STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • *www.cdss.ca.gov*

CDSS

WILL LIGHTBOURNE
DIRECTOR

EDMUND G. BROWN JR.
GOVERNOR

MAY 2, 2014

ALL COUNTY LETTER NO. 14-17

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

SUBJECT: CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO
              KIDS (CalWORKs) EXPANDED SUBSIDIZED EMPLOYMENT (ESE)
              PROGRAM DATA REPORTING PURSUANT TO ASSEMBLY BILL
              (AB) 74

REFERENCE: ALL COUNTY LETTERS (ACLs) 12-01, 12-25, 12-25E, 13-81, and
              13-101; COUNTY FISCAL LETTERS (CFLs) 13/14-22 and 13/14-23;
              WELFARE AND INSTITUTIONS CODE (WIC) SECTIONS 11322.63
              AND 11322.64

The purpose of this ACL is to transmit instructions for submitting data on ESE Program participants in order to assess the outcomes of this program. This data will provide county and state entities with information necessary for budgeting, staffing, and program planning. County Welfare Departments (CWDs) with an ESE Program shall submit ESE data on an ongoing, monthly basis. CWDs with an AB 98 Subsidized Employment Program (AB 98 Program) will continue to separately report AB 98 data on a monthly basis.

BACKGROUND

ESE Program

Effective July 1, 2013, AB 74 amends WIC Section 11322.63 and adds WIC Section 11322.64 to create the ESE Program. The California Department of Social Services

(CDSS) worked with the County Welfare Directors Association to develop an allocation methodology to distribute ESE funding for CWDs. Funds allocated for the ESE Program are in addition to, and independent of, the Single Allocation. CWDs shall not use ESE funds for the AB 98 Program as described in WIC Section 11322.63 and the CDSS Manual of Policies and Procedures Section 42-716.8 (this section is being renumbered to 42-716.7 later this calendar year).

Base Funding Requirement

CWDs that accept additional funding for ESE for CalWORKs participants, in accordance with WIC Section 11322.64 or the annual budget act, may have a Base Funding Requirement. The purpose of this requirement is to meet the goal of expanding subsidized employment to increase its availability. ESE funding shall not be used to supplant current subsidized employment efforts. The ESE Program is estimated to increase subsidized employment for the CalWORKs Program by approximately 8,250 monthly placements in state fiscal year 2014-15. The Base Funding Requirement will be discussed in a CFL that will be released in the near future.

ESE Eligibility

All CalWORKs clients required to participate in Welfare-to-Work (WTW) are eligible for ESE. At CWD option, CWDs may also place exempt volunteers who choose to participate in the ESE Program. Each participant in ESE is limited to a maximum of a single six-month placement, unless the CWD determines that the participant meets the requirements for an extension. Placements may be extended no more than twice, in three-month increments, up to a total of 12 months (including the original six months). See ACL 13-81 for more details regarding the ESE time limit and three-month extensions.

CWD ESE Plans

Each CWD participating in the ESE Program shall submit a written plan to the CDSS describing how the CWD intends to use the ESE funds. All CWD ESE plans will be posted on the CDSS website. Please see ACL 13-81 for details about submitting ESE plans.

DATA REPORTING

Information for the Legislature

AB 74 requires that the CDSS gather ESE Program data from counties to provide at least the following information to the Legislature no later than April 1, 2015:

- The number of CalWORKs recipients who entered subsidized employment.

- The number of CalWORKs recipients who found unsubsidized employment after the subsidy ends.
- The earnings of the program participants before and after the subsidy.
- The impact of this program on the state's work participation rate.

Data Reporting Format

The CDSS based the data reporting process for the ESE Program on the AB 98 Program's electronic client-level data collection process, originally explained in ACL 12-01. This process allows the CDSS to match to other databases, including the Employment Development Department's Base Wage File, and thus provides a streamlined and more robust ability to measure outcomes and to conduct meaningful evaluations of the long-term effects of subsidized employment for CalWORKs WTW participants.

Client-level data will be electronically transmitted to the same secure file transfer protocol location used for AB 98 Program data reports (see Attachment I). The uploaded file must be in comma separated value (.csv) format. If the file is an Excel spreadsheet, the file extension must be changed to .csv and saved before transmittal. Please see Attachment I for further instructions and details on ESE data reporting due dates. See Attachment II for the required format for ESE data uploads.

Please ensure that program and reporting staff read and thoroughly understand the instructions. It is critical that all formatting be adhered to strictly for the CDSS to be able to review CWDs' data. If you have any questions regarding how to upload ESE or AB 98 data reports, please contact the CDSS Data Systems and Survey Design Bureau Branch at (916) 651-8269. Program-related questions should be directed to your CDSS Employment Bureau County Consultant at (916) 654-2137.

Sincerely,

Original Document Signed By:

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

Attachments

c: CWDA

CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS EXPANDED SUBSIDIZED EMPLOYMENT DATA REPORTING INSTRUCTIONS

Definitions and Data Entry Formats

County: County Welfare Department (CWD) reporting the subsidized employment data. Column Header = County; Format = two digit county code (Text 2).

Month: Report month of subsidized employment. Column Header = Month; Format = m for single-digit months (e.g., March = 3) and mm for two-digit months (e.g., November = 11) (Text 1 or 2).

Year: Report year of the subsidized employment. Column Header = Year; Format = yyyy (Text 4).

Client Identification Number: Participant's Client Index Number. Column Header = CIN; Format = Nine-digit number (Text 9).

Month Participant Entered Subsidized Employment: Month participant started earning subsidized wages under ESE (Month of participant's first day of work). Column Header = Entered_Month; Format = m for single-digit months (e.g., March = 3) and mm for two-digit months (e.g., November = 11) (Text 1 or 2).

Year Participant Entered Subsidized Employment: Year participant started earning subsidized wages under ESE (Year of participant's first day of work). Column Header = Entered_Year; Format = yyyy (Text 4).

Pre-ESE Grant: Cash grant paid to ESE participant's case in the month prior to entering ESE. This field must have a value in the participant's first month of ESE and for the entirety of the placement. Column Header = Pre_Grant; Format = $4.

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

Month Participant Exited Subsidized Employment: Month participant stopped earning subsidized wages under ESE (Month of participant's last day of work). Column Header = Exit_Month; Format = m for single-digit months (e.g., March = 3) and mm for two-digit months (e.g., November = 11) (Text 1 or 2).

Year Participant Exited Subsidized Employment: Year participant stopped earning subsidized wages under ESE (Year of participant's last day of work). Column Header = Exit_Year; Format = yyyy (Text 4).

Work Participation Rate (WPR): Met federal WPR requirements for the report month. Column Header = WPR; Format = 1 = Yes, 2 = No, 3 = Unknown (Text 1).

Data Submission

CWDs shall report for each month the recipient is in the ESE Program, including the months during which the recipient received no grant due to increased earnings ("incomed-out").

Fields should not be left blank: enter "0" (zero) in a field which includes no value.

Name each file sent to the CDSS using the following naming format: ESEccmmyy.csv. If CWDs need to send a revision to a report, please add R1 (or R2, R3, etc.) to the end of the name of the revised report.

- cc = two-digit county code (see table below).
- mmyy = month and year file prepared.

TWO-DIGIT COUNTY CODES					
01	Alameda	21	Marin	40	San Luis Obispo
02	Alpine	22	Mariposa	41	San Mateo
03	Amador	23	Mendocino	42	Santa Barbara
04	Butte	24	Merced	43	Santa Clara
05	Calaveras	25	Modoc	44	Santa Cruz
06	Colusa	26	Mono	45	Shasta
07	Contra Costa	27	Monterey	46	Sierra
08	Del Norte	28	Napa	47	Siskiyou
09	El Dorado	29	Nevada	48	Solano
10	Fresno	30	Orange	49	Sonoma
11	Glenn	31	Placer	50	Stanislaus
12	Humboldt	32	Plumas	51	Sutter
13	Imperial	33	Riverside	52	Tehama
14	Inyo	34	Sacramento	53	Trinity
15	Kern	35	San Benito	54	Tulare
16	Kings	36	San Bernardino	55	Tuolumne
17	Lake	37	San Diego	56	Ventura
18	Lassen	38	San Francisco	57	Yolo
19	Los Angeles	39	San Joaquin	58	Yuba
20	Madera				

Monthly Reporting and the SAR 7

Please use the most current data available in the case file when reporting monthly for the ESE Program. In Attachment I of ACL 12-01, the CDSS described how the Quarterly Reporting (QR) 7 form could be used to report AB 98 Program data. As of October 1, 2013, the QR system has been discontinued and replaced by the

Semi-Annual Reporting (SAR) system, which requires an Eligibility Status Report (SAR 7) once per year and a Statement of Facts (SAWS 2 Plus) at redetermination. ESE Program data can be derived from the most recent SAR 7, SAWS 2 Plus, or from any mid-period reports that have been received.

Under SAR rules, recipients do not have to report changes in income unless they exceed their income reporting threshold (IRT), and participants are not required to report any changes in household composition mid-period. Therefore, unless there has been a voluntary report of a change mid-period, the "most current data available" could be from the last SAR 7 or SAWS 2 Plus and be up to six months old. For example, if an ESE participant has increased earnings due to subsidized employment in the SAR 7 submit month of November 2013, unless the income is over the participant's IRT, the participant will not be required to report this income until the SAWS 2 Plus is due in May 2014. In this situation, for the monthly ESE data reporting, it is acceptable to report data based on the November 2013 SAR 7 in December 2013 through May 2014. See ACLs 12-25 and 12-25E for details on SAR.

Data Reporting

All CWDs participating in the ESE Program will submit the following data fields:

County [County]
Report Month [Month]
Report Year [Year]
Client Identification Number [CIN]
Month the Participant Entered Subsidized Employment [Entered_Month]
Year the Participant Entered Subsidized Employment [Entered_Year]
Grant in Month Prior to Participant Entering Subsidized Employment [Pre_Grant]
Residual Grant following Entry into Subsidized Employment [Residual]
Month the Participant Exited Subsidized Employment [Exit_Month]
Year the Participant Exited Subsidized Employment [Exit_Year]
Work Participation Rate [WPR]
[ ] = Data field headings – see Attachment II.

File Transfer Protocol Submission Instructions

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

2. Sometimes when saving the report, fields may change to a default format. It is recommended that CWDs turn off automatic formatting (specifically in Excel) when building and saving their reports or thoroughly check report entries to ensure that they are in the required formats before uploading.

3. The data file may be up to 4882.8 kilobytes (a little under 5 megabytes) in size. If the file is larger, it must be split into separate files and each file uploaded separately with the same file name.

4. The first row of the file must be a header row containing all the field names. Field names are not case sensitive (e.g., **ENTERED_MONTH**, **Entered_Month,** and **entered_month** are all treated as the same field name). Having less than the number of required fields will generate a "missing fields" error, while having additional fields will generate an "unknown fields" error.

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

6. All data fields must be kept in the order listed in the template (Attachment II). Any change in the order of the fields will render the report unreadable.

CWDs must not send ESE or AB 98 Program Data via email. CWDs are to upload data files using an internet browser at the following web address:

https://sft.ca.gov/

For CWDs that do not already have access to this web address for the AB 98 Program or who need to add another user, complete sections 1, 2, 8, and 11 of the GEN 1321 form attached to this ACL after Attachment II. The user completes Section 1 by checking the "New Access" box. Users must include information for the middle initial in section 2; if the user does not have a middle initial, enter "NMN" (no middle name) instead. The user's supervisor completes Section 8 by checking box 1, printing and signing her or his name, and entering the date signed. The user completes the GEN 1321 by printing her or his name, signing, and entering the date in section 11. The CWD then emails a scanned copy of the completed form to:

ESEProgram@dss.ca.gov

The CDSS will then notify the CWD via email of each user's ID and password. Each CWD is allowed to have up to a total of four users for **both** the AB 98 and ESE Programs. A separate GEN 1321 is required for each user. The GEN 1321 form is also used to delete users or reset passwords. The GEN 1321 form takes approximately five business days for processing. If possible, CWDs should submit the GEN 1321 form by the fifth of the month prior to the implementation of their ESE Program. When staff no longer needs access to the upload data, CWDs need to send a GEN 1321 form to terminate her or his access as soon as possible: the CDSS is billed for each user each month staff has access.

File Transfer Protocol Submission Due Dates

CWDs that implemented their ESE Programs prior to the release of this ACL need to report data retroactively as soon as administratively possible to the month their ESE Programs started. Once CWDs are caught up on past months as needed, ESE Program data reports are due 45 days after the end of the each month's reporting period. For example, reporting for April 2014 would be due on or before June 14, 2014. Due dates that fall on a Saturday, Sunday, or state holiday are extended to the following business day. Reports are deleted automatically 60 days after they are uploaded to the secure transfer file.

County	Month	Year	CIN	Entered_Month	Entered_Year	Pre_Grant	Residual	Exit_Month	Exit_Year	WPR

CDSS SYSTEM AND APPLICATION ACCESS FORM

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

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

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

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

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

Step 3 <u>USERS:</u>

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

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

Check (✔) Only One / Complete Unit Data:

☐ New Access   (All Sections)

☐ Change Access   (All Sections)

☐ Terminate Access   (Sections 1, 2, 4, 7, 8, 10)

☐ Other

Current Bureau/Unit/Index _____

Receiving Bureau/Unit/Index _____

Effective Date _____

Information Systems Division Modifications:
(Not Applicable to RACF)

For Changes to Access:

Indicate Name or Location of Server/System

From _____ to _____

For New Server Access:

Indicate Name or Location of

System/Server _____

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

USER NAME	LAST	FIRST	MI
☐ Check if name change			

FORMER NAME	LAST	FIRST	MI
[Complete if box above is checked]			

COMPANY (FOR NON EMPLOYEES)

ADDRESS

CITY	STATE	ZIP CODE

PHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS

CDSS SYSTEM AND APPLICATION ACCESS FORM - CONTINUED

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

(Completed by Requesting Organization)

(Completed by System Administrator)

SYSTEM NAME(S)		LOGON ID(S)	DATE COMPLETED
☐ DSSnet/SUN	Groups:		
☐ NT	Groups:		
☐ HWDC *(Specify)* Also complete GEN 1321(a)			
☐ TEALE *(Specify)* Also complete GEN 1321(a)			
☐ Other *(Specify)*			
☐ Other *(Specify)*			
APPLICATION(S)		**LOGON ID(S)**	**DATE COMPLETED**
☐ Exchange/Outlook Mailbox			
☐ Other *(Specify)*			
☐ Other *(Specify)*			

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

☐ Delete the files (attach a list)

☐ Move the files with user (attach a list)

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

☐ Other *(attach a list)*

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

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

SECTION 6 - Comments *(optional)*

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

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

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

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

I confirm that:

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

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

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

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

SUPERVISOR NAME *(PRINT)*	SUPERVISOR SIGNATURE	DATE

SECTION 9 - Information Security Officer Signature

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

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

SECTION 10 - System Administrator Signature

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

☐ I certify that the above access request has been completed.

☐ I certify that the name change request has been completed.

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

SECTION 11 - User Acknowledgements and Signature

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

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

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

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