refugee Programs*

DESCRIPTION:
This premise reflects the costs associated with the Refugee Resettlement program. The RCA program includes cash grants provided to refugees during their first eight months in the United States if they are not otherwise eligible for other welfare programs. The RCA administrative costs include overhead and direct costs as well as salaries and benefits of social workers who determine eligibility and provide ongoing case management for the RCA program. In addition, this premise includes the Refugee Social Services, Unaccompanied Refugee Minors, Targeted Assistance to high refugee impacted counties, and Refugee School Impact Grant premise items. Detailed descriptions of these premises can be found in the 2012 May Revision, Estimate Methodologies section. AB 99 (Chapter 15, Statutes of 2017) introduced the Funding for Schools with High Refugee Enrollment premise to provide additional services for refugees by allocating funding to school districts impacted by a significant number of refugees. Eligibility and allocation is based on the federal Refugee School Impact program criteria and methodology.

IMPLEMENTATION DATE:

KEY DATA/ASSUMPTIONS:
- Unless specified, assumptions stated are for both FY 2017-18 and FY 2018-19.

RCA
- The average monthly projected caseload is 2,498 cases.
- The average monthly grant for is $334.18 based on actual expenditures from FY 2016-17.
- Based on FY 2016-17 data, the average monthly administrative cost per case is $114.72.

Refugee Social Services
- The federal grant includes $6,756,707 in total awarded funds for Refugee Social Services.
- Of the total awarded funds, $673,857 will be distributed to qualifying refugees through the Wilson/Fish Alternative Project. This amount includes $100,655 for the Cuban/Haitian Entrants Program.
- Of the remaining awarded funds, 13 percent ($790,771) is set-aside for state operations.
- The federal grant includes $121,500 in services for older refugees for both years.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Refugee Programs*

**KEY DATA/ASSUMPTIONS (CONTINUED):**

**Unaccompanied Refugee Minors**
- A contract for $18,495,036 total funds in FY 2017-18 and $20,499,603 total funds in FY 2018-19 is available to serve Unaccompanied Refugee Minors.

**Targeted Assistance**
- The federal grant includes $3,723,651 total awarded funds in Targeted Assistance.
- Of the total awarded funds, $351,240 is carved out for the Wilson/Fish Alternative Project.
- Of the remaining total awarded funds, a five percent ($168,621) is set-aside for state operations.

**Refugee School Impact Grant**
- The federal grant includes $1,000,000 to serve school-age refugee children and their families.
- Of the total grant, $80,000 is set-aside for state operations costs.

**Funding for Schools with High Refugee Enrollment**
- CDSS is granted $10 million GF to provide additional services for refugees and other eligible populations served by the federal Office of Refugee Resettlement.

**METHODOLOGY:**
- The RCA average monthly grant cost per case is multiplied by the projected average monthly caseload and then by 12 months. The RCA average monthly administration cost per case is multiplied by the projected average monthly caseload and then by 12 months.
- The Refugee Social Services funding is the federal grant award less the Wilson/Fish Alternative Project and state operations amounts plus Services to Older Refugees Grant.
- The Unaccompanied Refugee Minors funding is the contract amount.
- The Targeted Assistance funding is the sum of federal grants less the Wilson/Fish Alternative Project and state operations amounts.
- The Refugee School Impact Grant funding is the federal award less state operations cost.
- The Funding for Schools with High Refugee Enrollment is $10 million in FY 2017-18.

**FUNDING:**
The RCA, Refugee Social Services, Unaccompanied Refugee Minors, Targeted Assistance to high refugee impacted counties, and Refugee School Impact Grant programs are 100 percent federally funded. The Funding for High Refugee Enrollment program is 100 percent GF.

**CURRENT YEAR CHANGE FROM APPROPRIATION:**
The increase in RCA grants and RCA administration reflects higher projected caseload and costs per case based on updated actual expenditures.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Refugee Programs*

CURRENT YEAR CHANGE FROM APPROPRIATION (CONTINUED):

The decrease in Refugee Social Services, Unaccompanied Refugee Minors, and Targeted Assistance reflect new contracts amounts from the Office of Refugee Resettlement. There is no change to Refugee School Impact Grant and Funding for Schools with High Refugee Enrollment.

REASON FOR YEAR-TO-YEAR CHANGE:

There is no change to RCA grants, RCA administration, Refugee Social Services, and Targeted Assistance. The increase in Unaccompanied Refugee Minors reflects new contract amounts from the Office of Refugee Resettlement. The decrease in Funding for Schools with High Refugee Enrollment reflects one-time funding in FY 2017-18.

EXPENDITURES:

(in 000s)

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| Item 141 – County Administration | | | | | |
|-----------------------------------| | | | | |
| RCA - Administration              | $3,439     | $3,439 | $0  | $0  | $0  |
| Total                             | $43,494    | $43,494 | $0  | $0  | $0  |

** This is a non-add line.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Trafficking and Crime Victims Assistance Program (TCVAP)*

DESCRIPTION:
This premise represents the costs associated with extending social services and benefits to otherwise ineligible noncitizens who are victims of human trafficking, domestic violence, and other serious crimes through the TCVAP. These individuals are eligible for state-funded services and benefits to the same extent as persons who are eligible under the federal Refugee Act of 1980. The state-funded services and benefits include cash and medical assistance for up to eight months, employment services, food assistance (through CFAP), IHSS, and CAPI.

Noncitizen trafficking and crime victims who have children are eligible for benefits through a state-funded CalWORKs program. Eligible noncitizen trafficking and crime victims who do not have children receive assistance through a state-funded TCVAP Cash Assistance grant.

The TCVAP requires victims of human trafficking to file for a T nonimmigrant visa with the appropriate federal agency as the first step to apply for federal status. This is necessary to demonstrate they are taking steps to meet the conditions for federal eligibility to qualify for state social services. To remain eligible for benefits and services, victims of trafficking must show evidence they have applied for the T visa within one year from the date of application for state social services. Victims of domestic violence and other serious crimes must have filed a formal application for or have received a U nonimmigrant visa to qualify for TCVAP benefits.

IMPLEMENTATION DATE:
This premise implemented on January 1, 2007.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: W&IC section 18945.
- No TCVAP recipients are currently receiving CAPI or IHSS benefits.
- The FY 2017-18 services funding is maintained at $5,527,000 total funds.
- The FY 2017-18 administration funding is maintained at $1,078,000 total funds.

TCVAP-CalWORKs
- Based on the most recent county survey, the estimated average monthly caseload is 1,823 in FY 2017-18 and FY 2018-19. Of these cases, 1,756 cases are ongoing cases each month and 67 cases are newly eligible each month.
- The benefits provided to the TCVAP-CalWORKs recipients mirror CalWORKs benefits.
- Based on the actual expenditures from January 2017 through June 2017, the cost of grants for FY 2017-18 and FY 2018-19 is $4.8 million.
- The TCVAP recipients are subject to the same WTW requirements and exemptions as other CalWORKs participants, except those recipients who do not have work authorization and are not required to participate in a job search.
- Employment services and child care are provided, as needed, for recipients participating in qualifying activities.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
**Trafficking and Crime Victims Assistance Program (TCVAP)**

**KEY DATA/ASSUMPTIONS (CONTINUED):**

- Approximately 40.53 percent of the average monthly CalWORKs caseload receives employment services based on FY 2016-17 actuals. The employment services cost per case is $382.37.

- There are 1.73 children per case and 18.5 percent of the cases participating in employment services utilize child care services, based on the Stage One Child Care utilization rate as a portion of the CalWORKs population. The child care cost per case is $689.22 in FY 2018-19.

- The ongoing administration cost per case is $33.58 per month and one-time intake administration cost per case for newly eligible cases is $197.75.

**TCVAP Cash Assistance**

- The estimated average monthly caseload of TCVAP Cash Assistance is 77 in FY 2017-18 and FY 2018-19.

- All benefits and administration costs for TCVAP Cash Assistance recipients mirror the respective costs for RCA recipients. For more information on the caseload and cost per case assumptions, please refer to the RCA section of the Refugee Programs premise.

- The average TCVAP Cash Assistance monthly grant is $334.18.

- The average monthly cost per case of TCVAP Employment Services is $180.60.

- The monthly administration cost per case for a TCVAP Cash Assistance case is $114.72.

**METHODOLOGY:**

**TCVAP-CalWORKs**

- Employment services costs are calculated by multiplying the average monthly caseload by the percentage of cases requiring employment services by the cost per case and by 12 months.

- Child care costs are calculated by multiplying the employment services caseload by the child care utilization rate, and by the average number of children per case. This is then multiplied by the cost per case and then by 12 months.

- The ongoing administration costs are calculated by multiplying the average monthly ongoing caseload by the cost per case and then by 12 months. The intake administration costs are calculated by multiplying average monthly newly eligible caseload by the cost per case and then by 12 months. The total administration cost is calculated by summing ongoing and intake administration costs.

**TCVAP Cash Assistance**

- Grant costs are calculated by multiplying the average monthly caseload by the average monthly grant and then by 12 months.

- Employment Services costs are calculated by multiplying the average monthly caseload by the services cost per case and then by 12 months.

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
Trafficking and Crime Victims Assistance Program (TCVAP)*

METHODOLOGY (CONTINUED):

TCVAP Cash Assistance (continued):
- Administration costs are calculated by multiplying the average monthly caseload by the administration cost per case and then by 12 months.

Total TCVAP Costs
- The total TCVAP grant cost is calculated by summing TCVAP-CalWORKs and Cash Assistance grants.
- The total employment services cost is calculated by summing TCVAP-CalWORKs employment services, child care, and TCVAP Cash Assistance employment services costs.
- The total TCVAP administration cost is calculated by summing TCVAP-CalWORKs and TCVAP Cash Assistance administration costs.

FUNDING:
The TCVAP grants are funded with 97.5 percent GF and 2.5 percent county fund. The TCVAP employment services, administration, and child care are funded with 100 percent GF. Under Title 45 of the CFR Part 263.2(b), these costs are not MOE eligible.

CURRENT YEAR CHANGE FROM APPROPRIATION:
The decrease in grant cost reflects a faster decline in the TCVAP cash assistance caseload than previously projected, which is slightly offset by a higher TCVAP-CalWORKs caseload. There is no change in services and administration costs.

REASON FOR YEAR-TO-YEAR CHANGE:
There is no change in grant cost. The decrease in services and administration costs reflects a decline in TCVAP cash assistance caseload.

EXPENDITURES:
(in 000s)

<table>
<thead>
<tr>
<th>Item 101 – TCVAP</th>
<th>FY 2017-18</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
</tr>
<tr>
<td>Grants</td>
<td>$5,109</td>
</tr>
<tr>
<td>Services</td>
<td>5,527</td>
</tr>
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<td>Administration</td>
<td>1,078</td>
</tr>
<tr>
<td>Total</td>
<td>$11,714</td>
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</table>

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
## Trafficking and Crime Victims Assistance Program (TCVAP)*

### EXPENDITURES (CONTINUED):

(in 000s)

<table>
<thead>
<tr>
<th>Item 101 – TCVAP</th>
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<th>County</th>
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<td><strong>Total</strong></td>
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<td><strong>$11,465</strong></td>
<td><strong>$128</strong></td>
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</table>

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
State Utility Assistance Subsidy (SUAS)*

DESCRIPTION:
This premise reflects the cost of providing an annual utility benefit through a SUAS. To the extent permitted by federal law, CalFresh and CFAP households receiving an annual SUAS benefit are entitled to receive the standard utility allowance when calculating food benefits. As a result, some CalFresh households will experience an increase in food benefits and some previously ineligible households will become eligible for CalFresh or CFAP.

IMPLEMENTATION DATE:
This premise implemented on July 1, 2014.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: W&IC section 18901.2.
- The total average monthly caseload for CalFresh and CFAP is projected to be 1,953,000 in FY 2017-18 and 1,860,000 in FY 2018-19.
- Based on actual SUAS issuances in FY 2016-17, SUAS benefits are issued to 36.4 percent of the total average monthly caseload.
- The SUAS benefit is $20.01.
- Actual issuances in FY 2016-17 were approximately $14.8 million.
- Approximately 28.1 percent of issued benefits are unused and are returned, primarily through automatic expungement after 365 days.
- Non-assistance households receiving the SUAS benefit generate an EBT transaction fee in the month of issuance. These fees are approximately $344,000 in FY 2017-18 and $329,000 in FY 2018-19 and are reflected in the EBT premise.

METHODOLOGY:
- The SUAS benefit costs are calculated by multiplying the average monthly caseload by the percent of the caseload receiving SUAS and then by the benefit amount.
- The SUAS returns in FY 2017-18 are calculated by multiplying actual issuances in FY 2016-17 by the expungement rate.
- The SUAS returns in FY 2018-19 are calculated by multiplying the forecasted issuances for FY 2017-18 by the expungement rate.
- Total SUAS benefit costs for each FY is the sum of benefit costs less returns.

FUNDING:
The SUAS costs are 100 percent GF.

CURRENT YEAR CHANGE FROM APPROPRIATION:
The decrease reflects a slower caseload growth than previously projected and an increase in the projected expungement rate, somewhat offset by a higher percentage of cases to receive SUAS annually.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
State Utility Assistance Subsidy (SUAS)*

REASON FOR YEAR-TO-YEAR CHANGE:
The decrease reflects projected caseload decline.

EXPENDITURES:
(in 000s)

<table>
<thead>
<tr>
<th>Item 101 - Other Assistance</th>
<th>Total</th>
<th>Federal</th>
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<th>County</th>
<th>Reimb.</th>
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<table>
<thead>
<tr>
<th>Item 101 - Other Assistance</th>
<th>Total</th>
<th>Federal</th>
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<th>County</th>
<th>Reimb.</th>
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</thead>
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<tr>
<td>SUAS Benefit</td>
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<td>$9,548</td>
<td>$0</td>
<td>$0</td>
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</tbody>
</table>

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Emergency Food Assistance*

DESCRIPTION:
This premise reflects funding for the administration and commodities associated with Emergency Food for Families, the CalFood Program, the Emergency Food Assistance Program, and the Commodity Supplemental Food Program. These programs support communities in combating hunger by providing commodities to food banks, food pantries, and shelters, to be distributed throughout their service area.

Emergency Food for Families provides funding to the Emergency Food Assistance Program through voluntary contributions designated on state income tax returns. The funds are intended for the purchase of additional food and not to be used to replace existing program food or funds.

The CalFood Program provides emergency food and funding to food banks to help serve the hungry in California healthy, local foods. The funds can be used to purchase, store, or transport food that is grown or produced in California.

The Emergency Food Assistance Program is a federal program that helps supplement the diets of low-income individuals. Through the program, high-quality, nutritional food is distributed to eligible recipient agencies, typically food banks, which is then redistributed to public and non-profit local organizations that serve approximately 1.1 million people monthly.

The Commodity Supplemental Food Program is a federally-funded program that provides supplemental nutritious food to low-income persons aged 60 years or older. State agencies administer the program and distribute food to local agencies which determine eligibility and provide nutrition education.

IMPLEMENTATION DATE:

KEY DATA/ASSUMPTIONS:
Emergency Food for Families
- Authorizing statute: Revenue and Taxation Code sections 18851 through 18855.
- Funds available in FY 2017-18 are $347,000. These funds represent the actual contributions made in FY 2016-17.
- Funds available in FY 2018-19 are $358,000. These funds represent the contributions projected to be made in FY 2017-18.
- The administrative costs reported by the FTB and the SCO for FY 2017-18 and FY 2018-19 are $6,000.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Emergency Food Assistance*

KEY DATA/ASSUMPTIONS (CONTINUED):

The CalFood Program

- Authorizing statute: W&IC section 18995.
- $8.0 million was appropriated for FY 2017-18 and FY 2018-19.

The Emergency Food Assistance Program

- Authorizing statute: 7 CFR sections 251.1 through 251.10.
- The FFY 2018 funding amount is not available at this time; therefore, the FY 2017-18 and FY 2018-19 funding amounts are maintained at the FFY 2017 level.
- As funding becomes available, the FY 2017-18 and FY 2018-19 funding will reflect the FFY 2018 and FFY 2019 Federal Emergency Food Assistance Program allocation respectively, less the state operations cost.
- The FFY 2017 federal funding for the Emergency Food Assistance Program administration is $7,543,556. As allowed under federal law, California has elected to convert ten percent of the USDA food allotment into administrative funds, which will provide an additional $3,771,715 for the Emergency Food Assistance Program administrative costs in both FY 2017-18 and FY 2018-19.
- The FNS has redistributed unspent funds from other states and provided California with an additional $127,247. These funds were distributed to the foodbanks through a supplemental allocation.
- The state operations cost for the Emergency Food Assistance Program is $750,000 in both FY 2017-18 and FY 2018-19.

The Commodity Supplemental Food Program

- Authorizing statute: 7 CFR part 247; PL 113-76 and PL 113-79.
- The Commodity Supplemental Food Program is currently operated in California by the San Diego Food Bank, San Francisco Food Bank, Community Action Partnership of Orange County, Redwood Empire Food Bank, Los Angeles Regional Food Bank, the Modesto Love Center, FOOD Share, Inc., and the Community Action Partnership of Kern.
- The FFY 2017 federal funding for the Commodity Supplemental Food Program administration is $6,987,122.
- Funding for FY 2017-18 and FY 2018-19 is based on the FFY 2017 USDA final administrative funding.
- The state operations cost for the Commodity Supplemental Food Program is $30,000 annually.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Emergency Food Assistance*

METHODOLOGY:

Emergency Food for Families
The funding reflects the actual and projected contributions to the fund from the previous FY less the administrative costs to the fund incurred by the FTB and the SCO.

CalFood Program
Funding is budgeted as appropriated or provided through MOUs.

Emergency Food Assistance Program
The total cost includes the total administrative funding and the funding converted from food allotment to administration, less the state operations costs. Current year funding includes a supplemental allocation.

Commodity Supplemental Food Program
The total costs for FY 2017-18 and FY 2018-19 are based on the FFY 2017 federal funding, less the state operations costs.

FUNDING:

The Emergency Food for Families is 100 percent tax revenue collections. The CalFood Program is funded with 100 percent GF. The Emergency Food Assistance Program and Commodity Supplemental Food Program are funded with 100 percent federal funds from the USDA.

CURRENT YEAR CHANGE FROM APPROPRIATION:

The decrease for Emergency Food for Families reflects a reduction in actual contributions in FY 2016-17. There is no change for the CalFood Program. The increase for the Emergency Food Assistance Program reflects the FFY 2017 administrative funding allocation and the supplemental allocation amount. The increase for the Commodity Supplemental Food Program reflects a higher administrative funding allocation in FFY 2017 and a reduction in the hold back for state operations costs.

REASON FOR YEAR-TO-YEAR CHANGE:

The increase for Emergency Food for Families reflects higher projected contributions in FY 2017-18 to be allocated in FY 2018-19. There is no change for the CalFood Program. The decrease for the Emergency Food Assistance Program reflects the removal of the supplemental allocation provided in FY 2017-18. There is no change for the Commodity Supplemental Food Program.

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
**Emergency Food Assistance**

**EXPENDITURES:**
(in 000s)

<table>
<thead>
<tr>
<th>Item 101 – Food Assistance</th>
<th>Total</th>
<th>Federal</th>
<th>State</th>
<th>County</th>
<th>Reimb.</th>
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</thead>
<tbody>
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<tr>
<td>Commodity Supplemental Food Program</td>
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**FY 2018-19**

<table>
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<th>Item 101 – Food Assistance</th>
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<th>Federal</th>
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<th>County</th>
<th>Reimb.</th>
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<tbody>
<tr>
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<td>$352</td>
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<td>CalFood Program</td>
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<tr>
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<td>6,957</td>
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<td>0</td>
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</tbody>
</table>

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
**CalFresh Safe Drinking Water Pilot**

**DESCRIPTION:**
This premise reflects one-time funding that provides time-limited supplemental benefits to current CalFresh recipients served by public water systems that fail to meet safe drinking water standards. The appropriate benefits will be delivered through the statewide EBT system that is currently used to administer CalFresh and CalWORKs benefits.

**IMPLEMENTATION DATE:**
This premise implemented on January 1, 2018.

**KEY DATA/ASSUMPTIONS:**
- The Budget Act of 2017 appropriated $4,189,000 for a safe drinking water pilot program and $700,000 to update the current EBT system for automation required to distribute the benefits to eligible recipients.

**METHODOLOGY:**
Funding is based on the 2017-18 Appropriation.

**FUNDING:**
This program is 100 percent GF.

**CURRENT YEAR CHANGE FROM APPROPRIATION:**
There is no change.

**REASON FOR YEAR-TO-YEAR CHANGE:**
The decrease reflects a one-time appropriation for FY 2017-18.

**EXPENDITURES:**
(in 000s)

<table>
<thead>
<tr>
<th>Item 101 – Food Assistance</th>
<th>Total</th>
<th>Federal</th>
<th>State</th>
<th>County</th>
<th>Reimb.</th>
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<tbody>
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* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
CalFresh Safe Drinking Water Pilot*

EXPENDITURES (CONTINUED):
(in 000s)

<table>
<thead>
<tr>
<th>Item</th>
<th>FY 2018-19</th>
<th>Total</th>
<th>Federal</th>
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<td>$0</td>
<td>$0</td>
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</tbody>
</table>

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
Localized Special Assistance*

DESCRIPTION:
This premise reflects a one-time appropriation totaling $6.4 million in the Budget Act of 2017 for special assistance to causes related to homelessness and displacement due to natural disasters.

Funding is provided for building infrastructure and improvements for the Poverello House Food Bank, which provides housing, meals, healthcare, and social services to the displaced and needy population in Fresno County. Additionally, funding is provided for services and support to meet the needs of those affected by the Coyote Creek flooding that occurred in February 2017 in Santa Clara County.

IMPLEMENTATION DATE:
This premise implemented on January 1, 2018.

KEY DATA/ASSUMPTIONS:

METHODOLOGY:
Funding is based on the FY 2017-18 Appropriation.

FUNDING:
The funding is 100 percent GF.

CURRENT YEAR CHANGE FROM APPROPRIATION:
There is no change.

REASON FOR YEAR-TO-YEAR CHANGE:
The decrease reflects a one-time appropriation of funds for FY 2017-18.

EXPENDITURES:
(in 000s)

<table>
<thead>
<tr>
<th>Item 101 - Food Assistance</th>
<th>Total</th>
<th>Federal</th>
<th>State</th>
<th>County</th>
<th>Reimb.</th>
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<tr>
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<td>$1,000</td>
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<tr>
<td>(One-Time)</td>
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<tr>
<td>Coyote Creek Disaster</td>
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<th>Item 101 - Food Assistance</th>
<th>Total</th>
<th>Federal</th>
<th>State</th>
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<th>Reimb.</th>
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</thead>
<tbody>
<tr>
<td>Poverello House Food Bank</td>
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<td>$0</td>
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<td>(One-Time)</td>
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<td>0</td>
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</table>

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
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* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
Work Incentives Nutritional Supplement (WINS)*

DESCRIPTION:
This premise reflects the costs of providing additional support to eligible working families in the form of a supplemental food assistance benefit. Working families who are receiving CalFresh or CFAP, but not receiving CalWORKs assistance, may be eligible for the WINS benefit if they meet certain thresholds of hours worked. Households may be eligible for a monthly ten dollar WINS benefit, applied to the recipient’s EBT card. As a food benefit, WINS does not count as income in the CalFresh or CFAP benefit determination and is not subject to child support assignment. Counties must verify the number of hours recipients are working to provide the benefit. CalFresh two-parent families that receive the WINS benefit are no longer included in the TANF WPR calculation.

IMPLEMENTATION DATE:
The program was fully implemented on July 1, 2014.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: W&IC section 15525.
- The FY 2017-18 funding for CalFresh WINS administration is maintained at $7,457,000 and $43,000 for CFAP WINS administration.
- Based on a 30-month trend projection using data from the WINS 2 – Monthly Caseload Report, the projected ongoing monthly NACF WINS caseload is 165,211 cases in FY 2017-18 and 165,294 cases in FY 2018-19.
- Based on FY 2016-17 caseload data from the WINS 2 – Monthly Caseload Report, the new monthly NACF and CFAP WINS caseload is 16,729 in FY 2018-19.
- Based on FY 2016-17 data from the WINS 2 – Monthly Caseload Report, the CFAP WINS caseload represents 4.83 percent of the NACF WINS caseload.
- Each WINS case will receive a ten dollar WINS benefit per month.
- The average eligibility worker cost is $58.27 per hour.
- An additional five minutes of administrative time per participant is required during application intake for new WINS cases to discuss the requirements of the WINS program.
- An additional 20 minutes of administrative time per household is required semiannually to fulfill work verification, documentation requirements, data collection, and federal sample requirements for the WINS program.
- Other ongoing administrative costs are already reflected in the CalFresh and CFAP Administration premises.
- Los Angeles County processes their county’s closed WINS cases for federal data reporting purposes in the RADEP federal reporting sample. An additional $48,000 annually is provided for this purpose.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Work Incentives Nutritional Supplement (WINS)*

METHODOLOGY:

- Benefit costs for NACF WINS cases are calculated by multiplying the average monthly NACF WINS caseload by the monthly benefit amount and then by 12 months.
- Administrative costs for newly eligible NACF WINS cases are calculated by multiplying the new WINS caseload by the cost for five minutes of administrative intake time and then by 12 months.
- Ongoing administrative costs for NACF WINS cases are calculated by multiplying the average monthly ongoing NACF WINS caseload by the cost for an additional 20 minutes of administrative time semiannually.
- The total administrative cost for NACF WINS is the sum of the administrative cost for new WINS cases and ongoing WINS cases plus the cost for Los Angeles County to process their closed WINS cases.
- CFAP WINS benefit costs are calculated by multiplying the benefit cost for NACF WINS cases by the CFAP WINS to NACF WINS caseload proportion.
- CFAP WINS administrative costs are determined by multiplying the administrative cost for new NACF WINS cases by the CFAP WINS to NACF WINS caseload proportion.

FUNDING:

The WINS benefit and administration costs for CFAP and two-parent CalFresh cases are funded with non-MOE GF and the remaining cases are funded with GF, countable toward the MOE requirement in the TANF program.

CURRENT YEAR CHANGE FROM APPROPRIATION:

The decrease in NACF WINS benefits cost reflects an extended look back period for the caseload forecasting model. There is no change in NACF WINS administration costs. The increase in CFAP WINS benefits cost reflects growth in the proportion of CFAP WINS cases. There is no change in CFAP administration costs.

REASON FOR YEAR-TO-YEAR CHANGE:

The increase in NACF WINS benefits and decrease in NACF WINS administration costs reflect an extended look back period for the caseload forecasting model. There is no change in CFAP WINS benefits cost. The increase in CFAP WINS administration costs reflects an extended look back period for the caseload forecasting model.

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
Work Incentives Nutritional Supplement (WINS)*

EXPENDITURES:
(in 000s)

| Item 101 – Food Assistance | FY 2017-18 |  |  |  |  |
|----------------------------|------------|------------|------------|------------|
| Work Incentive Nutritional  | $19,826    | $0         | $19,826    | $0         | $0         |
| Supplement - Benefits      |            |            |            |            |            |
| Work Incentive Nutritional  | 7,457      | 0          | 7,457      | 0          | 0          |
| Supplement - Administration |           |            |            |            |            |
| Work Incentive Nutritional  | 958        | 0          | 958        | 0          | 0          |
| Supplement - CFAP Benefits  |            |            |            |            |            |
| Work Incentive Nutritional  | 43         | 0          | 43         | 0          | 0          |
| Supplement - CFAP Administration |       |            |            |            |            |
| Total                      | $28,284    | $0         | $28,284    | $0         | $0         |

| Item 101 – Food Assistance | FY 2018-19 |  |  |  |  |
|----------------------------|------------|------------|------------|------------|
| Work Incentive Nutritional  | $19,836    | $0         | $19,836    | $0         | $0         |
| Supplement - Benefits      |            |            |            |            |            |
| Work Incentive Nutritional  | 7,424      | 0          | 7,424      | 0          | 0          |
| Supplement - Administration |           |            |            |            |            |
| Work Incentive Nutritional  | 958        | 0          | 958        | 0          | 0          |
| Supplement - CFAP Benefits  |            |            |            |            |            |
| Work Incentive Nutritional  | 47         | 0          | 47         | 0          | 0          |
| Supplement - CFAP Administration |       |            |            |            |            |
| Total                      | $28,265    | $0         | $28,265    | $0         | $0         |

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
California Food Assistance Program (CFAP)*

DESCRIPTION:
This premise reflects the benefit and administrative costs associated with the CFAP. The CFAP provides food benefits for eligible legal noncitizens who meet all CalFresh eligibility criteria except for their immigration status. To be eligible for CalFresh, legal noncitizens must have been in the country for five years, be disabled, be a member of certain refugee communities, or be under the age of 18. The CFAP serves all other legal noncitizens.

IMPLEMENTATION DATE:
This premise implemented on September 1, 1997.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: W&IC sections 18930 through 18935.
- The projected average monthly number of CFAP recipients is approximately 43,900 in FY 2017-18 and 42,100 in FY 2018-19.
- The projected average monthly benefit cost per person is $117.08 in FY 2017-18 and $117.27 in FY 2018-19.
- The impact of the expiration of the statewide waiver of the federal time limit for ABAWD recipients will result in a reduction of approximately 29,800 NACF recipients in December 2018.
- The impact to CFAP is approximately one percent of the CalFresh impact.
- The EBT processing fee charged by FNS is $314.00 per $1.0 million of benefits.
- The projected average monthly number of CFAP households is approximately 18,900 in FY 2017-18 and 18,200 in FY 2018-19.
- The average monthly administrative cost per household is $25.01.

METHODOLOGY:
- Benefit costs are calculated by multiplying the projected average monthly number of recipients by the average monthly benefit cost per person and then by 12 months.
- In FY 2018-19, the reduction in benefit costs resulting from the expiration of the statewide waiver of the federal time limit for ABAWD recipients is calculated by multiplying the reduction of NACF recipients by one percent, then by the average monthly benefit cost per person, and then by 7 months.
- The EBT processing fee charged by FNS is calculated by dividing the calculated benefits, less any reduction due to the expiration of the statewide waiver of the federal time limit for ABAWD recipients, by $1.0 million and then multiplying by the fee per $1.0 million.
- Total benefit costs is the sum of the calculated benefits, less any reduction in benefits costs resulting from the expiration of the statewide waiver of the federal time limit for ABAWD recipients, plus the processing fee.
- Administrative costs are calculated by multiplying the projected average monthly number of households by the average monthly administrative cost per case and then by 12 months.

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
California Food Assistance Program (CFAP)*

**FUNDING:**

The expenditures are 100 percent GF. The public assistance portion of the costs is eligible to be counted towards the TANF MOE requirement.

**CURRENT YEAR CHANGE FROM APPROPRIATION:**

The decrease in benefit costs reflect a faster caseload decline than previously projected and the impact of the minimum wage increase to $10.50 per hour being reflected in the CFAP caseload and expenditures trend. The decrease is partially offset by an increase in estimated average monthly benefits. The decrease in administration costs reflect a faster caseload decline than previously projected.

**REASON FOR YEAR-TO-YEAR CHANGE:**

The decrease in benefit costs reflect projected caseload decline and the impact of the expiration of the statewide waiver of the federal time limit for ABAWD recipients, slightly offset by an increase in the estimated average monthly benefits. The decrease in administration costs reflect projected caseload decline.

**EXPENDITURES:**

(in 000s)

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<th>Item 101 – Food Assistance</th>
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**FY 2017-18**

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**FY 2018-19**

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
School Supplies for Homeless Children Fund

DESCRIPTION:
This premise reflects expenditures for the School Supplies for Homeless Children Fund derived from contributions on state income tax returns. This fund is to be dispersed to a non-profit organization to provide school supplies and health-related products to local education agencies for homeless children.

The fund first appeared on state income tax returns in calendar year 2013. Administrative responsibility was transferred from CDE to CDSS on September 16, 2014. AB 111 (Chapter 19, Statutes of 2017) eliminated the requirement for a minimum contribution amount for the 2017 calendar year.

IMPLEMENTATION DATE:
This premise implemented on September 16, 2014.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: Revenue and Taxation Code sections 18895 through 18898.
- The actual voluntary contributions received from taxpayers from January 2017 to October 2017 totaled $301,312.

METHODOLOGY:
The FY 2017-18 and FY 2018-19 funding represents a projection based on actual contributions to the School Supplies for Homeless Children Fund (unspent and new contributions) from January 2017 to October 2017, less state operations costs, and FTB and SCO fees.

FUNDING:
This program is funded 100 percent from the School Supplies for Homeless Children Fund.

CURRENT YEAR CHANGE FROM APPROPRIATION:
The decrease reflects lower contributions in FY 2017-18 than appropriated.

REASON FOR YEAR-TO-YEAR CHANGE:
The increase reflects higher projected contributions.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
**School Supplies for Homeless Children Fund**

**EXPENDITURES:**
*(in 000s)*

<table>
<thead>
<tr>
<th>Item 101 – Other Assistance</th>
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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Special Olympics Fund*

DESCRIPTION:
This premise reflects expenditures for the Special Olympics Fund derived from contributions on state income tax returns. This fund is to be dispersed between the Special Olympics Northern California and the Special Olympics Southern California. The disbursements are based on the amount of taxpayer donations within counties in each organization’s jurisdiction. The donations are for supporting children and adults with intellectual disabilities.

The fund first appeared on state income tax returns in January 2017. It will remain a voluntary contribution fund, provided the minimum contribution amount of $250,000 is met in calendar year 2018.

IMPLEMENTATION DATE:
This premise implemented on September 22, 2016 and taxpayers were first able to make voluntary contributions in January 2017.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: Revenue and Taxation Code section 18706 through 18709.
- The actual voluntary contributions received from taxpayers from January 2017 to May 2017 totaled $50,135.

METHODOLOGY:
The FY 2017-18 funding represents actual contributions to the Special Olympics Fund (unspent and new contributions) from January 2017 to May 2017, less state operations costs, and FTB and SCO fees. The FY 2018-19 funding represents a projection of contributions based on actual contributions to the Special Olympics Fund (unspent and new contributions) from January 2017 to May 2017, less state operations costs, and FTB and SCO fees.

FUNDING:
This program is funded 100 percent from the Special Olympics Fund.

CURRENT YEAR CHANGE FROM APPROPRIATION:
The decrease reflects an adjustment to reflect the actual amount of contributions received from January 2017 to May 2017.

REASON FOR YEAR-TO-YEAR CHANGE:
The increase reflects higher projected contributions.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
## Special Olympics Fund*

### EXPENDITURES:
(in 000s)

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**FY 2018-19**

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* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
Electronic Theft of Benefits*

DESCRIPTION:
This premise reflects costs for reimbursing CalWORKs, CAPI, TCVAP, and RCA recipients whose cash benefits were lost due to electronic theft (“skimming”). Previously, the statute only protected recipients from loss of electronic benefits after an EBT card or personal identification number was reported lost or stolen.

IMPLEMENTATION DATE:
This premise implemented on January 1, 2013.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: W&IC section 10072.
- The actual claims submitted for reimbursement in FY 2016-17 are $25,963.
- The actual claims submitted for reimbursement increased 57.6 percent from FY 2015-16 to FY 2016-17.

METHODOLOGY:
The funding reflects the actual claims submitted for reimbursement multiplied by the year-to-year change in actual claims submitted for reimbursement.

FUNDING:
These costs are funded with 100 percent GF and are not TANF/MOE eligible.

CURRENT YEAR CHANGE FROM APPROPRIATION:
The increase reflects the growth in actual claims submitted for reimbursement in FY 2016-17 compared to FY 2015-16.

REASON FOR YEAR-TO-REAR CHANGE:
There is no change.

EXPENDITURES:
(in 000s)

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* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
2017 Wildfires*

DESCRIPTION:
This premise reflects the local assistance costs associated with the wildfires that occurred in parts of northern California in October 2017. Butte, Lake, Mendocino, Napa, Nevada, Sonoma, and Yuba Counties were declared federal disaster areas because of these fires.

The declaration authorized assistance from the Federal Emergency Management Agency’s Individuals and Households Program. The federal Individuals and Households Program activates California’s State Supplemental Grant Program, which provides up to $10,000 to assist victims with rebuilding, replacement of personal property, or rental assistance following major disasters if other sources of assistance are inadequate.

The California Governor’s Office of Emergency Services also requested that the Federal Emergency Management Agency activate the Transitional Sheltering Assistance Program in cooperation with CDSS. This program provides temporary sheltering for disaster survivors who, after mass shelters have closed, are unable to return to their homes, have no alternative housing, or for whom more permanent temporary housing is not yet available. Transitional sheltering is provided through short-term lodging. The state is responsible for 25 percent of the associated costs.

IMPLEMENTATION DATE:
This premise implemented in October 2017.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: Government Code sections 8625 through 8629 and 8690.6 and W&IC sections 13600 and 13601.
- In the seven impacted counties, approximately 8,400 homes were destroyed.
- Based on actual state supplemental grants issued in the 2015 fires in Lake and Calaveras Counties, approximately five percent of homes destroyed will receive a grant.
- The maximum grant amount is $10,000 per household. It is assumed that households which qualify for a grant will receive the maximum amount.
- Disaster survivors are provided assistance for up to 18 months following the Presidential Major Disaster Declaration. Based on the experience of the 2015 fires, 97 percent of grants will be awarded in FY 2017-18 and 3 percent of grants will be awarded in FY 2018-19.
- Transitional sheltering expenses for the state related to the 2015 fires in Lake and Calaveras Counties were approximately $150,000.
- Approximately four times as many homes were destroyed in the 2017 Wildfires as were destroyed in the 2015 fires.
- Additional funding of $5 million is provided through the Disaster Response – Emergency Operations Account to aid individuals unable to receive assistance through other sources.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
2017 Wildfires*

METHODOLOGY:

- The total costs for the State Supplemental Grant Program is calculated by multiplying the estimated number of homes destroyed by the percent of homes that will receive the grant and then by the maximum grant amount.
- The funding for the State Supplemental Grant Program is split between FYs by multiplying the total costs by the percentage of claims expected in each FY.
- The state’s transitional sheltering costs is calculated by multiplying the transitional sheltering cost related to the 2015 fires by four.

FUNDING:

The funding is 100 percent GF.

CURRENT YEAR CHANGE FROM APPROPRIATION:

This is a new premise.

REASON FOR YEAR-TO-REAR CHANGE:

The decrease in the State Supplemental Grant Program reflects the expectation that most claims will occur in FY 2017-18. The decrease in transitional sheltering and disaster response reflects the expectation that these costs will be experienced in FY 2017-18.

EXPENDITURES:

(in 000s)

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* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
SSI/SSP Basic Costs*

DESCRIPTION:
This premise reflects the basic costs for the SSI/SSP program. The SSI/SSP is a cash assistance program for low-income aged, blind, and disabled persons. The SSI portion, authorized by Title XVI of the Social Security Act, replaced the prior federal/state matching grant program of adult assistance to the aged, blind, and disabled in January 1974. California opted to supplement SSI payments, creating the SSP program. The SSA administers the SSI/SSP program at California’s option. The maximum amount of aid is dependent on whether the recipient is aged, blind or disabled, their living arrangement, marital status, and whether the recipient is a minor.

IMPLEMENTATION DATE:
The SSI/SSP program was implemented in 1974.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: PL 92-603.
- The SSA will continue to administer the program under Title XVI of the Social Security Act.
- Title XVI section 1611 of the Social Security Act defines the amount of SSI benefits an individual may be eligible to receive. State law defines the amount of SSP benefits.
- The basic cost per case for SSI and SSP estimates is developed from actual federal and state expenditures reported on the State Data Exchange and SSA 8700 reports, as well as caseload and federal and state expenditures reported on SSP 107 reports.
- The Title XIX medical facility and SSP-only caseload is slightly declining and represents significantly lower average grants than SSI/SSP recipients.
- The average monthly caseload is 1,264,919 in FY 2017-18 and 1,264,275 in FY 2018-19.
- Of the total average monthly caseloads, there are 359,948 for aged recipients, 17,726 for blind recipients and 887,246 for disabled recipients in FY 2017-18; 360,876 for aged recipients, 17,521 for blind recipients and 885,878 for disabled recipients in FY 2018-19.
  - The projected SSP-only caseloads are 48,415 for aged recipients, 2,531 for blind recipients and 88,764 for disabled recipients in FY 2017-18; 47,787 for aged recipients, 2,505 for blind recipients and 86,206 for disabled recipients in FY 2018-19.
  - The projected caseloads of recipients in Title XIX medical facilities are 4,239 for aged recipients, 225 for blind recipients and 10,013 for disabled recipients in FY 2017-18; 4,178 for aged recipients, 222 for blind recipients and 9,870 for disabled recipients in FY 2018-19.
  - The projected caseloads for recipients of SSI/SSP combined (total caseload less SSP-only and Title XIX caseloads) are 307,294 for aged recipients, 14,970 for blind recipients and 788,469 for disabled recipients in FY 2017-18; 308,911 for aged recipients, 14,794 for blind recipients and 789,802 for disabled recipients in FY 2018-19.

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
SSI/SSP Basic Costs*

KEY DATA/ASSUMPTIONS (CONTINUED):

- Based on actual expenditures in between January 2017 and August 2017, the SSI average grants for SSI cases (excluding Title XIX and SSP only cases and absent the 2018 CPI COLA impact) are $409.92 for aged recipients, $541.47 for blind recipients and $568.58 for disabled recipients.

- Based on actual expenditures between January 2017 and August 2017, the SSP average grants for SSP cases (excluding Title XIX and SSP only cases) are $174.88 for aged recipients, $225.18 for blind recipients and $169.25 for disabled recipients.

- The estimated SSP-only grants are $107.63 for aged recipients, $132.96 for blind recipients and $113.06 for disabled recipients.

- The estimated SSI grant for the recipients in Title XIX medical facilities are $56.27. The estimated SSP grant for the recipients in Title XIX medical facilities are $32.18.

METHODOLOGY:

The SSI/SSP basic costs are estimated for five sub-groups: aged, blind, disabled, recipients in Title XIX medical facilities, and those only receiving SSP. For each sub-group, SSI and SSP average grants are calculated based on historical data and then multiplied by the projected caseload. The monthly expenditures in each sub-group are multiplied by 12 and then summed to get total SSI and SSP expenditures.

FUNDING:

The SSI portion of the program is funded with 100 percent federal Title XVI funds and the SSP portion is funded with 100 percent GF. Costs for each component are computed separately.

CURRENT YEAR CHANGE FROM APPROPRIATION:

The decrease is due to lower caseload and lower average SSI and SSP grant than previously projected.

REASON FOR YEAR-TO-YEAR CHANGE:

The increase is due to higher SSI/SSP combined caseloads.

EXPENDITURES:

(in 000s)

<table>
<thead>
<tr>
<th>Item 111 – SSI/SSP</th>
<th>FY 2017-18</th>
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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
SSI/SSP – Federal COLA

DESCRIPTION:
This premise reflects the impact of the federal COLA as applied to the SSI portion of the grant for SSI/SSP program recipients.

IMPLEMENTATION DATE:

KEY DATA/ASSUMPTIONS:
- Authorizing statute: Title XVI of the Social Security Act section 1617.
- The SSA establishes maximum grant amounts, which are referred to as payment standards, for the SSI program.
- Each year, the SSA releases a preliminary estimate of the COLA that will apply to the following year’s SSI grants and, later in the year, releases the final COLA based on the CPI.
- Based on published data from the SSA, the 2018 federal COLA is 2.0 percent for calendar year 2018.
- Based on the escalation estimates provided by the Department of Finance, the estimated 2019 federal COLA with a CPI of 2.6 percent will be passed through to recipients on January 1, 2019.
- New payment standards for SSI are implemented when there is a positive COLA based on the CPI.
- The projected monthly caseloads to be impacted by the 2018 federal COLA in FY 2017-18 are 359,948 for aged recipients, 17,726 for blind recipients and 887,246 for disabled recipients. The projected monthly caseloads to be impacted by the 2018 federal COLA in FY 2018-19 are 360,876 for aged recipients, 17,521 for blind recipients and 885,878 for disabled recipients.
- The projected monthly caseloads to be impacted by the 2019 federal COLA are 360,876 for aged recipients, 17,521 for blind recipients and 885,878 for disabled recipients.
- The estimated increased grants due to the 2.0 percent federal COLA are $7.83 for aged recipients, $10.06 for blind recipients and $10.77 for disabled recipients.
- The estimated increased grants due to the 2.6 percent federal COLA are $10.96 for aged recipients, $14.16 for blind recipients and $15.03 for disabled recipients.

METHODOLOGY:
The monthly caseload and average grants are multiplied to determine changes in costs for the period applicable to the new standards. The 2018 federal COLA is applied to six months in FY 2017-18 and 12 months in FY 2018-19. The 2019 federal COLA is applied to six months in FY 2018-19.

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
SSI/SSP – Federal COLA*

**FUNDING:**
The SSI portion is funded with 100 percent federal Title XVI funds.

**CURRENT YEAR CHANGE FROM APPROPRIATION:**
The 2018 Federal COLA decrease reflects a lower COLA and caseload than previously projected.

**REASON FOR YEAR-TO-YEAR CHANGE:**
The 2018 federal COLA increase reflects a full year impact of the 2.0 percent CPI COLA. The 2019 federal COLA increase reflects a half year impact of the estimated 2.6 percent CPI COLA.

**EXPENDITURES:**
(in 000s)

<table>
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<th>Item 111 – SSI/SSP</th>
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</tbody>
</table>

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
**State Supplementary Payment (SSP) Administration**

**DESCRIPTION:**
This premise reflects administration costs for the SSP program. The SSA formerly administered the SSI/SSP program benefit payments without charge to the states. Beginning in October 1993, costs for payment administration shifted to the state. The fee charged to the state is adjusted each October based on the CPI or at a rate the Commissioner of Social Security determines is appropriate for the state.

This premise also reflects administrative costs for the Non-Medical Out-Of-Home Care. These costs were included in the County Services Block Grant premise until the 2012-13 Governor’s Budget and the Small Programs (non-CalWORKs) Block Grant premise prior to FY 2000-01.

**IMPLEMENTATION DATE:**
This premise was implemented on October 1, 1993.

**KEY DATA/ASSUMPTIONS:**
- Authorizing statute: PL 103-66 and PL 105-33.
- Effective October 1, 2017, the administration fee increased from $11.68 to $11.87 per payment. Effective October 1, 2018, it is estimated that the fee will increase to $12.18 per payment based on a projected increase in the CPI of 2.6 percent.
- The projected average monthly number of SSP payments is 1,295,951 in FY 2017-18 and 1,295,311 in FY 2018-19.
- Administration costs associated with the California Veterans Cash Benefit program are included in this premise. The projected average caseloads are 344 in FY 2017-18 and 252 in FY 2018-19.
- The Non-Medical Out-Of-Home Care administration cost is estimated using average expenditures over the past three years, which are $379,302 in FY 2017-18 and $398,424 in FY 2018-19.

**METHODOLOGY:**
- The SSP issuance cost is calculated by multiplying the number of average projected monthly payments by the respective administrative fee and then by the number of months for which that fee applies.
- The California Veterans Cash Benefit program administration cost is calculated by multiplying the projected caseload by the respective administrative fee and then by the number of months for which that fee applies.
- The total SSP Administration is the sum of SSP issuance cost, California Veterans Cash Benefit program administration cost and Non-Medical Out-Of-Home Care administration cost.

**FUNDING:**
The administration costs are 100 percent GF.

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
**State Supplementary Payment (SSP) Administration**

**CURRENT YEAR CHANGE FROM APPROPRIATION:**
The decrease is due to a lower number of SSP payments and SSP administration fee per payment than previously projected.

**REASON FOR YEAR-TO-YEAR CHANGE:**
The increase is due to a higher average SSP administrative fee per payment and Non-Medical Out-of-Home Care administration costs partially offset by a decrease in California Veterans Cash Benefit administration costs.

**EXPENDITURES:**
(in 000s)

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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Housing and Disability Income Advocacy Program*

DESCRIPTION:
This premise reflects the cost of providing state matching funds to participating counties for the provision of outreach, case management, advocacy services, and housing assistance to individuals in need. The Housing and Disability Income Advocacy Program is a county administered program designed to assist homeless individuals by providing stable housing while also advocating on behalf of clients to seek out disability benefits from relevant programs including the SSI/SSP program for the Aged, Blind, and Disabled; the federal Social Security Disability Insurance program; the Cash Assistance Program for Immigrants; and veteran’s benefits provided under federal law, including disability compensation.

IMPLEMENTATION DATE:
This premise implemented on July 1, 2016.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: W&IC sections 18999 through 18999.6.
- The Budget Act of 2017 shifted the appropriated funds from FY 2016-17 to FY 2017-18 and includes $45.0 million GF. This funding is available over a three-year period ending June 30, 2020.
- Of the total funding, approximately $1.5 million was appropriated for state operations and approximately $43.5 million was appropriated for local assistance.

METHODOLOGY:
The local assistance cost is calculated by taking the total funds appropriated for the program and subtracting the state operations cost.

FUNDING:
This premise was funded with 100 percent GF in the Budget Act of 2017.

CURRENT YEAR CHANGE FROM APPROPRIATION:
There is no change.

REASON FOR YEAR-TO-YEAR CHANGE:
The change in cost reflects the one-time budget funding for the program in FY 2017-18.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
### Housing and Disability Income Advocacy Program*

**EXPENDITURES:**
(in 000s)

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**FY 2017-18**

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**FY 2018-19**

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
California Veterans Cash Benefit Program (CVCB)*

DESCRIPTION:
This premise reflects the cost of providing benefits to World War II veterans who returned to the Republic of the Philippines, no longer have a place of residence in California and were receiving SSP benefits on December 14, 1999.

IMPLEMENTATION DATE:
This premise implemented on July 19, 2000.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: W&IC section 12400.
- The grant costs are the equivalent of the SSP benefits the veterans would receive under the SSI/SSP program.
- An average benefit payment of $161.51 per month will be paid to eligible recipients. The payment includes the 2017 State COLA impact on the California Veterans Cash Benefit Program.
- The average monthly number of participating veterans is 344 in FY 2017-18 and 252 in FY 2018-19.
- The SSA administers the California Veterans Cash Benefit program in conjunction with benefits under Title VIII of the federal Social Security Act.
- Administrative costs associated with the California Veterans Cash Benefit program are reflected in the SSP Administration premise.

METHODOLOGY:
The estimated costs are calculated by multiplying the average monthly number of participating veterans by the average benefit payment amount per month and then by 12 months.

FUNDING:
This program is funded with 100 percent GF.

CURRENT YEAR CHANGE FROM APPROPRIATION:
The increase reflects a higher average grant and a slower caseload decline than previously projected.

REASON FOR YEAR-TO-YEAR CHANGE:
The decrease reflects a lower projected average monthly caseload.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
California Veterans Cash Benefit Program (CVCB)*

EXPENDITURES:
(in 000s)

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<tr>
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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Cash Assistance Program for Immigrants (CAPI)*

DESCRIPTION:
This premise reflects the costs associated with providing benefits to aged, blind, and disabled legal immigrants under CAPI. This premise includes both grant and administrative costs.

The Base CAPI recipients include immigrants who entered the United States prior to August 22, 1996 and are not eligible for SSI/SSP benefits solely due to their immigration status. It also includes those who entered the United States on or after August 22, 1996 but meet special sponsor restrictions (have a sponsor who is disabled, deceased, or abusive).

The Extended CAPI recipients include immigrants who entered the United States on or after August 22, 1996, who do not have a sponsor or have a sponsor who does not meet the sponsor restrictions of the base program.

IMPLEMENTATION DATE:
This premise implemented on October 1, 1998.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: W&IC sections 18937 through 18944.
- Under state law, the CAPI program is governed by the same federal and state regulations which govern the SSI/SSP program.
- State law also established that benefits paid under CAPI are equivalent to benefits provided under the SSI/SSP program, except that the monthly grant is reduced by $10.00 per individual and $20.00 per couple.
- The average monthly administrative cost per case for FY 2017-18 and FY 2018-19 is $73.93.
- The average grants reflect the impact of the federal COLAs.

Base CAPI
- The average monthly caseload is 983 for FY 2017-18 and 869 for FY 2018-19.
- The average monthly grant for is $782.13 for FY 2017-18 and $793.95 for FY 2018-19.

Extended CAPI
- The average monthly caseload is 13,412 for FY 2017-18 and 13,632 for FY 2018-19.
- The average monthly grant is $821.79 for FY 2017-18 and $833.70 for FY 2018-19.

METHODOLOGY:
The grant costs for each program are calculated by multiplying the projected average monthly caseload by the average monthly grant and then by 12 months. The administration costs for each program are calculated by multiplying the projected average monthly caseload by the monthly administration cost per case and then by 12 months. Total cost is the sum of grant and administration costs for each program.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Cash Assistance Program for Immigrants (CAPI)*

FUNDING:
The program is funded with 100 percent GF.

CURRENT YEAR CHANGE FROM APPROPRIATION:
The decrease in the Base CAPI cost reflects a lower caseload than previously projected, partially offset by a higher average grant and administrative cost per case. The increase in the Extended CAPI cost reflects a higher average grant and administrative cost per case, partially offset by a lower caseload than previously projected.

REASON FOR YEAR-TO-YEAR CHANGE:
The decrease in the Base CAPI cost reflects a lower caseload, partially offset by a higher average grant. The increase in the Extended CAPI cost reflects a higher caseload and a higher average grant.

EXPENDITURES:
(in 000s)

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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
IHSS County Maintenance of Effort (MOE)*

DESCRIPTION:
This premise establishes a County IHSS MOE level for the county share of IHSS service and administrative costs (including Public Authority administration costs and Case Management, Information, and Payrolling System (CMIPS II costs) in lieu of counties paying a fixed percentage share of each dollar expended.

Under the previous County IHSS MOE structure, the County IHSS MOE levels for the 58 small counties were based on the FY 2011-12 county expenditures or allocations. Starting July 1, 2014, a 3.5 percent annual inflation factor was applied along with adjustments for any approved county negotiated wage and health benefit increases.

Commencing July 1, 2017, a revised County IHSS MOE structure took effect with a modified cost sharing arrangement between the state and the counties. There are changes to the County IHSS MOE structure that include the option for counties to establish a wage supplement that will float above the minimum wage. Counties will also be able to locally negotiate a wage increase of up to ten percent of their current wages with state participation that will be implemented over three years. All wage increases will result in an adjustment to the county’s IHSS MOE requirement. Total county service costs that exceed the County IHSS MOE are shifted to GF. Total county administration costs that exceed the state participation cap are shifted to the county.

IMPLEMENTATION DATE:
This premise was implemented on July 1, 2012.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: W&IC sections 12306.15, 12306, and 12306.1 were amended by Senate Bill 90 (Chapter 25, Statutes of 2017). W&IC sections 12306.16, 12306.17, 12306.18, and 17600.70 were added by SB 90.
- The new County IHSS MOE funding structure was implemented under W&IC section 12306.16 (a) beginning July 1, 2017.
- Per W&IC section 12306.16 (b)(1)(A), the County IHSS MOE for FY 2017-18 was established at $1,769,443,000 based on the estimated county share of IHSS services and administration costs in the 2017 May Revision budget. This amount includes $1,346,000 for the county share of CMIPS II Vendor Transition Activities which is reflected in the Pending Adjustments for IHSS County MOE line of the CDSS local assistance tables.
- The Pending Adjustment for IHSS County MOE displays the estimated difference between the statutory County IHSS MOE of $1,769,443,000 and the updated 2018-19 Governor’s Budget in FY 2017-18 of $1,739,753,000.
- Per W&IC section 12306.16 (c), beginning July 1, 2018, the inflation factor applied to the county MOE base will be increased from 3.5 percent to 5.0 percent. The inflation factor in FY 2018-19 is estimated to be $86,987,000.
- For the FY following approved county rate increases, the annualized cost of the county rate adjustment will be added to the County IHSS MOE base. The annualized county rate adjustment is estimated to be $8,124,000 for FY 2018-19.

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
IHSS County Maintenance of Effort (MOE)*

KEY DATA/ASSUMPTIONS (CONTINUED):

- To help mitigate the impact of the transition to the new County IHSS MOE, a total of $400,000,000 GF was appropriated for FY 2017-18. This amount is made available through a combination of the appropriation of GF and the redirection of the AB 85 (Chapter 24, Statutes of 2013) funds.

- For FY 2017-18, the IHSS County Mitigation is $351,391,000 GF and the redirection from AB 85 is $48,609,000. For FY 2018-19, the IHSS County Mitigation is $285,469,000 and the redirection from AB 85 is $44,531,000.

- For the IHSS services component of the MOE, any non-federal costs exceeding this amount will be shifted to 100 percent GF.

- For the IHSS administration component of the MOE, any non-federal costs exceeding the combined total of the IHSS county administration. Public Authority administration, and CMIPS II components will be shifted to 100 percent county funds and will not count towards the county’s total County IHSS MOE requirement.

- The adjustments to the new IHSS County MOE are as follows:
  - If a county approves any locally negotiated increases to IHSS provider wages and/or health benefits, their IHSS County MOE will be adjusted by 35 percent of the non-federal share of the increase. For costs above the state participation cap, the county shall have the responsibility of paying the entire non-federal share of the increase.
  - The county may negotiate a contract for combined wages and health benefits, and the state shall participate (with 65 percent of the non-federal share) in a cumulative total of up to ten percent of the sum of the combined total of changes in wages or health benefits or both within a three-year period. The state shall participate for no more than two three-year periods at which time the county shall pay the entire non-federal share of any future increases in wages and health benefits that exceed the current participation cap.
  - If a county establishes a wage supplement, their IHSS County MOE be adjusted pursuant to W&IC section 12306.16.
  - For contract mode, any rate increases to existing contracts that a county has already entered into, the state shall pay 65 percent and the affected county shall pay 35 percent of the non-federal share of the amount of the rate increase up to the Maximum Allowable Contract Rate (MACR). The county shall pay the entire non-federal share of any portion of the rate increase exceeding the MACR.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
IHSS County Maintenance of Effort (MOE)*

**KEY DATA/ASSUMPTIONS (CONTINUED):**

- For new contract mode contracts entered into by a county, the state shall pay 65 percent and the affected county shall pay 35 percent of the non-federal share of the difference between the county's individual provider wage and the contract rate for all the hours of service to be provided under the contract up to the MACR.

- For increases to non-health benefits that may be locally negotiated, mediated, imposed, or adopted by ordinance, the IHSS County MOE shall include a 35 percent county adjustment of the non-federal share of the rate increase.

- The IHSS County MOE shall be subject to a one-time adjustment in the event the state ceases to receive enhanced FFP for the CFCO. The IHSS County MOE will be adjusted to reflect a 35 percent share of the enhanced FFP that would have been received for the fiscal year in which the state ceased receiving the enhanced FFP.

**METHODOLOGY:**

- The IHSS County MOE in FY 2017-18 is calculated by subtracting the county share for CMIPS II Vendor Transition Activities from the estimated county share of IHSS program costs in the 2017 May Revision budget.

- The Pending Adjustment for IHSS County MOE in FY 2017-18 is the difference between the IHSS County MOE in FY 2017-18 and the updated county share of the IHSS program costs.

- The IHSS County MOE in FY 2018-19 is calculated by adding the five percent inflation factor for FY 2018-19 and the annualized county negotiated rate adjustments for FY 2018-19 to the updated county share of the IHSS program costs.

**FUNDING:**

Funding for the IHSS County MOE is 100 percent county funds, displayed as a reimbursement.

**CURRENT YEAR CHANGE FROM APPROPRIATION:**

The increase in GF savings reflects a county wage adjustment and updated county share of the CMIPS II Vendor Transition Activities.

**REASON FOR YEAR-TO-YEAR CHANGE:**

The increase in GF savings for IHSS County MOE reflects the pending adjustment to the base MOE level, the five percent inflation factor, and annualized county negotiated rate adjustments.

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
### IHSS County Maintenance of Effort (MOE)*

#### EXPENDITURES:

(in 000s)

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** This is a non-add line.

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
IHSS Basic Services∗

DESCRIPTION:
This premise reflects the basic service costs for the IHSS program. The IHSS program enables eligible individuals to receive in-home services that allow them to remain safely in their own homes as an alternative to out-of-home care. Eligible recipients are aged, blind, or disabled individuals who receive public assistance or have low income. Services include: domestic and related services (e.g., housework, meal preparation, laundry, shopping); personal services; accompaniment to medical appointments; protective supervision for mentally-impaired recipients who may place themselves at risk for injury, hazard, or accident; and paramedical services when directed by a physician.

There are four IHSS program components:

• The PCSP provides federally funded personal care services to recipients who are eligible for Medi-Cal, have a chronic disabling condition, and have an assessed need for services to remain safely in their own home.

• The IHSS Plus Option provides federally funded services to recipients who have a chronic disabling condition and have an assessed need for services to remain safely in their own home. These recipients do not qualify for PCSP because services are provided by a spouse or parent of a minor child. If qualified, recipients may receive advance pay or a restaurant meal allowance.

• The CFCO provides federally funded services at an enhanced FMAP of 56 percent to those recipients who have a chronic disabling condition, have an assessed need for services in order to remain safely at home, and are eligible for a nursing facility level of care. If qualified, recipients may receive advance pay or a restaurant meal allowance. The federal CMS approved state plan amendment 13-007 effective July 1, 2013, which updated eligibility language for compliance with the Social Security Act section 1915(k)(1) and 42 CFR section 441.510. Costs for the CFCO program are displayed separately in the CDSS local assistance budget tables.

• Residual provides non-federally funded program services to recipients who are not eligible for Medi-Cal, but meet the SSI/SSP income standards, are 65 years or older, blind, or disabled, and have an assessed need for services to remain safely at home. If qualified, recipients may receive advance pay or a restaurant meal allowance.

There are three service delivery modes for IHSS: the individual provider mode, consisting of an individual provider hired by the recipient; the county contract mode, consisting of a county-contracted service provider who employs individuals to provide services to IHSS recipients; and the welfare staff/homemaker mode, which utilizes county employees to provide services to recipients.

This premise also includes claims bills, workers’ compensation benefits, and contract costs to administer, monitor, and issue payments for compensation claims. York Risk Services Group administers the workers’ compensation insurance for providers under the individual provider mode. The California Department of General Services manages and supervises the contract and monitors high-cost cases ($50,000 and over on a quarterly basis). The SCO issues the payments for compensation claims.

∗ Please refer to the first tab titled “Acronyms” for a full description of acronyms.
IHSS Basic Services*

IMPLEMENTATION DATE:
This premise implemented on April 1, 1993.

KEY DATA/ASSUMPTIONS:

- Authorizing statute: W&IC sections 12300 through 12314, 14132.95, and 14132.956.
- Average cases per month are projected to be 518,511 in FY 2017-18 and 545,180 in FY 2018-19. Federally eligible cases for individual providers account for 98.77 percent of the total caseload and the remaining are residual cases with no FFP. The average provider cost per hour in individual provider mode for FY 2017-18 is $13.62 and for FY 2018-19 is $14.08.
- The weighted average monthly hours per case prior to reduction to service hours are 106.8 in FY 2017-18 and 107.6 in FY 2018-19.
- The total share of cost paid by IHSS recipients in the individual provider mode of service is estimated at $27.8 million in FY 2017-18 and FY 2018-19.
- The restaurant meal allowance monthly grant is $62 per person and totals approximately $180,000 in FY 2017-18 and FY 2018-19.
- Total workers’ compensation costs, which include the York Risk Services Group, Department of General Services, and SCO contracts, is assumed to be $94.9 million in FY 2017-18 and $94.6 million in FY 2018-19.
- The cost for cases in the county contract mode and welfare staff/homemaker mode are $29.7 million in FY 2017-18 and FY 2018-19.
- The increase in costs to IHSS Basic Services due to the increase in minimum wage as a result of the recent passage of SB 3 (Chapter 4, Statutes of 2016) are included in this premise. The estimated net increase in services due to the increase to $11 per hour is $52.8 million in FY 2017-18 and $112.3 million in FY 2018-19. The estimated net increase in services due to the increase to $12 per hour is $260.3 million in FY 2018-19. For the 2018-19 Governor’s Budget, these costs are displayed as non-add lines for information purposes. The cost reflected in the non-add lines include estimated impacts on IHSS Basic Services, FLSA, and Paid Sick Leave Implementation of SB 3 in FY 2017-18 and FY 2018-19.
- The caseload impact of SB 75 and the ACA is fully reflected in the IHSS Basic caseload trend. The impact of these two premises is estimated separately and subtracted from the IHSS Basic Services estimate. The total cost of the Caseload Impact of the ACA is $227.7 million in FY 2017-18 and $294.8 million in FY 2018-19. The total cost of the Caseload Impact of SB 75 is $1.9 million in FY 2017-19 and $3.1 million in FY 2018-19.
- All costs for recipients in the California Community Transitions Money Follows the Person Demonstration project, the Caseload Impact of the ACA, and the Caseload Impact of SB 75 are reflected in their own separate premises in this binder.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
IHSS Basic Services*

METHODOLOGY:
The estimated IHSS basic services cost for individual provider mode is computed on a county specific basis by multiplying the counties’ case months by average hours per case and by provider cost per hour. The share of cost paid by IHSS recipients is subtracted from the statewide total, to which the restaurant meal allowance costs, claims bills, and workers’ compensation costs are added. Estimated costs for county contract mode and welfare staff/homemaker mode are added to compute the total IHSS basic service cost for all modes. The costs for the Caseload Impact of the ACA and the Caseload Impact of SB 75 are subtracted from the total. Costs for CFCO cases are displayed separately on the CFCO table line and represent 61.3 percent of total expenditures.

FUNDING:
Federal funds are provided by Title XIX of the Social Security Act. Costs are shared based on FFP eligibility criteria. Cases eligible for CFCO funds will have a FFP rate of 56 percent. All other federal eligible cases will have a FFP rate of 50 percent. Non-federal costs are 100 percent GF due to implementation of the IHSS county MOE. For more information on the IHSS county MOE, please refer to the IHSS County MOE premise.

CURRENT YEAR CHANGE FROM APPROPRIATION:
The decrease reflects the removal of the caseload brought in by the ACA and SB 75 from the IHSS basic caseload and displayed in a separate table line. The increase is offset by a higher projected caseload, hours per case, and cost per hour.

REASON FOR YEAR-TO-YEAR CHANGE:
The increase reflects higher projected caseload, hours per case, and cost per hour.

EXPENDITURES:
(in 000s)

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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
**IHSS Basic Services**

**EXPENDITURES (CONTINUED):**
(in 000s)

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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Paid Sick Leave Implementation (SB 3)*

DESCRIPTION:
This premise reflects the cost to implement the IHSS provider sick leave provisions of SB 3 (Chapter 4, Statutes of 2016) which allows IHSS providers to accrue and use paid sick leave hours.

Beginning July 1, 2018, an IHSS provider who provides 100 hours of authorized services to an IHSS recipient will be authorized to accrue eight hours of paid sick leave. Any unused sick leave hours will expire as there will be no rollover to the next fiscal year. Instead, the hours will be reset to the maximum number of hours each provider is allowed to accrue in a given year. When the state minimum wage reaches $13, the maximum amount of paid sick leave accrued will increase to 16 hours and when the state minimum wage reaches $15, the maximum amount of paid sick leave accrued will increase to 24 hours.

IMPLEMENTATION DATE:
This premise will implement on July 1, 2018.

KEY DATA/ASSUMPTIONS:
• Authorizing statute: Labor Code sections 245.5, 246, and 1182.12.
• Starting July 1, 2018, IHSS providers who provide 100 hours of authorized IHSS services to an IHSS recipient will accrue eight hours of paid sick leave. After the initial 100 hours of authorized IHSS services are provided, the sick leave hours will be accrued at the beginning of each fiscal year.
• An estimated 513,022 providers will accrue and use their accrued sick leave in FY 2018-19.
• The average provider cost for wages, taxes, health benefits, other benefits, and administrative costs is $14.03 in FY 2018-19.

METHODOLOGY:
The estimated Paid Sick Leave Implementation costs are computed on a county specific basis by multiplying the counties’ provider counts by the accrued hours of paid sick leave used and by the average provider cost for wages, taxes, health benefits, other benefits, and administrative costs.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Paid Sick Leave Implementation (SB 3)*

METHODOLOGY (CONTINUED):

Paid Sick Leave Claim Form Processing (SB 3)

- Provider assistance activities: The costs are calculated by multiplying the number of providers who will use sick leave by the percent who will call the county, by the county worker time to assist each provider who calls, and by the county staff blended rate.

FUNDING:

Federal funds are provided by Title XIX of the Social Security Act. Costs are shared based on FFP eligibility criteria. Services costs for cases eligible for CFCO funds will have a FFP rate of 56 percent. All other federally eligible cases will have a FFP rate of 50 percent. The federal share is reflected as a reimbursement, consistent with actual cash flow. Funding for non-federal service costs are 100 percent GF due to implementation of the IHSS county MOE.

Funding for non-federal administrative costs is primarily 70 percent GF and 30 percent county. The county share of the non-federal costs will count towards the county’s total IHSS MOE requirement. Any non-federal costs exceeding the cap on GF participation for the combined total of the IHSS administration will be shifted to 100 percent county funds and will not count towards the county’s total IHSS MOE requirement. For more information on the IHSS county MOE, please refer to the IHSS County MOE premise.

CURRENT YEAR CHANGE FROM APPROPRIATION:

There is no change.

REASON FOR YEAR-TO-YEAR CHANGE:

This new premise implements in FY 2018-19.

EXPENDITURES:

(in 000s)

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* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
Reduction in Service Hours *

DESCRIPTION:
This premise reflects the savings and administrative costs associated with reducing IHSS service hours for all recipients in accordance with the IHSS Settlement Agreement, filed March 28, 2013. This settlement resolves two class-action lawsuits: Oster v. Lightbourne and Dominguez v. Schwarzenegger. Premises previously associated with these lawsuits include the Cost Containment premise (Oster I), 20 Percent Trigger Reduction (Oster II) and Reduce Wages to $9.50 and $0.60 in Health Benefits (Dominguez).

Initially a 3.6 percent across-the-board reduction to IHSS service hours was implemented on February 1, 2011, and sunset on June 30, 2013. As a settlement to the above lawsuits, an eight percent reduction to authorized service hours was implemented on July 1, 2013. This reduction is lowered to seven percent effective July 1, 2014. Due to the 3.6 percent reduction to authorized hours from February 1, 2011, through June 30, 2013, this premise reduces service hours by an additional 3.4 percent starting in FY 2014-15 and subsequent years.

IMPLEMENTATION DATE:
This premise implemented July 1, 2013.

KEY DATA/ASSUMPTIONS:
• Authorizing statute: W&IC section 12301.02.
• There is a seven percent reduction to projected IHSS service hours.
• The net impact of the reduction to service hours after appeals based on changes in circumstances will be 6.47 percent.
• For IHSS Basic Services the savings associated with reducing service hours are $573.2 million for FY 2017-18 and $619.4 million for FY 2018-19.
• The Caseload Impact of the ACA premise assumes ACA cases experienced the reduction in service hours. The savings associated with reducing hours to this population are $14.7 million for FY 2017-18 and $19.1 million for FY 2018-19.
• The FLSA Overtime and FLSA Travel Time premises account for hours under the assumption that the reduction in service hours remains in place. The savings associated with the reduction of hours subject to overtime pay are $32.7 million for FY 2017-18 and $35.7 million for FY 2018-19.

METHODOLOGY:
The premise is calculated by adding the savings associated with reducing the service hours of the existing IHSS Basic Service population, the service hours for the population associated with ACA, and the savings associated with the FLSA Overtime and Travel Time.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Reduction in Service Hours*

FUNDING:
Savings from services are shared based on FFP eligibility criteria. Federal savings for cases eligible for CFCO funding will have FFP of 56 percent. Cases made eligible by the ACA will have an average FFP rate of 94.5 percent for FY 2017-18 and 93.5 for FY 2018-19. All other federally eligible cases will have FFP of 50 percent. Non-federal savings are 100 percent GF due to implementation of the IHSS county MOE. For more information on the IHSS county MOE, please refer to the IHSS County MOE premise.

CURRENT YEAR CHANGE FROM APPROPRIATION:
The increase in savings reflects a higher IHSS total caseload and higher hours per case. The increase is partially offset by lower projected FLSA Overtime and Travel Time costs.

REASON FOR YEAR-TO-YEAR CHANGE:
The increase reflects higher IHSS total caseload, hours per case and higher FLSA Overtime and Travel Time costs.

EXPENDITURES:
(in 000s)

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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Restoration in Service Hours *

DESCRIPTION:
This premise reflects the cost of restoring the seven percent reduction to IHSS service hours.

IMPLEMENTATION DATE:
This premise implemented July 1, 2015.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: W&IC 12301.02.
- To restore service hours, costs of $573.2 million are included for FY 2017-18 and $619.4 million for FY 2018-19.
- The Caseload Impact of the ACA premise assumes ACA cases experienced the reduction in service hours. The costs associated with restoring hours to this population are $14.7 million for FY 2017-18 and $19.1 million for FY 2018-19.
- The FLSA Overtime and FLSA Travel Time premises reflect hours under the assumption that the reduction in service hours remains in place. Costs associated with additional hours subject to overtime pay are $32.7 million for FY 2017-18 and $35.7 million for FY 2018-19.

METHODOLOGY:
The restoration costs are calculated by offsetting the savings in the Reduction in Service Hours premise with the cost of restoring hours for the existing IHSS basic service population, the cost of restoring the service hours for the ACA population, and the costs associated with the FLSA Overtime and Travel Time.

FUNDING:
The Budget Act of 2015 temporarily restored the seven percent reduction in full for FY 2015-16 using GF for all non-federal costs. The 2018-19 Governor’s Budget estimate reflects a GF restoration of the seven percent reductions for FY 2017-18 and FY 2018-19. Federal funds are provided by Title XIX of the Social Security Act. Costs are shared based on FFP eligibility criteria. Cases eligible for CFCO funds will have a FFP rate of 56 percent. Cases made eligible by the ACA will have an average FFP rate of 94.5 percent for FY 2017-18 and 93.5 for FY 2018-19. All other federally eligible cases will have a FFP rate of 50 percent. Non-federal costs are 100 percent GF due to implementation of the IHSS county MOE. For more information on the IHSS county MOE, please refer to the IHSS County MOE premise.

CURRENT YEAR CHANGE FROM APPROPRIATION:
The increase reflects a higher IHSS total caseload and higher hours per case. The increase is partially offset by lower projected FLSA Overtime and Travel Time costs.

REASON FOR YEAR-TO-YEAR CHANGE:
The increase reflects a higher IHSS total caseload, hours per case, and higher FLSA Overtime and Travel Time costs.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Restoration in Service Hours *

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**FY 2017-18**

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**FY 2018-19**

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
IHSS Caseload Impact of the Affordable Care Act (ACA)*

DESCRIPTION:
This premise reflects the costs associated with the IHSS program from an increase in the IHSS population as a result of implementing the Patient Protection and ACA, PL 111-148.

The ACA provides an enhanced FMAP rate for services to newly eligible individuals between 19 and 65 years of age whose household income does not exceed 138 percent of the FPL. Due to the changes in Medi-Cal eligibility resulting from the ACA, newly eligible adults, some of which were previously covered under other programs such as the Low-Income Health Program, are transitioning into Medi-Cal and seeking IHSS. The DHCS' ACA optional expansion aid codes identify the newly eligible individuals who utilize IHSS.

Increase to the IHSS caseload for new recipients qualified under previous eligibility requirements are not accounted for in this premise.

IMPLEMENTATION DATE:
This premise implemented January 2014.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: ABX1 1 (Chapter 3, First Extraordinary Session, Statutes of 2013) and SBX1 1 (Chapter 4, First Extraordinary Session, Statutes of 2013) changed the following W&IC sections as related to the IHSS program: 14005.30, 14005.37, 14005.60, 14005.61, 14005.64, 14005.65, 14005.66, 14005.67, 14005.68, 14011.66, 14014.5, 14016.5, 14057, 14102.5, 14103, 14132, 14132.02, and 15926.
- There is a projected average monthly caseload of 14,493 in FY 2017-18 and 18,160 in FY 2018-19.
- Eligible adults between 19 and 65 years of age use an average of 96.1 IHSS hours per case per month.
- The provider cost per hour is $13.62 in FY 2017-18 and $14.08 in FY 2018-19.
- The individuals made eligible for IHSS through the expanded Medi-Cal receive an additional enhanced FMAP rate of 44.5 percent in FY 2017-18 and 43.5 percent in FY 2018-19.
- The total cost of the Caseload Impact of ACA is subtracted from the IHSS Basic premise, as the full impact is reflected in the caseload trend.

METHODOLOGY:
Costs for the additional caseload brought onto IHSS through ACA are calculated by multiplying the caseload by the average hours per case, by the provider cost per hour, and by 12 months.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
IHSS Caseload Impact of the Affordable Care Act (ACA)*

FUNDING:
Federal funding is provided by Title XIX of the Social Security Act, based on FFP eligibility criteria. Service costs receive an average FMAP of 94.5 percent for FY 2017-18 and an average FMAP of 93.5 percent for FY 2018-19. Non-federal costs are 100 percent GF due to implementation of the IHSS county MOE. For more information on the IHSS county MOE, please refer to the IHSS County MOE premise.

CURRENT YEAR CHANGE FROM APPROPRIATION:
The increase reflects a change in methodology due to the impact of ACA being fully reflected in trend. The funding displayed now is the total cost of the caseload brought in by ACA. Previously only the enhanced FMAP share was displayed.

REASON FOR YEAR-TO-YEAR CHANGE:
The increase reflects higher projected caseload and cost per hour.

EXPENDITURES:
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* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
Caseload Impact of SB 75*

DESCRIPTION:
This premise reflects the impact to the IHSS caseload from the expansion of full scope Medi-Cal benefits to children under the age of 19 years, regardless of immigration status, as a result of the passage of SB 75 (Chapter 18, Statutes of 2015). Prior to the passage of SB 75, California provided restricted scope Medi-Cal coverage (primarily emergency and pregnancy related services only) to low income undocumented children. Effective May 16, 2016, individuals under age 19 who do not have satisfactory immigration status, or who are unable to establish satisfactory immigration status, are eligible for full scope Medi-Cal benefits, including IHSS.

IMPLEMENTATION DATE:
This premise implemented on May 16, 2016.

KEY DATA/ASSUMPTIONS:
- Authorizing statute W&IC section 14007.8.
- As of October 31, 2017, the total number of children who had been determined newly eligible for full scope Medi-Cal under SB 75 was 90,643.
- The projected average monthly cumulative caseload impact is 107 cases in FY 2017-18 and 168 cases in FY 2018-19.
- The calculated average monthly service cost is $1,454.94 for FY 2016-17 and $1,515.06 for FY 2017-18.

METHODOLOGY:
The estimated costs are calculated by multiplying the average monthly caseload by the average monthly service cost per case for 12 months. All services costs associated with the SB 75 are subtracted from the IHSS Basic Services premise, as the caseload impact is assumed to be fully reflected in the IHSS Basic caseload trend.

FUNDING:
Non-emergency services such as IHSS provided to this population are ineligible for FFP. Non-federal costs are 100 percent GF due to implementation of the IHSS county MOE. For more information on the IHSS county MOE, please refer to the IHSS County MOE premise.

CURRENT YEAR CHANGE FROM APPROPRIATION:
The decrease in services cost reflects a lower projected caseload impact, partially offset by a higher projected cost per case. The decrease in administration cost reflects that the caseload impact is assumed to be fully reflected in the IHSS Basic caseload trend.

REASON FOR YEAR-TO-YEAR CHANGE:
The increase in services cost reflects a higher projected caseload impact and a higher projected cost per case. There is no change in administration cost.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Caseload Impact of SB 75*

EXPENDITURES:
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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Fair Labor Standards Act (FLSA)*

DESCRIPTION:

This premise reflects the cost to comply with the federal pay regulations for direct care workers that impact IHSS provider overtime and payment for commute time between multiple recipients.

In September 2013, the United States Department of Labor issued its Final Rule concerning domestic workers under the FLSA. The regulations contained significant changes impacting the IHSS program, including: 1) more clearly defining the tasks that comprise “companionship services” and 2) limiting exemptions for companionship services and live-in domestic service employees to the individual, family or household using the services, and not third-party employers such as the state. Since the state is no longer able to claim minimum wage and overtime exemptions, the state is required to compensate providers for overtime pay and commute time between multiple recipients.

On February 1, 2016, CDSS implemented the provisions of SB 855 and SB 873 (Chapters 29 and 685, Statutes of 2014) based on the FLSA which required that IHSS providers be compensated for overtime and travel time. In addition, the statutes established limits on the number of authorized hours providers are permitted to work in a workweek. Under the new overtime rules, the maximum amount of time that an individual may provide services for two or more IHSS recipients in a single workweek is 66 hours.

Beginning May 1, 2016, two exemptions were established for limited circumstances that allow the maximum weekly hours to be exceeded.

IMPLEMENTATION DATE:

This premise implemented on February 1, 2016.

KEY DATA/ASSUMPTIONS:

- Authorizing statute: FLSA Department of Labor Wage and Hour Division 29 CFR Part 552, W&IC sections 12300.4, 12300.41 and 12301.1.
- The W&IC section 12300.4 specifies that IHSS providers with multiple recipients are not permitted to work over 66 authorized hours within a work week, as reduced by the net percentage defined in W&IC sections 12301.02 and 12301.03.
- Providers with a single recipient may work up to 70.75 hours per week not to exceed the recipient’s monthly maximum hours, as specified by All-County Letter No.16-01.
- In accordance with W&IC sections 12300.4(b) (5), a provider who exceeds the hour limitations on overtime and/or the travel time regulations on multiple occasions will receive a violation and can lead to the provider being suspended.
- The average monthly recipients for FY 2017-18 are projected at 518,511 with average monthly providers projected at 485,661. Average monthly recipients for FY 2018-19 are projected to increase to 545,180 with average monthly providers projected to be 513,022.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Fair Labor Standards Act (FLSA)*

KEY DATA/ASSUMPTIONS (CONTINUED):

- A new process has been developed to implement work week agreements for all recipients and providers. Labor law requires providers to be paid for any time worked, even if the provider has been instructed not to work. Providers working beyond work week limitations will be subject to disciplinary action, including termination. Based on average wages of $13.62 per hour in FY 2017-18 and $14.08 in FY 2018-19, the overtime cost is $6.81 per hour in FY 2017-18 and $7.04 in FY 2018-19.

**FLSA Overtime**

- Providers with multiple recipients working over 40 hours a week represent 8.15 percent of the provider universe, or approximately 39,581 providers in FY 2017-18 and 41,811 providers in FY 2018-19. This population will have an estimated 45.10 overtime hours per month.

- Providers with a single recipient working over 40 hours a week represent 13.00 percent of the provider universe, or approximately 63,136 providers in FY 2017-18 and 66,693 providers in FY 2018-19. This population will have an estimated 62.40 overtime hours per month.

- Five percent of recipients, or approximately 25,926 in FY 2017-18 and 27,259 in FY 2018-19, are projected to increase the demand for provider hours as a result of increased flexibility, with an estimated five additional hours per month of overtime.

**FLSA Travel**

- The state, as the employer of record, is not eligible to claim the minimum wage and overtime exemptions; therefore, the state is required to comply with the provisions of FLSA including payment to providers for time spent traveling between recipients.

- Providers with multiple recipients that will travel between recipients represent 1.50 percent of the provider universe, or approximately 7,285 providers in FY 2017-18 and 7,695 providers in FY 2018-19. These providers are anticipated to claim travel time and spend an average of 16.20 hours per month traveling between recipients. Of the 16.20 hours per month spent on traveling, 13.20 hours are estimated to be overtime hours.

**FLSA Provider Exemptions**

- An exemption is granted for live-in care providers residing in the home for two or more disabled minor or adult children, or grandchildren, or step-children for whom they provide IHSS services and who meet specified requirements on or before January 31, 2016. Providers who meet the specific criteria for this exemption will be allowed to work up to 12 hours per day, or 90 hours per week, not to exceed 360 hours per month. This exemption will result in an additional 24 overtime hours per week or 96 hours per month. The projected average monthly caseload for this exemption is 1,493 providers for both FY 2017-18 and FY 2018-19.

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
Fair Labor Standards Act (FLSA)*

KEY DATA/ASSUMPTIONS (CONTINUED):

- An exemption can be granted for certain extraordinary, incurable circumstances on a case-by-case basis. This exemption is for providers who work for two or more IHSS recipients that have complex medical and behavioral needs, live in a rural or remote area or have language barriers that place the recipient(s) at imminent risk of out-of-home institutionalized care. Providers who meet the specific criteria for this exemption will be allowed to work up to 12 hours per day, or 90 hours per week, not to exceed 360 hours per month. This exemption will result in an additional 24 hours of overtime per week or 96 hours per month. The projected average monthly caseload for this exemption is 213 in FY 2017-18 and 713 in FY 2018-19.

- In FY 2017-18, there is one-time additional funding of $1.0 million for activities associated with notifying providers and recipients about the criteria and process to request an exemption as well as the establishment of an appeals process through the State Hearings Division.

**FLSA Administration**

- The cost per hour is $60.55 for social workers.

- The cost to provide technical assistance to new recipients and providers with their work week agreements is $1.9 million for FY 2017-18 and $2.0 million for FY 2018-19.

- Overtime Approval/Exception Process
  - It is assumed that a portion of the new population with more complex care needs will call their social worker for one hour of assistance three times per year.
  - Costs of $2.0 million for FY 2017-18 and FY 2018-19 are included for the overtime approval and exception process.

- Violation Process
  - The first time a provider exceeds the work and/or travel limits they will receive a written notice which will require one hour of social worker time.
  - If the provider incurs a second violation, they will be offered a one-time opportunity to voluntarily review the instructional materials and sign a certification form stating that they understand and agree to the requirements. If the provider chooses not to take advantage of this opportunity the county will issue a notice confirming the second violation. If the provider takes advantage of this opportunity, the second violation will be rescinded. However, if the provider violates the workweek and/or travel time limitations again, they will receive a second violation. After the second violation has been incurred and is included in the provider’s record, county staff are required to contact the provider to discuss the violation consequences and advise them on methods to correct the behavior that led to the violation. Social workers will spend one hour processing second violations that are rescinded and one hour for providers whose second violations is included in the provider’s record.
  - The third violation will result in a three-month suspension for the provider and will require one hour of social worker time.

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
Fair Labor Standards Act (FLSA)*

KEY DATA/ASSUMPTIONS (CONTINUED):

FLSA Administration (continued)

- If a fourth violation occurs after the provider returns from suspension they will be terminated as an IHSS provider for one year. Social workers will spend one hour processing these violations.
- Costs of $3.5 million for FY 2017-18 and $3.7 million for FY 2018-19 are included for the social worker time spent assisting in the violation process.

- The cost of adding providers to the Public Authority registry is $0.4 million for FY 2017-18 and FY 2018-19.
- A 24-month study to provide feedback to the Legislature will be conducted with costs of $0.3 million in both FY 2017-18 and FY 2018-19.

METHODOLOGY:

- The FLSA overtime costs are calculated by multiplying the number of providers who will incur overtime by the overtime cost per hour, by the number of overtime hours per month, and then by 12 months.
- The FLSA travel time costs are calculated by multiplying the number of providers claiming travel time by the cost per hour, by number of travel hours per month, and then by 12 months.
- The FLSA exemption costs are calculated by multiplying the additional number of hours subject to overtime per month by the projected average monthly caseload for both exempt populations, by the overtime cost per hour, and then by 12 months. For FY 2017-18, add the additional one-time funding.
- The FLSA administration costs are calculated by summing the total costs associated with additional social worker and clerical activities related to workweek agreements, overtime approvals/exceptions, violations process, the cost of adding additional providers to registries, and the 24-month study.

FUNDING:

Federal funding is provided by Title XIX of the Social Security Act, based on FFP eligibility criteria. For cases eligible for CFCO funding, approved service costs receive a FMAP of 56 percent. Overtime costs are eligible for enhanced CFCO funding. Travel time and administrative costs are not eligible for CFCO funding. All other costs receive a FMAP of 50 percent. The federal share is reflected as a reimbursement, consistent with actual cash flow. Funding for non-federal costs is 100 percent GF due to the implementation of the IHSS county MOE. For more information on the IHSS county MOE, please refer to the IHSS County MOE premise.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Fair Labor Standards Act (FLSA)*

CURRENT YEAR CHANGE FROM APPROPRIATION:

The decrease to FLSA Overtime reflects a lower number of providers claiming overtime and lower overtime hours used than previously projected, offset by higher provider cost per hour. The decrease to FLSA Travel reflects wait time during medical accompaniment costs being captured in the IHSS Basic Services trend and a lower number of providers claiming travel time than previously projected, offset by higher projected hours of travel time used and higher provider cost per hour. The increase in total funding to FLSA Provider Exemptions reflects a higher projected number of providers with exemptions and higher provider cost per hour. The increase in FLSA Administration reflects higher projected amount of social worker activities.

REASON FOR YEAR-TO-YEAR CHANGE:

The increase to FLSA Overtime reflects higher projected caseload, provider count, and provider cost per hour. The increase to FLSA Travel reflects higher projected provider count and provider cost per hour. The increase to FLSA Exemptions reflects higher exemptions and provider cost per hour. The increase to FLSA Administration reflects higher projected caseload, provider count, and amount of social worker activities.

EXPENDITURES:

(in 000s)

<table>
<thead>
<tr>
<th>Item 111 – IHSS Services</th>
<th>Total</th>
<th>Federal</th>
<th>State</th>
<th>County</th>
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<td><strong>$0</strong></td>
<td><strong>$311,318</strong></td>
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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Coordinated Care Initiative (CCI)*

DESCRIPTION:
This premise reflects the costs of providing services to IHSS recipients under CCI. The CCI was administered by the DHCS and was designed to improve care for beneficiaries eligible for both the state Medi-Cal program and the federal Medicare program. IHSS is administered by CDSS. The CCI assisted IHSS recipients in accessing seamless, coordinated, and quality care and helps them find medical professionals, customer service, and support groups.

The two major components of the CCI were the Cal MediConnect and Managed Medi-Cal Long Term Supports and Services. Under the Cal MediConnect plan, a beneficiary’s services were combined into a single health plan. Managed Medi-Cal Long-Term Supports and Services required Medi-Cal beneficiaries (including those who have opted out or were not eligible for Cal MediConnect) to join a Medi-Cal managed care plan to receive their benefits.

In January 2017, the Director of the Department of Finance discontinued CCI by operation of law. As a result, the 2018-19 Governor’s Budget reflects the elimination of the IHSS components of CCI starting in FY 2017-18.

IMPLEMENTATION DATE:
This premise implemented in April 2014 and ended on December 31, 2017.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: Government Code section 6531.5 and Title 23; W&IC sections 10101.1, 12306, 12306.1, 14182, 14186, and 14186.35.
- The CCI consisted of seven pilot counties (Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo, and Santa Clara).
- The CCI costs associated with IHSS are estimated by DHCS, using actual FY 2010-11 IHSS service expenditures along with other home-based and community-based service expenditures and a projected annual growth rate.

METHODOLOGY:
The estimated CCI costs incorporate county capitation rates and assume that a portion of each county specific rate is attributable to IHSS service costs.

FUNDING:
The CCI costs are included in the DHCS budget. The non-federal costs are displayed as reimbursement. Federal funding is provided by Title XIX of the Social Security Act, with the amount of FFP based on the FMAP for eligible cases. The federal share is reflected as a reimbursement, consistent with actual cash flow.

CURRENT YEAR CHANGE FROM APPROPRIATION:
The increase in the CCI reimbursement reflects an increase in IHSS rates.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Coordinated Care Initiative (CCI)*

REASON FOR YEAR-TO-YEAR CHANGE:
The decrease in the CCI reimbursement reflects the discontinuance of CCI after December 31, 2017.

EXPENDITURES:
(in 000s)

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<tr>
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<th>State</th>
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<td>CCI Reimb. (State)</td>
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<th>Item 111 – IHSS Services</th>
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<tr>
<td>CCI Reimb. (State)</td>
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</table>
Federally Ineligible Providers*

DESCRIPTION:
This premise reflects the cost of a state/county funded program for IHSS providers who have criminal histories and have been found ineligible for federal Medicaid reimbursement, even though the recipients they serve are Medi-Cal eligible. In Ellis/Beckwith v. Wagner and Maxwell-Jolly (Beckwith), the court required the state to enroll all providers with previous criminal convictions unless the provider was convicted of one of the three crimes listed in W&IC section 12305.81. These crimes include fraud against a government health care or supportive services program, specified abuse of a child and specified abuse of an elder or dependent adult. The W&IC section 12305.87 expands the list of convictions that can be used as a basis to exclude a provider from the program.

State statute authorizes an IHSS recipient to waive the exclusionary convictions of an individual, as identified under that same section, and continue to receive services from the otherwise ineligible provider. Statute also allows individuals excluded under that section to apply for a general exception to work as a provider and, if granted, be eligible to provide IHSS. However, these crimes and waiver/exception processes are not consistent with federal requirements for excluded Medicaid providers.

To ensure CDSS continues to receive federal reimbursement and to comply with the requirements of the Beckwith court order, a state/county funded program was established. This program allows enrollment of providers who have criminal conviction(s) that are not identified in W&IC sections 12305.81 and 12305.87 but warranted placement on the federal OIG list (requiring exclusion from Medicaid participation) and due to the court order, must be allowed to continue working for their Medi-Cal recipients. As these providers are ineligible to provide services to Medicaid-eligible recipients, this premise creates the necessary funding shift to assure no federal share is used in the compensation of service hours provided under these circumstances.

IMPLEMENTATION DATE:
This premise implemented on July 1, 2010, with a retroactive application to November 2009.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: W&IC sections 12305.81 and 12305.87.
- This estimate reflects the non-federal costs and federal savings adjustments associated with providers who are ineligible to receive compensation with a federal share for services provided.
- The costs are shifted for 233 providers in FY 2017-18 and 260 providers in FY 2018-19 who provide services under an individual waiver or a general exception.
- Based on the ratio of providers to recipients in FY 2016-17, there are 263 cases impacted in FY 2017-18 and 278 cases impacted in FY 2018-19.
- The average monthly hours per recipient is 106.8 for FY 2016-17 and 107.6 FY 2018-19.
- The average provider cost per hour is $13.62 in FY 2017-18 and $14.08 in FY 2018-19.

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
Federally Ineligible Providers*

**METHODOLOGY:**

The costs are calculated by multiplying the number of recipients who are being served by a provider who receives an individual waiver or general exception by the average hours and the cost per hour for 12 months. The cost for 50 percent of these cases, originally identified as federal costs under basic services, are then shifted to GF costs.

**FUNDING:**

Funding for non-federal costs is 100 percent GF due to the implementation of the IHSS county MOE. For more information on the IHSS county MOE, please refer to the IHSS County MOE premise.

**CURRENT YEAR CHANGE FROM APPROPRIATION:**

The decrease reflects a lower projected number of federally ineligible providers.

**REASON FOR YEAR-TO-YEAR CHANGE:**

The increase reflects a higher projected number of federally ineligible providers.

**EXPENDITURES:**

(in 000s)

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<tr>
<th>Item 111 – IHSS Services</th>
<th>Total</th>
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<th>Reimb.</th>
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<th>Reimb.</th>
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<tbody>
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<td>Federally Ineligible Providers</td>
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<td>$2,523</td>
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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
California Community Transitions Money
Follows the Person Rebalancing Demonstration

DESCRIPTION:
This premise reflects the costs of services for recipients receiving CCT funds and CDSS’ receipt of an enhanced FMAP as a result of the CCT Money Follows the Person Rebalancing Demonstration, which is administered by DHCS. This program provides an enhanced FMAP to CDSS via an interagency agreement with DHCS for eligible Medi-Cal beneficiaries who have transitioned out of long-term health care facilities into community or home living environments and are receiving IHSS.

IMPLEMENTATION DATE:
This premise implemented on July 1, 2011, with benefits retroactive to June 30, 2010.

KEY DATA/ASSUMPTIONS:
- The enhanced FMAP is available for qualified services provided to CCT participants for 365 days after transition from a long-term health care facility.
- The CCT cases receive an enhanced FMAP of 75 percent.
- In FY 2011-12 an interagency agreement (IA10-87274) was established with DHCS to transfer an additional 25 percent FFP for participants who are receiving IHSS during their 365 days old participation in the CCT project.
- It is assumed that 23 percent of all non-Developmentally Disabled enrollees will utilize IHSS under the CCT project. DHCS will end Developmentally Disabled transitions under this program December 31, 2018.
- On average, each month 91 recipients in FY 2017-18 and 43 recipients in FY 2018-19 will transition from long-term health care facilities into IHSS.
- The average provider cost per hour is $13.62 in FY 2017-18 and $14.08 in FY 2018-19.
- The average monthly hours per recipient is 64.01 hours in FY 2017-18 and 63.87 hours in FY 2018-19.

METHODOLOGY:
The cost of this premise is calculated by multiplying the number of CCT recipients by the average provider cost per hour, the average monthly hours and then by 12 months.

FUNDING:
Federal funding is provided by Title XIX of the Social Security Act, the Deficit Reduction Act of 2005 section 6071 (PL 109-171) and the Patient Protection and ACA section 2403 (PL 111-148) with the amount of FFP based on the FMAP for eligible cases. Costs are shared based on FFP eligibility criteria. Non-federal costs are 100 percent GF due to implementation of the IHSS county MOE. For more information on the IHSS county MOE, please refer to the IHSS County MOE premise.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
California Community Transitions Money Follows the Person Rebalancing Demonstration*

CURRENT YEAR CHANGE FROM APPROPRIATION:
The decrease reflects a lower projected number of beneficiaries transitioning.

REASON FOR YEAR-TO-YEAR CHANGE:
The decrease reflects non-Developmentally Disabled transitions ending December 31, 2018.

EXPENDITURES:
(in 000s)

<table>
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<tr>
<th>Item 111 – IHSS Services</th>
<th>FY 2017-18</th>
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* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
Provider Wage Reimbursement*

DESCRIPTION:
This premise reflects the costs associated with managing incorrect share of cost deductions from IHSS provider wages. Recipients can pay the provider for the erroneous deduction and file a claim for reimbursement using the Conlan II claim process. Due to financial hardship, some recipients are unable to front payments. The provider wage reimbursement process allows providers to contact the county and request payment directly.

This process mitigates financial hardship for IHSS recipients and providers by preventing disruption of IHSS services if the recipient cannot reimburse his/her provider. This avoids potential legal action by IHSS providers and labor unions relating to payment of wages.

IMPLEMENTATION DATE:
This premise implemented on September 1, 2014.

KEY DATA/ASSUMPTIONS:
- Approximately 1,333 providers will receive provider wage reimbursement in FY 2017-18 and 1,715 providers in FY 2018-19.
- The average payout per case is $918.50 in FY 2017-18 and $886.02 in FY 2018-19.
- Approximately 1,390 claims will be received and processed in FY 2017-18 and 1,766 claims in FY 2018-19.
- One hour of social worker time is needed for activities associated with claim processing. These activities include confirmation of the correct share of cost between MEDS and CMIPS, analyzing database information, completing the county form, assembling claim files, and sending claim forms to CDSS for processing.
- The social worker unit cost is $60.55 per hour.

METHODOLOGY:
The estimated wage reimbursement cost is computed by multiplying the average payout per case by the number of cases assumed to receive provider wage reimbursement each year.

The estimated administrative cost is calculated by multiplying the social worker cost for one hour by the number of claims.

FUNDING:
Federal funds are provided by Title XIX of the Social Security Act. Costs are shared based on FFP eligibility criteria. Services costs for cases eligible for CFCO funds will have a FFP rate of 56 percent. All other federally eligible cases will have a FFP rate of 50 percent. Non-federal costs are 100 percent GF due to implementation of the IHSS county MOE. For more information on the IHSS county MOE, please refer to the IHSS County MOE premise.

CURRENT YEAR CHANGE FROM APPROPRIATION:
There is no change in total funding. The decrease in GF for service costs and increase in GF for administration costs reflect updated sharing ratios.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Provider Wage Reimbursement*

REASON FOR YEAR-TO-YEAR CHANGE:

The increase in services costs reflects a higher projected number of claims paid, partially offset by a lower payout per case. The increase in administration costs reflects a higher projected number of claims received.

EXPENDITURES:
(in 000s)

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Total | $1,309 | $0 | $604 | $0 | $705 |

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Total | $1,627 | $0 | $752 | $0 | $875 |

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
**Conlan**

**DESCRIPTION:**
This premise reflects the costs for reimbursement of eligible IHSS personal care services rendered during the Medi-Cal eligibility determination period and up to three months prior to applying for services. In *Conlan v. Bonta*, the San Francisco Superior Court ordered prompt reimbursement to Medi-Cal recipients for covered services performed 90 days prior to the Medi-Cal application date. The DHCS implementation plan to comply with *Conlan v. Bonta* is the subject of *Conlan v. Shewry*. Beginning in December 2006, DHCS sent notices to current and former Medi-Cal beneficiaries regarding the process to file a beneficiary reimbursement claim. The DHCS contracts with Affiliated Computer Services to process the reimbursement claims and forward them to CDSS APD for finalization.

**IMPLEMENTATION DATE:**
The court-ordered start date was November 16, 2006.

**KEY DATA/ASSUMPTIONS:**
- Authorizing statute: ACL 07-11 (February 20, 2007) and ACL 07-32 (September 13, 2007).
- An average of 10.8 claims for services rendered during the evaluation period or post-approval will be forwarded to APD each month in FY 2017-18 and FY 2018-19.
- The average cost per claim is $1,149.38.

**METHODOLOGY:**
The estimated cost is calculated by multiplying the number of claims by the average cost per claim and by 12 months.

**FUNDING:**
Funding for Conlan claims is 100 percent non-federal. Non-federal costs are 100 percent GF due to implementation of the IHSS county MOE. For more information on the IHSS county MOE, please refer to the IHSS County MOE premise.

**CURRENT YEAR CHANGE FROM APPROPRIATION:**
The decrease reflects a lower projected number of claims paid.

**REASON FOR YEAR-TO-YEAR CHANGE:**
There is no change.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
**Conlan**

**EXPENDITURES:**
(in 000s)

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<td>$149</td>
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</tbody>
</table>

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
**Waivers for Personal Care Services**

**DESCRIPTION:**

This premise reflects the costs for personal care services that are provided above a recipient’s assessed authorized hours under the IHSS program.

On January 1, 2007, the previous Nursing Facility Level A/B, Nursing Facility Subacute and In-Home Medical Care Waivers were merged into two distinct home and community-based services waivers: the Nursing Facility/Acute Hospital Waiver and the In-Home Operations Waiver. All existing waiver participants were transitioned to one of the new waivers using specific level of care and cost neutrality criteria. Most existing participants were enrolled in the Nursing Facility/Acute Hospital Waiver.

Waivers for Personal Care Services were redefined under these two waivers to include services that differ from those in the state plan which allow beneficiaries to remain at home. Although there is no longer a requirement that waiver consumers receive the maximum of 283 hours of IHSS prior to receiving Waivers for Personal Care Services, waiver consumers must first utilize authorized state plan IHSS hours prior to accessing this waiver service. These services will be provided by the counties’ IHSS program providers and will be paid via an interagency agreement with DHCS, or will be provided by home health agencies and other qualified home and community-based services waiver provider types who will be paid via the Medi-Cal fiscal intermediary.

**IMPLEMENTATION DATE:**

This premise implemented on July 1, 2000.

**KEY DATA/ASSUMPTIONS:**

- Authorizing statute: W&IC section 14132.97.
- The In-Home Operations Waiver was approved by CMS on June 22, 2015 for January 1, 2015 through December 31, 2019.
- The Nursing Facility/Acute Hospital Waiver was renewed on December 1, 2012, and has been extended through December 31, 2016. The renamed Home and Community-Based Alternatives Waiver was renewed May 16, 2017 and is effective January 1, 2017 through December 31, 2021.
- The projected Nursing Facility/Acute Hospital Waiver hours for Nursing Facility Level A/B (intermediate/skilled) is 2,633,734 in FY 2017-18 and 2,656,228 in FY 2018-19.
- The projected Nursing Facility/Acute Hospital Waiver hours for Nursing Facility Subacute Level of Care is 1,368,564 in FY 2017-18 and 1,387,815 in FY 2018-19.
- The projected In-Home Operations Waiver hours for Nursing Facility Level A/B (intermediate/skilled) is 133,033 in FY 2017-18 and FY 2018-19.
- The projected In-Home Operations Waiver hours for Nursing Facility Subacute Level of Care is 16,199 in FY 2017-18 and FY 2018-19.
- The cost per hour is assumed to be $11.27 in FY 2017-18 and $11.49 in FY 2018-19.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Waivers for Personal Care Services*

KEY DATA/ASSUMPTIONS (CONTINUED):

- The workers compensation cost for Waivers for Personal Care Services providers is included under the IHSS workers compensation policy and billed to DHCS. The total cost to be paid for workers compensation is $3,018,964 in FY 2017-18 and $3,322,269 in FY 2018-19.

- The estimated overtime cost for Personal Care Services providers is provided by DHCS. The total cost to be paid for overtime is $9,934,000 in FY 2017-18 and $10,128,000 in FY 2018-19.

- The estimated impact on Waiver for Personal Care Services from the January 2018 and January 2019 minimum wage increase for Nursing Facility/Acute Hospital Waiver hours and In-Home Operations Waiver hours is included in the cost per hour provided by DHCS.

METHODOLOGY:
The waiver costs are calculated by multiplying the projected total waiver hours by the cost per hour. The costs for workers compensation and overtime are added to the waiver cost to calculate the total reimbursement from DHCS to CDSS.

FUNDING:
Federal funding is provided by Title XIX of the Social Security Act, with a FMAP of 56 percent in accordance with CFCO eligible funding. The non-federal share of the service costs is funded with 100 percent GF. The DHCS draws down GF and Title XIX reimbursement shares for this premise through its budget. The CDSS receives full reimbursement from DHCS.

CURRENT YEAR CHANGE FROM APPROPRIATION:
The decrease reflects lower projected overtime cost.

REASON FOR YEAR-TO-YEAR CHANGE:
The increase reflects an increase in the cost per hour as well as increase in total hours.

EXPENDITURES:
(in 000s)

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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Title XIX Reimbursement – IHSS/ACMS/CWS/APS*

DESCRIPTION:
This premise summarizes the FFP associated with Title XIX eligible services across all local assistance programs administered by CDSS. Certain IHSS assessment and eligibility activities are eligible to receive Title XIX funding. Certain health-related activities in CWS, Psychotropic Medications Medical Reviews, and APS are also eligible to receive these funds. Additionally, under ACMS, Medi-Cal and IHSS costs are eligible for Title XIX federal funding. CDSS coordinates with DHCS to establish claiming processes to draw down applicable FFP for eligible costs.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: W&IC sections 10950, 12300 through 12317.2, 15703 through 15705.40 and 16500.
- Realigned and non-realigned Title XIX eligible expenditures are displayed in this premise for reference. For more information on realigned programs, please refer to the 2011 Realignment tab of this binder.
- Title XIX reimbursements for IHSS services and administration, CMIPS, ACMS, CWS, and APS are displayed in the CDSS tables in the reimbursement column on those corresponding table lines.
- The CCI reimbursement table line does not include any Title XIX reimbursements. Reimbursements included on this line represent GF reimbursement for costs budgeted by DHCS.
- Waivers for Personal Care Services include $26.3 million in GF reimbursement from DHCS in FY 2017-18 and $27.1 million GF reimbursement in FY 2018-19. The remaining reimbursements are Title XIX.
- The non-realigned CWS premises with eligible Title XIX costs include the CWS/CMS Ongoing M&O, Tribal-State Title IV-E Agreements, and Psychotropic Medications Medical Review premises. Please refer to those corresponding premises for additional information.

FUNDING:
Federal funding is provided by Title XIX of the Social Security Act.
The IHSS Basic Services table line accounts for Title XIX reimbursements based on an FMAP of 50 percent for all federally eligible cases. The CFCO table line represents the 56 percent Title XIX funding for eligible cases included in IHSS Basic Services. The IHSS Caseload Impact of the ACA table line represents the total FMAP for ACA cases which includes the additional enhanced average FMAP of 44.5 percent for FY 2017-18 and 43.5 percent for FY 2018-19. For California Community Transitions Money Follows the Person Rebalancing Demonstration cases, Title XIX reimbursement is based on the FMAP of 75 percent.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Title XIX Reimbursement – IHSS/ACMS/CWS/APS*

FUNDING (CONTINUED):
Federally eligible IHSS administrative costs are based on a FMAP rate of 50 percent. The resulting FFP is 49.5 percent for FY 2017-18 and FY 2018-19. The CMIPS support contracts are eligible to receive Title XIX reimbursement at the rate of 49.5 percent.

The ACMS benefiting programs are supported by Title XIX federal funding, which is disbursed through the DHCS budget.

The CWS program costs receive Title XIX funding at the enhanced administrative rate of 75 percent for SPMP eligible costs and 50 percent for non-SPMP costs. The APS health-related activities in support of Medi-Cal eligible recipients are eligible to receive Title XIX reimbursement at the 50 percent rate. Eligible SPMP activities receive Title XIX reimbursement at the enhanced 75 percent rate. A portion of the CWS and APS programs has been realigned and is included in the 2011 Realignment tab.

CURRENT YEAR CHANGE FROM APPROPRIATION:
The increase in IHSS services and administration reflect updated caseload and actual expenditures. The increase in CMIPS reflect updated costs. The increase in ACMS reflects new vendor contract costs. The increase in CWS administration reflect growth in Title XIX based on baseline budget adjustments for CWS Ongoing M&O, the implementation of Psychotropic Medication Medical Reviews, and actual expenditures. The increase in APS reflects updated expenditures.

REASON FOR YEAR-TO-YEAR CHANGE:
The increase in IHSS Services and Administration reflects updated caseload and projected expenditures. The decrease in CMIPS reflects updated costs. The decrease in ACMS reflects reduced vendor costs after initial implementation in October 2018. The increase in CWS Administration reflects a projected growth in Title XIX based on actual expenditures and the implementation of Psychotropic Medication Medical Reviews. There is no change for APS.

EXPENDITURES:
(in 000s)

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<th>Item</th>
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<td>IHSS Reimbursement</td>
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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
# Title XIX Reimbursement – IHSS/ACMS/CWS/APS

## EXPENDITURES (CONTINUED):

(in 000s)

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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
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* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
IHSS Basic – Administration*

DESCRIPTION:
This premise reflects the costs of administering the IHSS program inclusive of PCSP, IHSS Plus Option, Residual, and CFCO programs. The IHSS program provides in-home services to aged, blind, and disabled individuals to allow them to remain safely in their own home and prevent the need for out-of-home care. In the summer of 2017 a workgroup comprised of CDSS, CWDA, and counties was convened to review IHSS program administrative mandates and the resources necessary for compliance. This premise includes an adjustment as a result of these discussions, which is based on actual costs of performing these mandated administrative activities.

IMPLEMENTATION DATE:
This premise implemented on April 1, 1993. A reduction of five percent pursuant to the Budget Act of 2008 was implemented on July 1, 2008.

KEY DATA/ASSUMPTIONS:
IHSS Basic - Administration
• Authorizing statute: W&IC sections 12300 through 12314 and 14132.95.
• The average number of basic cases per month is projected to be 518,511 in FY 2017-18 and 545,180 in FY 2018-19.  
• The historical social worker unit cost is $60.55 per hour.  
• The historical standard hours per case per year are 11.58 hours.  
• The baseline Supportive Individual Provider cost from the 2007-08 Appropriation is adjusted to reflect the projected caseload growth. The projected Supportive Individual Provider expenditures are $10.9 million total funds for FY 2017-18 and $11.4 million total funds for FY 2018-19.  
• The total administrative cost is reduced by $15 million total funds from the FY 2007-08 budget balancing adjustments.

IHSS Basic – Administration Increase (One-Time)
• In FY 2017-18 there are $64 million additional total funds included to cover increased administrative costs based on actual expenditures.

IHSS County Administration Adjustment BY
• Authorizing statute: W&IC section 12306.16.
• Chapter 24, Statutes of 2017, requires DOF to work with CDSS, California State Association of Counties, and the CWDA to examine the workload and budget assumptions related to administration of the IHSS program for FY 2017-18 and FY 2018-19. FY 2018-19 includes an increase of $42.3 million total funds for county IHSS administrative costs to reflect revised workload and budget assumptions compared to the historical budgeting methodology.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
IHSS Basic – Administration*

KEY DATA/ASSUMPTIONS (CONTINUED):

IHSS County Administration Adjustment BY (continued)

- A workgroup consisting of CDSS, DOF, CWDA, and county representatives identified statutorily required activities and the estimated average number of cases a social worker can manage for those activities. County administration costs assume mid-level salary costs in six regions, weighted by each region's caseload share of the total IHSS caseload in FY 2016-17. The costs include a 47 percent overhead ratio, based on 2016-17 data, to account for management staff, support staff, and fixed costs.

METHODOLOGY:

The estimated cost is calculated by multiplying the average monthly caseload by the standard hours per case per year and the social worker unit cost. The projected Supportive Individual Provider expenditures are then added. The sum of those components is reduced by the FY 2007-08 budget balancing adjustments. A one-time augmentation of $64 million total funds is included for FY 2017-18 and an augmentation of $42.3 million total funds is included for FY 2018-19 for the cost of federally mandated administrative activities.

FUNDING:

Federal funding is provided by Title XIX of the Social Security Act, with the amount of FFP based on the FMAP of 50 percent for eligible cases. The federal share is reflected as a reimbursement, consistent with actual cash flow. Funding for non-federal administrative costs is primarily 70 percent GF and 30 percent county. The county share of the non-federal costs will count towards the county's total IHSS MOE requirement. Any non-federal costs exceeding the cap on GF participation for the combined total of the IHSS administration will be shifted to 100 percent county funds and will not count towards the county's total IHSS MOE requirement. For more information on the IHSS county MOE, please refer to the IHSS County MOE premise.

CURRENT YEAR CHANGE FROM APPROPRIATION:

The increase in IHSS Basic Administration reflects a higher projected caseload. There is no change to the Administrative Increase (One-Time) funding.

REASON FOR YEAR-TO-YEAR CHANGE:

The increase in IHSS Basic Administration reflects a higher projected caseload. The Administration Increase (One-Time) is only provided in FY 2017-18. The IHSS County Administration Adjustment BY is only provided in FY 2018-19 to reflect the increased costs of mandated county administration activities.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
# IHSS Basic – Administration

**EXPENDITURES:**
(in 000s)

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<th>Item 111 – IHSS Administration</th>
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**FY 2018-19**

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* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
Quality Assurance (QA)*

DESCRIPTION:
This premise reflects the administrative costs of implementing the QA program and associated contract costs. The intent of the QA initiative is to improve the quality of services and enhance program integrity as well as to detect and prevent program fraud and abuse in the IHSS program. This initiative mandates ongoing staff training for county IHSS workers and requires CDSS to collaborate with DHCS on annual error rate studies and investigations of suspected fraud in the receipt or provision of services.

IMPLEMENTATION DATE:
This premise implemented on December 1, 2004.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: W&IC sections 12305.7, 12305.71, and 12301.2.
- The QA procedures result in improved assessments and reassessments after social workers receive training.

County Staff
- There are 222 county QA staffs or additional IHSS social workers anticipated to work on the QA Initiative in FY 2017-18 and FY 2018-19.
- The annual cost per social worker is $129,083 in FY 2017-18 and FY 2018-19.

Contracts
- Contract cost for social worker training is $3,717,675 in total funds in FY 2017-18 and FY 2018-19.

METHODOLOGY:
The estimated costs are calculated by multiplying the number of QA positions by the annual social worker cost and adding the costs of social worker training and associated contracts.

FUNDING:
Federal funding is provided by Title XIX of the Social Security Act, with the amount of FFP based on the FMAP of 50 percent for eligible cases. The federal share is reflected as a reimbursement, consistent with actual cash flow. Funding for non-federal administrative costs is primarily 70 percent GF and 30 percent county. The county share of the non-federal costs will count towards the county’s total IHSS MOE requirement. Any non-federal costs exceeding the cap on GF participation for the combined total of the IHSS administration will be shifted to 100 percent county funds and will not count towards the county’s total IHSS MOE requirement. For more information on the IHSS county MOE, please refer to the IHSS County MOE premise.

CURRENT YEAR CHANGE FROM APPROPRIATION:
There is no change to total funds. The increase in GF reflects the updated non-federal sharing ratio.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Quality Assurance (QA)*

REASON FOR YEAR-TO-YEAR CHANGE:

There is no change.

EXPENDITURES:
(in 000s)

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<td>$16,025</td>
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</tbody>
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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Public Authority Administration*

DESCRIPTION:
This premise reflects Public Authority administrative costs for the IHSS PCSP, IHSS Plus Option, CFCO, and non-Title XIX eligible IHSS recipients in the Residual program. The Public Authorities are the employers of IHSS providers for purposes of collective bargaining over wages, hours, and other terms of employment. State law defines the make-up and functions of the Public Authorities. A county board of supervisors may elect to establish a Public Authority to provide for the delivery of IHSS. The Public Authorities are separate entities from the county in which they operate. Employees of Public Authorities shall not be employees of the county for any reason. The IHSS recipients retain the right to hire, fire, and supervise the work of any IHSS worker providing services to them.

The Public Authorities shall, at a minimum, assist recipients in finding IHSS providers through the establishment of a registry, investigate the qualifications and background of potential providers, establish a referral system under which IHSS providers shall be referred to recipients, train providers and recipients, and perform other functions related to the delivery of IHSS.

Each Public Authority’s rate includes hourly costs for wages, employer taxes, benefits, and administrative costs. The Public Authority must submit a rate approval request to CDSS. Once CDSS approves the request, it is submitted to DHCS for final approval. After DHCS approves the rate, the Public Authority is notified of the new rate at which it can claim costs.

IMPLEMENTATION DATE:
This premise implemented on July 1, 1997.

KEY DATA/ASSUMPTIONS:
Public Authority Administration

- Authorizing statute: W&IC section 12301.6.
- The estimated non-federal shares are held to the Budget Act of 2012 for both FY 2017-18 and FY 2018-19. The federal share is computed based on the updated Title XIX reimbursement rate.

Public Authority Administration Increase (One-Time)

- In FY 2017-18, there are $10.0 million additional total funds included to cover increased administrative costs based on actual expenditures.

Public Authority Administration Adjustment BY

- Authorizing statute: W&IC section 12306.16.
- Chapter 24, Statutes of 2017, requires DOF to work with the CDSS, California State Association of Counties, and CWDA to examine the workload and budget assumptions related to administration of the IHSS program for FY 2017-18 and FY 2018-19. FY 2018-19 includes an increase of $12.9 million total funds in for public authority IHSS administrative costs compared to the historical budgeting methodology.

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
Public Authority Administration*

**METHODOLOGY:**

The estimated total cost is computed by dividing the non-federal shares by the non-federal share ratio. A one-time augmentation of $10.0 million total funds is included for FY 2017-18. An augmentation of $12.9 million total funds is included for FY 2018-19 to reflect 2017 Budget Act expenditures, adjusted for increased caseload projections.

**FUNDING:**

Federal funding is provided by Title XIX of the Social Security Act, with the amount of FFP based on the FMAP of 50 percent for eligible cases. The federal share is reflected as a reimbursement, consistent with actual cash flow. Funding for non-federal Public Authority administrative costs is 65 percent GF and 35 percent county. The county share of the non-federal costs will count towards the county’s total IHSS MOE requirement. Any non-federal costs exceeding the cap on GF participation for the combined total of the IHSS administration will be shifted to 100 percent county funds and will not count towards the county’s total IHSS MOE requirement. For more information on the IHSS county MOE, please refer to the IHSS County MOE premise.

**CURRENT YEAR CHANGE FROM APPROPRIATION:**

There is no change.

**REASON FOR YEAR-TO-YEAR CHANGE:**

There is no change for Public Authority Administration. The Public Authority Administration Increase (One-Time) is only provided in FY 2017-18. The Public Authority Administration Adjustment BY is only provided in FY 2018-19 to reflect the increased costs of mandated public authority activities.

**EXPENDITURES:**

(in 000s)

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* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
**Public Authority Administration**

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(in 000s)

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**Total**

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* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
Advisory Committees*

DESCRIPTION:
This premise reflects the cost of establishing and operating IHSS advisory committees for each county. The committees are purposed with submit recommendations to their respective county boards of supervisors on the preferred mode of IHSS service to be utilized in their counties.

The W&IC sections 12301.3, 12301.4 and 12302.25 eliminated the mandate that the state participate in IHSS advisory committees.

IMPLEMENTATION DATE:
This premise implemented on July 1, 2000. The elimination of the mandate that the state participates in IHSS advisory committees implemented on July 1, 2011.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: W&IC sections 12300 through 12314.
- All counties will operate advisory committees in FY 2017-18 and FY 2018-19.
- The state will fund $3,000 GF for each of the 58 counties in FY 2017-18 and FY 2018-19.

METHODOLOGY:
The estimated GF cost is calculated by multiplying $3,000 by the 58 counties. The total is calculated by dividing the GF amount by the GF percent-to-total.

FUNDING:
Federal funding is provided by Title XIX of the Social Security Act, with the amount of FFP based on the FMAP of 50 percent for eligible cases. Remaining costs are funded 100 percent GF. The federal share is reflected as a reimbursement, consistent with actual cash flow.

CURRENT YEAR CHANGE FROM APPROPRIATION:
There is no change.

REASON FOR YEAR-TO-YEAR CHANGE:
The decrease reflects the updated non-federal sharing ratio.

EXPENDITURES:

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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
County Employer of Record*

DESCRIPTION:
This premise reflects the cost of administrative activities necessary for counties to act as the employer of record for IHSS providers. Counties may choose to act as the employer of record for IHSS Individual Providers to achieve compliance with state law.

State law requires any county that is not in compliance with the mandates to act as the employer of record (within a specified timeframe) for collective bargaining purposes. To comply, counties had to provide documentation no later than January 15, 2003 in support of compliance, or detailed information in support of delayed compliance by March 31, 2003. Counties that did not provide the required documentation or meet the delayed compliance deadline automatically defaulted to act as the employer of record.

IMPLEMENTATION DATE:
This premise implemented on January 1, 2003.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: W&IC sections 12300 through 12314 and 14132.95.
- Alpine and Tuolumne Counties will act as employer of record for both FY 2017-18 and FY 2018-19. Annual costs are projected to be $15,081 for Alpine County and $403,000 for Tuolumne County.

METHODOLOGY:
The estimated costs are the sum of the projected annual costs for each county.

FUNDING:
Federal funding is provided by Title XIX of the Social Security Act, with the amount of FFP based on the FMAP of 50 percent for eligible cases. The federal share is reflected as a reimbursement, consistent with actual cash flow. Funding for non-federal administrative costs is primarily 70 percent GF and 30 percent county. The county share of the non-federal costs will count towards the county’s total IHSS MOE requirement. Any non-federal costs exceeding the cap on GF participation for the combined total of the IHSS administration will be shifted to 100 percent county funds and will not count towards the county’s total IHSS MOE requirement. For more information on the IHSS county MOE, please refer to the IHSS County MOE premise.

CURRENT YEAR CHANGE FROM APPROPRIATION:
There is no change in total funds. The increase in GF reflects the updated non-federal sharing ratio.

REASON FOR YEAR-TO-YEAR CHANGE:
There is no change.

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
## County Employer of Record

**EXPENDITURES:**
(in 000s)

<table>
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<tr>
<th>Item 111 – IHSS Administration</th>
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<th>FY 2017-18</th>
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<tr>
<td>County Employer of Record</td>
<td>$418</td>
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Program Integrity – Administrative Activities*

DESCRIPTION:
This premise reflects the administrative costs of various program activities that form part of the IHSS program integrity efforts. These program integrity efforts measure the following: 1) enhancing state and county efforts to prevent fraud; 2) identifying errors and overpayments; 3) pursuing collections; and 4) detecting and referring suspected incidences of fraud in the IHSS program. Savings created by the following program integrity administrative activities are captured in the IHSS Basic services premise.

County District Attorney Activities
The county district attorney activities portion of the premise reflects the costs associated with fraud prevention, detection, referral, investigation, and additional program integrity efforts to enhance the IHSS program. Before participating in this fraud program, counties must receive annual approval from CDSS of their proposed fraud plans for using the federal funding to enhance IHSS integrity.

County Investigations
The county investigations portion of the premise reflects the costs associated with 78 county program integrity positions. These positions have the authority to monitor a recipient’s receipt of services and investigate fraud in the IHSS program pursuant to the protocols of the IHSS program integrity measures. Activities intended to protect program integrity include: 1) unannounced home visits; 2) directed mailings; 3) review, analysis, and actions related to the Criminal Offender Record Information for provider enrollment; 4) facilitation of orientations for new and existing providers; and 5) tracking and reporting fraud data. All coordinated activities to detect and prevent fraud by IHSS providers and recipients will be performed in accordance with federal and state laws and regulations.

Background Checks
The background checks portion of the premise reflects funding for reviewing and processing of Criminal Offender Record Information and Subsequent Arrest Notifications, handling appeals for ineligible providers, and mailing to providers. It also reflects funding for mandatory orientation for all providers and other related activities.

Provider Exclusions
The provider exclusions portion of the premise reflects the cost of reviewing and processing individual waivers and general exception requests from providers who have committed a violent or serious felony, as specified in Penal Code section 667.5, subdivision (c) and section 1192.7, subdivision (c). The W&IC sections 12301.6, 12305.86 and 12305.87 established that providers subject to criminal conviction exclusions may request an individual waiver or general exception. An approved individual waiver allows a provider to serve the recipient associated with the individual waiver. A general exception handled through CDSS’ CCL allows a provider to provide services for multiple recipients.

IMPLEMENTATION DATE:
The activities included in this premise implemented on November 1, 2009, with the following exceptions: 1) individual waivers and general exceptions to provider exclusions implemented on February 1, 2011; 2) program integrity training for social workers implemented in May 2011; and 3) direct mailings and unannounced home visits implemented in FY 2012-13.
Program Integrity – Administrative Activities*

KEY DATA/ASSUMPTIONS:

- Authorizing statute: W&IC sections 12301.22, 12301.24, 12301.25, 12301.6, 12305.71, 12305.82, 12305.86 and 12305.87.

County District Attorney Activities

- County district attorney activities have an annual cost of $28,288,543 total funds in both FY 2017-18 and FY 2018-19.

- On December 13, 2011, Governor Brown announced the trigger reduction of $10 million GF for these activities. Therefore, beginning FY 2011-12, the non-federal share of funding must come from the counties to the extent they opt to participate with an approved plan.

County Investigations

- Seventy-eight county investigators will be conducting program integrity activities at the social worker rate of $150,000 per year.

Background Checks

- The number of new providers that will participate in and require the review and processing of Criminal Offender Record Information is 26,926 in FY 2017-18 and 27,361 in FY 2018-19.

- The number of existing providers that will participate in and require the review and processing of a Subsequent Arrest Notification is 485,661 in FY 2017-18 and 513,022 in FY 2018-19.

- The social worker unit cost is $60.55 per hour.

- Of the new providers, 20 percent will have a Criminal Offender Record Information that will require ten minutes of social worker time for review. Of this 20 percent, 2.56 percent will have a non-exemptible crime for which eight minutes of social worker time will be needed to generate a notice to the provider.

- Of the existing providers, 4.10 percent will have a Subsequent Arrest Notification review that will require ten minutes of social worker time for review. Of this 4.10 percent, 0.22 percent will have a non-exemptible crime for which eight minutes of social worker time will be needed to generate a notice to the provider.

- Of the providers with non-exemptible crimes, 4.24 percent will file an appeal for which one hour of social worker time is needed for reviewing the appeal.

- The costs to develop and translate a revised digital video disc and associated handouts for provider orientation are $133,000 in both FY 2017-18 and FY 2018-19.

- The handout materials costs are $0.40 per new provider.

- Translation costs for the materials are $0.70 per provider. Of the existing and new providers, ten percent will require translated materials.

- Other related activities have an annual cost of $381,895 total funds in both FY 2017-18 and FY 2018-19.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Program Integrity – Administrative Activities*

KEY/DATA ASSUMPTIONS (CONTINUED):

Provider Exclusions

- In both FY 2017-18 and FY 2018-19, recipients will request 717 individual waivers for providers who have exemptible crimes. It will take 60 minutes for the county social workers to prepare and mail waiver notices and respond to questions for each individual waiver request. The postage rate is $0.47 per waiver notice.

- In both FY 2017-18 and FY 2018-19, 720 providers will have exemptible crimes and request a general exception. It will take five minutes for the county social workers to electronically send Criminal Offender Record Information to CDSS for each of these providers.

METHODOLOGY:

County District Attorney Activities

Federal and county shares related to the previous $10 million GF allocation are first calculated using FFP, state and county share rates. The GF share, which has been eliminated, is then shifted to the counties.

County Investigations

The assumed number of county investigators is multiplied by the annual social worker rate.

Background Checks

The estimated costs for background checks are calculated by adding the total costs associated with mandatory orientations for providers, the review and processing of Criminal Offender Record Information and Subsequent Arrest Notifications, provider appeals of terminations and other related activities.

Provider Exclusions

The estimated cost of processing individual waivers is computed by multiplying the number of impacted providers by the cost of social worker time to respond to the requests and adding mailing costs. The estimated cost of processing general exceptions is computed by multiplying the number of impacted providers by the cost of social worker time to respond to the requests.

FUNDING:

The counties are responsible for the entire non-federal share of the county district attorney activities due to the trigger reduction of $10 million GF on December 13, 2011. The state is responsible for the entire non-federal share of the background check activities. The costs for processing provider exclusions are ineligible to receive FFP since the exclusions are for federally ineligible providers.

Federal funding is provided by Title XIX of the Social Security Act, with the amount of FFP based on the FMAP of 50 percent for eligible cases. The federal share is reflected as a reimbursement, consistent with actual cash flow. Funding for non-federal administrative costs is primarily 70 percent GF and 30 percent county. The county share of the non-federal costs will count towards the county's total IHSS MOE requirement. Any non-federal costs exceeding the cap on GF participation for the combined total of the IHSS administration will be shifted to

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Program Integrity – Administrative Activities*

FUNDING (CONTINUED):

100 percent county funds and will not count towards the county’s total IHSS MOE requirement. For more information on the IHSS county MOE, please refer to the IHSS County MOE premise.

CURRENT YEAR CHANGE FROM APPROPRIATION:

The decrease in total funds reflects the updated non-federal sharing ratio and lower new provider count than previously projected. The increase in GF reflects the updated non-federal sharing ratio and higher social worker activities.

REASON FOR YEAR-TO-YEAR CHANGE:

The increase reflects higher projected social worker activities.

EXPENDITURES:

(in 000s)

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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Provider Enrollment Statement Form/Process*

DESCRIPTION:
This premise reflects the administrative costs associated with complying with W&IC section 12305.81 which prohibits the employment of persons as IHSS providers who have been convicted of certain crimes. The IHSS Provider Enrollment Statement Form (Social Services Programs 426) was revised to indicate that if a person has been convicted of certain exclusionary crimes within the past ten years, they are not eligible to be enrolled as a provider or to receive payment for providing supportive services.

In accordance with the ruling of the Alameda County Superior Court in the Beckwith v. Wagner court case, which challenged the legality of the offenses originally identified as disqualifiers for provider eligibility, only three of the offenses could be used to prevent eligibility of a person as an IHSS provider.

IMPLEMENTATION DATE:
This premise implemented on November 1, 2009.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: W&IC section 12305.81.
- The FY 2017-18 funding is maintained at $3,571,000 total funds.
- The number of new IHSS providers that will be enrolled to provide IHSS services in FY 2018-19 is 27,361.
- The number of recipients that will receive IHSS services in FY 2018-19 is 545,180.
- The social worker unit cost is $60.55 per hour.
- To comply with statute, counties will have additional responsibilities for associated tasks, including:
  - Twenty minutes to mail and verify forms, copy documents/identifications and schedule appointments for new providers.
  - Twenty minutes to resolve errors on forms, reschedule appointments and send reminders for appointments; this applies to 20 percent of new providers.
  - Five minutes to cross reference applicants with the ineligible provider list and place applicants on the ineligible list; this applies to three percent of new providers.
  - Twenty-five minutes to resolve issues for recipients when a provider is ineligible; this applies to 20 percent of all recipients.

METHODOLOGY:
For each activity, the applicable portion of the providers or recipients is multiplied by the social worker unit cost per hour and the applicable time per activity.

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
Provider Enrollment Statement Form/Process*

FUNDING:
Federal funding is provided by Title XIX of the Social Security Act, with the amount of FFP based on the FMAP of 50 percent for eligible cases. The federal share is reflected as a reimbursement, consistent with actual cash flow. Funding for non-federal administrative costs is primarily 70 percent GF and 30 percent county. The county share of the non-federal costs will count towards the county’s total IHSS MOE requirement. Any non-federal costs exceeding the cap on GF participation for the combined total of the IHSS administration will be shifted to 100 percent county funds and will not count towards the county’s total IHSS MOE requirement. For more information on the IHSS county MOE, please refer to the IHSS County MOE premise.

CURRENT YEAR CHANGE FROM APPROPRIATION:
There is no change.

REASON FOR YEAR-TO-YEAR CHANGE:
The decrease reflects lower projected new provider count offset by a higher projected caseload.

EXPENDITURES:
(in 000s)

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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
IHSS Plus Option - Administration*

DESCRIPTION:
This premise reflects the costs for activities necessary to maintain compliance with Social Security Act section 1915(j) requirements. Implementation of the IHSS Plus Option administration requires social workers to be trained in the concepts and methods of being support-brokers. The social workers must also complete risk management assessments for all IHSS Plus Option recipients to be able to identify, mitigate and assess risks. The IHSS Plus Option service costs are included in the IHSS Basic Services costs.

IMPLEMENTATION DATE:
This premise implemented on July 1, 2010.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: W&IC section 14132.952.
- Fifteen minutes of social worker time is needed to complete the initial assessments or reassessments of the risk management process for 13,520 IHSS Plus Option recipients in FY 2017-18 and 14,215 IHSS Plus Option recipients in FY 2018-19.
- The social worker unit cost is $60.55 per hour.

METHODOLOGY:
The cost for implementing the risk management process is determined by multiplying the amount of social worker time required by the total number of IHSS Plus Option recipients and the social worker unit cost.

FUNDING:
Federal funding is provided by Title XIX of the Social Security Act, with the amount of FFP based on the FMAP of 50 percent for eligible cases. The federal share is reflected as a reimbursement, consistent with actual cash flow. Funding for non-federal administrative costs is primarily 70 percent GF and 30 percent county. The county share of the non-federal costs will count towards the county’s total IHSS MOE requirement. Any non-federal costs exceeding the cap on GF participation for the combined total of the IHSS administration will be shifted to 100 percent county funds and will not count towards the county’s total IHSS MOE requirement. For more information on the IHSS county MOE, please refer to the IHSS County MOE premise.

CURRENT YEAR CHANGE FROM APPROPRIATION:
The increase reflects a higher IHSS Plus Option caseload than previously projected.

REASON FOR YEAR-TO-YEAR CHANGE:
The increase reflects a higher projected IHSS Plus Option caseload.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
IHSS Plus Option - Administration*

EXPENDITURES:
(in 000s)

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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Case Management, Information, and Payrolling System (CMIPS) Support Contracts*

DESCRIPTION:
This premise reflects the consolidation of all the interagency contract costs related to the CMIPS. The Employment Development Department prints and mails the timesheets to the providers. The SCO issues payroll checks to individual provider mode providers on behalf of IHSS recipients. The SCO also issues replacement checks and handles checks returned as undeliverable. The State Treasurer’s Office performs bank reconciliation of IHSS warrants and redeems all valid warrants issued for IHSS providers. The DHCS performs CMIPS II data processing. The Department of Technology Services contract is based on the amount of time the CMIPS II accesses the State Client Index. The CDPH shares information pertaining to providers and recipients of IHSS.

IMPLEMENTATION DATE:
This premise reflects contract costs anticipated to be paid in FY 2017-18 and FY 2018-19.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: W&IC sections 12302.2, 12304.4 and 12317.
- The following contracts are included for both FY 2017-18 and FY 2018-19:
  - The Employment Development Department contract is $10 million.
  - The SCO contract is $10,449,640.
  - The State Treasurer’s Office contract is $745,614.
  - The DHCS contract is $130,473.
  - The Department of Technology Services contract is $8,307.
  - The CDPH contract is $780.

METHODOLOGY:
The total estimated contract cost is calculated by summing the costs of all contracts.

FUNDING:
Federal funding is provided by Title XIX of the Social Security Act, with the amount of FFP based on the FMAP of 50 percent for eligible cases. The federal share is reflected as a reimbursement, consistent with actual cash flow. Funding for non-federal costs is 100 percent GF due to implementation of the IHSS county MOE. For more information on the IHSS county MOE, please refer to the IHSS County MOE premise.

CURRENT YEAR CHANGE FROM APPROPRIATION:
The increase reflects the higher cost of the contract with SCO for issuing payroll checks.

REASON FOR YEAR-TO-YEAR CHANGE:
There is no change.

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
Case Management, Information, and Payrolling System (CMIPS) Support Contracts*

EXPENDITURES:
(in 000s)

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FY 2018-19

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<td>CMIPS Support Contracts</td>
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<td>$10,561</td>
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* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
Case Management, Information, and Payrolling System (CMIPS) II’

DESCRIPTION:
This premise reflects the ongoing costs for contracting with the OSI for project management and vendor contract oversight services to maintain and operate the CMIPS II. The CMIPS II provides system access for all IHSS county workers and a communication network between state and county IHSS offices. The CMIPS II stores the case record of each individual recipient, which contains information on eligibility, needs assessment, share of cost (if appropriate), and all changes affecting a recipient’s case. In addition, the CMIPS II also generates notices of action, applies rate changes, allows for data exchanges with other welfare systems, and is used to establish Medi-Cal eligibility. The payrolling component of the CMIPS II provides for the authorization and issuance of warrants for payments of services provided by the individual provider mode and prepares all employer tax forms and reports.

The CMIPS II launched in pilot counties in July 2012 and became active in all 58 counties in November 2013. The CMIPS II transitioned into the M&O phase effective January 2014. The existing prime vendor contract ends March 31, 2018 and the OSI is conducting a competitive procurement to award a new prime vendor contract for M&O services.

To assist with tracking paid sick leave activities, CDSS will use an electronic timesheet to allow providers to claim sick leave. CDSS is also currently planning for the implementation of the federal requirement for all personal care service providers to utilize an Electronic Visit Verification system. CDSS anticipates including a requirement to allow claiming of sick leave in the Electronic Visit Verification system. In the interim, while IHSS providers continue to utilize paper timesheets, this premise reflects the costs for the vendor to process sick leave claim forms and track the usage of paid sick leave hours.

IMPLEMENTATION DATE:
This premise implemented April 1, 2008.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: W&IC section 12302.
- With the implementation of paid sick leave, a new premise line is added for the CMIPS II vendor activity costs for claim form processing, resolving errors, and claim form storage are projected to be $1.2 million in FY 2018-19.
  - Claim form processing activities: The CMIPS II vendor will key into CMIPS II an estimated 80,000 sick leave claim forms per month within 15 business days of receipt.
  - Resolving errors activities: Sick leave claim forms that do not pass visual inspection or that fail entry due to online data entry edits will be sent back from the CMIPS II vendor to the IHSS provider with a cover document indicating the error/omission.
  - Claim form storage activities: Sick leave claim forms will not be scanned nor will images be available in CMIPS II. Paper forms will be boxed and stored by the CMIPS II vendor for a period of one year from receipt.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Case Management, Information and Payrolling System (CMIPS) II’

METHODOLOGY:
Costs are based on the most recently approved Budget Change Proposal. The projected costs for the new CMIPS II Sick Leave Processing (SB 3) are based on a one-time implementation fee and a monthly recurring fee estimated by the CMIPS II vendor.

FUNDING:
Federal funding is provided by Title XIX of the Social Security Act, with the amount of FFP based on the FMAP of 50 percent for eligible cases. The federal share is reflected as a reimbursement, consistent with actual cash flow. Funding for non-federal CMIPS II costs is 70 percent GF and 30 percent county. The county share of the non-federal costs will count towards the county’s total IHSS MOE requirement. Any non-federal costs exceeding the cap on GF participation for the combined total of the IHSS administration will be shifted to 100 percent county funds and will not count towards the county’s total IHSS MOE requirement. For more information on the IHSS county MOE, please refer to the IHSS County MOE premise.

CURRENT YEAR CHANGE FROM APPROPRIATION:
The net increase reflects budget letter baseline adjustments for salaries and benefits.

REASON FOR YEAR-TO-YEAR CHANGE:
The net decrease reflects one-time system changes only in FY 2017-18, offset by the new cost of CMIPS II Paid Sick Leave Processing (SB 3).

EXPENDITURES:
(in 000s)

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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.

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Case Management, Information and Payrolling System (CMIPS) II*

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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
CalFresh Administration*

DESCRIPTION:
This premise reflects administrative costs for NACF. Historically, the budget for county administration was based on counties’ administrative budget requests made through a PCAB process, modified by a cost containment system. Beginning with FY 2001-02, the PCAB process was suspended and the last PCAB process, FY 2000-01, established the base from which future costs are determined. The base has been adjusted each successive Governor’s Budget and May Revision process for caseload changes and other factors. This premise has been consolidated to include historical adjustments from the CalFresh Administration Reduction and the NACF Reduction.

KEY DATA/ASSUMPTIONS:

- Authorizing statutes: W&IC section 14154; CFR 7 section 2025 (k).
- The NACF administrative costs base is $1,514.0 million in FY 2017-18 and $1,464.1 million in FY 2018-19.
- The projected NACF caseload change decreased by 3.29 percent in FY 2017-18 and decreased by 2.67 percent in FY 2018-19.
- Based on FY 2016-17 actual expenditures, staff development costs for NACF are $26.9 million in both FY 2017-18 and FY 2018-19.
- The SAWS development and testing interface costs for NACF are approximately $230,000 in both FY 2017-18 and FY 2018-19.
- The Merced Automated Global Information Control system administrative costs for NACF are approximately $97,000 in both FY 2017-18 and FY 2018-19.
- Contract costs for NACF are $3.3 million in both FY 2017-18 and FY 2018-19.
- The Be Vu v. Mitchell funding is approximately $118,400 in FY 2017-18 and $114,500 in FY 2018-19.
- The cost for Los Angeles County to process their denied and discontinued cases for federal data reporting purposes in the RADEP sample is $275,000 in FY 2017-18 and FY 2018-19.
- The SNAP reinvestment funding is $10.3 million in FY 2017-18.
- Savings from legacy system data collection and quality control systems for NACF are $3.9 million in both FY 2017-18 and FY 2018-19.
- The NACF Reduction is $21.0 million in both FY 2017-18 and FY 2018-19.
- In anticipation of ongoing caseload decline and administrative efficiencies, the FY 2017-18 total funding is reduced $30.1 million.
- The CalFresh Administration Reduction converts $58.8 million from federal funds to GF in both FY 2017-18 and FY 2018-19.
- The GF amount is increased by approximately $13.7 million to hold the state funding to the allocation in FY 2017-18.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
CalFresh Administration*

KEY DATA/ASSUMPTIONS (CONTINUED):

- California received a FNS Performance Award of approximately $6.4 million in September 2016 for being one of the four states with the most improved Program Access Index. This award will be spent on administrative improvements for the CalFresh program and will therefore be eligible for federal matching funds. Funding has been split between FY 2017-18 and FY 2018-19 to reflect the spending plan.

METHODOLOGY:

- The NACF administration cost is calculated by multiplying the cost base by one plus the projected percentage change in the NACF caseload.

- The total administration cost is the sum of the NACF administration costs, staff development costs, SAWS development and interface testing costs, Merced Automated Global Information Control system administration costs, contract costs, *Be Vu v. Mitchell* costs, costs for denied or discontinued case reviews and any SNAP reinvestment funds.

- The total administrative savings is the sum of legacy systems savings, the NACF Reduction, and any further reductions in anticipation of additional caseload decline and administrative efficiencies.

- The total administrative funding is the total administrative cost less the total administrative savings, plus the amount of GF needed to hold total administrative costs to the allocation in the current year.

- Federal and state funding is adjusted for the CalFresh Administration Reduction shift.

FUNDING:

The FY 2017-18 CalFresh administration costs are funded 45.3 percent SNAP, 40.7 percent GF, and 14.0 percent county. The FY 2018-19 CalFresh administration costs are funded 45.2 percent SNAP, 40.8 percent GF, and 14.0 percent county. The Performance Award is funded 50 percent federal and 50 percent reimbursement.

CURRENT YEAR CHANGE FROM APPROPRIATION:

The decrease in CalFresh administration reflects faster caseload decline than previously projected. The decrease in the Performance Award reflects a shift of funds from FY 2017-18 to FY 2018-19.

REASON FOR YEAR-TO-YEAR CHANGE:

The decrease in CalFresh administration reflects a projected caseload decline and the removal of the SNAP reinvestment funding which is not available after FY 2017-18. The decrease in the Performance Award reflects the spending plan.

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
CalFresh Administration*

EXPENDITURES:
(in 000s)

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<tr>
<th>Item 141 – CalFresh Administration</th>
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<th>Federal</th>
<th>State</th>
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**FY 2017-18**

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**FY 2018-19**

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
County Maintenance of Effort (MOE) Requirement/County Match Waiver

DESCRIPTION:
This premise reflects the reduction in the county funding match for CalFresh administration costs as a result of the County Match Waiver. Historically, counties were responsible for funding 15 percent of CalFresh administrative costs, including expenditures, above the county MOE requirement. However, the unprecedented and unanticipated CalFresh caseload growth associated with the economic decline beginning in FY 2008-09 created substantial fiscal pressure on counties. To provide fiscal relief, a county that meets its CalWORKs MOE requirement entirely through expenditures for the administration of the CalFresh program shall receive the full GF allocation, and will not need to pay the county's share of administrative costs above the CalWORKs MOE unless expenditures exceed the GF allocation. However, counties are still required to meet the CalWORKs MOE requirements and failure to do so will result in a proportionate reduction of the funds provided. In FY 2015-16, the County Match Waiver began phasing out in 25 percent increments. By FY 2018-19, the County Match Waiver will be eliminated and counties will be required to fully contribute their standard 15 percent share of CalFresh administrative costs to access their individual CalFresh administrative GF allocation.

IMPLEMENTATION DATE:
This premise implemented on July 1, 2010.

KEY DATA/ASSUMPTIONS:
- Authorizing Statute: W&IC sections 15204.4 and 18906.55.
- The waived portion of the county’s share is 25 percent in FY 2017-18 and zero percent in FY 2018-19.
- The statewide county CalWORKs MOE requirement is $140 million.
- The decrease in the county share of CalFresh administrative costs due to the County Match Waiver results in a corresponding decrease in federal matching funds.
- For illustrative purposes, this premise reflects all counties fully utilizing the County Match Waiver flexibility as a non-add budget line.

METHODOLOGY:
The decrease in county funds and federal matching funds for CalFresh administrative services is calculated by taking the difference between what the counties would have been required to pay under the historical CalFresh administrative allocation methodology and how much the counties will pay if they fully utilize the County Match Waiver.

CURRENT YEAR CHANGE FROM APPROPRIATION:
The decrease reflects a lower than previously projected CalFresh caseload.

REASON FOR YEAR-TO-YEAR CHANGE:
The decrease reflects the complete phase out of the County Match Waiver.

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
**County Maintenance of Effort (MOE) Requirement/County Match Waiver**

**EXPENDITURES:**
(in 000s)

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**FY 2018-19**

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* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
CalFresh Employment and Training Program*

DESCRIPTION:
This premise reflects funding for the CalFresh Employment and Training Program, which provides job search assistance, work experience, and supportive services to eligible NACF recipients. The program aims to provide recipients with employment opportunities that will allow them to become self-sufficient and reduce or eliminate their need for food benefits. This voluntary program allows counties and community colleges to individually plan and develop job training and supportive services for participants.

This premise also includes funding for the Fresno County Pilot Employment and Training Program. The Fresno County Pilot is one of ten pilots selected by the FNS to give the USDA and states the opportunity to build on existing SNAP employment and training programs. These pilots allow new strategies to be tested to determine the most effective ways to help SNAP recipients gain and retain employment that leads to self-sufficiency.

In September 2017, FNS approved the Data and Technical Assistance Grant for the Employment and Training Program in the amount of $1.0 million. The award will be used to fund the development of a statewide workforce portal that will offer Employment and Training program service providers a centralized, web-based location for data collection, enrollment verification, and other key program functions. Development on this effort is expected to begin in FY 2018-19.

IMPLEMENTATION DATE:
This premise implemented on April 1, 1987.

KEY DATA/ASSUMPTIONS:

- Authorizing statute: W&IC sections 18901.11 and 18926.5.
- The CalFresh Employment and Training Program is made up of three distinct efforts: county-based programs, community college based programs, and the Fresno County pilot program.
- The anticipated federal funding for FFY 2018 is used to estimate the funding for FY 2017-18 and FY 2018-19.
- Thirty-six counties are offering a county-based CalFresh Employment and Training Program in FFY 2018.
- The total funding for county programs is $131,135,657 in FY 2017-18 and FY 2018-19.
- The total funding includes enhanced funding for county programs which totals $12,519,403 in FY 2017-18 and FY 2018-19.
  - The enhanced funding includes worker’s compensation costs of $400,000.
  - The enhanced funding includes $511,878 in state operations costs.
- The county programs have normal funding of $100,152,970 in FY 2017-18 and FY 2018-19, which consists of the 50/50 federal and county matching funds.
- The county programs have participant reimbursement funds of $18,975,162 in FY 2017-18 and FY 2018-19.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
CalFresh Employment and Training Program*

KEY DATA/ASSUMPTIONS (CONTINUED):

- The total federal funding for Community College programs is $2,468,084 in normal funding and $3,406,930 in participant reimbursement for FY 2017-18 and FY 2018-19. The community colleges must match these funds from other non-federal sources. The matching funds are not displayed in the CDSS local assistance budget tables.

- The Fresno County Pilot program is budgeted at $4,513,066 for FY 2017-18 and $974,705 for FY 2018-19.

- The Employment and Training Program was awarded a data grant, of which $750,000 will be used for contract funding. The amount will be split evenly between FY 2018-19 and FY 2019-20.

METHODOLOGY:

Enhanced Funding

The total is the sum of the federal enhanced funding for the county programs, the Fresno County Pilot program budget, and the Data Grant amount, less state operations costs.

Normal Funding

The total is the sum of the federal and county portions of normal funding for the county programs and the federal portion of normal funding for the community college programs.

Participant Reimbursement

The total is the sum of the federal and county portions of participant reimbursement funding for the county programs and the federal portion of participant reimbursement funding for the community college programs.

FUNDING:

Enhanced funding is 100 percent federal. Normal funding and participant reimbursement funds are 50 percent federal and 50 percent matching funds from the county or community college. The Data Grant and Fresno Pilot are 100 percent federal funding.

CURRENT YEAR CHANGE FROM APPROPRIATION:

The increase reflects adjustments to the Fresno Pilot spending plan, the Data Grant, and the anticipated FFY 2018 funding.

REASON FOR YEAR-TO-YEAR CHANGE:

The decrease in enhanced funding reflects the Fresno Pilot sun-setting in FY 2018-19. There is no change in normal funding or in participant reimbursement.

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
CalFresh Employment and Training Program*

EXPENDITURES:
(in 000s)

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FY 2017-18

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<td>Participant Reimbursement</td>
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FY 2018-19

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
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* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
Outreach*

DESCRIPTION:
This premise reflects the funding to administer the CalFresh Outreach Plan. The CalFresh Outreach Plan outlines efforts to increase program participation by working to educate people about the CalFresh program. CDSS serves as the oversight agency and collaborates with CDPH to conduct CalFresh outreach efforts through partnerships with several prime contractors and local non-profit organizations.

IMPLEMENTATION DATE:
This premise implemented on October 1, 2004.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: W&IC sections 18904.2 and 18904.3.
- The approved federal funding for FFY 2018 is used to estimate the funding for FY 2017-18 and FY 2018-19.
- Current partnerships are 211: San Diego, the California Association of Food Banks, Catholic Charities of California, CSU Chico Center for Healthy Communities, Inland Behavioral and Health Services, Mexican American Opportunity Foundation, North East Medical Services, Providence Little Company of Mary Foundation, Redwood Community Health Coalition, and Santa Ynez People Helping People.

METHODOLOGY:
The cost reflects the approved FFY 2018 federal funding plans.

FUNDING:
The funding is 100 percent SNAP.

CURRENT YEAR CHANGE FROM APPROPRIATION:
The decrease reflects a technical adjustment to the FY 2018 approved plan.

REASON FOR YEAR-TO-YEAR CHANGE:
There is no change.

EXPENDITURES:
(in 000s)

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* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Nutrition Education*

DESCRIPTION:
The CDSS serves as the oversight agency to distribute federal SNAP-Ed grants. The grants are used to administer and promote nutrition education and physical activity in programs that target CalFresh participants and low-income Californians who are potentially eligible for CalFresh. There are four other state implementing agencies for the Nutrition Education program: CDPH, UC CalFresh Nutrition Education Program, Catholic Charities of California, Inc., and the California Department of Aging. In addition, CDSS has active partnerships with DHCS, California State University of Sacramento, Public Health Institute, and Leah’s Pantry.

IMPLEMENTATION DATE:

KEY DATA/ASSUMPTIONS:
- Authorizing statute: W&IC 18920.
- The FY 2017-18 and FY 2018-19 funding for the nutrition education programs are based on the FFY 2018 anticipated award of $97,803,755. In addition, a total of $29,522,073 of carry-in funds from FFY 2017 are anticipated.
- Carry-in funds from FFY 2017 will be expended by December 30, 2017.

METHODOLOGY:
The anticipated funding for FFY 2018 is added to the carry-in amount from FFY 2017 to calculate the total for the FY 2017-18 and FY 2018-19 budget.

FUNDING:
The funding is 100 percent SNAP.

CURRENT YEAR CHANGE FROM APPROPRIATION:
The increase reflects a higher anticipated carry-in amount from FFY 2017 than previously projected.

REASON FOR YEAR-TO-YEAR CHANGE:
There is no change.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
## Nutrition Education*

### EXPENDITURES:
(in 000s)

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### FY 2017-18

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### FY 2018-19

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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Improving Participation for the Elderly and Disabled (IPED)*

DESCRIPTION:
The IPED initiative is a multi-year, multifaceted effort to streamline CalFresh and CFAP enrollment among elderly and disabled households. This initiative includes simplifying the eligibility certification and recertification process and reducing reporting requirements for this population.

Households with no earned income composed solely of elderly recipients (defined as 60 years of age or older) and/or disabled recipients will be certified or recertified for a three-year period. Additionally, once on a three-year certification schedule, no interview will be required at recertification unless requested by the recipient. The federal waivers required for these changes were approved in January 2017.

Households, regardless of their source of income, with a member who is elderly or disabled will be able to claim a standard medical deduction of $155 if they have medical expenses more than $35 per month. Those households with medical expenses above the standard medical deduction may claim their actual expenses. The federal waiver required for this change was approved in March 2017.

In March 2017, CDSS received federal approval to align the implementation date of these waivers.

IMPLEMENTATION DATE:
This premise implemented in October 2017.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: W&IC section 18910.1.
- Eligible households in the current caseload will transition to a three-year certification period at the time of their recertification beginning in October 2017.
- Based on household characteristics data from the FFY 2016 RADEP sample, there are approximately 95,400 eligible households which have a one-year certification period with semi-annual reporting requirements. These households will transition to a three-year certification evenly on a monthly basis. This transition will take 12 months and be complete by the end of September 2018.
- In FY 2017-18, 75 percent of the households with current one-year certification will transition from one-year to three-year certification. The remaining 25 percent will transition in FY 2018-19.
- In FY 2017-18, 25 percent of households with current one-year certification, representing those that transition from one-year to three-year certification in October through December 2017, will generate administrative savings due to no longer being required to submit a semi-annual report in April through June 2018.
- In FY 2018-19, 25 percent of households with current one-year certification, representing those that transition from one-year to three-year certification in January through March 2018, will generate administrative savings due to no longer being required to submit a semi-annual report in July through September 2018.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Improving Participation for the Elderly and Disabled (IPED)*

KEY DATA/ASSUMPTIONS (CONTINUED):

- In FY 2018-19, 75 percent of households with current one-year certification, representing those that transition from one-year to three-year certification in October through June 2018, will generate administrative savings due to no longer being required to recertify.

- Based on household characteristics data from the FFY 2016 RADEP sample, there are approximately 116,700 eligible households which have a two-year certification period with annual reporting requirements. These households will transition to a three-year certification and maintain annual reporting requirements evenly on a monthly basis. This transition will take 24 months and be complete by the end of September 2019. These households will not begin to generate savings until FY 2020-21 when their two-year-recertification would have occurred.

- The cost to process an annual or semi-annual SAR 7 report is $15.25.

- The cost to process a recertification is $42.14.

- Base on the income stability of the impacted population, the three-year certification will result in no change in benefits.

- The impact to CFAP is approximately one percent of the CalFresh impact.

- One-time costs for changes to the SAWS for these policy changes are estimated to be $990,000 in FY 2017-18.

METHODOLOGY:

- Savings for the reduction in semi-annual reports is calculated by multiplying the cost to process a semi-annual report by number of households which will no longer submit the report in the FY.

- Savings for the reduction in recertifications is calculated by multiplying the cost to process a recertification by number of households which will no longer recertify in the FY.

- Total savings is the sum of the semi-annual reports and recertifications savings.

- The CFAP Administration savings reflects one percent of the CalFresh Administration savings.

FUNDING:

The CalFresh funding for administrative costs is 50 percent SNAP, 35 percent GF, and 15 percent county funds. The CFAP funding is 100 percent GF. The automation funding is 50 percent SNAP and 50 percent GF.

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
Improving Participation for the Elderly and Disabled (IPED)*

CURRENT YEAR CHANGE FROM APPROPRIATION:

The decrease in savings for CalFresh and CFAP reflects the recently identified need to conduct an interview at the initial recertification when the household transitions to the three-year certification in order to properly educate this largely elderly population about the changes they will experience. The decrease further reflects the refinement of the data used to estimate the number of disabled households. The increase in automation costs reflects revised estimates from the SAWS Consortia.

REASON FOR YEAR-TO-YEAR CHANGE:

The increase in savings reflects a full year impact for those semi-annual reporting cases with one-year certifications converting to three-year certification in FY 2017-18 as well as those converting in the first quarter of FY 2018-19.

EXPENDITURES:

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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Able-Bodied Adults Without Dependents (ABAWD) *

DESCRIPTION:
This premise reflects the administrative and automation costs that result from the expiration of the statewide waiver of the federal time limit for ABAWD individuals. The statewide waiver was initially granted in response to the economic crisis during the Great Recession. The state has been operating under this waiver of the federal time limit since October 1, 2008. A county or geographic area may continue to have the ABAWD time limit waived if it has experienced a recent 12-month average unemployment rate over ten percent, a 24-month average unemployment rate that exceeds the national average by 20.0 percent, or has been designated as a Labor Surplus Area.

An ABAWD is a CalFresh recipient between the ages of 18 and 49 who is not disabled, has no children in their CalFresh household, and does not qualify for an exemption from the time limit. Effective September 1, 2018, the statewide ABAWD waiver will expire in California. At that time, certain counties, or areas, will be required to implement the ABAWD time limit. Unless an ABAWD individual resides in a waived area of the state or qualifies for an exemption, the individual will be required to work or participate in a qualifying work activity for a monthly average of at least 20 hours per week to continue receiving CalFresh. An ABAWD subject to the time limit will be eligible to receive no more than three full months of benefits over a three-year period without satisfying the work requirement.

All ABAWDs subject to the time limit will be provided with an orientation explaining the time limit rules, exemption criteria, options for satisfying the work requirement, and reporting responsibilities. In addition, ABAWDs subject to the time limit will experience an increased level of engagement that will include screening to determine and verify if the individual meets the criteria for an exemption and, if the individual does not meet exemption criteria, assistance in obtaining placement in a qualifying work activity.

The CFAP benefit impact is included in the CFAP Benefits premise.

IMPLEMENTATION DATE:
Automation programming implemented in FY 2015-16. The administrative impact of this premise will implement in FY 2018-19.

KEY DATA/ASSUMPTIONS:

- Federal ABAWD work requirements will not apply to the following cases: individuals under 18 or 50 years of age or over; those physically or mentally unfit for employment; those responsible for dependent children under age 6 or residing in a CalFresh household that includes a child; individuals who are pregnant; those exempt from SNAP work requirements; or those receiving a limited monthly exemption.
- The ABAWD caseload is assumed to be evenly distributed throughout the state.
- An ABAWD case consists of one recipient. Based on the NACF Work Registrants, ABAWD, and Employment and Training Quarterly Statistical Report (STAT 47), the statewide ABAWD caseload is projected to be approximately 419,000 in FY 2018-19.
- Sixty percent of the NACF caseload will reside in counties or geographic areas that will no longer qualify for the federal time limit waiver beginning September 1, 2018.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Able-Bodied Adults Without Dependents (ABAWD)*

KEY DATA/ASSUMPTIONS (CONTINUED):

- The projected average NACF caseload is approximately 1,654,500 for FY 2017-18.
- Based on the experience of other states, California’s NACF caseload is expected to decline by three percent three months after losing the ABAWD waiver. Cases discontinued in December 2018 due to the time limit will not be replaced.
- Based on 2005 county time study data, the costs for processing a mid-period change which includes a discontinuance, is $28.23 and ongoing eligibility costs to maintain the case are $13.11 per month.
- Based on 2005 county time study data, 7.2 percent of households report a mid-period change each month. This will result in savings for those cases that are expected to be discontinued three months after the expiration of the statewide waiver.
- An additional 30 minutes of eligibility worker time is needed to provide an orientation for ABAWD cases that will reside in counties or geographical areas that will no longer qualify for the ABAWD waiver beginning September 1, 2018. The CalFresh eligibility worker cost is $58.27 per hour, or for 30 minutes is $29.14.
- Based on service utilization in the CalWORKs program, approximately 42.5 percent of ABAWDs will participate in the orientation and increased engagement activities.
- The total projected average ABAWD caseload residing in an area that will not qualify for the federal time limit waiver and will be receiving increased engagement is 230,500 for the period of October 2018 through June 2019.
- Data collected from December 2013 to September 2015, the “Franklin County Ohio Work Experience Program Comprehensive Report on Able-Bodied Adults Without Dependents” found that one-third of ABAWDs subject to the three-month time limit have a medical or physical limitation barring them from employment.
- Counties that no longer qualify for the ABAWD waiver will use all of their limited monthly exemptions (one exemption per month). Approximately 15.0 percent of ABAWDs subject to the time limit will receive a limited monthly exemption.
- Based on The Center on Budget Policy Priorities’ analysis of FFY 2014 SNAP household characteristics data, 14.0 percent of ABAWDs reported income from working more than 20 hours per week and 11.0 percent reported income from working less than 20 hours per week.
- The remaining 26.7 percent of ABAWDs are not working and not exempt and will be subject to the time-limit.
- An additional 30 minutes of eligibility worker time is needed each month for cases that receive the limited monthly exemption, cases working less than 20 hours per week, and cases that are not working and not exempt. However, these cases will not need to receive the increased engagement in the months their SAR or recertification is required.
- The impact to CFAP is approximately one percent of the CalFresh impact.
- The SAWS Consortia automation costs are $2.7 million in FY 2017-18 to develop the new fixed statewide ABAWD tracking clock and create and modify tracking codes.

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
Able-Bodied Adults Without Dependents (ABAWD)*

METHODOLOGY:

- The ABAWD caseload subject to the three-month time limit is calculated by multiplying the total FY 2018-19 projected ABAWD caseload by the percent of the NACF caseload that will reside in counties no longer qualifying for the ABAWD waiver.

- The ABAWD caseload expected to be discontinued in December 2018 due to not meeting the work requirement is calculated by multiplying the NACF caseload by the percent of the NACF caseload residing in counties no longer qualifying for the ABAWD waiver and then by the expected caseload decline three months after losing the ABAWD waiver.

- Each discontinued case will generate the following cost and savings:
  - The one-time administrative cost to process the discontinuance is calculated by multiplying the cost to process a mid-period change by the number of cases to be discontinued.
  - The monthly administrative savings for no longer maintaining the case is calculated by multiplying the monthly cost to maintain a case by the number of cases to be discontinued and then by six months.
  - The monthly administrative savings for no longer needing to process a mid-period change is calculated by multiplying the number of cases to be discontinued by the percent of households that report a mid-period change monthly by the cost to process the mid-period change and then by six months.

- The administrative cost resulting from the orientation is calculated by multiplying the cases subject to the three-month time limit by the percent of cases that are expected to participate in the orientation and increased engagement and then by the cost of an additional 30 minutes of eligibility worker time.

- The administrative cost resulting from increased engagement is calculated by multiplying the sum of cases receiving the limited monthly exemption, cases working less than 20 hours per week, and cases not working and not exempt residing in areas that will not qualify for the federal time limit waiver and will provide increased engagement for the period of October 2018 through June 2019, by the percent of cases that are expected to participate in the increased engagement, by the cost of an additional 30 minutes of eligibility worker time and then by seven months.

- The net CalFresh administrative cost for FY 2018-19 is the sum of the costs of discontinued cases, the orientation costs, and the costs of increased engagement, less the savings from discontinued cases.

- The CFAP administration cost is calculated by multiplying the net CalFresh administration cost by one percent.

- The automation cost reflects the projected expenditures provided by the SAWS Consortia.

FUNDING:

The CalFresh funding for administrative and automation costs is 50 percent SNAP, 35 percent GF, and 15 percent county funds. The CFAP funding is 100 percent GF.

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
Able-Bodied Adults Without Dependents (ABAWD)*

CURRENT YEAR CHANGE FROM APPROPRIATION:
There is no change.

REASON FOR YEAR-TO-YEAR CHANGE:
The increase in administration costs reflects implementation in FY 2018-19. The decrease in automation cost reflects the expected completion of changes to the SAWS Consortia in FY 2017-18.

EXPENDITURES:
(in 000s)

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<td>Reimb.</td>
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* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
Statewide Automated Welfare System (SAWS)*

DESCRIPTION:
This premise reflects the cost for Statewide Project Management and the SAWS Consortia, which includes LRS, CalWIN and C-IV. The OSI provides project management for the consortia. The LRS system supports Los Angeles County, the CalWIN system supports 18 member counties, and the C-IV system supports 39 member counties. Beginning in FY 2018-19, LRS and C-IV will merge into one system, CalACES, which aligns with the strategy to meet the federal requirement to consolidate to a single automated system in California.

IMPLEMENTATION DATE:

KEY DATA/ASSUMPTIONS:
- Authorizing statute: W&IC section 10823(a).
- Statewide Project Management
  - The Implementation Advance Planning Document Update occurred in December 2001 and was revised in May 2002.
- LRS
  - The LRS M&O costs will merge into CalACES in FY 2018-19.
  - The LRS will be removed as a stand-alone consortium in FY 2018-19.
- CalWIN
- C-IV
  - The C-IV M&O costs will merge into CalACES in FY 2018-19.
  - The C-IV will be removed as a stand-alone consortium in FY 2018-19.
- CalACES
  - This new consortium merges M&O costs for LRS and C-IV in FY 2018-19.
  - Costs in FY 2018-19 include costs for the procurement planning of a M&O vendor.

METHODOLOGY:
Costs are based on estimates received from the SAWS consortia.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Statewide Automated Welfare System (SAWS)*

FUNDING:
Funding for Statewide Project Management and the Consortia are based on the sharing ratios of the benefiting programs. Federal funds include the standard shares of SNAP, Title IV-E, and Refugee Assistance Program funding. Medi-Cal costs are eligible for Title XIX federal funding, which is disbursed through the DHCS budget. Based on the cost allocation plan, the federal share of the CalWORKs program is funded entirely by TANF. The non-federal funding share of CalFresh, FC and General Assistance/General Relief costs are funded with GF and county funds. The SAWS related TANF funds are identified in the “Additional TANF/MOE Expenditures in CDSS” section of the TANF detail table.

CURRENT YEAR CHANGE FROM APPROPRIATION:
The increase to Statewide Project Management reflects baseline budget adjustments. The increase to CalWIN reflects migration planning activities in preparation for the single SAWS consortium. There is no change to LRS, C-IV, or CalACES.

REASON FOR YEAR-TO-YEAR CHANGE:
The increase to Statewide Project Management reflects baseline budget adjustments. The decrease to LRS and C-IV reflects their consolidation into the CalACES consortium. The decrease to CalWIN reflects the cancellation of previously planned architectural enhancements, somewhat offset by migration planning activities in preparation for the single SAWS consortium. The increase to CalACES reflects the merger of the LRS and C-IV consortia.

EXPENDITURES:
(in 000s)

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* Please refer to the first tab titled *Acronyms* for a full description of acronyms.
# Statewide Automated Welfare System (SAWS)*

## EXPENDITURES (CONTINUED):

(in 000s)

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* The CDSS share reflects costs for the Consortia and the OSI share reflects SPM costs.

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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Welfare Data Tracking Implementation Project (WDTIP)*

DESCRIPTION:
The WDTIP provides counties with the automated functionality required to conform to the statewide tracking of time-on-aid. The WDTIP tracks the 48 and 60 month assistance clocks, the 24-month services clock, and WTW exemptions and sanctions. Counties can access WDTIP through MEDS to obtain up-to-date information for CalWORKs applicants and recipients. The OSI provides project management for WDTIP.

IMPLEMENTATION DATE:
This premise implemented on July 1, 1999.

KEY DATA/ASSUMPTIONS:
Authorizing statute: W&IC section 10851.5(b).

METHODOLOGY:
Costs are based on the January 2003 SAWS WDTIP Implementation Advance Planning Document Update and subsequent baseline budget adjustments.

FUNDING:
The SAWS WDTIP funding is 100 percent TANF. The SAWS related TANF funds are identified under the “Additional TANF/MOE Expenditures in CDSS” section of the TANF detail table.

CURRENT YEAR CHANGE FROM APPROPRIATION:
The increase reflects baseline budget adjustments.

REASON FOR YEAR-TO-YEAR CHANGE:
The increase reflects baseline budget adjustments.

EXPENDITURES:
(in 000s)

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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Statewide Fingerprint Imaging System (SFIS) Decommissioning

DESCRIPTION:

This premise reflects the costs for SFIS M&O, SFIS decommissioning efforts by existing SFIS staff, and placeholders for the future development of a non-biometric CalWORKs identity verification method in consultation with stakeholders.

Currently, state law requires applicants and recipients of CalWORKs benefits to provide fingerprint images as a condition of eligibility. The following persons must provide a photo and fingerprint images: 1) each parent and/or relative caretaker living in the home of an aided or applicant child; 2) each parent and/or relative caretaker receiving or applying for aid on the basis of an unaided excluded child; 3) each aided or applicant adult; and 4) the aided or applicant pregnant woman in an AU consisting of the woman only. Failure to provide the required images will result in ineligibility for the entire AU. Counties have the option to use SFIS for county General Assistance/General Relief.

SB 89 (Chapter 24, Statutes of 2017) repeals SFIS no later than June 30, 2018, and requires CDSS to implement a non-biometric identity verification method for CalWORKs.

IMPLEMENTATION DATE:

The statewide implementation of SFIS was completed on December 7, 2000. The SFIS decommissioning is planned to begin on July 1, 2018.

KEY DATA/ASSUMPTIONS:

- Authorizing statute: W&IC section 10830.
- The existing SFIS cost is based on the executed contract with the SFIS vendor.
- The OSI cost estimate for decommissioning cost includes the disassembly, removal, disposal, and return of SFIS equipment located in county offices throughout the state, two training centers, and the central site at the FTB.
- The FY 2017-18 and FY 2018-19 CalWORKs identity verification costs shown in this premise are placeholders that will be updated during the May Revision after additional information is obtained and discussed with stakeholders.

METHODOLOGY:

The SFIS costs are based on the executed contract for ongoing M&O services. The SFIS decommissioning costs are based on estimates provided by OSI. The CalWORKs identity verification costs are preliminary placeholders pending additional consultation with stakeholders.

FUNDING:

The SFIS M&O, SFIS decommissioning and CalWORKs identity verification costs are funded with TANF. The General Assistance/General Relief SFIS decommissioning costs are 100 percent GF. The General Assistance/General Relief SFIS and CalWORKs identity verification costs are 100 percent county funds.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Statewide Fingerprint Imaging System (SFIS) Decommissioning

CURRENT YEAR CHANGE FROM APPROPRIATION:

The increase in SFIS M&O reflects baseline budget adjustments. The CalWORKs identity verification is a new line and reflects preliminary placeholder cost.

REASON FOR YEAR-TO-YEAR CHANGE:

The decrease in SFIS M&O reflects the repeal of SFIS in FY 2017-18. The increase in SFIS decommissioning reflects these activities occurring in FY 2018-19. The increase in CalWORKs identity verification reflects a full year of implementation.

EXPENDITURES:

(in 000s)

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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Electronic Benefit Transfer (EBT) Maintenance and Operations and Transition*

DESCRIPTION:
This premise reflects the costs for the maintenance of the California EBT system, which is responsible for the automated issuance, delivery, redemption, settlement, and reconciliation of California's food and cash aid program benefits. The benefiting programs under EBT include the CalWORKs Program, CalFresh, CFAP, RCA, SUAS, CAPI, and General Assistance/General Relief. The California EBT system provides recipients with electronic access to food and cash aid benefits at point-of-sale terminals and automated teller machines using magnetic strip cards.

This premise also reflects the costs for the EBT transition project to a new EBT service provider, known as EBT 3. This includes costs for a dedicated Transition Team for consultant resources, one-time costs paid to the new EBT Service Provider, and one-time CDSS costs.

IMPLEMENTATION DATE:
The EBT system implemented in FY 2005-06. The EBT 3 transition implemented in FY 2015-16.

KEY DATA/ASSUMPTIONS:
Authorizing statute: W&IC section 10069.

METHODOLOGY:
Cost projections for the EBT system are based on the November 2007 EBT Implementation Advance Planning Document and Amendment Number 3 of the Xerox State & Local Solutions contract.

Cost projections for the EBT 3 transition are based on the Implementation Advance Planning Document and the Fidelity Information Services contract.

FUNDING:
California EBT is funded with federal SNAP and TANF program funds. Federal funds, GF, and county funds are provided for CalFresh. For EBT 3, only federal funds and GF are provided for CalFresh. Based on the cost allocation plan for the project, the federal share of the CalWORKs program is 100 percent TANF-eligible. Project related TANF funds are identified in the “Additional TANF/MOE Expenditures in CDSS” section of the TANF detail table. The SUAS funding is GF.

CURRENT YEAR CHANGE FROM APPROPRIATION:
The increase reflects baseline budget adjustments.

REASON FOR YEAR-TO-YEAR CHANGE:
The decrease reflects the completion of the EBT 3 Transition in FY 2017-18.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
### Electronic Benefit Transfer (EBT) Maintenance and Operations and Transition*

**EXPENDITURES:**
(in 000s)

<table>
<thead>
<tr>
<th>Item 141 – Automation</th>
<th>Total</th>
<th>Federal</th>
<th>State</th>
<th>County</th>
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<tbody>
<tr>
<td>EBT M&amp;O and Transition</td>
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**FY 2018-19**

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</table>

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
Veteran’s Benefits (SB 570)*

DESCRIPTION:
This premise provides funding for automation updates necessary to implement SB 570 (Chapter 463, Statutes of 2017). Under SB 570, benefits and related allowances received through the United States Department of Veterans Affairs for education, training, vocation, or rehabilitation is exempt from consideration as income for purposes of determining eligibility for CalWORKs program benefits and calculating grant amounts for veterans, their spouses, and their dependents, under specified circumstances.

Current CalWORKs policies exempt educational loans and grants, including Veteran’s Assistance educational benefits, as long as they are used for educational expenses and documented appropriately. The provisions of SB 570 expand these policies to exempt some non-educational Veteran’s Assistance benefits from counting as assistance for CalWORKs benefits. Therefore, the fiscal impact for CalWORKs grants is assumed to be minimal.

IMPLEMENTATION DATE:
This premise implemented on January 1, 2018.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: W&IC 11250.9.
- The impact to CalWORKs grants is anticipated to be minimal.
- Automation updates are necessary to identify and exempt certain types of veteran benefits and allowances from counting as income for CalWORKs eligibility and benefits.

METHODOLOGY:
The total cost is based on estimates provided by the SAWS consortia.

FUNDING:
The funding for the automation cost is 100 percent TANF.

CURRENT YEAR CHANGE FROM APPROPRIATION:
This is a new premise.

REASON FOR YEAR-TO-YEAR CHANGE:
The decrease reflects automation being completed in FY 2017-18.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Veteran’s Benefits*

EXPENDITURES:
(in 000s)

<table>
<thead>
<tr>
<th>Item 141 – Automation</th>
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<tbody>
<tr>
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<td>Veteran’s Benefits (SB 570)</td>
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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Horizontal Integration*

DESCRIPTION:
This premise reflects the costs for the Horizontal Integration administrative staff. Horizontal Integration allows individuals transferred from the Covered California health application to complete a streamlined application for CalFresh and CalWORKs through the SAWS online portals. Functionality allows questions to be “dynamically” displayed to the customer to meet the ACA requirement of only providing information for the specific programs for which they choose to apply, providing a consistent consumer experience across all counties.

IMPLEMENTATION DATE:
This premise implemented in July 2015.

KEY DATA/ASSUMPTIONS:
Automation changes for Horizontal Integration were completed in June 2017 and the existing Horizontal Integration staff and associated funding moved from CDSS to the Office of the Agency Information Officer in July 2017.

METHODOLOGY:
The funding reflects personnel costs for Horizontal Integration administrative staff.

FUNDING:
CalFresh funding is 50 percent SNAP and 50 percent GF. The funding comes from the CalFresh and CalWORKs programs and is determined by the sharing ratios of each benefiting program. The federal share of the CalWORKs program is funded entirely by the TANF program block grant, based on the cost allocation plan. The SAWS related TANF funds are identified in the “Additional TANF/MOE Expenditures in CDSS” section of the TANF detail table.

CURRENT YEAR CHANGE FROM APPROPRIATION:
The increase reflects baseline budget adjustments.

REASON FOR YEAR-TO-YEAR CHANGE:
There is no change.

EXPENDITURES:
(in 000s)

<table>
<thead>
<tr>
<th>Item 141 – Automation</th>
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* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
### Horizontal Integration*

**EXPENDITURES (CONTINUED):**

(in 000s)

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<tr>
<th>CDSS/OSI PARTNERSHIP</th>
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<td>FY 2018-19</td>
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<td>$388</td>
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</table>

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
SB 1341 Automation*

DESCRIPTION:
This premise reflects the costs of automation required to allow the SAWS Consortia to be the systems of record for Medi-Cal. This automation will allow the SAWS to generate NOAs for households with Medi-Cal-only or households with combined Medi-Cal and premium tax credit programs. Integrating additional programming into SAWS will allow county Medi-Cal eligibility staff to verify and, if necessary, correct CalHEERS eligibility decisions. This will ensure that beneficiaries are correctly notified of actions taken on their applications and cases and will result in greater ease-of-use for recipients and less administrative burden on counties.

IMPLEMENTATION DATE:
This premise implemented on January 1, 2015.

KEY DATA/ASSUMPTIONS:
- Authorizing Statute: W&IC section 10823.
- Development/modification of notice-generation functionality within SAWS and CalHEERS is occurring in two phases: 1) generation of Modified Adjusted Gross Income Medi-Cal NOAs in SAWS and 2) generation of Mixed Household NOAs in SAWS.
- The first phase was completed in 2016. Planning for the second phase began in FY 2016-17. A specific schedule for implementation is yet to be formalized.

METHODOLOGY:
The funding reflects estimated costs for each Consortium’s programming effort and is consistent with the advanced planning document.

FUNDING:
The funding is 50 percent GF and 50 percent reimbursement.

CURRENT YEAR CHANGE FROM APPROPRIATION:
The decrease reflects a fund shift from FY 2017-18 to FY 2018-19.

REASON FOR YEAR-TO-YEAR CHANGE:
The increase reflects a fund shift from FY 2016-17 and FY 2017-18 to FY 2018-19.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
**SB 1341 Automation**

**EXPENDITURES:**

(in 000s)

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<tr>
<th>Item 141 – Automation</th>
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**FY 2018-19**

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**CDSS/OSI PARTNERSHIP**

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</tbody>
</table>

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
**Inter-County Transfer**

**DESCRIPTION:**
This premise reflects clarifications to the process that counties must follow when a recipient of CalWORKs or CalFresh moves between counties. As soon as either county is aware of the move, that county is required to initiate an inter-county transfer. The process: 1) requires the transfer of responsibility for payment of aid to the receiving county as soon as administratively possible and within 30 days after either county becomes aware of the aided recipient’s move; 2) prohibits, to the extent permitted by federal law and regulation, the new county of residence from interviewing recipients transferring from another county to determine continued eligibility for CalWORKs or CalFresh until the next scheduled recertification or redetermination; and 3) requires case file documents to be shared electronically between the prior county of residence and the new county of residence. These clarifications also apply to the inter-county transfer process for Medi-Cal, which is overseen by the DHCS.

**IMPLEMENTATION DATE:**
This premise implemented June 1, 2017.

**KEY DATA/ASSUMPTIONS:**
- Authorizing statute: W&IC section 10003, 11052.6, 11053, 11053.2, and 11102 as added, amended, or repealed by SB 1339 (Chapter 801, Statutes of 2016).
- This premise reflects automation costs to allow the transfer of case record data between and within the Consortia.
- No additional county administrative costs are provided since an inter-county transfer process already exists. This premise clarifies and standardizes that process. From a statewide budget impact, administrative pressures placed on one county will be offset by the administrative pressures removed from another county.
- Automation changes will be completed in FY 2017-18.

**METHODOLOGY:**
The total cost is based on cost estimates from the SAWS Consortia.

**FUNDING:**
Funding is determined by the sharing ratios of the benefiting programs. The CalFresh portion of the funding is 50 percent SNAP and 50 percent GF. The CalWORKs portion is 100 percent TANF. The Medi-Cal portion is 50 percent Title XIX and 50 percent GF.

**CURRENT YEAR CHANGE FROM APPROPRIATION:**
There is no change.

**REASON FOR YEAR-TO-YEAR CHANGE:**
The decrease reflects the completion of automation for this effort in FY 2017-18.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Inter-County Transfer*

EXPENDITURES:
(in 000s)

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<thead>
<tr>
<th>Item 141 – Automation</th>
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<td>$116</td>
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</table>

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Consumer Credit Reports*

**DESCRIPTION:**
This premise reflects the automation costs related to the use of consumer credit reports in the determination of CalWORKs or CalFresh eligibility or benefit levels. Counties that elect to use information contained in a consumer credit report are required to: 1) obtain written authorization from an applicant or recipient prior to obtaining the credit report; 2) provide the applicant or recipient with the notice required by the federal Fair Credit Reporting Act indicating that the verification or eligibility determination was based, in whole or in part, upon information contained in the consumer credit report; 3) issue the notice in writing and in accordance with the standards established in federal law; 4) issue the notice when taking any adverse action against the applicant or recipient; and 5) make the information available to an applicant or recipient who requests a copy of their case file or appeals a negative action based in whole or in part on information the county obtained from the consumer credit report.

Written authorization and notice may be provided by electronic means. Counties that use information contained in such a report for benefit determination are prohibited from requiring hard-copy documentation of information that is duplicative of information contained in such a report.

**IMPLEMENTATION DATE:**
This premise implemented on January 1, 2017.

**KEY DATA/ASSUMPTIONS:**
- Authorizing statute: W&IC section 11023
- This premise reflects automation costs to document authorizations and produce notifications when credit reports are used for eligibility or benefit determinations.
- No additional administrative costs are provided as counties that currently use third party confirmations such as consumer credit reports are already required to provide notice to recipients. This premise clarifies and standardizes that process.
- Automation changes are expected to be completed in FY 2017-18.

**METHODOLOGY:**
The total cost is based on cost estimates from the SAWS Consortia.

**FUNDING:**
Funding is determined by the sharing ratios of the benefiting programs. The CalFresh portion of the funding is 50 percent SNAP and 50 percent GF. The CalWORKs portion is 100 percent TANF.

**CURRENT YEAR CHANGE FROM APPROPRIATION:**
There is no change.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Consumer Credit Reports*

REASON FOR YEAR-TO-YEAR CHANGE:
The decrease reflects completion of automation in FY 2017-18.

EXPENDITURES:
(in 000s)

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FY 2018-19

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<td>$0</td>
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</table>

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
Overpayments - CalWORKs Reporting*

DESCRIPTION:
This premise reflects changes to the assessment of overpayments in the CalWORKs program following a timely report of a change in household circumstances. As a result of this change, if a county is unable to provide a ten-day notice of the termination or reduction in benefits before the first of the month following the month in which the change occurred and was reported, the county will no longer assess an overpayment.

IMPLEMENTATION DATE:
This premise implemented on January 1, 2017.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: W&IC sections 11265.3 and 11265.47 as amended by AB 2062 (Chapter 795, Statutes of 2016).
- This premise reflects automation costs only. An overpayment process already exists, therefore there is no impact on administrative costs.

METHODOLOGY:
The total cost is based on cost estimates from the SAWS Consortia.

FUNDING:
The funding for this premise is 100 percent TANF.

CURRENT YEAR CHANGE FROM APPROPRIATION:
There is no change.

REASON FOR YEAR-TO-YEAR CHANGE:
The decrease reflects completion of automation in FY 2017-18.

EXPENDITURES:
(in 000s)

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<tr>
<th>Item 141 – Automation</th>
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<td>Item 141 – Automation</td>
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<td>Overpayments-CalWORKs Reporting</td>
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<tr>
<td>Total</td>
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<td>$0</td>
</tr>
<tr>
<td>Reimb.</td>
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<td>$0</td>
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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
California’s Foster Care Eligibility Determination (FCED) Solution*

DESCRIPTION:
This premise reflects the costs to develop a single statewide FCED solution that leverages the existing SAWS. The current FCED functionality resides in each of the three Consortia resulting in a separate set of defined steps for the Title IV-E eligibility determination process for each Consortium. To avoid the potential loss of federal funding the FCED solution will comply with federal requirements that specify a Title IV-E agency must use the same automated functions for all Title IV-E eligibility determination by October 2019. The FCED solution will be updated regularly to ensure continued compliance with new Comprehensive Child Welfare Information System requirements published by the ACF.

IMPLEMENTATION DATE:
The design and development phase of this premise will implement in April 2018.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: Title 42 United States Code section 674(c) and section 679(b)(2).
- The ACF has determined that the current California model for FCED does not meet federally required Comprehensive Child Welfare Information System automation specifications.
- The FCED hosting solution will consider all 58 counties’ business processes and will include a governance structure that will support all counties.
- The solution will provide support for the Data Prep shared service, common Data Prep screens, the FCED Business Rules Engine, and interfaces to the SAWS and Child Welfare Services New System.
- The design, development, and implementation activities are scheduled to occur between April 2018 and October 2019.
- The design, development, and implementation for the interfaces to the multiple consortia within the SAWS is a duplicative process and is not fully eligible for Title IV-E funding.

METHODOLOGY:
The costs reflect the projected expenditures provided by the SAWS Consortia.

FUNDING:
Federal funding for building the FCED solution is provided by Title IV-E of the Social Security Act. The remaining 50 percent is GF. The portion of funding for the design, development, and implementation of the interfaces to the SAWS that is not eligible for Title IV-E funding is 100 percent GF.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
California’s Foster Care Eligibility Determination Solution*

CURRENT YEAR CHANGE FROM APPROPRIATION:
The decrease in GF and federal funding reflects a shift in costs from FY 2017-18 to FY 2018-19 due to a change in the project timeline. The decrease in county funding reflects the Title IV-E cost sharing method which does not include county participation in the design, development, and implementation of the FCED solution.

REASON FOR YEAR-TO-YEAR CHANGE:
The increase reflects a full year of development and implementation costs.

EXPENDITURES:
(in 000s)

<table>
<thead>
<tr>
<th>Item 141 – Automation</th>
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<th>State</th>
<th>County</th>
<th>Reimb.</th>
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</tr>
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</table>

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
County Expense Claim Reporting Information System*

DESCRIPTION:
This premise reflects the replacement of the existing County Expense Claim and County Assistance Claim databases with one integrated system. The new County Expense Claim Reporting Information System will improve data access, analysis, and the accuracy of administrative and assistance expenditure data.

IMPLEMENTATION DATE:
This premise implemented on February 14, 2012.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: W&IC section 10604.
- The Special Project Report Two was approved by the California Department of Technology on April 1, 2016. The approval of the Implementation Advance Planning Document by ACF, FFP was effective January 2017.
- The total amount of projected funds is $2,335,781 in FY 2017-18 and $1,684,417 in FY 2018-19.

METHODOLOGY:
The costs reflect contracted services and solution development costs consistent with the County Expense Claim and County Assistance Claim Special Project Report Two.

FUNDING:
The funding comes from various sources, determined by the sharing ratios of the benefiting programs. Federal funds include the standard shares of SNAP, Title IV-E and Refugee Resettlement program funding. The Medi-Cal costs are eligible for Title XIX federal funding, which is disbursed through the DHCS budget through an interagency agreement. Based on the cost allocation plan, the federal share of the CalWORKs program is funded entirely by the TANF block grant. The non-federal funding is 100 percent GF. With the federal approval, funding ratios were adjusted to reflect FFP beginning January 2017.

CURRENT YEAR CHANGE FROM APPROPRIATION:
The decrease reflects shifting project costs from FY 2017-18 to FY 2018-19.

REASON FOR YEAR-TO-YEAR CHANGE:
The decrease reflects updated current and projected contract costs.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
## County Expense Claim Reporting Information System

**EXPENDITURES:**
(in 000s)

<table>
<thead>
<tr>
<th>Item 141 – Automation</th>
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<td>Item 141 – Automation</td>
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<td>County Expense Claim Reporting System</td>
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</table>

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
Statewide Automated Welfare System (SAWS) Consolidated Portal

DESCRIPTION:
This premise reflects funding for the consolidation of the three SAWS client portals, which serve CWDs, as well as recipients of CalWORKs, CalFresh, Medi-Cal, FC, and Refugee programs in California.

Currently, each consortium operates its own online portal for clients to view and apply for benefits. The current portals are C4Yourself, which serves C:IV clients; MyBenefits CalWIN, which serves CalWIN clients; and Your Benefits Now! which serves LRS clients. Each consortium portal has unique client profiles, as well as varying capabilities and interfaces.

A single statewide client portal will eliminate the need for clients to create new profiles when they move to a county with a new consortium system, provide a consistent user experience throughout the state, and simplify future maintenance and automation upgrades. Furthermore, the consolidated portal aligns with the federal requirement that California create a single SAWS.

IMPLEMENTATION DATE:
Development and implementation is expected to begin in FY 2018-19.

KEY DATA/ASSUMPTIONS:
Authorizing Statute: W&IC section 10823(a).

METHODOLOGY:
Costs are based on estimates received from the SAWS consortia.

FUNDING:
Funding for the SAWS Consolidated Portal is based on the sharing ratios of the benefiting programs. Federal funds include the standard shares of the SNAP and Refugee Assistance Program funding. Medi-Cal costs are eligible for Title XIX federal funding, which is disbursed through the DHCS budget. These costs are also eligible for an enhanced FMAP funding and cost allocation relief. Based on the cost allocation plan, the federal share of the CalWORKs program is funded entirely by TANF. The non-federal funding share of the programs is funded with GF. The SAWS-related TANF funds are identified in the TANF detail table in the “Additional TANF/MOE Expenditures in CDSS” section of this binder.

CURRENT YEAR CHANGE FROM APPROPRIATION:
There is no change.

REASON FOR YEAR-TO-YEAR CHANGE:
This is a new premise.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
### Statewide Automated Welfare System (SAWS) Consolidated Portal

#### EXPENDITURES:
(in 000s)

<table>
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<th>Item 141 - Automation</th>
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**FY 2017-18**

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**FY 2018-19**

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
State Hearings Division
Appeals Case Management System*

DESCRIPTION:
This premise reflects costs for a new State Hearings Appeals Case Management System to replace the current compilation of mainframe databases and ad-hoc applications which support the State Hearings process. The new State Hearings Appeals Case Management System will reduce processing errors and case processing time at the State and county levels. This will, in turn, reduce federal penalties resulting from untimely decisions. For the benefiting programs under the State Hearings Appeals Case Management System, please refer to the “Hearing Requests Filed by Program” table in the Reference Documents section of this binder.

IMPLEMENTATION DATE:
This premise implemented on July 1, 2015.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: W&IC section 10950.
- Costs consist of IT project contract services and personnel expenditures for support staff at OSI.
- The IT project contract service costs include software license, software Independent Verification and Validation services, and other contract services.

METHODOLOGY:
Project contract costs are consistent with the Feasibility Study Report, which was approved by the California Department of Technology on January 10, 2014.

FUNDING:
The State Hearings Appeals Case Management System funding comes from various resources determined by the sharing ratio of the benefiting programs. Federal funds include the standard shares of the TANF/CalWORKs and CalFresh SNAP funding. The Medi-Cal and IHSS costs are eligible for Title XIX federal funding, which is disbursed through the DHCS budget. The State Hearings Appeals Case Management System related TANF funds are identified in the “Additional TANF/MOE Expenditures in CDSS” section of the TANF detail table.

CURRENT YEAR CHANGE FROM APPROPRIATION:
The increase reflects new vendor contract costs.

REASON FOR YEAR-TO-YEAR CHANGE:
The decrease reflects reduced vendor costs after implementation in October 2018.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
State Hearings Division
Appeals Case Management System*

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* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
**LEADER Replacement System/Consortium-IV Migration**

**DESCRIPTION:**
This premise reflects the cost of the LRS and the C-IV migration project. This migration will result in a new Consortium to replace the LEADER and C-IV Consortia. The new Consortium, the California Automated Consortium Eligibility System, will be a 40-county consortium utilizing the newly built LRS codebase. Consistent with ABX1-16 (Chapter 13, Statutes of 2011), the migration will decrease M&O costs, assist in standardizing the state’s health and human services operations at the county level, and reduce the complexity of the eligibility system configuration in California.

**IMPLEMENTATION DATE:**
This premise implemented January 2018.

**KEY DATA/ASSUMPTIONS:**
- The design, development and implementation activities are set to begin in FY 2017-18.
- The migration is expected to be completed in FY 2020-21.

**METHODOLOGY:**
The costs are calculated based on the timeframes outlined in the LRS/C-IV Migration Implementation Advance Planning Document Update.

**FUNDING:**
The LRS/C-IV Migration funding comes from various sources, determined by the sharing ratios of the benefitting programs. Medi-Cal costs are eligible for Title XIX federal funding, which is disbursed through the DHCS budget. These costs are also eligible for an enhanced FMAP funding and cost allocation relief. This FFP funding provides Medi-Cal technology investments, including eligibility systems, a 90 percent federal/ten percent GF match for design, development, and implementation work through August 2020. Also, federal guidance provides for cost allocation relief for other programs utilizing system functionality developed for Medi-Cal. Based on the cost allocation plan, the federal share for the CalWORKs program is funded entirely by the TANF program block grant. The remaining balance of the funding is GF and the county share of General Assistance/General Relief costs. The SAWS related TANF funds are identified in the “Additional TANF/MOE Expenditures in CDSS” section of the TANF detail table.

**CURRENT YEAR CHANGE FROM APPROPRIATION:**
The decrease reflects a shift in costs from FY 2017-18 to FY 2018-19.

**REASON FOR YEAR-TO-YEAR CHANGE:**
The increase reflects a shift in costs from FY 2017-18 to FY 2018-19 and a full year of development and implementation costs.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
LEADER Replacement System/
Consortium-IV Migration*

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CDSS/OSI PARTNERSHIP 

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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
State Contracts County Reimbursement*

DESCRIPTION:
This premise reflects the LRF reimbursement authority for statewide contracts, including the Private Agency Adoptions Reimbursement Program, the Chafee Post-Secondary ETV Program, and Health Care Oversight for Children in FC, among others that were realigned. Prior to 2011 Realignment, CDSS managed several CWS contracts that had a statewide benefit. Under 2011 Realignment, the GF for these contracts shifted to the LRF. Because these contracts have a statewide benefit, in conjunction with CWDA, CDSS continues to administer and manage the contracts and is reimbursed by counties.

In order to reimburse CDSS for these contract costs, a Contract Special Account was created within the LRF Protective Services Subaccount. The designated county to administer this account is the San Francisco County Social Services Agency.

Of these realigned contracts, the interagency agreement between CDSS and DHCS for Health Care Oversight for Children in FC has been amended to support county child welfare efforts by funding additional staffing of public health nurses to meet statutory requirements. The funding will enable the hiring of additional public health nurses to improve caseload standards, review and monitor psychotropic medication and treatment, assist in scheduling and monitoring appointments, and support court review of treatments, among other duties.

IMPLEMENTATION DATE:
State Contracts County Reimbursement implemented on July 1, 2012. The Public Health Nurses budget augmentation implemented on July 1, 2016 with an additional augmentation that implemented on July 1, 2017.

KEY DATA/ASSUMPTIONS:
State Contracts County Reimbursement
- CDSS established an MOU with San Francisco County.
- CDSS’ contract administration and oversight costs are reimbursed with LRF funds by the San Francisco County Social Services Agency.
- The State County Contracts Reimbursement authority is statutorily maintained at $32,721,000.
- There is an additional $7.0 million of reimbursement authority for the Private Adoption Agency Reimbursement Program in FY 2018-19.

Public Health Nurse Monitoring
- Authorizing statute: W&IC section 16501.3.
- The Budget Act of 2016 provides a $1.65 million GF augmentation for additional public health nurses to monitor the use of psychotropic medications by foster children.
- The Budget Act of 2017 provides a $3.85 GF augmentation for the hiring of additional public health nurses.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
State Contracts County Reimbursement*

**METHODOLOGY:**
The State Contracts County Reimbursement authority reflects the amount specified by statute. The Public Health Nurse costs are provided in the Budget Act of 2016 and the Budget Act of 2017.

**FUNDING:**
The funding for State Contracts County Reimbursement is 100 percent reimbursement from the Contract Special Account, administered by San Francisco Social Services Agency, created within the LRF Protective Services Subaccount. The SCO deposits LRF in the Contract Special Account monthly. CDSS invoices San Francisco County Social Services Agency for the reimbursement of the contracted services funded under this account.

Federal funding for Public Health Nurses is provided by Title XIX of the Social Security Act, with the funding being disbursed through the DHCS budget. Funding for non-federal costs is 100 percent GF.

**CURRENT YEAR CHANGE FROM APPROPRIATION:**
There is no change.

**REASON FOR YEAR-TO-YEAR CHANGE:**
There is no change to State Contracts County Reimbursement and Public Health Nurse. The increase in the Private Adoption Agency Reimbursement Program reflects additional reimbursement authority needed until county repayments can be made.

**EXPENDITURES:**
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**FY 2018-19**

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* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
CWS Consolidated Federal Grants*

DESCRIPTION:
This premise reflects the following CWS federal grants: PSSF, PSSF Increased Funding for Caseworker Visits, Chafee ILP and Chafee ETV. These grants provide funding for services to support and preserve families, protect children, promote adoption and guardianship, prevent child abuse and neglect, facilitate the transition of foster children to emancipated lifestyles and assist youth in the development of skills necessary to lead independent and productive lives.

IMPLEMENTATION DATE:
Each program within the CWS Consolidated Federal Grants has its own implementation date.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: W&IC sections 106909.3 and 16600 through 16604.5, PL 107-133 and Social Security Act section 477.
- The PSSF grant amount is estimated to be $33.0 million in FY 2017-18 and FY 2018-19.
- The PSSF Increased Funding for Caseworker Visits grant amount is estimated to be $2.1 million in FY 2017-18 and FY 2018-19.
- The state operations costs utilizing PSSF funds are $1.2 million annually.
- The Chafee ILP grant amount is estimated to be $17.0 million in FY 2017-18 and FY 2018-19.
- The state operations costs utilizing Chafee ILP funds are $1.6 million annually.
- The Chafee ILP grant hold-back amount for the California Youth Connection is $200,000 annually.
- The Statewide Cost Allocation Plan holdback is $45,296 in FY 2017-18 and FY 2018-19.
- The Chafee ETV grant amount is estimated to be $5.6 million in FY 2017-18 and FY 2018-19.
- The Budget Act of 2017 provides a $3.0 million GF augmentation to the Chafee ETV grant to serve additional youth.

METHODOLOGY:
The total federal costs are calculated by summing the federal grant awards, less state operations costs and grant hold-back amounts.

FUNDING:
Federal funding is provided by Title IV-B and Title IV-E of the Social Security Act. The grants require matching funds provided from a portion of 2011 Realignment. Funding is reflected as 100 percent federal funds because these grants use in-kind funds from the LRF as match funds.

CURRENT YEAR CHANGE FROM APPROPRIATION:
The increase is due to a technical adjustment, slightly offset by a Statewide Cost Allocation Plan holdback for the Chafee ILP grant.

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
CWS Consolidated Federal Grants*

REASON FOR YEAR-TO-YEAR CHANGE:
There is no change.

EXPENDITURES:
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FY 2017-18

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FY 2018-19

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Child Welfare Training Program*  

DESCRIPTION:  
This premise reflects the costs of providing a statewide coordinated training program designed specifically to meet the needs of county social workers assigned to ER, FM, FR, PP, and Adoption responsibilities. The Child Welfare Training Program includes training for other public agencies, including county probation departments, who provide child welfare case management services. The training is provided through various contracts entered into by CDSS with the California Social Work Education Center, UC Berkeley, and Judicial Resources and Technical Assistance, in addition to many others. The training includes crisis intervention, investigative techniques, rules of evidence, indicators of abuse and neglect, assessment criteria, intervention strategies, family-based services, legal requirements of child protection, indicators of mental health needs, case management, and the use of community resources.

IMPLEMENTATION DATE:  
This premise implemented on July 1, 1988. Regional training academies implemented in 1996.

KEY DATA/ASSUMPTIONS:  
- Authorizing statute: W&IC sections 16200 through 16215.
- In-kind match from university contributions is used to draw down a portion of the federal Title IV-E funds.
- The percent of federally eligible costs is 64 percent for the 58-county estimate in FY 2017-18 and FY 2018-19.
- A portion of the funding is associated with CCR efforts, including $2.0 million total funds in FY 2017-18 and FY 2018-19 for probation officer training.

METHODOLOGY:  
The estimate is based on contract costs.

FUNDING:  
Federal funding is provided by Title IV-E of the Social Security Act, with the amount of FFP based on 75 percent for direct training and curriculum development and 50 percent for administration costs associated with the training. Funding for non-federal costs is 100 percent GF, except for various contracts which utilize in-kind match from university contributions.

CURRENT YEAR CHANGE FROM APPROPRIATION:  
The increase reflects a display shift from moving training contracts associated with the CCR to the Child Welfare Training Program.

REASON FOR YEAR-TO-YEAR CHANGE:  
There is no change.

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
# Child Welfare Training Program*

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Pass-Through Title IV-E*

DESCRIPTION:
This premise reflects the pass-through of federal Title IV-E funds for eligible probation administrative costs, other public agencies’ administrative costs, Title IV-E University Stipend Program for social worker training, Judicial Council of California training costs for county counsel/court appointed special advocates, and Foster and Kinship Care Education Program costs.

The state has federal approval to pass-through Title IV-E administrative funds for county probation staff activities that are like the Title IV-E eligible tasks of county child welfare social workers. The federal funds are passed through to the county probation departments for federally eligible activities related to probation supervised cases in FC and for Title IV-E eligible training of probation staff completing case management activities on behalf of these children.

The federal government allows Title IV-E reimbursement for administrative activities associated with pre-placement prevention. Under current CDSS regulations and specified conditions, counties may pass-through Title IV-E funds to other public agencies, such as those responsible for education or mental health when they perform eligible administrative activities for children at risk of or currently placed in FC. This pass-through provision does not apply to similar activities performed by private non-profit organizations.

The Title IV-E University Stipend Program is a statewide training program to increase the number of social workers employed in CWDs with a Master of Social Work degree. This effort was initiated since regulations require at least 50 percent of a county’s staff who provide ER and FM services to possess either a Master of Social Work or equivalent degree. Currently, there are 20 schools of social work participating. The universities provide the in-kind match.

The Judicial Council of California coordinates and oversees training via a contract with statewide and local training providers who provide short-term training to enhance social workers, court appointed special advocates, and county counsel’s understanding of the judicial determination process and necessary court findings on behalf of children in FC.

The Foster and Kinship Care Education Program is conducted through community colleges in consultation with CDSS and key state foster and caregiver associations. The CCC Proposition 98 funds are used as matching funds to draw down federal Title IV-E funds for the provision of education and training to foster parents and kinship care providers.

IMPLEMENTATION DATES:

KEY DATA/ASSUMPTIONS:
- Authorizing statute: W&IC section 16003.
- The FY 2017-18 funding is maintained at $2.5 million GF; the remaining assumptions are for estimating the FY 2018-19 funding.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Pass-Through Title IV-E*

KEY DATA/ASSUMPTIONS (CONTINUED):

- The probation administrative pass-through costs are $14.2 million based on 51-county actual expenditures from FY 2016-17.
- The other public agencies’ administrative pass-through funds are $0.7 million, based on the 51-county actual expenditures from FY 2016-17.
- The Title IV-E University Stipend Program contract costs are $37.8 million federal funds.
- The Judicial Council of California training contract is $0.8 million.
- The federal portion of the Foster and Kinship Care Education Program contract is $4.7 million.
- The 58-county estimated contract costs are 64 percent federally eligible.
- Effective October 1, 2017, there are seven counties participating in the Project.

METHODOLOGY:

The Title IV-E total pass-through costs are calculated by summing the eligible costs for probation administration, other public agencies’ administration, Title IV-E University Stipend Program, Administrative Office of the Courts training, and Foster and Kinship Care Education Program.

FUNDING:

Federal funding is provided by Title IV-E of the Social Security Act. For non-contract costs, the Project counties do not receive FFP as the federal funds for the Project are capped, however, the Project counties do receive federal Pass-Through funds, as they are included within the capped allocation. For the Title IV-E University Stipend Program, a portion of indirect costs are funded with GF.

CURRENT YEAR CHANGE FROM APPROPRIATION:

There is no change.

REASON FOR YEAR-TO-YEAR CHANGE:

The decrease reflects a reduction in Probation expenditures, Public Agencies expenditures, and the California Social Work Education Center Title IV-E Stipend Program contract.

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## Pass-Through Title IV-E*

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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
CWS/CMS Ongoing Maintenance and Operations*

DESCRIPTION:
This premise reflects the costs related to the ongoing and administrative support of the CWS/CMS. As mandated by W&IC section 16501.5, the CWS/CMS provides a comprehensive database, case management tool, and reporting system for the CWS program. It contains both current and historical information for all children statewide in ER, FM, FR, PP, and Adoptions and provides foster care reports mandated by sponsoring and funding agencies. The CWS/CMS provides: (1) immediate statewide data on referrals for children at risk of abuse, neglect, or exploitation; (2) immediate case status and case tracking for children and families; (3) necessary information and forms required to determine eligibility for the AFDC-FC Program; (4) tracking of all placement activities for children in FC; and (5) issuance of the appropriate NOA messages, court reports, and service plans. The system also produces all required state and federal reports. State level project management for CWS/CMS is provided by OSI, who administers the projects under an interagency agreement with CDSS.

IMPLEMENTATION DATE:
This premise became effective in FY 1995-96.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: W&IC section 16501.5.
- Costs represent ongoing M&O associated with support and oversight of the CWS/CMS.
- Costs include the wide-area network and infrastructure hosting services provided by the state data center, OSI administrative support and vendor costs related to contracted application, and technical architecture support services.

METHODOLOGY:
The total costs are based on the CWS/CMS M&O plan and subsequent adjustments.

FUNDING:
The cost allocation is based on the CDSS Operational Cost Allocation Plan approved by the DHHS, Division of Cost Allocation. Project related TANF funds are identified in the “Additional TANF/MOE Expenditures in CDSS” section of the TANF detail table.

CURRENT YEAR CHANGE FROM APPROPRIATION:
The net increase reflects budget adjustments and growth in facility costs consistent with the Child Welfare Digital Services' Budget Change Proposal.

REASON FOR YEAR-TO-YEAR CHANGE:
There is no change.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
CWS/CMS Ongoing Maintenance and Operations*

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<td>CWS/CMS M&amp;O</td>
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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Child Welfare Digital Services*

DESCRIPTION:
This premise reflects the costs associated with the development and implementation of the CWDS New System, which will replace the CWS/CMS. A multi-agency collaborative service approach supported by a comprehensive case management system is required to effectively protect California’s at-risk children and preserve families. The CWDS New System must provide data exchanges with other systems, support evolving mobile computing devices, and have enhanced operational functionality to meet CWS technical and business needs.

IMPLEMENTATION DATE:
This premise implemented in July 2013.

KEY DATA/ASSUMPTIONS:
• Authorizing statute: W&IC section 16501.5.
• Costs presented are associated with the support and oversight of the CWDS New System.

METHODOLOGY:
Costs are based on the staffing, consultant services, operating expenses, and equipment support of the CWDS New System.

FUNDING:
The funding is 50 percent Title IV-E and 50 percent GF.

CURRENT YEAR CHANGE FROM APPROPRIATION:
The increase reflects Budget Letter Adjustments.

REASON FOR YEAR-TO-YEAR CHANGE:
The decrease reflects a revised spending plan.

EXPENDITURES:
(in 000s)

<table>
<thead>
<tr>
<th>Item 151 – CWS Administration</th>
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<th>State</th>
<th>County</th>
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<tr>
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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
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* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
**County Children’s Trust Funds**

**DESCRIPTION:**
This premise reflects funding for community child abuse prevention activities generated through the Department of Motor Vehicles’ “Have a Heart, Be a Star, Help our Kids” license plate program. Fees from this program are distributed into the state’s Child Health and Safety Fund and accessed by counties through each of the 58 County Children’s Trust Funds.

**IMPLEMENTATION DATE:**
This premise implemented in FY 1992-93.

**KEY DATA/ASSUMPTIONS:**
- Up to 25.0 percent of the actual license plate revenue may be used for child abuse prevention. County Children’s Trust Funds receive 22.5 percent of the actual license plate revenue; the remaining 2.5 percent is reflected in the State Children’s Trust Fund Program premise.
- The FY 2015-16 actual revenues are used to estimate the funds available in FY 2017-18 and FY 2016-17 actual revenues are used to estimate the funds available in FY 2018-19.
- The actual revenue was $3,948,000 for FY 2015-16 and $3,856,465 for FY 2016-17.

**METHODOLOGY:**
The total funds available are calculated by multiplying the actual license plate revenue by the percent of that revenue received by the County Children’s Trust Funds.

**FUNDING:**
The funding is 100 percent GF.

**CURRENT YEAR CHANGE FROM APPROPRIATION:**
There is no change.

**REASON FOR YEAR-TO-YEAR CHANGE:**
The decrease reflects a decline in license plate revenue.

**EXPENDITURES:**
(in 000s)

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<tr>
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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
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* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
CWS Program Improvement Fund*

DESCRIPTION:
This premise reflects donated grants, gifts, or bequests made to the state from private sources to the CWS Program Improvement Fund. This fund enhances the state’s ability to provide a comprehensive system of support to promote positive outcomes for children and families.

IMPLEMENTATION DATE:
This premise implemented on January 1, 2005.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: W&IC section 16524.
- The FY 2017-18 funding is maintained at $4.0 million GF
- The expected donations in FY 2018-19 of $4.0 million GF will be used to provide training.
- The percent of federally eligible costs is 64 percent in FY 2018-19 for the 58-county estimate, with the amount of FFP based on the 75 percent enhanced training rate for those cases meeting federal eligibility criteria.

METHODOLOGY:
The total costs are calculated by summing the expected donations with the amount of FFP.

FUNDING:
Donated funds are 100 percent GF, payable from the CWS Program Improvement Fund. Federal funding is provided by Title IV-E of the Social Security Act, with the amount of FFP based on the 75 percent enhanced training rate for those cases meeting federal eligibility criteria.

CURRENT YEAR CHANGE FROM APPROPRIATION:
There is no change.

REASON FOR YEAR-TO-YEAR CHANGE:
The decrease reflects a reduction in the percent of federally eligible costs.

EXPENDITURES:
(in 000s)

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<th>Item 151 – CWS Administration</th>
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* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
Child Near Fatality and Fatality Reporting*

DESCRIPTION:
This premise reflects the additional costs associated with county social workers to compile and publish reports and disclose information on all child fatalities and child near fatalities caused by suspected child abuse or neglect as required by federal CAPTA. This includes costs to bring California into compliance with federally mandated child fatality and near fatality reporting and disclosure requirements. For additional funding information on child fatalities, refer to the 2011 May Revision Local Assistance binder.

IMPLEMENTATION DATE:
This premise implemented on January 1, 2017.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: CAPTA section 106(b)(2)(B)(x), PL 111-320, and W&IC sections 10850.45 and 10850.4.
- The FY 2017-18 funding is maintained at $317,000 GF.
- The FY 2018-19 projected number of near fatalities is 104 incidents statewide. Of those, approximately 49 cases are projected to occur in the Title IV-E California Well-Being Project counties.
- Each child near fatality report and disclosure takes 74 hours of social worker time to complete.
- The FY 2018-19 projected number of fatalities is 135 cases statewide, based on SOC 826 forms submitted to CDSS. Of those cases, 64 cases are projected to occur in the Title IV-E California Well-Being Project counties.
- Each child fatality report and disclosure takes an additional 10 hours of social worker time to complete.
- The social worker cost per hour is $72.60.
- The percent of federally eligible costs is 67 percent in FY 2018-19 for the non-Project estimate. The Title IV-E California Well-Being Project counties do not receive FFP as the federal funds for the Project are capped.
- Effective October 1, 2017, there are seven counties participating in the Project.

METHODOLOGY:
- The cost of near fatality reporting is calculated by multiplying the projected number of near fatality cases by the social worker time necessary to complete each report and disclosure, then multiplied by the hourly social worker cost.
- The cost of fatality disclosures is calculated by multiplying the projected number of fatality cases by the additional social worker time for each report and disclosure, then multiplied by the hourly social worker cost.
- The total cost is the sum of near fatality reporting and fatality disclosure expenditures.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
**Child Near Fatality and Fatality Reporting**

**FUNDING:**
Federal funding for the non-Project counties is provided by Title IV-E of the Social Security Act, with the amount of FFP based on the 50 percent administration rate for those cases meeting federal eligibility criteria.

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

**CURRENT YEAR CHANGE FROM APPROPRIATION:**
There is no change.

**REASON FOR YEAR-TO-YEAR CHANGE:**
The decrease reflects a decline in the projected caseload, and a decline in the percent of federally eligible costs.

**EXPENDITURES:**
(in 000s)

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**FY 2018-19**

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* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
CWS Case Record Reviews*

DESCRIPTION:
This premise reflects funding for federally mandated activities for California Child and Family Services Reviews. As outlined in the August 27, 2012 federal ACF Children’s Bureau Information Memorandum 12-07, funds are needed to comply with federal requirements for a state Continuous Quality Improvement system. In addition, a method for conducting ongoing case reviews to measure the quality of casework provided by CWDs is needed. In the absence of Case Record Reviews, California’s Continuous Quality Improvement system does not contain the ability to assess this required activity.

Like the existing federal Child and Family Services Review process, the additional CWS case record reviews include an extensive hardcopy and online review process and in-depth interviews for individuals involved in the case plan for each case selected to undergo review. The reviews include interviews with children, parents, social workers, foster parents, and service providers to examine the quality of social service delivery and ensure that social service requirements are being met. Each CWD and county probation department perform reviews on an ongoing basis, at least monthly for child welfare and at least quarterly for probation. The sample size must be representative of the entire continuum of CWS from the ER hotline to post permanency. The review findings are to be aggregated, analyzed, and summarized for inclusion in the County Self-Assessment or System Improvement Plan. In addition, the findings will contribute to tracking performance for the Federal Child and Family Services Program Improvement Plan.

IMPLEMENTATION DATE:
This premise implemented on July 1, 2014.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: W&IC section 10601.2.
- The FY 2017-18 funding is maintained at $6.8 million GF.
- The FY 2018-19 projected FTEs to complete case record reviews are 155 statewide. Of those, the Title IV-E California Well-Being Project counties will have 29 FTEs.
- The statewide annual unit cost is $129,074 per FTE.
- The percent of federally eligible costs is 67 percent in FY 2018-19 for the non-Project estimate. The Title IV-E California Well-Being Project counties do not receive FFP as the federal funds for the Project are capped.
- Effective October 1, 2017, there are seven counties participating in the Project.

METHODOLOGY:
The total cost of case record reviews is calculated by multiplying the number of FTEs for each county by the annual unit cost.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
CWS Case Record Reviews*

FUNDING:
Federal funding for the non-Project counties is provided by Title IV-E of the Social Security Act, with the amount of FFP based on the 50 percent administration rate for those cases meeting federal eligibility criteria.

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

CURRENT YEAR CHANGE FROM APPROPRIATION:
There is no net change. The Item 153 decrease and corresponding increase in Item 151 reflects fewer counties participating in the Project.

REASON FOR YEAR-TO-YEAR CHANGE:
The Item 151 GF increase and Item 153 GF decrease reflects fewer counties participating in the Project. The federal funds decrease reflects a decline in the percent of federally eligible costs.

EXPENDITURES:
(in 000s)

<table>
<thead>
<tr>
<th>Item 151 – CWS Administration</th>
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<th>State</th>
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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Services to Commercially Sexually Exploited Children (CSEC)*

DESCRIPTION:
This premise reflects the funding for prevention, intervention, services, and training for the state and federal CSEC Program. California has a significant CSEC population and many of the children being subjected to commercial sexual exploitation are in FC or runaway status from FC.

Funding is provided for counties to complete federally required CSEC activities from the Preventing Sex Trafficking and Strengthening Families Act (PL 113-183) and for state CSEC program activities. The PL 113-183 requires child welfare agencies to do the following: 1) develop and implement CSEC policies and procedures; 2) develop and implement protocols for missing/runaway foster youth; 3) notify law enforcement of CSEC and missing/runaway foster youth; 4) input CSEC data into CWS/CMS; 5) train social workers on CSEC; and 6) identify, document, and determine appropriate services for children in FC who are victims or at risk of becoming victims of child sex trafficking.

Counties that elected to participate in state CSEC activities received funding for specialized services for the CSEC population.

IMPLEMENTATION DATE:
This premise implemented on July 1, 2015.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: W&IC sections 16524.7 through 16524.10 and PL 113-183.
- Funding for the state and federal CSEC programs is $19.0 million GF annually.

Federal CSEC
- The FY 2017-18 funding for the federal CSEC requirement is maintained at $1.7 million GF.
- Funding for the completion of the federal CSEC requirements is $1.8 million GF in FY 2018-19.
- The statewide annual cost is $129,074 per social worker FTE.
- In FY 2018-19, it is assumed 0.25 FTE per county is required for the maintenance of both CSEC and missing/runaway youth policies and procedures.
- The social worker cost per hour is $72.60.
- The projected number of newly identified CSEC cases statewide is 10,856 in FY 2018-19 and will require one hour of social worker time per case to notify law enforcement and the National Center for Missing and Exploited Children of incidents involving CSEC youth within 24 hours of the incident.
- The projected number of youth at risk of becoming CSEC statewide is 5,000 for FY 2018-19.
- Thirty minutes of social worker time is required per case, for youth at risk of becoming CSEC, to collect and input federally required data elements into CWS/CMS. Additionally, two hours of social worker time is required to complete screenings with these youths.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Services to Commercially Sexually Exploited Children (CSEC)

KEY DATA/ASSUMPTIONS (CONTINUED):

Federal CSEC (continued)

- The projected number of cases being identified as CSEC cases after screening at-risk youth statewide is 4,000 for FY 2018-19 and will require six hours of social worker time per case to determine appropriate services for newly identified CSEC youth.
- The percent of federally eligible costs is 67 percent in FY 2018-19 for the non-Project estimate. The Title IV-E California Well-Being Project counties do not receive FFP as the federal funds for the Project are capped.
- Effective October 1, 2017, there are seven counties participating in the Project.

State CSEC

- The FY 2017-18 funding for the state CSEC program is maintained at $16.3 million GF.
- Funding for the completion of the state CSEC program, which is not eligible for FFP, is $16.2 million GF in FY 2018-19.
- Thirty-eight counties will elect to participate in the state program in FY 2018-19.
- The state operations cost is $215,000.

Training and Grants

- The FY 2017-18 funding for training and grants is maintained at $800,000 GF.
- Funding for training programs for child protective services staff is $830,000 GF in FY 2018-19.
- Funding from federal grants is $410,000 federal funds in FY 2018-19 for addressing child trafficking and for providing CSEC resources to counties.

METHODOLOGY:

Federal CSEC

- The number of FTEs necessary to develop and implement policies and procedures for both CSEC and runaways is multiplied by the number of counties.
- The time required to notify law enforcement of incidents involving CSEC youth is multiplied by the projected number of newly identified CSEC cases statewide and by the social worker rate.
- The time required to collect and input federally required data elements plus the time required to complete screenings is multiplied by the number of youth at risk of becoming CSEC and by the social worker rate.
- The time required to determine appropriate services is multiplied by the number CSEC cases identified after screening at-risk youth and by the social worker rate.

State CSEC

- The total costs are the remaining GF, less the federal CSEC program and training costs.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Services to Commercially Sexually Exploited Children (CSEC)*

FUNDING:

Federal CSEC
For administrative activities, federal funding for all 58 counties is provided by Title IV-E of the Social Security Act, with the amount of FFP based on the 50 percent administration rate for those cases meeting federal eligibility criteria.

The responsibility for child welfare and protective services was realigned to the counties in 2011 as part of 2011 Public Safety Realignment. Pursuant to Proposition 30, subsequent changes in federal statutes or regulations that alter the conditions under which federal matching funds as described in 2011 Realignment legislation are obtained. The overall effect of increasing the costs incurred by a local agency, require the state to annually fund 50 percent of the non-federal share of these costs as determined by the state. Therefore, funding for the remaining non-federal costs for all 58 counties is 50 percent GF and 50 percent county.

State CSEC
The GF used for services in the state optional CSEC program is not eligible for FFP. Therefore, the state CSEC program funding is 100 percent GF.

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

Training and Grants
For the training programs, federal funding is provided by Title IV-E of the Social Security Act, with the amount of FFP based on the 75 percent enhanced training rate for those cases meeting federal eligibility criteria. Funding for the non-federal costs for all 58 counties is 100 percent GF. For the federal grants, funding is 100 percent federal funds.

CURRENT YEAR CHANGE FROM APPROPRIATION:
There is no change.

REASON FOR YEAR-TO-YEAR CHANGE:
There is no net change in GF. The Item 151 GF increase and Item 153 GF decrease reflects fewer counties participating in the Project. The county funds increase reflects revised social worker time for federal CSEC activities. The federal funds increase reflects revised training costs and increased social worker time for federal CSEC activities.

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
## Services to Commercially Sexually Exploited Children (CSEC)*

**EXPENDITURES:**
*(in 000s)*

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<th>Item 151 – CWS Administration</th>
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| Total                         | $24,910 | $4,428 | $18,785 | $1,697 | $0     |

**FY 2017-18**

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| Total                         | $28,171 | $7,591 | $18,785 | $1,795 | $0     |

**FY 2018-19**

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
After 18 Terminated Guardianship and Adoption*

DESCRIPTION:
This premise reflects the costs associated with expanding the categories of eligible non-minors who can return to FC. Non-minors who are under the age of 21 and who received aid after attaining 18 years of age under Kin-GAP, Fed-GAP or AAP may petition the court for a hearing to determine whether they are eligible and able to return to FC.

If re-entry and remaining in FC are in the non-minor’s best interest, the court can assume dependency jurisdiction over the non-minor and order placement and care responsibility with the child welfare agency.

To qualify, a youth must be either a non-minor former dependent who received aid after attaining 18 years of age under the state or federal Kin-GAP Program and whose former guardian(s) no longer provide ongoing support to, and no longer receive aid on behalf of, the non-minor; or a non-minor dependent who received AAP after attaining 18 years of age and whose adoptive parent(s) no longer provide ongoing support to, and no longer receive aid on behalf of, the non-minor.

IMPLEMENTATION DATE:
This premise implemented on July 1, 2015.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: W&IC sections 388.1, 11400, 11401, and 11403.
- The FY 2017-18 funding is maintained at $85,000 GF.
- Funding for this premise reflects the After 18 Program administrative costs, including basic staffing, child relationships, increased funding for social worker visits, health oversight and coordination, criminal background checks, personalized transition plans, and foster youth identity theft. For more information on these realigned components, please refer to the 2011 May Revision Local Assistance Estimates binder.
- Three percent of the Kin-GAP, Fed-GAP, and AAP cases aged 18 to 21 will re-enter FC, resulting in 22 cases for FY 2018-19.
- The social worker cost per hour is $72.60.
- The percent of federally eligible costs is 64 percent for the 58-county estimate.

METHODOLOGY:
The total cost is calculated by summing the administrative components.

FUNDING:
Federal funding is provided by Title IV-E of the Social Security Act, with the amount of FFP based on the 50 percent administrative rate for those cases and programs meeting federal eligibility criteria.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
**After 18 Terminated Guardianship and Adoption**

**FUNDING (CONTINUED):**

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

**CURRENT YEAR CHANGE FROM APPROPRIATION:**

There is no change.

**REASON FOR YEAR-TO-YEAR CHANGE:**

The GF increase reflects a change in the percent of federally eligible costs.

**EXPENDITURES:**

(in 000s)

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* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
Sibling Visitations*

DESCRIPTION:
This premise reflects the costs associated with the state mandated sibling visitations for children who are wards of the juvenile court. The statute requires county child welfare social workers and probation officers to provide additional detailed information in court reports regarding sibling visitations for children in FC. Caseworker court reports must include: 1) whether visits between siblings not placed together are supervised or unsupervised; 2) the reason(s) for any supervision; 3) what needs to be accomplished to have unsupervised visitation; 4) the length and location of the visits; and 5) any plan to increase visitation between the siblings.

Caseworkers will also be required to assess sibling relationships between dependent and non-dependent siblings. Dependent siblings may petition the court to assert a relationship and request visitation with a non-dependent sibling residing with a common legal or biological parent.

IMPLEMENTATION DATE:
This premise implemented on July 1, 2015.

KEY DATA/ASSUMPTIONS:
- The FY 2017-18 funding is maintained at $6.6 million GF.
- There are 16,027 cases in FY 2018-19 that have only dependent siblings.
- There are 12,800 cases in FY 2018-19 that have only non-dependent siblings.
- There are 6,586 cases in FY 2018-19 that have both dependent and non-dependent siblings.
- The caseworker cost per hour is $72.60.
- One hour of caseworker time is required to complete the additional documentation required for cases with only dependent siblings to describe the frequency and nature of sibling visits.
- Six hours of caseworker time is required to compile and document the additional information that needs to be included in social study and evaluation reports and presented at status review hearings for cases with only non-dependent siblings and cases with both dependent siblings and non-dependent siblings.
- The percent of federally eligible costs is 67 percent in FY 2018-19 for the non-Project estimate. The Title IV-E California Well-Being Project counties do not receive FFP as the federal funds for the Project are capped.
- Effective October 1, 2017, there are seven counties participating in the Project.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Sibling Visitations*

**METHODOLOGY:**
The administrative costs for dependent and non-dependent siblings are calculated by multiplying the applicable cases by the caseworker time, and by the hourly caseworker rate. The total costs are calculated by summing the costs associated with dependent siblings and/or non-dependent siblings.

**FUNDING:**
Federal funding for the non-Project counties is provided by Title IV-E of the Social Security Act, with the amount of FFP based on the 50 percent administration rate for those cases meeting federal eligibility criteria.

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

**CURRENT YEAR CHANGE FROM APPROPRIATION:**
The Item 151 GF increase and Item 153 GF decrease reflects fewer counties participating in the Project. The federal funds decrease reflects a decline in the percent of federally eligible costs.

**REASON FOR YEAR-TO-YEAR CHANGE:**
The decrease reflects a decline in the projected caseload, and a decline in the percent of federally eligible costs.

**EXPENDITURES:**
(in 000s)

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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
### Sibling Visitations*

**EXPENDITURES (CONTINUED):**

(in 000s)

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* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
**Interagency Child Abuse and Neglect Reporting**

**DESCRIPTION:**
This premise reflects funding for the county share of costs for child abuse and neglect reporting activities determined to be a state mandate. Starting in 1980, there have been multiple changes to statutes under the Child Abuse and Neglect Reporting Act requiring child protection and law enforcement agencies to submit information on perpetrators of substantiated instances of child abuse or neglect to DOJ, and for cross-reporting to other agencies. Some of the changes included the submittal of a new Interagency Child Abuse and Neglect report form to DOJ for the continuance of cross reporting to other agencies. Funding for these reporting requirements was provided to counties, with a required county share. A test claim was filed in 2001 with the Commission on State Mandates, alleging that reporting provisions of the Child Abuse and Neglect Reporting Act constituted an unfunded state mandate for local law enforcement, child welfare and probation agencies. The Commission on State Mandates found in favor of the claimant agency by determining there were additional requirements that constituted a state mandate. Eligible claimants (county welfare and probation departments) were required to file initial reimbursement claims by July 15, 2014, for costs incurred between July 1, 1999, and June 30, 2013.

**IMPLEMENTATION DATE:**
This premise implemented on July 1, 2015.

**KEY DATA/ASSUMPTIONS:**
- Authorizing statute: Penal Code section 11164.
- The Interagency Child Abuse and Neglect Reporting funding amount is $4.0 million annually.
- Counties will receive funding unless they choose to opt-out.
- Counties that do not opt-out are not eligible to file any additional mandate claims for the FY.

**METHODOLOGY:**
The costs reflect the ongoing Interagency Child Abuse and Neglect Reporting funding amount for claims submitted by the CWDs and county probation departments for the county share of costs.

**FUNDING:**
The funding is 100 percent GF.

**CURRENT YEAR CHANGE FROM APPROPRIATION:**
There is no change.

**REASON FOR YEAR-TO-YEAR CHANGE:**
There is no change.

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
### Interagency Child Abuse and Neglect Reporting*

#### EXPENDITURES:
(in 000s)

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**FY 2017-18**

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**FY 2018-19**

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
**Strengthening Families Act**

**DESCRIPTION:**

This premise reflects costs associated with the federal Preventing Sex Trafficking and Strengthening Families Act (PL 113-183). The Act requires additional administrative activities consisting of six components. There are seven components to PL 113-183, six of which are included in this premise. The seventh component, CSEC, is included in the Services to CSEC premise. The six components are as follows:

**Another Planned Permanent Living Arrangement**

This component is a PP option for long-term foster youth who do not reunify with their family, are not adopted or do not enter guardianship. The Act limits the availability of this option to those children who are 16 years of age or older and requires states to document to the court procedures related to the distribution of child support collected for youth with Another Planned Permanent Living Arrangement permanency plan.

**Case Plans**

The Act extends successor guardian and transition plan requirements under Chafee ILP by requiring youth to be involved in the development of, or changes to their case plans. Specifically, social workers must consult with youth in developing the case plan and give youth the opportunity to choose two members of their case planning team who are not the social worker or foster parent. Social workers must also explain rights to youth in a developmentally-appropriate manner and obtain signed acknowledgement that the youth understand their rights. Additionally, the Act requires credit report checks for foster youth aged 14 and 15 each year until the youth is discharged from care. The foster youth receives assistance in interpreting and resolving any inaccuracies in the report.

**Reasonable and Prudent Parent Standard**

The Act defines a “reasonable and prudent parent standard” and mandates that a caregiver must use the reasonable and prudent parent standard when determining whether to allow a child to participate in extracurricular, enrichment, cultural and social activities. The Act also requires documentation of the steps the state has taken to ensure the child’s foster family home or child care institution is following the reasonable and prudent parent standard.

**Notification of Relatives**

The Act modifies current requirements for relative notification to include notifying parents of the dependent child’s sibling. The relative notification must include the birth or adoptive parents of a dependent child’s sibling, in addition to the adult relatives who must be identified and notified when a child is removed from his or her home. Counties must provide all located relatives with written and oral notification unless notification is inappropriate.

**Pregnant Minors and Non-Minor Dependents**

The Act also requires counties to collect and input complete and accurate data on pregnant minors and non-minor dependents. This collection of information is done through the state’s CWS/CMS.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Strengthening Families Act*

DESCRIPTION (CONTINUED):

The Adoptions and Legal Guardianship Incentive Payments Program

The Program recognizes improved performance in both adoptions and legal guardianship outcomes for children in foster care. Incentives may be earned in four categories: 1) foster child adoptions; 2) foster child legal guardianships; 3) pre-adolescent foster child adoptions and legal guardianships (ages 9 to 13); and 4) older child adoptions and legal guardianships (age 14 and older).

IMPLEMENTATION DATE:

This premise implemented on July 1, 2015.

KEY DATA/ASSUMPTIONS:

- Authorizing statute: PL 113-183 and W&IC sections 16131, 16131.45, and 16131.5.
- The FY 2017-18 funding is maintained at $4.1 million GF.
- The social worker cost per hour is $72.60.
- The percent of federally eligible costs is 67 percent in FY 2018-19 for the non-Project estimate. The Title IV-E California Well-Being Project counties do not receive FFP as the federal funds for the Project are capped.
- Effective October 1, 2017, there are seven counties participating in the Project.

Another Planned Permanent Living Arrangement

- The projected number of long-term FC cases under age 16 is 5,129 statewide for FY 2018-19.
- Seven hours of additional social worker time is required per case per year to actively work towards guardianship and adoption case plan goals for all children under the age of 16 who can no longer have a permanent case plan goal of Another Planned Permanent Living Arrangement.
- The projected number of long-term FC cases aged 16 to 21 is 11,409 statewide for FY 2018-19.
- Seven hours of additional social worker time is required per case per year for court documentation of youth in Another Planned Permanent Living Arrangement placements aged 16 to 21 and towards the additional time required for activities regarding efforts to place these youths permanently with a parent, relative, guardianship, or adoptive placement.

Case Plans

- The projected number of CWS and probation youth aged 14 to 15 is 5,544 in FY 2018-19.
- One hour and 15 minutes of additional social worker time is required per case per year to involve youth and non-minor dependents in the development of or changes to their case plans/transition plans.
- Approximately 20 percent of CWS and probation aged 14 and 15 will have a credit report.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Strengthening Families Act*

KEY DATA/ASSUMPTIONS (CONTINUED):

Case Plans (continued)

- One hour of additional social worker time is required per case per year to follow-up with youth that have a credit report and clear up inaccuracies.

Reasonable and Prudent Parent Standard

- The projected number of CWS and probation cases is 122,157 statewide for FY 2018-19.
- Fifteen minutes of social worker time is required per case per year for increased documentation regarding the Reasonable and Prudent Parent Standard.

Notification of Relatives

- The projected number of CWS and probation youth that have a non-dependent sibling is 19,386 statewide for FY 2018-19. Of those, each youth will have two non-dependent siblings in a two-parent household.
- Fifteen minutes of social worker time is required per case per year to provide oral and written notification to the birth or adoptive parents of a non-dependent sibling to a child in FC regarding that child’s removal. The social worker is required to identify and locate all relatives including adult relatives suggested by the dependent child’s parent/family to prepare and provide (call and mail) the notice.

Pregnant Minors and Non-Minor Dependents

- The projected number of female CWS and probation cases aged 13 to 21 years old is 12,396 statewide for FY 2018-19. Of those cases, 1,289 are projected to be pregnant in FY 2018-19.
- Thirty minutes of social worker time is required per case per year to collect and input federally-required data elements into CWS/CMS.

The Adoptions and Legal Guardianship Incentive Payments Program

- The Adoptions and Guardianship Incentive federal grant is $5.2 million in FY 2018-19.

FUNDING:

Federal funding for the non-Project counties is provided by Title IV-E of the Social Security Act, with the amount of FFP based on the 50 percent administration rate for those cases meeting federal eligibility criteria. The Adoptions and Legal Guardianship Incentive Payment is provided by the Adoptions and Guardianship Incentive Grant, which is 100 percent federally funded.

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

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
**Strengthening Families Act**

**CURRENT YEAR CHANGE FROM APPROPRIATION:**

There is no net change in GF. The Item 151 GF increase and Item 153 GF decrease reflects fewer counties participating in the Project. The federal funds increase reflects an updated amount for the Adoptions and Legal Guardianship Incentive grant.

**REASON FOR YEAR-TO-YEAR CHANGE:**

The Item 151 GF increase and Item 153 GF decrease reflects fewer counties participating in the Project. The federal funds decrease reflects a decline in the percent of federally eligible costs.

**EXPENDITURES:**

(in 000s)

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* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
Family Reunification (FR) Extension for Dependent Parents*

DESCRIPTION:
This premise provides funding to extend FR services from 18 months up to 24 months. Extension of FR is dependent on a minor parent or non-minor dependent parent making substantial progress on their court ordered FR plan and the courts determining that extending FR is in the best interests of the minor parent’s or non-minor dependent parent’s child.

IMPLEMENTATION DATE:
This premise implemented on January 1, 2017.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: W&IC sections 366.21 and 366.22.
- The FY 2017-18 funding is maintained at $70,000 GF.
- The projected average monthly caseload that will be eligible to receive an additional six months of FR services is 33 cases in FY 2018-19.
- All cases that are eligible to receive FR beyond 18 months will utilize all six months of additional FR services.
- Twelve children in FY 2018-19 will be reunified with their minor parent or non-minor dependent parent after receiving extended FR from 18 months to 24 months and will not require an ongoing PP.
- Twenty-one children in FY 2018-19 will not be reunified with their minor parent or non-minor dependent parent after receiving extended FR from 18 months to 24 months and will require an ongoing PP.
- The projected monthly administrative cost per case for the 58-county estimate is $817 for FR cases FY 2018-19.
- The projected monthly administrative cost per case for the 58-county estimate is $409 for PP cases in FY 2018-19.
- The percent of federally eligible costs is 67 percent in FY 2018-19 for the non-Project estimate. The Title IV-E California Well-Being Project counties do not receive FFP as the federal funds for the Project are capped.
- Effective October 1, 2017, there are seven counties participating in the Project.

METHODOLOGY:
The net costs are calculated by multiplying the projected number of children who are not reunified with their minor parent or non-minor dependent parent by the monthly difference between the FR and PP costs per case. This cost is annualized to obtain the FY impact.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Family Reunification (FR) Extension for Dependent Parents*

**FUNDING:**

Federal funding is provided by Title IV-E of the Social Security Act, with the amount of FFP based on the 50 percent administrative rate for those cases and programs meeting federal eligibility criteria.

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

**CURRENT YEAR CHANGE FROM APPROPRIATION:**

There is no net change. The Item 153 decrease and corresponding increase in Item 151 reflects fewer counties participating in the Project.

**REASON FOR YEAR-TO-YEAR CHANGE:**

The Item 151 decrease reflects a reduction in the FR and PP administrative cost per case, offset by fewer counties participating in the Project. The Item 153 increase reflects an increase in the FR and PP administrative cost per case, offset by fewer counties participating in the Project.

**EXPENDITURES:**

(in 000s)

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**FY 2018-19**

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* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
Indian Child Welfare Act Compliance*  

**DESCRIPTION:**  
This premise provides one-time funding for Live Scan machines for tribes to conduct criminal background checks to establish a pool of tribally approved foster homes. Increasing the number of tribal foster homes available will improve California’s compliance with SB 1460 (Chapter 772, Statutes of 2014) and the Indian Child Welfare Act, which requires keeping tribal children within their tribal community.

**IMPLEMENTATION DATE:**  
This premise implemented on July 1, 2016.

**KEY DATA/ASSUMPTIONS:**  
- Authorizing statute: W&IC sections 381, 827.15 and 10553.12; PL 95-608.
- The Budget Act of 2016 provided one-time funding of $226,000 GF.
- Unspent funding from FY 2016-17 can be utilized in FY 2017-18, as allowed by the Budget Act of 2017.

**METHODOLOGY:**  
Total funding is the amount appropriated in the Budget Act of 2016.

**FUNDING:**  
This premise is funded 100 percent GF.

**CURRENT YEAR CHANGE FROM APPROPRIATION:**  
There is no change.

**REASON FOR YEAR-TO-YEAR CHANGE:**  
There is no change.

**EXPENDITURES:**  
(in 000s)  

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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
 Bringing Families Home*

**DESCRIPTION:**
This premise reflects funding for the optional Bringing Families Home Program in which participating counties will provide housing-related supports to eligible families served by the child welfare agency to support prevention of FC placement or FR of homeless families in the child welfare system.

**IMPLEMENTATION DATE:**
This premise implemented on July 1, 2016.

**KEY DATA/ASSUMPTIONS:**
- Authorizing statute: W&IC sections 16523 and 16523.1.
- The Budget Act of 2016 provided one-time funding of $10 million GF.
- Funding can be utilized during the three-year project period, which will end on June 30, 2019.
- Counties must opt-in to receive funding.
- Counties that receive these funds will match the funding on a dollar-for-dollar basis.
- The state operations cost for Bringing Families Home is $102,000 annually.
- Counties expended $3,000 in FY 2016-17.

**METHODOLOGY:**
Total funding available is the amount appropriated in the Budget Act of 2016, less the state operations costs, and less expended funds.

**FUNDING:**
The funding is 100 percent GF, but requires a county dollar-for-dollar match to utilize funding.

**CURRENT YEAR CHANGE FROM APPROPRIATION:**
The increase reflects a non-add line display of remaining funds.

**REASON FOR YEAR-TO-YEAR CHANGE:**
The decrease reflects the expenditures that are available in current year.

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
### Bringing Families Home*

**EXPENDITURES:**
(in 000s)

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* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
**Medi-Cal Verification Documentation**

**DESCRIPTION:**
This premise reflects funding to ensure foster youth, who exit from foster care, are notified prior to their 18th birthday that they continue to receive Medi-Cal health coverage up to age 26. The county would be required to provide written verification to an eligible non-minor that he or she is enrolled in Medi-Cal prior to the court terminating dependency jurisdiction over the non-minor. The county would also be required to provide the eligible non-minor with his or her Medi-Cal Benefits Identification Card and ensure the eligible non-minor is transitioned into the Medi-Cal program upon case closure without interruption in coverage.

**IMPLEMENTATION DATE:**
This premise implemented on January 1, 2018.

**KEY DATA/ASSUMPTIONS:**
- The FY 2017-18 funding is maintained at $13,000 GF.
- The projected number of child welfare and probation exits from FC at the age of 18 is 2,004 for FY 2018-19.
- Fifteen minutes of social worker time is required to provide written verification of the youth's continued Medi-Cal coverage.
- The social worker cost per hour is $72.60.
- The percent of federally eligible costs is 67 percent in FY 2018-19 for the non-Project estimate. The Title IV-E California Well-Being Project counties do not receive FFP as the federal funds for the Project are capped.
- Effective October 1, 2017, there are seven counties participating in the Project.

**METHODOLOGY:**
The total costs are calculated by multiplying the caseload by the social worker time, and by the hourly social worker rate.

**FUNDING:**
Federal funding for the non-Project counties is provided by Title IV-E of the Social Security Act, with the amount of FFP based on the 50 percent administration rate for those cases meeting federal eligibility criteria.

The responsibility for child welfare and protective services was realigned to the counties in 2011 as part of 2011 Public Safety Realignment. Pursuant to Proposition 30, legislation enacted after September 30, 2012, that has the overall effect of increasing the costs incurred by a local agency for programs or levels of service mandated by 2011 Realignment shall apply to local agencies only to the extent that the state provides annual funding for the cost increase.

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
**Medi-Cal Verification Documentation***

**FUNDING (CONTINUED):**

Local agencies are not obligated to provide programs or levels of service required by legislation above the level for which funding has been provided. Therefore, funding for the remaining non-federal costs for all 58 counties is 100 percent GF. Only the GF share is reflected for the Title IV-E California Well-Being Project counties as the federal funds for the Project are capped.

**CURRENT YEAR CHANGE FROM APPROPRIATION:**

There is no change.

**REASON FOR YEAR-TO-YEAR CHANGE:**

The increase reflects a full year implementation and fewer counties participating in the Project.

**EXPENDITURES:**

(in 000s)

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<td><strong>Total</strong></td>
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* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
Preventing Unplanned Pregnancy*

DESCRIPTION:
This premise reflects funding for case plans of eligible youth in foster care ten years of age and older or a nonminor dependent, to be updated annually to reflect that the social worker has documented that the youth or nonminor dependent has received comprehensive sexual health education and has been informed of the availability of age-appropriate sexual health care information. This premise also reflects funding for the development of a curriculum for case management workers and foster care providers that addresses certain topics related to sexual and reproductive health care.

IMPLEMENTATION DATE:
This premise implemented on July 1, 2017.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: W&IC 16501.1 (g)(21), as amended by SB 89 (Chapter 24, Statutes of 2017) and W&IC 16521.5
- Funding for the Preventing Unplanned Pregnancy program is $2.9 million GF annually.
- The state operations cost is $150,000 annually.

METHODOLOGY:
Total funding is the amount appropriated less the state operations costs.

FUNDING:
Federal funding for the non-Project counties is provided by Title IV-E of the Social Security Act, with the amount of FFP based on the 50 percent administration rate for those cases meeting federal eligibility criteria.

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

CURRENT YEAR CHANGE FROM APPROPRIATION:
There is no net change in GF. The Item 151 decrease and corresponding increase in Item 153 reflects technical adjustments between items from what was budgeted in the appropriation to implement this premise.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Preventing Unplanned Pregnancy*

REASON FOR YEAR-TO-YEAR CHANGE:

There is no net change in GF. The Item 151 GF decrease and Item 153 GF increase reflects a redistribution of training funds, offset by fewer counties participating in the Project. The federal funds decrease reflects less federal authority required for training contracts.

EXPENDITURES:
(in 000s)

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* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
Psychotropic Medications Medical Review*

DESCRIPTION:
This premise reflects the funding for a contract between CDSS and child psychiatry experts to complete a second review for authorization of psychotropic medication(s) prescribed to foster youth. The child psychiatry expert contracted by CDSS shall be available to provide second opinion reviews to counties that do not have an existing second opinion review program.

IMPLEMENTATION DATE:
This premise implemented on July 1, 2017.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: W&IC sections 369.6 and 739.6.
- The Budget Act of 2017 provides $80,025 GF for a centralized medical service to review requests for authorization of psychotropic medications for foster youth, as defined by W&IC 369.7.

METHODOLOGY:
The costs are provided in the Budget Act of 2017.

FUNDING:
Federal funding is provided by Title XIX of the Social Security Act. Funding for non-federal costs is 100 percent GF.

CURRENT YEAR CHANGE FROM APPROPRIATION:
The increase reflects a technical adjustment to the amount of reimbursement by DHCS for Title XIX funding.

REASON FOR YEAR-TO-YEAR CHANGE:
There is no change.

EXPENDITURES:
(in 000s)

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* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
Postsecondary Education Assistance (SB 12)*

DESCRIPTION:
This premise reflects funding to ensure that the case plan for foster youth 16 years of age or older, or non-minor dependents, specifies a person responsible for assisting the foster youth with applications for postsecondary education and financial aid.

IMPLEMENTATION DATE:
The premise implemented on January 1, 2018, but due to statutory limitations, funding for this premise will implement July 1, 2018.

KEY DATA/ASSUMPTIONS:
- Authorizing statutes: Education Code sections 79220, 79221, 79226, and 69516 and W&IC section 16501.1 as amended by SB 12 (Chapter 722, Statutes of 2017).
- The projected number of minor dependent FC cases is 41,531 in FY 2017-18 and FY 2018-19.
- Of the total number of minor dependent FC cases, 12 percent are aged 16 and 17 years old, resulting in 4,966 cases in FY 2017-18 and FY 2018-19.
- There are 4,042 non-minor dependent FC cases including Supervised ILP in FY 2017-18 and FY 2018-19.
- The total caseload for this premise is 9,008 in FY 2017-18 and FY 2018-19.
- The revised social worker rate per hour is $99.46 for new legislation.
- Social workers will require 15 minutes per case for identifying the person responsible for assisting the youth with applications for postsecondary school and financial aid.
- The percent of federally eligible costs is 67 percent in FY 2018-19 for the non-Project estimate. The Title IV-E California Well-Being Project counties do not receive FFP as the federal funds for the Project are capped.
- Effective October 1, 2017, there are seven counties participating in the Project.

METHODOLOGY:
Total costs are calculated by multiplying the caseload by the social worker time and hourly social worker rate.

FUNDING:
Federal funding for the non-Project counties is provided by Title IV-E of the Social Security Act, with the amount of FFP based on the 50 percent administration rate for those cases meeting federal eligibility criteria.

The responsibility for child welfare and protective services was realigned to the counties in 2011 as part of 2011 Public Safety Realignment. Pursuant to Proposition 30, legislation enacted after September 30, 2012, that has the overall effect of increasing the costs incurred by a local agency for programs or levels of service mandated by 2011 Realignment shall apply to local agencies only to the extent that the state provides annual funding for the cost increase.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
**Postsecondary Education Assistance (SB 12)**

**FUNDING (CONTINUED):**

Local agencies are not obligated to provide programs or levels of service required by legislation above the level for which funding has been provided. Therefore, funding for the remaining non-federal costs for all 58 counties is 100 percent GF. Only the GF share is reflected for the Title IV-E California Well-Being Project counties as the federal funds for the Project are capped.

**CURRENT YEAR CHANGE FROM APPROPRIATION:**

Funding for this new premise implements in FY 2018-19.

**REASON FOR YEAR-TO-YEAR CHANGE:**

This is a new premise.

**EXPENDITURES:**

*(in 000s)*

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**FY 2017-18**

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| Total                           | $191   | $40     | $151  | $0     | $0     |

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<table>
<thead>
<tr>
<th>Item 153 – Title IV-E Project</th>
<th>Total</th>
<th>Federal</th>
<th>State</th>
<th>County</th>
<th>Reimb.</th>
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<tbody>
<tr>
<td>Postsecondary Education Assistance (SB 12)</td>
<td>73</td>
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| Total                           | $191   | $40     | $151  | $0     | $0     |

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Juvenile Wards Legal Counsel (AB 1371)*

DESCRIPTION:
This premise reflects funding for probation officer time needed to inform youth in the juvenile justice systems who are also parents, of their right to consult with an attorney before their children are removed from their care. The probation officer would be required to advise the parent of the right to consult with their legal counsel prior to arranging any formal or informal custody agreement.

IMPLEMENTATION DATE:
This premise implemented January 1, 2018, but due to statutory limitations, funding for this premise will implement July 1, 2018.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: W&IC section 301 and 361.8 as amended by AB 1371 (Chapter 666, Statutes of 2017)
- The revised social worker cost per hour is $99.46 for new legislation.
- Probation officers will require one hour per case to inform wards in their care of the right and requirement to speak with their attorney prior to engaging in voluntary FR or FM child welfare services for their own minor child.
- The projected number of minor and non-minor dependent parents and probation wards with children is 983 in FY 2018-19.
- Ten percent of the children of minor and non-minor dependent parents and probation wards are themselves dependents.
- The projected number of minor and non-minor dependent teens with dependent children is 98 in FY 2018-19.
- The percent of federally eligible costs is 67 percent in FY 2018-19 for the non-Project estimate. The Title IV-E California Well-Being Project counties do not receive FFP as the federal funds for the Project are capped.
- Effective October 1, 2017, there are seven counties participating in the Project.

METHODOLOGY:
The total costs are calculated by multiplying the caseload by the social worker time and hourly social worker rate.

FUNDING:
Federal funding for the non-Project counties is provided by Title IV-E of the Social Security Act, with the amount of FFP based on the 50 percent administration rate for those cases meeting federal eligibility criteria.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Juvenile Wards Legal Counsel (AB 1371)*

FUNDING (CONTINUED):
The responsibility for child welfare and protective services was realigned to the counties in 2011 as part of 2011 Public Safety Realignment. Pursuant to Proposition 30, legislation enacted after September 30, 2012, that has the overall effect of increasing the costs incurred by a local agency for programs or levels of service mandated by 2011 Realignment shall apply to local agencies only to the extent that the state provides annual funding for the cost increase. Local agencies are not obligated to provide programs or levels of service required by legislation above the level for which funding has been provided.

Therefore, funding for the remaining nonfederal costs for all 58 counties is 100 percent GF. Only the GF share is reflected for the Title IV-E California Well-Being Project counties as the federal funds for the Project are capped.

CURRENT YEAR CHANGE FROM APPROPRIATION:
Funding for this new premise implements in FY 2018-19.

REASON FOR YEAR-TO-YEAR CHANGE:
This is a new premise.

EXPENDITURES:
(in 000s)

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<tr>
<th>Item 151 – CWS Administration</th>
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<th>Reimb.</th>
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<td>$0</td>
<td>$0</td>
<td>$0</td>
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<td></td>
<td></td>
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<tr>
<td>Juvenile Wards Legal Counsel (AB 1371)</td>
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<td>Item 151 – CWS Administration</td>
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<tr>
<td>Juvenile Wards Legal Counsel (AB 1371)</td>
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<tr>
<td>Total</td>
</tr>
</tbody>
</table>

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
Office of Child Abuse Prevention Federal Grants*

DESCRIPTION:
This premise reflects the federal grants associated with assisting local and private agencies in developing and strengthening prevention for child abuse and neglect treatment programs. These federal CAPTA grants consist of Title I (General Program) and Title II (CBCAP) of the Social Security Act, which was formerly known as the Community-Based Family Resource and Support grant. The CAPTA federal grants have a limit of four years to fully expend the annual grant. This allows flexibility in the use and support of multi-year projects.

IMPLEMENTATION DATE:

KEY DATA/ASSUMPTIONS:
- Authorizing statute: PL 93-247; PL 98-473; PL 111-320; W&IC sections 18958 and 18960 through 18964.
- Counties will spend $4.4 million CAPTA Title I funds in FY 2017-18 and $4.1 million in FY 2018-19.
- Counties will spend $4.3 million CBCAP funds in FY 2017-18 and $4.2 million in FY 2018-19.
- Funding for programs is contingent upon continued receipt of federal grant awards.
- For more information on realigned child abuse prevention funding, refer to the 2011 Realignment tab.

METHODOLOGY:
The total costs are calculated by summing the anticipated federal spending, as provided by the Office of Child Abuse Prevention spending plan.

FUNDING:
Funding for these projects is 100 percent federal grant funds. The CBCAP grant requires matching funds which are provided from a portion of the 2011 Realignment funds. For more information, refer to the 2011 Realignment tab.

CURRENT YEAR CHANGE FROM APPROPRIATION:
The increase reflects the updated spending plan.

REASON FOR YEAR-TO-YEAR CHANGE:
The decrease reflects the updated spending plan.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Office of Child Abuse Prevention Federal Grants*

EXPENDITURES:
(in 000s)

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FY 2018-19

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* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
State Children’s Trust Fund*

DESCRIPTION:
This premise reflects the revenue generated from California birth certificate surcharges, specialty license plate revenue and private donations available for the State Children’s Trust Fund. The State Children’s Trust Fund is used to research, evaluate, and disseminate information to the public, to establish public and private partnerships with foundations and corporations, to increase public awareness about child abuse and neglect via media campaigns, and to seek continued contributions to the fund. Funding is awarded through proposals submitted to CDSS OCAP.

IMPLEMENTATION DATE:
This premise implemented on July 1, 1984.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: W&IC section 18969.
- The funding available is $630,000 for FY 2017-18 and $570,000 for FY 2018-19.

METHODOLOGY:
This premise reflects the current funding available for the State Children’s Trust Fund, as provided by the OCAP spending plan.

FUNDING:
This program is funded 100 percent GF.

CURRENT YEAR CHANGE FROM APPROPRIATION:
The increase reflects the updated spending plan.

REASON FOR YEAR-TO-YEAR CHANGE:
The decrease reflects the updated spending plan.

EXPENDITURES:
(in 000s)

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<th>FY 2018-19</th>
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<td><strong>State Children’s Trust Fund Program</strong></td>
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<tr>
<td>Total</td>
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<tr>
<td>$630</td>
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</tbody>
</table>

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Adult Protective Services (APS) Contract for Training Curriculum*

DESCRIPTION:
This premise reflects the cost of a multi-year contract with a qualified institution, agency, or consultant to provide training and staff development for county APS and affiliated staff. The contractor will schedule and arrange training in all regions of the state, produce all required training materials, periodically update the curriculum and its content to reflect changes to APS laws, policies, and practices, and to provide updated training to APS workers.

The purpose of the training is to educate county APS workers on APS program standards, requirements, and mandates. The training is intended to promote statewide uniformity and consistency in the administration and delivery of services under the APS program.

IMPLEMENTATION DATE:
This premise implemented on July 1, 2001.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: Elder Abuse and Dependent Adult Civil Protection Act, commencing with W&IC section 15600 through 15675.
- The annual contract cost for ongoing training activities is estimated to be $176,000.
- There was a one-time increase of $6,000,000 for training activities in FY 2016-17. For display purposes, the projected carryover amounts of the one-time increase are displayed in a new non-add line for FY 2017-18 and FY 2018-19.
- There is a one-time federal grant of $197,994 for the APS Data Enhancement Project that will be spent over a three-year period. Of the total grant for this project, $148,496 will be spent in FY 2017-18 and $49,498 will be spent in FY 2018-19.

METHODOLOGY:
The total estimated contract cost is calculated by summing the cost of the contract and the federal grant for the APS Data Enhancement Project.

FUNDING:
Federal funding for APS training is provided by Title XIX of the Social Security Act. The federal Title XIX reimbursement represents 50 percent of the total funds for APS Training. The funding for the APS Data Enhancement Project is a one-time federal grant award. The non-federal share is 100 percent GF.

CURRENT YEAR CHANGE FROM APPROPRIATION:
There is no change in the APS Contract for Training Curriculum. The increase in the APS Data Enhancement Project reflects the projected expenditures of the one-time federal grant.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Adult Protective Services (APS) Contract for Training Curriculum*

REASON FOR YEAR-TO-YEAR CHANGE:
There is no change in the APS Contract for Training Curriculum. The decrease in APS Data Enhancement Project reflects lower projected expenditures of the one-time federal grant.

EXPENDITURES:
(in 000s)

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<tr>
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<td></td>
<td>Total</td>
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<tr>
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<td>$88</td>
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<td>APS 2016-17 Training Carryover**</td>
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<td>APS Data Enhancement Project</td>
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<td>**Total</td>
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<th>Item 151 – Adult Protective Services (APS)</th>
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<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Federal</td>
<td>State</td>
<td>County</td>
</tr>
<tr>
<td>APS Contract for Training Curriculum</td>
<td>$176</td>
<td>$0</td>
<td>$88</td>
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<tr>
<td>APS 2016-17 Training Carryover**</td>
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<td>APS Data Enhancement Project</td>
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<td>**Total</td>
<td>$225</td>
<td>$49</td>
<td>$88</td>
<td>$0</td>
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</tbody>
</table>

** This is a non-add line.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Community Care Licensing (CCL) – Foster Family Homes

DESCRIPTION:
This premise reflects the costs of providing basic funding for foster family home licensing and retention services. Services include on-site visits, reviewing, and monitoring all foster family home related activities as specified in the CCL Evaluator Manual. A foster family home is defined as any residential facility providing 24-hour care for six or fewer foster children that is owned, leased, or rented and is the residence of the foster parent(s). This includes all family members residing in the home, in whose care the foster children have been placed. Up to eight children may be cared for if additional requirements are met.

The Target Visit protocol streamlines the annual review process of licensed care facilities to focus on facilities in which health and safety may be at greatest risk, or those facilities that require an annual visit as a condition of federal funding.

KEY DATA/ASSUMPTIONS:

- Authorizing statute: Health and Safety Code sections 1500 through 1519 and 1596.82.
- The FY 2017-18 funding is maintained at $2.7 million GF.
- There are 38 counties providing foster family home licensing and retention services. The remaining 20 counties are licensed by CDSS’ CCL Division.
- In addition to the Target Visit protocol, counties are required to complete a 30 percent random sample of the remaining facilities which are subject to announced annual visits.
- The workload standard used to determine FTEs for targeted visits is 120 cases per year per worker.
- The worker to supervisor ratio used to determine the total number of FTEs is 6.25:1.
- The annual statewide unit cost for a CCL foster family home Licensing Program Analyst is $125,663.
- The projected caseload is 2,586 facilities in FY 2018-19. The caseload assumes a reduction of 3,323 facilities from the FY 2015-16 actual caseload due to the statewide RFA implementation on January 1, 2017, and the subsequent phase-in of foster family homes conversion to approved resource families.
- The retention-only amount is held at the FY 2005-06 funding level of $877,764 total funds.
- The FY 2018-19 includes $5.3 million in additional Title IV-E funds to reflect appropriate levels of federal spending authority.
- The *Grescher v. Anderson* court case, which requires notification to applicants of conviction information received and a summary of reasons for denial, is held and reflects funding in the amount of $27,000 total funds.
- The sharing ratio for the remaining funds for FY 2018-19 is 31.23 percent federal funds and 68.77 percent GF based on actual expenditure data from FY 2016-17.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Community Care Licensing (CCL) – Foster Family Homes*

METHODOLOGY:
The estimate is developed by dividing the facilities caseload by the workload standards to derive the number of non-supervisory FTEs, which is then expanded to include supervisors to determine the total number of FTEs. The total number of FTEs is then multiplied by the Licensing Program Analyst unit cost. Established allocations for retention-only costs, additional federal spending authority, and *Greshers v. Anderson* costs are then added.

FUNDING:
Federal funding is provided by Title IV-E of the Social Security Act, with the amount of FFP based on the sharing ratios for those cases meeting federal eligibility criteria. Counties are funded to conduct all annual visits. Funding for the remaining non-federal costs is 100 percent GF. Additional federal spending authority is included based on actual expenditures. Cost reductions due to statewide RFA implementation are subsumed activities and are included in the CCR premise.

CURRENT YEAR CHANGE FROM APPROPRIATION:
There is no change.

REASON FOR YEAR-TO-YEAR CHANGE:
The net decrease reflects a decline in federal authority for county overmatch, slightly offset by an increase in GF due to a lower federal participation.

EXPENDITURES:
(in 000s)

| Item 151 – CCL Administration | FY 2017-18 | | | | |
| --- | --- | --- | --- | --- | |
| | Total | Federal | State | County | Reimb. |
| Foster Family Homes | $10,300 | $7,633 | $2,667 | $0 | $0 |

| Item 151 – CCL Administration | FY 2018-19 | | | | |
| --- | --- | --- | --- | --- | |
| | Total | Federal | State | County | Reimb. |
| Foster Family Homes | $9,314 | $6,628 | $2,686 | $0 | $0 |

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
Community Care Licensing (CCL) – Family Child Care Homes

DESCRIPTION:
This premise reflects the costs of providing basic funding for family child care home licensing services. Services include on-site visits, reviewing, and monitoring all family child care home related activities as specified in the CCL’s Evaluator Manual. The family child care home licensees are required to report any injury to a child requiring medical treatment, the death of any child, and any unusual incident or child absence that threatens the physical, emotional health or safety of any child while in the care of the licensee. Family child care homes provide regular care, protection, and supervision of children in the caregiver’s own home for periods of less than 24 hours per day, while the parents or authorized representatives are away. Small family child care homes may provide care for up to six children and large family child care homes may provide care for up to 12 children. More children may be cared for if additional requirements are met.

The Target Visit protocol streamlines the annual review process of licensed care facilities to focus on facilities in which health and safety may be at greatest risk, or those facilities that require an annual visit as a condition of federal funding.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: Health and Safety Code sections 1500 through 1519, 1596.82, 1597.44 and 1597.465.
- The FY 2017-18 funding is maintained at $21,000 GF.
- Del Norte and Inyo Counties provide family child care home licensing services. The remaining 56 counties are licensed by CDSS’ CCL Division.
- In addition to the Target Visit protocol, counties are required to complete a 30 percent random sample of the remaining facilities which are subject to unannounced annual visits. Counties are fully funded to conduct 100 percent of annual visits.
- The projected number of facilities is 61 for FY 2018-19.
- The workload standard used to determine FTEs for targeted monitoring visits is 257 cases per Licensing Program Analyst worker.
- The worker to supervisor ratio used to determine FTEs is 6.25:1.
- The average statewide unit cost of a CCL family child care home licensing program analyst is $117,885.
- The Serious Incident Reporting reflects funding in the amount of $525 GF annually which fulfills the reporting requirements for any injury requiring medical treatment, death, absence, or unusual incident that threatens any child in the care of the licensee of a family child care home.
- The Gresher v. Anderson court case reflects funding in the amount of $460 GF annually which requires notification to applicants of conviction information received and a summary of reasons for denial.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Community Care Licensing (CCL) – Family Child Care Homes*

KEY DATA/ASSUMPTIONS (CONTINUED):

- Reimbursement from CDE in the amount of $13,000 is included to cover a portion of comprehensive site visit costs.

METHODOLOGY:

The estimate is developed by dividing the facilities caseload by the workload standard to determine the number of non-supervisory FTEs, which is then expanded to include supervisors to derive the total number of FTEs. The average statewide unit cost is then multiplied by the total FTEs. Costs for the Serious Incident Reporting and Gresher v. Anderson are then added.

FUNDING:

The funding includes reimbursements from CDE (from the federal Child Care Development Fund block grant) to cover a portion of the costs of conducting comprehensive site visits. The remaining costs are 100 percent GF.

CURRENT YEAR CHANGE FROM APPROPRIATION:

There is no change.

REASON FOR YEAR-TO-YEAR CHANGE:

The decrease reflects a reduction in facilities.

EXPENDITURES:

(in 000s)

<table>
<thead>
<tr>
<th>Item 151 – CCL Administration</th>
<th>Total</th>
<th>Federal</th>
<th>State</th>
<th>County</th>
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</table>

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
Adam Walsh Child Protection and Safety Act of 2006*

DESCRIPTION:
This premise reflects the costs of the Adam Walsh Child Protection and Safety Act of 2006. States are required to check child abuse and neglect registries in each state in which prospective foster or adoptive parents, relative caregivers, or non-relative extended family members (as well as other adults in the home) have resided in for the preceding five years prior to approval for placement of a child. This premise also reflects the costs associated with responding to other states’ requests for underlying information about child abuse and neglect reports in California.

IMPLEMENTATION DATE:
This premise implemented on January 1, 2008.

KEY DATA/ASSUMPTIONS:
- The FY 2017-18 and FY 2018-19 zero caseload and cost reflects the discontinuation of the premise due to statewide RFA implementation.
- Zero out-of-state registry checks will be performed in FY 2017-18 and FY 2018-19, reflecting the discontinuation of the premise due to statewide RFA implementation.

METHODOLOGY:
Costs to complete child abuse and neglect registry checks are now in the RFA implementation estimate, included in the CCR premise.

FUNDING:
Federal funding is provided by Title IV-E of the Social Security Act. Funding for the remaining cost is 100 percent GF. The funding for the CWS and Adoptions programs portion are included in the 2011 Realignment tab. Cost reductions due to statewide RFA implementation are subsumed activities and are included in the CCR premise.

CURRENT YEAR CHANGE FROM APPROPRIATION:
There is no change.

REASON FOR YEAR-TO-YEAR CHANGE:
There is no change.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Adam Walsh Child Protection and Safety Act of 2006*

EXPENDITURES:  
(in 000s)

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</tbody>
</table>

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Fee-Exempt Live Scan

DESCRIPTION:
This premise reflects the costs for fingerprinting and search requirements associated with certain fee-exempt providers and the reimbursement cost for processing applications referred by CDE and licensed fee-exempt providers.

The CCL Division is responsible for processing the applications and contracting with the DOJ and the California Child Care Resource and Referral Network to process the fingerprint and index search file activities. The CCL Division also contracts with Sylvan/Indentix, a private vendor, for Live Scan fingerprinting. The Live Scan fingerprint process is an electronic technology that transfers images of fingerprints and personal information to the DOJ in a matter of seconds.

IMPLEMENTATION DATE:
This premise implemented on January 1, 1999.

KEY DATA/ASSUMPTIONS:

METHODOLOGY:
Funding is suspended for FY 2017-18, and it is assumed funding will be suspended for FY 2018-19.

FUNDING:
This premise is funded with 100 percent GF.

CURRENT YEAR CHANGE FROM Appropriation:
There is no change.

REASON FOR YEAR-TO-YEAR CHANGE:
There is no change.

EXPENDITURES:
(in 000s)

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</tr>
<tr>
<td></td>
<td>Total</td>
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<td>State</td>
<td>County</td>
<td>Reimb.</td>
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<td>$0</td>
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* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
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* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
Registered Sex Offender Check*

DESCRIPTION:

This premise reflects costs to minimize the risk of predictable and preventable harm to vulnerable children in out-of-home care by detecting the presence/residence of a registered sex offender in prospective and approved licensed facilities and prospective and approved relative/non-relative extended family member homes.

On a monthly basis, CDSS’ CCL Division compares transmitted DOJ registered sex offender files against CWS/CMS placement information for county-licensed foster family homes, family child care homes and county-approved relative and non-relative extended family member homes. The CWDs are responsible for investigating any address matches, except for relatives and non-relative extended family member homes for the 20 small counties, which are investigated by the CDSS CCL Division.

The CWDs also check all prospective licensure applicants and relative/non-relative extended family member homes against Megan’s Law public website and investigate all address matches. When a match resulting from the annual or prospective check is verified, CWDs take appropriate action which may include licensure and placement denial, removal of children and finding a new placement and/or grievance reviews for relatives/non-relative extended family members.

IMPLEMENTATION DATE:

This premise implemented on July 1, 2009.

KEY DATA/ASSUMPTIONS:

- The FY 2017-18 funding is maintained at $19,000 GF.
- For the annual registered sex offender check process, the number of foster family home facilities is 2,586 in FY 2018-19.
- For the annual registered sex offender check process, the number of family child care home facilities is 61 in FY 2018-19.
- For the application registered sex offender check process, 15 family child care home applications will be received in FY 2018-19 based on actual data from FY 2016-17.
- The match rate is 0.35 percent in FY 2018-19 based on the most recent monthly foster family home and family child care home registered sex offender summary reports.
- It will take a foster family home licensing worker 20 hours and a family child care home licensing worker 12 hours to investigate each address match.
- The percent of matches that will require administrative action is 14.00 percent in FY 2018-19.
- It will take a foster family home licensing worker 14 hours and a family child care home licensing worker ten hours for each administrative action.
- For the application check process, it will take a licensing worker 20 minutes to check an address against the Megan’s Law public website.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Registered Sex Offender Check*

KEY DATA/ASSUMPTIONS (CONTINUED):

- The hourly cost of a foster family home licensing worker is $70.68. The hourly cost of a family child care home licensing worker is $66.30.
- The foster family home sharing ratio for FY 2018-19 is 76.20 percent federal funds and 23.80 percent GF based on actual expenditures for FY 2016-17.

METHODOLOGY:

For total hours in investigating annual checks, the number of facilities are multiplied by the match rate and multiplied by the number of hours required per investigation. For total administrative hours, the number of administrative actions are multiplied by the number of hours required per action. All hours are then combined and multiplied by the hourly cost of a foster family home/family child care home licensing worker to obtain the total cost for annual checks.

For the total hours to investigate applications, the number of applications are multiplied by the match rate and multiplied by the number of hours required per investigation. For total administrative hours, the number of administrative actions are multiplied by the number of hours required per action. The number of applications are then multiplied by the number of hours it will take to check an address against the Megan’s Law public website. All hours are combined and multiplied by the hourly cost of a foster family home/family child care home licensing worker to obtain the total cost for application checks.

FUNDING:

Federal funding for a foster family home is provided by Title IV-E of the Social Security Act, with the amount of FFP based on the sharing ratios for those cases meeting federal eligibility criteria. Funding for the remaining non-federal foster family home costs is 100 percent GF.

The family child care home costs are 100 percent GF.

The funding for the CWS program portion of this premise is included in the 2011 Realignment tab. Cost reductions due to statewide RFA implementation are subsumed activities and are included in the CCR premise.

CURRENT YEAR CHANGE FROM APPROPRIATION:

There is no change.

REASON FOR YEAR-TO-YEAR CHANGE:

The decrease reflects a reduction of foster family home facilities due to RFA implementation slightly offset by a minor increase of family child care home applications.

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
## Registered Sex Offender Check*

### EXPENDITURES:
(in 000s)

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<th></th>
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<td>Item 151 – CCL Administration</td>
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* Please refer to the first tab titled *Acronyms* for a full description of acronyms.
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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Foster Care Burial*

DESCRIPTION:
This premise reflects the costs of the FC Burial program. The FC Burial costs are reimbursements provided to foster parents for the costs of a burial plot and funeral expenses for a child who was receiving FC benefits at the time of their death.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: W&IC section 11212.
- Reimbursements for burial expenses are provided for up to $5,000.

METHODOLOGY:
Based on historical expenditure data, the estimated costs for FY 2017-18 and FY 2018-19 are maintained at the FY 1999-00 GF expenditure level of $186,000.

FUNDING:
The FC Burial program is funded with 100 percent GF.

CURRENT YEAR CHANGE FROM APPROPRIATION:
There is no change.

REASON FOR YEAR-TO-YEAR CHANGE:
There is no change.

EXPENDITURES:
(in 000s)

<table>
<thead>
<tr>
<th>Item 151 – Special Programs</th>
<th>Total</th>
<th>Federal</th>
<th>State</th>
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* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
Assistance Dog Special Allowance Program*

DESCRIPTION:
This premise reflects the costs associated with providing a monthly dog food allowance to recipients of federal Social Security Disability Insurance, SSI/SSP, and IHSS program participants who have incomes at or below the FPL. Eligible individuals with guide, signal, or service dogs are eligible to receive a dog food allowance of $50 per month. Eligibility for the program expanded in FY 2015-16 to accept applicants that own service dogs providing necessary services for psychiatric or mental disabilities.

IMPLEMENTATION DATE:
This premise implemented on January 1, 2000.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: W&IC sections 12553 and 12554.
- The FY 2017-18 funding is maintained at $627,000 total funds.
- The projected average monthly caseload is 1,163 in FY 2018-19.
- Recipients will receive a dog food allowance of $50 per month.
- The FY 2018-19 estimate is based on year-to-date actual costs and projected caseload growth or the 2010-11 Governor’s Budget level of $544,000, whichever is higher.

METHODOLOGY:
The total costs are based on using projected caseload multiplied by the dog food allowance per month and then by 12 months or the 2010-11 Governor’s Budget level, whichever is higher.

FUNDING:
This program is funded with 100 percent GF.

CURRENT YEAR CHANGE FROM APPROPRIATION:
There is no change.

REASON FOR YEAR-TO-YEAR CHANGE:
The increase reflects a growth in the projected caseload.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
### Assistance Dog Special Allowance Program

#### EXPENDITURES:
(in 000s)

<table>
<thead>
<tr>
<th>Item 151 – Special Programs</th>
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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Access Assistance/Deaf Access Program*

**DESCRIPTION:**
This premise reflects the costs associated with the Access Assistance/Deaf Access Program. Assistance under this program enables deaf and hearing-impaired persons to access needed social and community services, e.g., employment services, counseling, interpreting services, deafness education and advocacy. In addition, this premise reflects savings from reducing Access Assistance/Deaf Access Program costs by ten percent, effective July 1, 2008.

**IMPLEMENTATION DATE:**

**KEY DATA/ASSUMPTIONS:**
- Authorizing statute: W&IC section 10621.
- Currently, eight regional contractors provide services to individuals that are hard of hearing.
- Services will be provided to a projected 173,456 deaf and hard of hearing Californians in FY 2017-18 and FY 2018-19.
- In FY 2017-18 and FY 2018-19, the program will be funded with $2.5 million in Title XX funds, which offsets GF costs by that same amount.

**METHODOLOGY:**
Basic costs were established through the Budget Act of 1999. The GF amount is held at this level. The estimated savings reflects a ten percent reduction in total funds consistent with FY 1998-99, which is applied to the Access Assistance/Deaf Access Program - Basic Costs table line and corresponding Title XX Funding budget line.

**FUNDING:**
This program is funded with GF and Title XX funds. The Title XX block grant reduces the amount of GF in the program. Title XX funding appears on a separate line as an adjustment. The savings for this premise reflects a ten percent reduction to the GF and the Title XX block grant funds.

**CURRENT YEAR CHANGE FROM APPROPRIATION:**
There is no change.

**REASON FOR YEAR-TO-YEAR CHANGE:**
There is no change.

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
Access Assistance/Deaf Access Program*

**EXPENDITURES:**
(in 000s)

<table>
<thead>
<tr>
<th>Item 151 - Special Programs</th>
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<tr>
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<tr>
<td>Access Assistance/Deaf Access Program – Reduce Services by Ten Percent</td>
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<td>-250</td>
<td>-281</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>$4,777</strong></td>
<td><strong>$2,250</strong></td>
<td><strong>$2,527</strong></td>
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**FY 2018-19**

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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Legal Services for Unaccompanied Undocumented Minors

DESCRIPTION:
This premise reflects the cost to provide legal services to unaccompanied undocumented minors in California. The funding is awarded to qualified non-profit organizations to provide legal services to eligible unaccompanied undocumented minors. These minors must be present in California and reside with a sponsor or must be under the care and custody of the federal Office of Refugee Resettlement. Legal representation for these minors is important to assist them in the filing of, preparation for, and representation in administrative and/or judicial proceedings for the following immigration statuses: asylum, T-Visa, U-Visa and/or Special Immigrant Juvenile Status. Services are culturally and linguistically appropriate and are provided by attorneys, paralegals, interpreters, and other support staff for state court proceedings, federal immigration proceedings, and any appeals arising from those proceedings.

IMPLEMENTATION DATE:
This premise implemented on July 1, 2014.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: W&IC section 13300.
- For each FY, $3.0 million is budgeted to provide legal services for unaccompanied undocumented minors.
- Of the $3.0 million, $100,000 is used for state operations costs.

METHODOLOGY:
The cost is based on the budgeted amount less state operations costs.

FUNDING:
This premise is funded with 100 percent GF.

CURRENT YEAR CHANGE FROM APPROPRIATION:
There is no change.

REASON FOR YEAR-TO-YEAR CHANGE:
There is no change.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
## Legal Services for Unaccompanied Undocumented Minors

### EXPENDITURES:

*(in 000s)*

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<th>Item 151 – Special Programs</th>
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### FY 2017-18

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<tr>
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</table>

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
Immigration Services Funding*

DESCRIPTION:
This premise reflects the cost of providing services to immigrants who reside in California. These services include: 1) assistance to help applicants obtain DACA or other immigration remedies; 2) assistance to help applicants with naturalization; 3) legal training and technical assistance to CDSS contractors that provide immigration legal services to these applicants; and 4) education and outreach activities to immigrant communities about DACA or other immigration remedies and naturalization. The federal immigration assistance services are provided by non-profit organization contractors who meet the requirements set forth in Internal Revenue Code section 501(c)(3) or 501(c)(5). In September 2017, additional funding for DACA legal services became available as a one-time allocation.

IMPLEMENTATION DATE:
This premise implemented on July 1, 2015.

KEY DATA/ASSUMPTIONS:
- Authorizing statute: W&IC sections 13300 through 13308.
- The ongoing base funding is maintained at $30 million total funds. The FY 2018-19 funding is anticipated to remain at the FY 2017-18 level.
- There is an additional $15 million of funding available in FY 2017-18 and FY 2018-19.
- In FY 2017-18 and FY 2018-19, $755,000 will be used for state operations from the ongoing base funding. In FY 2017-18 and FY 2018-19, $579,000 will be for state operations from the additional funding.
- There is $20 million allocated in FY 2017-18 as one-time funding for DACA Legal Services.

METHODOLOGY:
The cost is calculated by taking the total funds less the state operations costs.

FUNDING:
This premise is funded with 100 percent GF.

CURRENT YEAR CHANGE FROM APPROPRIATION:
There is no change to Immigration Services Funding. The increase for DACA Legal Services reflects a one-time allocation in FY 2017-18.

REASON FOR YEAR-TO-YEAR CHANGE:
There is no change to Immigration Services Funding. The decrease for DACA Legal Services reflects a one-time allocation in FY 2017-18.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
## Immigration Services Funding

**EXPENDITURES:**
(in 000s)

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<tr>
<th>Item 151 – Special Programs</th>
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**FY 2018-19**

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<td>DACA Legal Services (One-Time)**</td>
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<td>$0</td>
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* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
Title XX Funding

DESCRIPTION:
This premise reflects the Title XX Social Services Block Grant awarded to the state as well as TANF funds transferred to Title XX. In order to qualify for these funds, a state must prepare an expenditure plan prior to the start of the FY that is consistent with the five Title XX goals: 1) achieving or maintaining economic self-support to prevent, reduce, or eliminate dependency; 2) achieving or maintaining self-sufficiency, including reduction or prevention of dependency; 3) preventing or remedying neglect, abuse, or exploitation of children or adults unable to protect their own interests, or preserving, rehabilitating, or reuniting families; 4) preventing or reducing inappropriate institutional care by providing for community-based care, home-based care, or other forms of less-intensive care; and 5) securing referral or admission for institutional care when other forms of care are not appropriate, or providing services to individuals in institutions.

IMPLEMENTATION DATE:
This federal fund source has been given to states for social services since October 1981. Through FY 1992-93, Title XX funds were used exclusively to fund the IHSS program. With the implementation of Title XIX for the PCSP in 1993, a portion of Title XX funds were shifted to other eligible programs. Those funds now support the Deaf Access Program (goals 1 and 2), FC services (goal 3) and CWS (goals 3 and 4).

KEY DATA/ASSUMPTIONS:
- State legislation and federal regulations permit Title XX funds to be used in FC and CWS to supplant the non-federal share.
- Federal grants are awarded by FFY and are adjusted to conform to FY funding needs.

Title XX Grant
- The local assistance portion of the Title XX Social Services Block Grant awarded to California is $138.8 million in both FY 2017-18 and FY 2018-19.
- In the Deaf Access Program, GF costs are offset by $2.5 million in Title XX grant funds for both FY 2017-18 and FY 2018-19.
- The Title XX grant transferred to DDS Regional Centers is $136.3 million in both FY 2017-18 and FY 2018-19.

TANF Transfer to Title XX
- The amount of TANF funds transferred to Title XX is ten percent of the TANF block grant less the TANF needed for Tribal TANF.
- The transfer amount is $364.8 million in FY 2017-18 and $364.7 million in FY 2018-19.
- TANF funds transferred to Title XX for CDE’s Stage Two Child Care are $130.1 million in FY 2017-18 and $80.6 million in FY 2018-19.
- The total TANF funds transferred to Title XX is used for FC and CWS programs, totaling $115.0 million in both FY 2017-18 and FY 2018-19.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
Title XX Funding*

KEY DATA/ASSUMPTIONS (CONTINUED):

TANF Transfer to Title XX (continued)

- The remaining TANF transfer to Title XX is used for Stage One Child Care is $42.6 million in FY 2017-18 and $91.9 million in FY 2018-19.
- The TANF transfer to DDS Regional Centers is $77.2 million in both FY 2017-18 and FY 2018-19.

METHODOLOGY:
The estimate reflects the local assistance portion of the Title XX Social Services Block Grant and the TANF transfer to Title XX.

FUNDING:
This funding is provided under Title XX of the federal Social Security Act and does not require a state or county match. The funding for the FC and CWS programs portion of this estimate is included in the 2011 Realignment tab. The TANF transfer to Title XX funding is federal funds converted from the TANF Block Grant and transferred to the Social Services Block Grant to be used as Title XX funds.

CURRENT YEAR CHANGE FROM APPROPRIATION:
There is no change in the local assistance portion of the Title XX Social Services Block Grant. The decrease in TANF Transfer to Title XX reflects an increase in Tribal TANF costs. There is no change in the TANF Transfer to Title XX Transfer for CDE Child Care.

REASON FOR YEAR-TO-YEAR CHANGE:
There is no change in the local assistance portion of the Title XX Social Services Block Grant. The decrease in the TANF transfer to Title XX reflects an increase in Tribal TANF costs. The decrease in the Title XX Transfer for CDE Child Care reflects utilizing more TANF Transfer to Title XX funding for Stage One Child Care in FY 2018-19; therefore, less Title XX is available to transfer to Stage Two Child Care.

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
Title XX Funding*

EXPENDITURES:
(in 000s)

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<thead>
<tr>
<th>FY 2017-18</th>
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<td><strong>Title XX Social Services Block Grant</strong></td>
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<tr>
<td>Item 151 – CWS Grant Transfer to DDS</td>
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<tr>
<td>Item 151 – Deaf Access (Access Assistance/Deaf Access Program) Grant***</td>
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<tr>
<td><strong>Total</strong></td>
<td>$138,763</td>
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</tbody>
</table>

| **TANF Transfer to Title XX**                   | Federal Funds |
| Item 101 – FC TANF Transfer***                  | $21,869       |
| Item 153 – Title IV-E California Well-Being Project TANF Transfer*** | 29,907         |
| Item 151 – CWS TANF Transfer to DDS            | 77,157        |
| Item 151 – CWS TANF Transfer***                | 27,753        |
| Item 153 – Title IV-E California Well-Being Project TANF Transfer*** | 35,433        |
| Item 101 – Stage One Child Care Transfer to Title XX | 42,573       |
| Title XX Transfer for CDE Child Care**         | 130,087       |
| **Total**                                      | $364,779      |

| FY 2018-19                                      | Federal Funds |
| **Title XX Social Services Block Grant**       |               |
| Item 151 – CWS Grant Transfer to DDS           | $136,263      |
| Item 151 – Deaf Access (Access Assistance/Deaf Access Program) Grant*** | 2,500         |
| **Total**                                      | $138,763      |

| **TANF Transfer to Title XX**                   | Federal Funds |
| Item 101 – FC TANF Transfer***                  | $21,905       |
| Item 153 – Title IV-E California Well-Being Project TANF Transfer*** | 29,871       |
| Item 151 – CWS TANF Transfer to DDS            | 77,157        |
| Item 151 – CWS TANF Transfer***                | 27,789        |
| Item 153 – Title IV-E California Well-Being Project TANF Transfer*** | 35,397       |
| Item 101 – Stage One Child Care Transfer to Title XX | 91,912       |
| Title XX Transfer for CDE Child Care**         | 80,636        |
| **Total**                                      | $364,667      |

*** Detail Table Line also includes a corresponding decrease in GF.

** This is a non-add line.

* Please refer to the first tab titled "Acronyms" for a full description of acronyms.
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* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
CalWORKs Non-Maintenance of Effort (MOE)*

DESCRIPTION:
This premise reflects the shift of funds for CalWORKs cases with certain unaided, but federally work-eligible, adults from TANF and MOE GF (GF counted toward the state’s TANF MOE requirement) to non-MOE GF. The following cases are included in this funding shift: AUs that include an unaided adult who has either exceeded the CalWORKs 48-month time limit (safety net) or is a fleeing felon and AUs with an adult that has been in sanction status due to failing or refusing to comply with WTW program requirements without good cause for 12 consecutive months or longer (long-term sanction). These CalWORKs cases are solely state-funded and removed from the TANF WPR calculation.

IMPLEMENTATION DATE:
The safety net and fleeing felon shift implemented on December 1, 2013, for C-IV counties and on April 1, 2014, for CalWIN and LEADER counties. The long-term sanction shift implemented on March 1, 2015.

KEY DATA/ASSUMPTIONS:
- The average monthly caseload is anticipated to be 96,804 in FY 2017-18 and 101,163 cases in FY 2018-19.
- Based on CA 800 expenditure report data from January 2017 through June 2017, the Non-MOE monthly average grant cost per case is $523.38, which includes the impact of MAP Increases and MFG Repeal; the Non-MOE basic grant cost per case excluding those impacts is $451.54.
- The total administrative cost is $91.40 million in FY 2017-18 and $95.52 million in FY 2018-19. This is based on a percent-to-total of the non-MOE GF caseload to the CalWORKs caseload and actual CalWORKs administrative expenditures in in the prior FY adjusted for the projected Non-MOE caseload change.
- The total employment services cost for Non-MOE cases is $10.25 million in FY 2017-18 and $10.71 million in FY 2018-19. For more information about this funding methodology, see the CalWORKs Employment Services premise.
- The total Stage One Child Care cost for Safety Net cases is $7.10 million in FY 2017-18 and $9.21 million in FY 2018-19. This includes the base cost for child care as well as the various RMR increases. For more information about this funding methodology, see the CalWORKs Child Care – Stage One Services and Administration and RMR Increase premises.
- The total Family Stabilization cost for long-term sanction cases is approximately $0.41 million in FY 2017-18 and FY 2018-19. This is based on a ratio of the long-term sanction expenditures to the total expenditures for Family Stabilization in the prior FY which is then applied to the total anticipated Family Stabilization expenditures in each FY.
- The total Expanded Subsidized Employment cost for Non-MOE cases is approximately $0.02 million in FY 2017-18 and FY 2018-19. This is based on a ratio of the Non-MOE expenditures to the total expenditures for Expanded Subsidized Employment in the prior FY which is then applied to the total anticipated Expanded Subsidized Employment expenditures in each FY.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
CalWORKs Non-Maintenance of Effort (MOE)*

KEY DATA/ASSUMPTIONS (CONTINUED):

- The total homeless assistance cost for non-MOE cases is approximately $0.51 million in FY 2017-18 and $0.53 million in FY 2018-19.
- The total Single Allocation Augment and Single Allocation Augment Adjustment cost for non-MOE cases is approximately $22.40 million in FY 2017-18 and $25.51 million in FY 2018-19, respectively.

METHODOLOGY:

- The monthly grant cost per case is multiplied by the total projected caseload and then by 12 months.
- The MOE shift is the sum of the grant cost, administrative cost, employment services cost, Stage One Child Care cost, Family Stabilization cost, Expanded Subsidized Employment cost, homeless assistance cost and Single Allocation Augment /Single Allocation Augment Adjustment cost.

FUNDING:

The basic grant costs are funded with 97.5 percent non-MOE GF and 2.5 percent non-MOE county funds not countable towards the state’s MOE requirement. All other costs are funded 100 percent non-MOE GF.

CURRENT YEAR CHANGE FROM APPROPRIATION:

The increase reflects a projected increase in the non-MOE share of the CalWORKs caseload, as well as an increase in other premises that affect CalWORKs non-MOE.

REASON FOR YEAR-TO-YEAR CHANGE:

The increase primarily reflects a projected increase in the non-MOE share of the CalWORKs caseload.

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.
## CalWORKs Non-Maintenance of Effort (MOE)*

**EXPENDITURES:**

(in 000s)

<table>
<thead>
<tr>
<th>Non-TANF/MOE Eligible Expenditures</th>
<th>Total</th>
<th>Federal</th>
<th>State</th>
<th>County</th>
<th>Reimb.</th>
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</thead>
<tbody>
<tr>
<td>CalWORKs Non-MOE</td>
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<td>-$726,963</td>
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**FY 2018-19**

<table>
<thead>
<tr>
<th>Non-TANF/MOE Eligible Expenditures</th>
<th>Total</th>
<th>Federal</th>
<th>State</th>
<th>County</th>
<th>Reimb.</th>
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<tbody>
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</tr>
</tbody>
</table>

* Please refer to the first tab titled “Acronyms” for a full description of acronyms.