



CDSS

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REASON FOR THIS TRANSMITTAL

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

February 18, 2015

ALL COUNTY WELFARE DIRECTORS LETTER

TO: ALL COUNTY WELFARE DIRECTORS

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

SUBJECT: CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs) PROGRAM: ELIGIBILITY CASE FILE REVIEWS

The California Department of Social Services (CDSS) would like to announce upcoming 2015 county site visits. The purpose of the visits will be to conduct California Work Opportunity and Responsibility to Kids (CalWORKs) Eligibility Case File Reviews. This letter provides additional background information as well as the purpose, goals and timelines related to the upcoming reviews.

**Background**

An audit conducted in 2012 by the California State Auditor, Bureau of State Audits determined that the CDSS needs to increase the monitoring of CalWORKs Eligibility programs at local County Welfare Departments (CWDs). As a result, effective March 2015, the CDSS will begin conducting CalWORKs Eligibility Case File Reviews.

**Purpose and Goals of CalWORKs Eligibility Case File Review**

The purpose of the CalWORKs Eligibility Case File review is for the CDSS to review cases at the county level in order to increase the Department's oversight capacity and monitor the implementation of recent CalWORKs eligibility policy changes. The goal of the CalWORKs Eligibility Case File Review is to collect information as to how CWDs are determining CalWORKs eligibility and implementing policy, and to assess the need for further technical assistance.

**Review Timeline**

The CDSS plans to begin conducting CalWORKs Eligibility Case File Reviews in March 2015. Counties that will be scheduled for review during the 2015 calendar year are as follows: Alameda, Fresno, Los Angeles, Orange, Riverside, Sacramento, and San Bernardino. The chart below outlines a tentative review schedule.

| <b>County Name</b> | <b>Review Month</b> | <b>County Name</b> | <b>Review Month</b> |
|--------------------|---------------------|--------------------|---------------------|
| Sacramento         | March               | Los Angeles        | TBD                 |
| San Diego          | April               | Fresno             | TBD                 |
| Alameda            | May                 | Riverside          | TBD                 |
| Orange             | June                | San Bernardino     | TBD                 |

**CalWORKs Eligibility Case File Review Resource Tools**

The CDSS has developed the enclosed *CalWORKs Eligibility Case File Review Guide* (Attachment One) as a resource for CWDs to reference in anticipation of the upcoming county visits. Also enclosed with this letter is *CalWORKs Eligibility Case File Review Outline* (Attachment Two). The outline identifies additional information pertaining to the composition of the review team and the review plan as well as information relevant to a summary of findings and when a corrective action plan may be required.

The CalWORKs Eligibility Bureau looks forward to open collaboration with you and your staff to ensure the continued success of the CalWORKs program. If you have any questions or would like to discuss this information further, please contact the CalWORKs Eligibility Bureau at (916) 654-1322.

Enclosure(s)

ATTACHMENT ONE

# **California Department of Social Services (CDSS)**

## **California Work Opportunity and Responsibility to Kids (CalWORKs)**

### **Eligibility Case File Review Guide**

**Welfare to Work Division**

February 2015





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## **I. Introduction and Purpose of Case File Review Guide**

In 2013 the California Department of Social Services (CDSS) began developing a CalWORKs Eligibility Case File Review Guide for the CalWORKs Eligibility Bureau in response to independent audit findings and recommendations made by the Administration of Children and Families (ACF). The CDSS CalWORKs Eligibility Bureau developed this CalWORKs Eligibility Case File Review Guide as part of the Department's oversight responsibility to monitor County Welfare Departments (CWDs) by verifying the accurate application of rules pertaining to eligibility determination in Temporary Assistance for Needy Families (TANF) funded programs.

The material presented in the guide is designed to provide clear written information that will be used during the CalWORKs Eligibility Case File Review. The CalWORKs Eligibility Case File Review Tool will help the CDSS ensure CWDs are properly determining eligibility and will assess whether benefits were correctly terminated. More specifically, the review tool includes an analysis of the following factors of CalWORKs eligibility: residency of the family; child deprivation; family income; family resources; citizenship status of all family members; the composition of the assistance unit (i.e. whether everyone receiving aid is eligible for aid, including whether the maximum family grant rule is applicable); and the grant calculation, including recoupment of any applicable overpayments. Additional factors the review tool examines include cooperation with child support requirements, whether the case has all required documentation on file, and if clients were given timely and adequate notice with respect to requests for Immediate Need, Homeless Assistance or adverse case actions. The CDSS also believes the guide will assist CWDs in developing and implementing quality assurance processes at the county level.

The content of the CalWORKs Case File Review Guide is consistent with federal and state rules, state Policy Interpretation questions, and the CDSS All County Letters (ACLs) and All County Information Notices (ACINs). The CDSS' goal is to provide support and technical assistance that will lead to successful administration of the CalWORKs program. Questions or feedback regarding the review guide should be directed to your assigned county analyst by contacting the CalWORKs Eligibility Bureau at (916) 654-1322.





## II. Case File Review Procedures and Timeline

The CDSS plans to complete approximately eight site reviews in 2015, tentatively beginning in March 2015. Additional reviews will be scheduled on an annual basis. The visits for most counties will be one day in duration; however, depending on the size and location of the county, some visits may extend beyond one day. In addition to the site visit, the CDSS may also complete desk reviews following the county site visit, in order to complete a proportionate number of case files to the size of the county. Furthermore, the CDSS may complete reviews remotely in lieu of a county site visit for smaller counties, counties in more remote locations or at the discretion of the CDSS.

Approximately six weeks prior to the scheduled review, an email will be sent to the County Welfare Director and Deputy Director notifying them of the visit and requesting a contact person for the CDSS to communicate with regarding the review. Approximately two weeks prior to the review, the CDSS will transmit the agenda and data request to the county requesting documentation that will be reviewed by the CDSS on the day of the visit. The CDSS will also request that the county have one to two county staff available to the CDSS reviewers when reviewing the automated system and answer any questions regarding the case files under review. One week prior to the review, the CDSS will offer a pre-visit conference call for each county.

The number of reviewers will range from two to four CDSS Eligibility staff. After the review, the CDSS will schedule a follow-up call with each county within two weeks to verbally summarize the findings of the CalWORKs Eligibility Case File Review. A draft of the *CalWORKs Case File Review Summary of Findings* will be completed by the CDSS CalWORKs Eligibility Bureau and forwarded to the County Welfare Director and Deputy Director within four weeks of the review. The CWD will have the opportunity to refute any findings, if applicable, by providing documentation to the CDSS within 2 weeks of receipt of the *draft CalWORKs Case File Review Summary of Findings*. A final *CalWORKs Case File Review Summary of Findings* report will be forwarded to the County Welfare Department Director and Deputy Director within 8 weeks of the review. If the final *CalWORKs Case File Review Summary of Findings* report indicates any significant eligibility findings, the county will be required to submit a Corrective Action Plan to the CDSS within 45 days of receiving the final *CalWORKs Case File Review Summary of Findings* report.

Below is a basic outline of the activities which will occur in preparation of, during and after each CalWORKs Eligibility Case File Review.

| WEEK  | TASKS   |
|---|---|
| Six Weeks Prior to Visit  | <ul style="list-style-type: none"> <li>• The CDSS will confirm the scheduled day of the CalWORKs Eligibility Case File Review and request a CWD contact person.</li> </ul>  |
| Two to Three Weeks Prior to Visit                                     | <ul style="list-style-type: none"> <li>• The CDSS will work with the CWD to determine logistical details for the visit.</li> <li>• The CDSS will provide the CWD with a list of case files (specific case numbers) that will be reviewed and a list of documents that will need to be ready the day of the visit.</li> </ul>  |
| One Week Prior to Visit   | <ul style="list-style-type: none"> <li>• The CDSS will hold a pre-visit call with the CWD. This call is to inform the CWD of what to expect the day of the visit and to answer any questions they may have regarding any of the materials they have received thus far.</li> </ul>   |
| Week of Visit   | <ul style="list-style-type: none"> <li>• The CDSS will call the CWD contact the day before the visit to confirm any last minute logistical details and to answer any questions the CWD may have.</li> </ul>   |
| Day of Visit  | <ul style="list-style-type: none"> <li>• The CalWORKs Eligibility Case File Review visit will begin at 8:30 a.m. and will conclude by 4:30 p.m.</li> <li>• The visit will include:               <ul style="list-style-type: none"> <li>○ <b>Entrance Meeting:</b> Introductions, facility tour and review of the day's agenda.</li> <li>○ <b>Case File Review:</b> Review of selected CalWORKs applications, redeterminations, and terminations.</li> <li>○ <b>Closing Discussion:</b> This will include what the CWD should expect next in the process (post visit), as well as an opportunity for the CWD and/or CDSS to ask any follow up questions.</li> </ul> </li> </ul> |
| Two Weeks Post-Visit  | <ul style="list-style-type: none"> <li>• The CDSS will hold a post-visit debrief conference call with the CWD to discuss findings and the draft <i>CalWORKs Eligibility Case File Review Summary of Findings</i>.</li> </ul>  |
| Four Weeks Post-Visit   | <ul style="list-style-type: none"> <li>• The CDSS will issue the draft <i>CalWORKs Eligibility Case File Review Summary of Findings</i> and forward to County Welfare Department Director and Deputy Director.</li> <li>• The CDSS will review any additional data requested by the CDSS or submitted by the CWD.</li> </ul>  |
| Eight Weeks Post-Visit  | <ul style="list-style-type: none"> <li>• The CDSS will issue the final <i>CalWORKs Eligibility Case File Review Summary of Findings</i> report and forward to County Welfare Department Director and Deputy Director.</li> </ul>  |
| 45 Days Following County Receipt of Final Written Summary of Findings | <ul style="list-style-type: none"> <li>• The CWD will submit a Corrective Action Plan to the CDSS (if applicable). The CDSS will follow-up with the CWD, if needed, to ensure the corrective action plan is sufficient.</li> </ul>  |

### **III. Case File Review Visit Agenda**

**Date:** [Insert Date of Visit]  
**Time:** 8:30 a.m. - 4:30 p.m.  
**Location:** [Insert Location]

**Review Team:** [Insert Names of Review Team Members]

#### **Schedule for [Date]**

|                                |   |
|--------------------------------|---|
| <b>8:30 a.m. - 9:00 a.m.</b>   | <b>Welcome and Introductions</b>                  |
| <b>9:00 a.m. - 11:00 a.m.</b>  | <b>Complete 2-3 Eligibility Case File Reviews</b> |
| <b>11:00 a.m. - 11:15 a.m.</b> | <b>Break</b>                                      |
| <b>11:15 a.m. - 1:00 p.m.</b>  | <b>Complete 2-3 Eligibility Case File Reviews</b> |
| <b>1:00 p.m. - 2:00 p.m.</b>   | <b>Lunch Break</b>                                |
| <b>2:00 p.m. - 3:30 p.m.</b>   | <b>Complete 2-3 Eligibility Case File Reviews</b> |
| <b>3:30 p.m. - 4:00 p.m.</b>   | <b>Break and CDSS Staff Debrief</b>               |
| <b>4:00 p.m. - 4:30 p.m.</b>   | <b>Exit Meeting and Debriefing with County</b>    |



## IV. CalWORKs Eligibility Case File Review Tool

|   |                         |                          |                        |             |
|---|-------------------------|--------------------------|------------------------|-------------|
| <b>Parent/Caretaker Relative Name:</b><br><small>(First Name, Last Initial)</small>                             |                         | <b>Child First Name:</b> | <b>Birthdate:</b>      | <b>Age:</b> |
| <b>Second Parent Name :</b><br><small>(First Name, Last Initial)</small>  |                         | <b>Child First Name</b>  | <b>Birthdate:</b>      | <b>Age:</b> |
| <b>Case Number:</b>   |                         | <b>Child First Name:</b> | <b>Birthdate:</b>      | <b>Age:</b> |
| <b>Consortia:</b> <input type="checkbox"/> LEADER <input type="checkbox"/> C-IV <input type="checkbox"/> CalWIN |                         | <b>Child First Name:</b> | <b>Birthdate:</b>      | <b>Age:</b> |
| <b>Review Period and Type:</b>  | <b>Reviewer's Name:</b> |                          | <b>Date of Review:</b> |             |
| <b>County:</b>  | <b>County Contact:</b>  | <b>Email/Phone:</b>      |                        |             |

Reviewed Case Comments

### 1. Citizenship and Residency Status of All Assistance Unit (AU) Members

| Citizenship and Residency Status of All Case Members |   | Type of Verification   | Verification Sufficient  |                          |                          |                          |
|--|---|--|--|--------------------------|--------------------------|--------------------------|
|  |   |  | Yes  | No                       | N/A                      |                          |
| <b>1.1a</b>  | Case Member: _____<br><small>(First Name, Last Initial)</small> | <input type="checkbox"/> U.S. Citizen<br><input type="checkbox"/> Legal Non-Citizen<br><input type="checkbox"/> Undocumented Non-Citizen | <input type="checkbox"/> Birth Certificate<br><input type="checkbox"/> Form I-179, I-197 or I-551<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | Proof of California Residency                                   | <input type="checkbox"/> CA ID <input type="checkbox"/> Rental Agreement/Receipt <input type="checkbox"/> Other: _____                   | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |                          |

### 2. Composition of the Assistance Unit (AU) and Maximum Family Grant (MFG)

| Assistance Unit (AU) Composition                             |   | Inclusion Status                                       | Status Determined Correctly |                          |                          | Verification of Relationship on File |                          |                          | Evidence of Age on File  |                          |                          |
|--|---|--|-----------------------------|--------------------------|--------------------------|--------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  |   |  | Yes                         | No                       | N/A                      | Yes                                  | No                       | N/A                      | Yes                      | No                       | N/A                      |
| <b>2.1a</b>  | Case Member: _____<br><small>(First Name, Last Initial)</small> | <input type="checkbox"/> Mandatory                     | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |   | <input type="checkbox"/> Optional                      | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |   | <input type="checkbox"/> Excluded                      | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |   | <input type="checkbox"/> MFG Child                     | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | Relationship to Caretaker Relative: _____                       | <b>MFG</b>   |                             |                          |                          |                                      |                          |                          | <b>Yes</b>               | <b>No</b>                | <b>N/A</b>               |
|  |   | MFG Rules (CW 2102) on File                            |                             |                          |                          |                                      |                          |                          | <input type="checkbox"/> | <input type="checkbox"/> |                          |
|  |   | CW 2102 Signed 10 Months Prior to Birth (if MFG child) |                             |                          |                          |                                      |                          |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CW 2102 Signed at most recent redetermination (if MFG child) |   |  |                             |                          |                          |                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |

| AU Composition |  |
|----------------|--|
| 2.2            | AU Size: _____ <input type="checkbox"/> AU Size Determined Correctly <input type="checkbox"/> AU Size Determined is Incorrect (List Reason): _____ |
| 2.3            | Reporting System: <input type="checkbox"/> SAR (Adult in the AU) <input type="checkbox"/> AR/CO (child-only)                                       |
| 2.4            | Proper Aid Code Indicated: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, indicate reason and correct aid code: _____             |

### 3. Child Deprivation and Child Support Requirements

| Child Deprivation and Child Support Requirements |   |   | Documentation on File    |                          |                          |
|--|---|---|--------------------------|--------------------------|--------------------------|
|  |   |   | Yes                      | No                       | N/A                      |
| 3.1a   | Child: _____<br><small>(First Name)</small> | <input type="checkbox"/> Deceased Parent <input type="checkbox"/> Parental Incapacity <input type="checkbox"/> Absent Parent <input type="checkbox"/> Unemployed Parent<br><small>Complete 3.2 Complete 3.3</small> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2a   | If <b>Absent Parent</b> Deprivation         | Child Support Referral Completed (CW 371) Note if interface: _____  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |   | Notice and Agreement for Child, Spousal, Medical Support (CW 2.1NA) Completed   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |   | Support Questionnaire (CW 2.1Q) Completed   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |   | Sanctioned Applied for Parents that Refused to Assign Child Support Rights  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |   | Penalty for Failure or Refusal to Cooperate Applied   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.3a   | If <b>Unemployed Parent</b> Deprivation     | Principal Earner Identified Correctly   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |   | Employment Hours Within Preceding 4 Weeks Under 100 hours   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Child Deprivation |  |
|-------------------|--|
| 3.4               | <input type="checkbox"/> Deprivation Correctly Established <input type="checkbox"/> Deprivation Not Established (List Reason): _____ |
|                   | Notes:   |

### 4. Family Resources

| Family Resources  |   | Resource Type            | Verification on File     |                          |                          | Value Calculated Correctly |                          |                          |
|---|---|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
|   |   |                          | Yes                      | No                       | N/A                      | Yes                        | No                       | N/A                      |
| <b>4.1a</b><br><br>Case Member: _____<br><small>(First Name, Last Initial)</small>  | <input type="checkbox"/> Real Property \$ _____ (if \$0, indicated on SAWS2 or SAR 7)               |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/> Personal Property \$ _____ (if \$0, indicated on SAWS2 or SAR 7)           |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/> Bank Account \$ _____ (if \$0, indicated on SAWS2 or SAR 7)                |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|   | Account number(s) match account(s) on file <input type="checkbox"/> Yes <input type="checkbox"/> No |                          |                          |                          |                          |                            |                          |                          |
|   | <input type="checkbox"/> Restricted Account \$ _____  |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/> Account Held in Financial Institution                                      |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/> Separate from Other Accounts   |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/> Form CW 86 Signed  |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/> Motor Vehicle \$ _____ (if \$0, indicated on SAWS2 or SAR 7)               |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Self-Certification of Fair Market Value Identified (CW 80) |   |                          |                          |                          |                          |                            |                          |                          |
| <input type="checkbox"/> Encumbrances Identified                                    |   |                          |                          |                          |                          |                            |                          |                          |
| <input type="checkbox"/> Amount Applied To Resource Limit Identified                |   |                          |                          |                          |                          |                            |                          |                          |
| <input type="checkbox"/> Other: _____ \$ _____                                      |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> |                          |
| Family Resources  |   |                          | Yes                      | No                       | N/A                      | Notes                      |                          |                          |
| <b>4.2</b>  | Total Amount of Family Resources: \$ _____  |                          |                          |                          |                          |                            |                          |                          |
| <b>4.3</b>  | Family Resource Calculation Correct   |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                            |                          |                          |
| <b>4.4</b>  | Family is Resource Eligible   |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                            |                          |                          |

### 5. Family Income

| Family Income<br>Complete for All Case Members with Income                         |  | Income Source(s) | Verification on File     |                          |                          | Total Amount Correct     |                          |                          |
|--|--|------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  |  |                  | Yes                      | No                       | N/A                      | Yes                      | No                       | N/A                      |
| <b>5.1a</b><br><br>Case Member: _____<br><small>(First Name, Last Initial)</small> | <input type="checkbox"/> Earned \$ _____           |                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/> Unearned \$ _____         |                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/> Disability Based \$ _____ |                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/> Self-Employment \$ _____  |                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/> Other: _____ \$ _____     |                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Total AU Income    |  | Applicable Income Disregards  | Disregard Applied        |                          |                          | Calculation Correct      |                          |                          |
|--------------------|--|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                    |  |   | Yes                      | No                       | N/A                      | Yes                      | No                       | N/A                      |
| 5.2                | Total AU Income: \$ _____  | <input type="checkbox"/> Applicant (\$90)                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                    |  | <input type="checkbox"/> Disability Based Income Disregard (\$225)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                    |  | <input type="checkbox"/> Remainder of \$225 Earned Income Disregard | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                    |  | <input type="checkbox"/> 50% of Earned Income                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Income Calculation |  |   | Yes                      | No                       | N/A                      | Notes                    |                          |                          |
| 5.3                | Total AU Income Calculation Correct                                |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |
| 5.4                | Income Reporting Threshold (IRT) Correct                           |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |
| 5.5                | Reasonably Anticipated Income Documented in Case Notes and Correct |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |

### 6. Grant Calculation and Recoupment of Overpayments

| Grant Calculation |   | Determination Correct    |                          |                          | Notes |
|-------------------|---|--------------------------|--------------------------|--------------------------|-------|
|                   |   | Yes                      | No                       | N/A                      |       |
| 6.1               | AU Size: _____  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |       |
| 6.2               | MAP Type: <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |       |
| 6.3               | Special Needs Assessed: <input type="checkbox"/> PSN <input type="checkbox"/> Homeless Assistance <input type="checkbox"/> Other  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |       |
| 6.4               | Sanctioned Applied: <input type="checkbox"/> WTW <input type="checkbox"/> Child Support <input type="checkbox"/> Other            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |       |
| 6.5               | Penalty Applied: <input type="checkbox"/> Immunizations <input type="checkbox"/> School Attendance <input type="checkbox"/> Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |       |
| 6.6               | Overpayment/Underpayment Adjustment   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |       |
| Grant Calculation |   | Yes                      | No                       | N/A                      | Notes |
| 6.7               | Monthly Grant Amount : \$ _____   |                          |                          |                          |       |
| 6.8               | Monthly Grant Correct   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |       |



### 7. Required Documentation in Case File

| SAWS Application |   | Yes                      | No                       | N/A                      | Date Received/Completed |
|------------------|---|--------------------------|--------------------------|--------------------------|-------------------------|
| 7.1              | SAWS Application(s) On File: <input type="checkbox"/> SAWS 1 <b>and</b> SAWS 2 <b>OR</b> <input type="checkbox"/> SAWS 2 Plus | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                         |
| 7.2              | SAWS 2A SAR on File and Signed (Application and Redetermination)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                         |
| 7.3              | Personal Interview Completed (App: Face-to-Face/RD: Face-to-Face or Telephone)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                         |
| 7.4              | Reasonable Accommodations Provided  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                         |

### 8. Timely and Adequate Notice

| Application Processing     |  | Yes                      | No                       | N/A                      | Notes |
|----------------------------|--|--------------------------|--------------------------|--------------------------|-------|
| 8.1a                       | Reviewed SAWS application to determine if Immediate Need was requested   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |       |
| 8.1b                       | Immediate Need Processed by next working day following the request   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |       |
| 8.2                        | County provided CW 2200 to client to request any required verification and assisted with obtaining verification when requested | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |       |
| 8.3a                       | Approval, Denial or Aid Payment Issued within 45 Days of Application   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |       |
| 8.3b                       | Meets Exceptions if No Response to Application within 45 Days  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |       |
| Timely and Adequate Notice |  | Yes                      | No                       | N/A                      | Notes |
| 8.4                        | Timely and Adequate Notice Provided for Immediate Need   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |       |
| 8.5                        | Timely and Adequate Notice Provided for Homeless Assistance  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |       |
| 8.6                        | Timely and Adequate Notice Provided for Discontinued Cases   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |       |
| 8.7                        | Timely and Adequate Notice Provided for Grant Decreases  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |       |
| 8.8                        | Notified of IRT Appropriately  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |       |



**9. Additional Notes**

| <b>Reference Section</b> | <b>Additional Notes</b> |
|--------------------------|-------------------------|
|                          |                         |
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|                          |                         |
|                          |                         |
|                          |                         |

## IV. Preliminary Case File Review Summary

|  |
|--|
| <b>Preliminary Case File Review Visit Summary and Analysis</b> |
|--|

|                                       | YES                      | NO                       | Notes |
|---------------------------------------|--------------------------|--------------------------|-------|
| Critical Eligibility Errors Noted     | <input type="checkbox"/> | <input type="checkbox"/> |       |
| Implemented \$225 EID Disregard       | <input type="checkbox"/> | <input type="checkbox"/> |       |
| Implemented 5% MAP Increase           | <input type="checkbox"/> | <input type="checkbox"/> |       |
| Using SAWS 2 Plus                     | <input type="checkbox"/> | <input type="checkbox"/> |       |
| Implemented Changes in Motor Vehicles | <input type="checkbox"/> | <input type="checkbox"/> |       |
| Using CW 2200 to Request Verification | <input type="checkbox"/> | <input type="checkbox"/> |       |

| <b>Preliminary Case File Review Visit Summary</b> |
|---|
|   |

## ATTACHMENT TWO

### CalWORKs Eligibility Case File Review Outline

As indicated in All County Welfare Directors Letter dated February 18, 2015 the California Department of Social Services (CDSS) has developed this outline which summarizes details related to California Work Opportunity and Responsibility to Kids (CalWORKs) Eligibility Case File Reviews. This is meant to be a resource tool for County Welfare Departments (CWDs) to use in anticipation of upcoming reviews.

#### **Composition of the CDSS CalWORKs Eligibility Case File Review Team**

The CDSS CalWORKs Eligibility Case File Review team will consist of two to four CDSS CalWORKs Eligibility Bureau staff. These reviews will take place independent of the CDSS Field Monitoring Visits which are conducted by CalWORKs Employment Bureau staff.

Additional details regarding the CalWORKs Eligibility Case File Review procedures as well as a timeline for activities leading up to the review and following the review are provided within the *CalWORKs Eligibility Case File Review Guide*. This section also specifies the timeline for those CWDs required to complete and submit a corrective action plan to the CDSS due to significant eligibility findings. Additional information pertaining to significant eligibility findings and the requirements for corrective action plans are indicated later in this tool.

#### **Case File Review Plan for 2015**

During the 2015 calendar year, the CDSS plans to review a total of eight CWDs for a total of 100 eligibility case files statewide. The sample of files will be weighted and randomly selected from CWDs with the largest caseloads within the state. The sample of cases will be selected using the Research and Development Enterprise Product (RADEP) application for cases TANF funded cases. Cases funded with state only funds will be randomly selected from Medi-Cal Eligibility Data System (MEDS). The sample will be comprised of CalWORKs case applications, redeterminations, and discontinuances.

Approximately two to three weeks prior to the review, the CDSS will provide the CWD with a full list of case files (by providing the case number) that will be reviewed. If the CWD maintains paperless files, they will need to make a computer with print capability available for the CDSS to use during the review. The CDSS will also require that the CWD provide access to the CWD's automated system and electronic storage software to each CDSS staff reviewer. If the CWD does not maintain electronic case files, the CDSS requests that the CWD have the selected case files available in the same room where the case file review will take place, when possible. The CDSS also requests that one county staff member be available to field questions during the review, if needed.

## **Remote Eligibility Case File Reviews**

In some instances the CDSS may find it appropriate to conduct the Eligibility Case File Review remotely. In these cases, the CDSS will follow all of the procedures indicated within this outline, with the exception of the review being conducted remotely rather than at the CWD office. CWDs will be notified if the review will take place remotely when they are notified of the date in which the review will be conducted. The CDSS review team will require access to the CWD's automated system, as well as the required eligibility documentation, in order to conduct remote reviews. The CDSS will contact the CWD prior to the remote review to explain how the CDSS will obtain the documentation that is required.

## **Summary of Findings**

The CDSS will provide each CWD with a written summary of findings following the CalWORKs Eligibility Case File Review. The summary of findings will identify each of the eligibility criteria reviewed in the case files and indicate any significant eligibility findings in the area. A significant eligibility finding is one in which the CDSS determines aid was approved or denied incorrectly. Examples of significant eligibility findings include, but are not limited to, cases where an applicant or recipient was approved for or continued to receive cash aid when the Assistance Unit (AU) was in fact not eligible, when a case was denied or discontinued when the AU was in fact eligible, or the grant determined for the AU was incorrect.

A draft summary of findings will be provided to the CWD approximately 4 weeks following the review. CWDs will have the opportunity to refute any findings, if applicable, by providing additional documentation or evidence to the CDSS within 2 weeks of receipt of the draft summary of findings. The CDSS will review any additional documentation provided by the CWD and issue a final summary of findings approximately 8 weeks following the review.

In cases where the CDSS identifies a significant finding in the final summary of findings report, the CWD will be required to complete and submit a corrective action plan to the CDSS within 45 days of receipt of the final written summary of findings report. The CDSS will review the CWD's corrective action plan to determine if the plan is sufficient to correct the finding and prevent future findings in that area. The CDSS will work with the CWD if additional information is necessary or if additional steps need to be taken in order to sufficiently address the area of weakness identified.