



CDSS

WILL LIGHTBOURNE
DIRECTOR

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

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EDMUND G. BROWN JR.
GOVERNOR

REASON FOR THIS TRANSMITTAL

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

May 2, 2014

ALL COUNTY LETTER NO. 14-30

TO: ALL COUNTY WELFARE DIRECTORS
ALL CALWORKS PROGRAM SPECIALISTS
ALL CALFRESH COORDINATORS
ALL CONSORTIUM PROJECT MANAGERS
ALL COUNTY WELFARE-TO-WORK COORDINATORS

SUBJECT: CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs): INTER-COUNTY TRANSFER (ICT) PROCEDURES, REVISED CW 215 FORM

REFERENCE: ALL COUNTY LETTERS (ACL): 02-90, 13-78; ALL COUNTY INFORMATION NOTICE (ACIN) NO. I-43-01; WELFARE AND INSTITUTIONS CODE (W&IC) 11053

The purpose of this letter is to inform County Welfare Departments (CWDs) of changes to the CalWORKs ICT process and to transmit copies of the revised CW 215 (Notification of Intercounty Transfer) form. The ICT regulations and procedures were established to ensure that CalWORKs and CalFresh recipients do not have a disruption in service and/or aid when they move from one county to another. Achieving these goals requires good communication and ongoing cooperation between the counties involved.

Background

Assembly Bill (AB) 1612 (Statutes of 2010, Chapter 725) requires CWDs to use the existing CalWORKs ICT process for CalFresh cases with a CalWORKs component. CalWORKs ICT regulations at Manual of Policies and Procedures (MPP) Section 40-188.22 require counties to redetermine eligibility based on current circumstances using continuing recipient criteria. Some counties have been interpreting this to mean a new application is required and thus have been requiring a new SAWS 2 (Statement of Facts) and related verification during the ICT process.

New Requirements

MPP Section 40-188.13 directs the sending county to provide the receiving county with copies of documents necessary to establish current eligibility and grant amount. Effective immediately, the sending county is to provide the most current SAWS 2 or SAWS 2 Plus, SAWS 2A QR or SAWS 2A SAR, and QR 7 or SAR 7 as part of the required documentation during the ICT process. Also effective immediately, the receiving county shall not require a new SAWS 2 Plus or related application or verification information unless there is a change in circumstances that requires a mid-period interim report. Instead, counties will update the current SAWS 2/SAWS 2 Plus information as needed to continue eligibility. A new SAWS 2 Plus shall not be required or requested by the receiving county unless the change in circumstances is such that a determination of continuing eligibility cannot be made without it. Circumstances that may warrant the taking of a new SAWS 2 Plus include new employment, the addition of a new assistance unit (AU) member, or the acquisition of new property not exempt from program asset tests. If a new SAWS 2 Plus is needed, the county should provide the prior application and mark *only* the new information that needs to be completed.

The ICT, even when a new SAWS 2 Plus is required, does not, in and of itself, change the redetermination/recertification date. The implementation of semi-annual reporting (SAR) established reporting cycles based on the beginning date of aid. The redetermination/recertification date is aligned with the SAR reporting cycle; therefore, the reporting cycle should not change during the ICT.

If a family moves out of the county during either of the last two months of the redetermination/recertification period, the sending county and receiving county will need to complete the redetermination/recertification in sufficient time to avoid its expiration during the ICT process. The sending county may complete the redetermination/recertification and then transfer the case to the receiving county, or the receiving county may complete it. The counties must coordinate this matter to ensure that whichever county is completing the redetermination/recertification shall do so in a timely manner so the recipient has no delay in benefits or break in aid. The CalWORKs redetermination shall be done in the same month as the recertification.

As a reminder, current policy (MPP Section 44-211.515) states that the county in which the AU is physically located and intends to reside shall be responsible for determining homeless assistance eligibility, regardless of the ICT status. The issuance of homeless assistance shall be based on the date the county receives the request, with all eligibility requirements met.

The ICT process has not changed. Counties are required to follow the previously established rules for ICTs. This letter identifies new documents that must be sent by

the sending county during the ICT process in addition to those required under MPP Section 40-188.13. This letter also clarifies that either the sending county or receiving county may complete the redetermination/recertification if a family moves out of the county during either of the last two months of the redetermination/recertification period.

CW 215

In addition to these clarifications in policy, the California Department of Social Services (CDSS) has also revised the CW 215 to reflect the newly clarified process and documentation, as well as recent changes to program rules, names and forms.

While updating the CW 215, CDSS also created a new form (CF 215 8/13 *CALFRESH NOTIFICATION OF INTER-COUNTY TRANSFER*) to facilitate the ICT process in the CalFresh program. CalFresh and CalWORKs will no longer use a combined ICT form. To transfer a case involving both CalWORKs and CalFresh, counties should now use both the CW 215 and the CF 215. To transfer cases involving CalFresh only, counties should now use the CF 215. See ACL 13-78 for additional information about the CF 215.

Details about how the CW 215 has been changed are below:

- All references to Food Stamps have been removed from the CW 215 (4/14) form *NOTIFICATION OF INTERCOUNTY TRANSFER*.
- Under the "Documentation Sent" section, new checkboxes have been added for SAWS 2, SAWS 2A QR, SAWS 2A SAR, SAWS 2 PLUS, QR 7, SAR 7, QR 25A and WTW 37.
- The "Welfare-to-Work Plan" section includes lines for compliance date of contact and end date. New checkboxes have been added to capture whether an appeal was filed timely. A new box has been added to capture the date of the comprehensive discussion of the SB 1041 rules.
- The "Sanctions/Penalties" section now includes good cause for child support. First, second, and subsequent Welfare-to-Work (WTW) sanctions have been replaced with "Cure Plan Contact Date" and "Cure Plan Complete Date".
- Under the "Case Information" section, new checkboxes have been added for foster children and non-minor dependents.
- The "Time Limits" section has been modified to indicate the number of CalWORKs months used on the client's 24 and 48-month time clocks.

- Under the "Cal-Learn" section, a new penalty checkbox has been added.

The CW 215 has also been revised to include a line at the end of the "Welfare-to-Work Plan" section to determine if a member of the AU previously participated in the AB 98 or Expanded Subsidized Employment Programs and, if so, when. Current recipient income disregards and work requirements may apply to former CalWORKs cash aid recipients who reapply for aid and whose AB 98 or Expanded Subsidized Employment Program subsidy ended within the past three calendar months. See ACL 11-32, dated April 6, 2011, and ACL 13-81, dated September 30, 2013 for additional information.

The CW 215 now includes WTW 24-Month Time Clock Notices as a category of "Documentation Sent." This change incorporates necessary changes related to the WTW 24-Month Time Clock implemented by Senate Bill 1041 (Chapter 47, Statutes of 2012).

In addition, the CW 215 is being changed from the "Required Form-No Substitutes Permitted" category to "Required Form-Substitutes Permitted." Counties wishing to make substitutions to the CW 215 must send a request for forms substitution along with a draft of the revised form to the CalWORKs Eligibility Bureau for approval. Counties may not use the proposed alternative form until CDSS approves it. The request must include a summary of the requested changes and why the change is being requested. Counties may email their requests to Shawn Dorris, Policy Unit Manager at shawn.dorris@dss.ca.gov or via U.S. Postal mail to:

California Department of Social Services
CalWORKs Eligibility Bureau
744 P Street, MS 8-8-31
Sacramento, CA 95814
ATTN: Shawn Dorris

Required Form - Substitute Permitted

Forms in this category are required forms for which modifications or substitutions, with prior Department approval, are permitted (see Operations Manual Section 23-400.22, Approval Procedure). The CWDs may modify these forms to add or obtain information that does not (1) conflict with program policy/regulations, or (2) change the legal content of the form. Ordinarily, merely rewording the content of a form in this category will not be approved. However, such suggestions for language improvement will be considered by the Department in future revisions.

CWDs should begin using the attached form as soon as administratively feasible, but no later than August 31, 2014.

Camera-Ready Copies And Translations

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

When all translations are completed per MPP Section 21-115.2, they are posted on an on-going basis on the CDSS webpage. Copies of the translated forms can be obtained at http://www.dss.cahwnet.gov/cdssweb/FormsandPu_274.htm. For questions on translated materials, please contact Language Services at (916) 651-8876.

Regulation Changes

This ACL will be followed by regulations to incorporate the above changes.

Contacts

If you have questions regarding this notice, please contact your CalWORKs county consultant directly or call the CalWORKs Eligibility Bureau at (916) 654-1322.

Sincerely,

Original Document Signed By:

TODD R. BLAND
Deputy Director
Welfare to Work Division

Attachment

NOTIFICATION OF INTERCOUNTY TRANSFER

Instructions: Workers should complete each space. If the information requested does not pertain to this case, indicate with N/A symbol.

SENDING COUNTY NAME AND ADDRESS				CASE NAME		CASE NUMBER	
RECEIVING COUNTY				RECIPIENT ADDRESS		NUMBER/STREET	
Ca!WORKs				RECIPIENT'S MAILING ADDRESS (IF DIFFERENT)		CITY	
<input type="checkbox"/> WAIVE 30 DAY ICT PROCESS:				RECIPIENT'S PHONE NUMBER(S)		DATE MOVED	
WELFARE-TO-WORK PLAN				PAYEE'S NAME (IF DIFFERENT)		SSN	
NAME		DATE		PAYEE'S RELATIONSHIP TO AIDED CHILD(REN)			
				SUMMARY OF INCOME/PROPERTY			
				NAME			
				SOURCE			
				AMOUNT			
				MONTH			
				\$			
				\$			
				\$			
<input type="checkbox"/> COMPLIANCE PLAN				<input type="checkbox"/> RESTRICTED ACCOUNT(S)			
				BALANCE \$			
OVERPAYMENTS TRANSFERRED				TIME LIMITS			
PROGRAM				NAME:			
TYPE				NAME:			
Ca!WORKs				NUMBER OF TANF MONTHS USED?			
Other (Specify)				NUMBER OF Ca!WORKs MONTHS USED?			
				24 48			
				24 48			
SANCTIONS/PENALTIES				CAL-LEARN CASE INFORMATION			
Check (✓) all that apply for each person				NAME			
Name				NAME			
Start Date				NAME			
End Date				MFG			
TYPE				NAME			
Ca!WORKs IPV				NAME			
School Attendance				NAME			
CS Sanction				PRIOR NOTIFICATION DATE			
Welfare-to-Work Sanction				LATEST NOTIFICATION DATE			
				DOCUMENTATION SENT			
				<input type="checkbox"/> EXEMPTION (CW 2186B)			
				<input type="checkbox"/> SAWS 1/SAWS 2/SAWS 2A QR/			
				<input type="checkbox"/> TIME LIMIT NOTICE (COPY BOTH SIDES)			
				<input type="checkbox"/> DISABILITY VERIFICATION			
				<input type="checkbox"/> PREGNANCY VERIFICATION			
				<input type="checkbox"/> OP RECORDS			
				<input type="checkbox"/> QR 7/SAR 7			
				<input type="checkbox"/> PE DETERMINATION NAME			
				<input type="checkbox"/> OTHER (LIST)			
CASE INFORMATION				COMMENTS:			
<input type="checkbox"/> CalWORKs				<input type="checkbox"/> RESTRICTED ACCOUNT			
<input type="checkbox"/> RCA				<input type="checkbox"/> MFG EXEMPTION			
PRIOR MONTH		CURRENT MONTH		<input type="checkbox"/> CW 2102 <input type="checkbox"/> CW 25/			
				QR 25A/CW 25A			
				<input type="checkbox"/> WTW PLAN			
				<input type="checkbox"/> WTW 20			
				<input type="checkbox"/> WTW 37			
				<input type="checkbox"/> WTW 24-MONTH TIME CLOCK			
				NOTICES			
DATE RCA TIME EXPIRES				WORKER INFORMATION			
HOMELESS ASSISTANCE RECEIVED?				WORKER NAME		WORKER NUMBER	
				PHONE NUMBER		PHONE HOURS	
				FAX		DATE COMPLETED	
				()		()	
FOSTER CHILD(REN):				()			
NON-MINOR DEPENDENT:				()			
				()			
DATE OF LAST RECERTIFICATION:				()			