## **DEPARTMENT OF SOCIAL SERVICES**

744 P Street, Sacramento, CA 95814



October 29, 1997 ALL COUNTY LETTER 97-68

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY AFDC PROGRAM
MANAGERS

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REASON FOR	$\mathbf{I}$	$\sim$

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

SUBJECT: IMPLEMENTATION OF THE DIVERSION PROGRAM - CALIFORNIA

WELFARE OPPORTUNITY AND RESPONSIBILITY TO KIDS

(CalWORKs) PROGRAM

REFERENCE: ASSEMBLY BILL (AB) 1542, CHAPTER 270, Statutes of 1997, ACIN 1-51-97

The purpose of this letter is to provide counties with the necessary instructions for implementing the Diversion program provisions of AB 1542, Chapter 270, Statutes of 1997. This statute becomes effective January 1, 1998. AB 1542 authorizes the California Department of Social Services (CDSS) to implement the statute initially through the All County Letter (ACL) process in order to meet the January 1, 1998 implementation date. The CDSS will be adopting emergency regulations implementing the Diversion program provisions as soon as possible, but no later than July 1, 1998.

#### PROCESSING APPLICATIONS

AB 1542 adds section 11266.5 to the Welfare and Institution Code (WIC) which mandates that each county have a Diversion program for applicants and that applicants also be notified of the availability of this Diversion program prior to approval of their CalWORKs application. At a minimum, applicants must be "apparently eligible," based on the definition in Section 40-129.11 of the Eligibility and Assistance Standards (EAS) manual. The county shall, in its sole discretion, determine if the applicant would likely avoid the need for extended assistance if provided access to the Diversion program. In making the determination for a Diversion payment or service, the county may consider any of the following:

- The applicant's employment history,
- The likelihood of the applicant obtaining immediate full-time employment,
- The applicant's general prospect for obtaining full-time employment,

- The applicant's need for cash assistance to pay for housing or substantial and unforseen expenses or work-related expenses,
- Housing stability, and
- The adequacy of the applicant's child care arrangements, if applicable.

After determining that an applicant would benefit from a Diversion program, the county shall inform the applicant of this determination. The applicant then may choose to participate in the Diversion program or pursue the application for CalWORKs. If the applicant opts for the CalWORKs program, then he/she shall continue in the normal CalWORKs eligibility process.

If an applicant opts for a Diversion payment/service, the CalWORKs application is denied in accordance with normal procedures. Cash or noncash payments/services are provided as negotiated between the applicant and the county. AB 1542 does not limit the amount of Diversion payments/services or the number of times that a county may provide such benefits to an applicant. However, WIC Section 10544.1 counts positive outcomes resulting from the Diversion program toward the county's incentive calculation. To receive credit, applicants must be diverted from the CalWORKs program for at least six months, in addition to the number of months equivalent to the Diversion payment/service.

## REQUEST FOR AID AFTER ISSUANCE OF A DIVERSION PAYMENT/SERVICE

There may be instances when a Diversion recipient reapplies and is eligible for CalWORKs. The treatment of the original Diversion payment/service is determined by whether or not the recipient returns within the diversion period. The diversion period is the time period represented by the value of the Diversion payment/service divided by the appropriate Maximum Aid Payment amount for the apparently eligible assistance unit at the time of receipt of the Diversion payment/service. In the case of noncash services, the county shall determine the fair market value of the services in calculating the diversion period.

Pursuant to the WIC Section 11266.5, if a Diversion recipient returns and applies for CalWORKs <u>within</u> the diversion period and is determined eligible for aid, then the Diversion payment/service must be recouped through one of two methods. The recipient has the option to either:

- Allow the county to recoup from the grant the value of the Diversion payment/service within a time period determined by the county or
- Count the total diversion period against the 60-month time limit.

If the Diversion recipient returns <u>after</u> the diversion period has ended, then only one month shall be counted toward the 60-month time limit.

## INFORMING REQUIREMENT

Counties are required to inform every CalWORKs applicant of the availability of the Diversion program. The SAWS 1 Coversheet and the SAWS 1 form will be amended to inform applicants of the Diversion program. You will receive these forms under separate cover.

#### NOTICES OF ACTION

Attachment #2 contains the Notices of Action (NOA) to be used in the Diversion program. They are used for 1) denying cash aid and approving a Diversion payment/service, 2) adjusting a grant to repay a Diversion payment/service and 3) adjusting the 60-month time limit due to a Diversion recipient returning for cash aid.

For all NOA's, CWDs should cite the appropriate county directives, instructions, or procedures when applicable.

#### **TRANSLATIONS**

Counties should call the Forms Management Bureau at (916) 654-1907 or CALNET at 437-1907 for camera-ready copies of any form, NA form, NOA message or suggested informing language in any language. However, counties that have provided Language Services Bureau with a county contact and the specific languages (Spanish, Chinese, Cambodian and Vietnamese) will automatically be sent those languages as soon as the document (form/NA form/NOA message/informing notice) is translated.

#### FISCAL CLAIMING

CDSS is currently designing an assistance claiming process for both federally eligible and state-only recipients to capture both cash payments and services associated with the Diversion program. Administrative time study and payment/service claiming instructions will be issued as part of a December 1997 County Fiscal Letter.

## DATA COLLECTION/TRACKING

The CDSS is currently assessing reporting requirements and management information needs relative to the Diversion program. Information will be provided regarding new or revised reporting requirements via ACL when available.

A database is currently being developed that will include information on Diversion payments, allowing each county to identify specific Diversion recipients. Additionally, in order for counties to count positive outcomes resulting from the Diversion program towards

the county's incentive calculation, Diversion payments and recipients' time on or off aid as specified under WIC Section 10544.1 must be tracked.

## **CONTACTS**

Any questions regarding this letter may be directed to Henry Puga at (916) 654-1068 or CALNET at 464-1068. Contact Elizabeth Allred for questions regarding forms at (916) 657-3350 or ATSS (916) 457-3350.

Sincerely,

BRUCE WAGSTAFF
Deputy Director
Welfare to Work Division

Attachments

## **ATTACHMENT #1**

#### QUESTIONS AND ANSWERS ON THE DIVERSION PROGRAM

## 1) Is the Diversion program mandatory in all counties?

Yes. All counties must have a Diversion program.

## 2) Is the Diversion program separate from the CalWORKs program?

Yes. Once an applicant has opted for the Diversion program, the CalWORKs application will be denied.

## 3) Is a recipient of the Diversion program eligible for child care?

Generally, AB 1542 allows recipients of aid under Chapter 2, which includes CalWORKs and Diversion programs, to receive child care. A Diversion recipient is eligible for Stage III child care. If there are no Stage III "slots" available, a Diversion recipient may be served in Stage II child care.

#### 4) Are recipients of the Diversion program categorically linked to Medi-Cal?

No. However, the counties should follow the existing procedures to make the Medi-Cal eligibility determinations and process the Medi-Cal application.

## 5) When is the "beginning date of aid" for Diversion recipients who return for aid?

If a Diversion recipient returns, the normal beginning date of aid rules apply, either the date of the new application or the day the applicant meets all CalWORKs program eligibility requirements, which ever is later.

## 6) How does the recoupment of the original Diversion payment work?

## Example:

A single mother with two children received a Diversion payment of \$2,375 for significant car repairs. After two months, the woman returns to apply for CalWORKs with the intention of receiving cash aid assistance. With a MAP at the time of the application of \$545, her diversion period is considered 4 months since any fraction of a whole number resulting from this computation is not counted.

Additionally, since she returned within this 4 month period, she has the option to either repay the \$2,375 by grant reductions as determined by the county or count the four months against her 60-month time limit. If this woman had returned after the four month diversion period, then only one month would be counted against the 60-month time limit, and no repayment would be required.

# 7) For Diversion recipients who return and apply for CalWORKs assistance, dowe consider them a new applicant or a restoration case?

This person is considered a new applicant for aid, and the regular rules apply regarding applications and the beginning date of aid.

## 8) Can we count Diversion payments/services toward the work participation rate?

At this time, Diversion payments/services cannot be counted toward the work participation rate since they are not TANF assistance payments by definition. Should there be future federal guidance in this area, further instructions will be provided. However, counties are reminded that the number of applicants diverted from the program will be considered in the determination of fiscal incentives pursuant to WIC Section 10544.1.

## **ATTACHMENT 2**

## **NOA MESSAGES**

Action	Type	New	NOA #*
Deny	Diversion	Deny cash aid/approve a diversion pmt. Insert into the NOA Handbook.	M44-000a
Deny	Diversion	Deny cash aid/approve diversion services. Insert into the NOA Handbook.	M44-000b
Change	Diversion	Repayment of diversion payment/ services stops. Insert into the NOA Handbook.	M44-000d
Other	Diversion	Adjust 60-month time limit when apply within diversion period. Use on a second page with approval notice. Insert into the NOA Handbook.	M44-000e
Other	Diversion	Adjust 60-month time limit by 1 month when apply after diversion period. Use on a second page with approval notice. Insert into the NOA Handbook.	M44-000f

## **NA Forms**

o NA 217 (1/98) Diversion

Insert NA form and instructions in Section 5 of the NOA Handbook.

\*The NOA #s assigned to each message are temporary place holders until the actual regulation cites are issued. At that time we will notify counties of the NOA message numbers.

State of California Department of Social Services	Noa Msg Doc No.: Action Issue: Aid Payme Title: Diversion	: Deny ents	Page 1 of 1
Auto ID No.: Source : Issued by : Reg Cite : W & IC 11266.5	Use Form No. : Original Date : Revision Date :	: 01-01-98,	New
MESSAGE:			
The County has denied your application for aid dated	cash		
Here's why:			
You chose a diversion payment instead of ca aid. You are eligible for a diversion paymof \$ for			
	<u>_</u> .		
This payment is equal tomonth(s) of case for an assistance unit ofperson(s).	sh aid		

INSTRUCTIONS: Use to deny cash aid and approve a diversion payment. Fill in the application date, the diversion amount and what the payment was for. Also indicate the number of months and the AU size. Use new NA 217 with the calculation for the payment divided by the MAP (AU only) to get the diversion period.

file: pkian/MSERIES/dv.44000a

Department of Social Services	Action Issue: Aid Payn	-
	Title: Diversion	on Services Provided
Auto ID No.: Source : Issued by : Reg Cite : W & IC 11266.5	Use Form No. Original Date Revision Date	: 01-01-98, New
MESSAGE:		
The County has denied your application for cash aid dated		
Here's why:		
You chose diversion service(s) instead of cash aid. You were eligible and got diversion service(s)s of	_	
The value for this service(s) is \$and is equal tomonth(s) of aid for an assistance unit ofperson(s).		

Noa Msg Doc No.: M44-000b Page 1 of 1

INSTRUCTIONS: Use to deny cash aid and approve diversion service(s). Fill in the application date and list the kind of services provided. Also indicate the value of the service(s), the number of months and the AU size. Use new NA 217 with the calculation for the value of service(s) divided by the MAP (AU only) to get the diversion period.

file: pkian/MSERIES/dv.44000b

Noa Msg Doc No.: M44-000d Page 1 of 1 Department of Social Services Action : Change Issue: Aid Payments Title: Diversion Repayment Stops Use Form No. : NA 200 Auto ID No.: Original Date : 01-01-98, New Source : Issued by : Revision Date : Reg Cite : W & IC 11266.5 MESSAGE: As of \_\_\_\_\_, the County is changing your cash aid from  $\S$ \_\_\_\_\_ to  $\S$ \_\_\_\_. Here's why: The diversion payment you got has been paid in full. The diversion service(s) amount has been [ ] paid in full. Your new cash aid amount is figured on this

INSTRUCTIONS: Use to stop the adjustment to the cash aid payment when the recipient has paid the diversion payment/value of service(s) in full.

file: pkian/MSERIES/dv.44000d

page.

State of California Department of Social Services		Noa Msg Doc No.: M44-000e Pag Action : Other Issue: Time Limit Title: Diversion	ye 1 of 1
Auto II Source Issued Reg Cit	:	Use Form No. : NA 270 Original Date : 01-01-98, 19 Revision Date :	New
MESSAGE	Σ:		
	, the County is subtracting from your 60-month time limit.	_	
Here's	why:		
[ ]	You got a diversion payment of \$ on and it is equal tomonor of cash aid.	chs	
[ ]	You got diversion service(s) of		
	on The value of your diverservice(s) is \$ and is equal months of cash aid.		
	ve agreed to count the diversion c/services against your eligibility t	ime	
Your di	version period is figured on this pa	ge.	
Maximum (Assist	on Payment/Service(s) \$  n Aid PaymentPerson(s)  cance Unit only)  on Period =		

INSTRUCTIONS: Use to adjust the number of months for diversion against the 60-month time limit. Use as a second page on a blank NA 270 for applicants when appropriate. Print the calculation for either the payment or value of services divided by the MAP (AU only) to get the diversion period on the right hand side.

file: pkian/MSERIES/dv.44000e

State of California Department of Social Services	Noa Msg Doc No.: M44-000f Page 1 of 1 Action : Other Issue: Time Limit Title: Diversion
Auto ID No.: Source : Issued by : Reg Cite : W & IC 11266.5	Use Form No. : NA 270 Original Date : 01-01-98, New Revision Date :
MESSAGE:	
As of, the County is subtracting or month from your 60-month time limit.	ne
Here's why:	
[ ] You got a diversion payment of \$ and it is equal tomont of cash aid.	ths
[ ] You got diversion service(s) of	
on The value of your divers service(s) is \$and is equal to months of cash aid.	
Since you came in and applied for cash aid the diversion period, only one month is couagainst your 60-month time limit.	
Your diversion period is figured on this pa	age.
Diversion Payment/Service(s) \$  Maximum Aid PaymentPerson(s) (Assistance Unit only)  Diversion Period =	

Noa Msg Doc No.: M44-000f Page 1 of 1

INSTRUCTIONS: Use to subtract one month for diversion against the 60-month time limit because the client came in after the diversion period to apply for cash aid. Use on blank NA 270 as a second page for applicants when appropriate. Print the calculation for either the payment or value of services divided by the MAP (AU only) to get the diversion period on the right hand side.

file: pkian/MSERIES/dv.44000f

## **INSTRUCTIONS**

NA 217 (1/98) Diversion

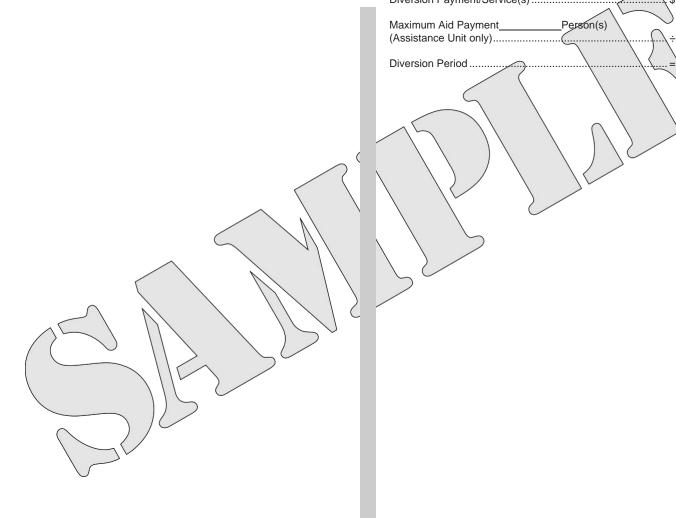
Use as a first page to show how the diversion period was calculated.

Fill in the diversion payment amount or if the person received services, the value of the services. Fill in the number of persons in the assistance unit (AU). Divide the Maximum Aid Payment for the number of persons in the AU into the diversion amount to get the diversion period. Round down to the next whole number.

Revision Date: 1/98 NEW

file: pkian/NAFORMS/217.instr

	Notice Date :
	Telephone:Address :
ADDRESSEE)	Questions? Ask your Worker.  State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.
	Diversion Payment/Service(s)



**Medi-Cal:** This Notice of Action does NOT change or stop Medi-Cal benefits. **Keep your plastic Benefits Identification Card(s).** 

 $\mbox{\bf Rules:}$  These rules apply; you may review them at your welfare

office: MPP

#### YOUR HEARING RIGHTS

#### To Ask For a State Hearing

- You only have 90 days to ask for a hearing. The 90 days started the day after we gave or mailed you this notice.
- You have a much shorter time to ask for a hearing if you want to keep your same benefits.

#### To Keep Your Same Benefits While You Wait For a Hearing

You must ask for a hearing before the action takes place.

- Your Cash Aid will stay the same until your hearing.
- Your Medi-Cal will stay the same until your hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.
- Your CalWORKs Child Care benefits will NOT stay the same until your hearing.
- If the hearing decision says we are right, you will owe us for any extra cash aid or food stamps you got.

#### To Have Your Benefits Cut Now

If you want your Cash Aid or Food Stamps cut while you wait for a hearing, check one or both boxes.

Cash Aid Food Stamps

#### To Get Help

You can ask about your hearing rights or free legal aid at the state information number.

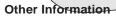
Call toll free:

1-800-952-5253

If you are deaf and use TDD, call: 1-800-952-8349

if you are dear and use TBB, pain. Tool 302 0040

You may get free legal help at your local legal aid office welfare rights group.



Child and/or Medical Support: The District Attorney's office will help you collect support even it you are not on cash aid. There is no cost for this help. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you any current support money collected. They will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask for it.

**Hearing File:** If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. (W. & I. Code Section 10950).

#### HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page. Make a copy of the front and back for your records. Then, send or take this page to:

Your worker will get you a copy of this page if you ask. Another way to ask for a hearing is to call 1-800-952-5253. If you are deaf and use TDD, call: 1-800-952-8349.

## HEARING REQUEST I want a hearing because of an action by the Welfare Department

County about my

Cash Aid	Food Stamps Medi-Cal Child Care
Other (list)	
Here's why:_	
■ I want the	e and add a page if you need more space.  person named below to represent me at this hearing.  permission for this person to see my records or come  ring for me.
NAME	
ADDRESS	
	ee interpreter. ge or dialect is:
My name:	
Address:	
Phone:	
My case numb	per:
My signature:	
Date:	

## NOTIFICACION DE ACCION

#### CONDADO DE

STATE OF CALIFORNIA HEALTH AND WELFARE AGENCY DEPARTMENT OF SOCIAL SERVICES

(ADDRESSEE)	Fecha de la notificación Nombre del caso Número Nombre del trabajador Número Teléfono Dirección	¿Tiene preguntas? Comuníquese con su trabajador.  Audiencia con el estado: Si usted cree que esta acción está equivocada, puede solicitar una audiencia En el reverso de esta hoja se le explica cómo solicitarla Sus beneficios no cambiarán si usted solicita una audiencia antes que esta acción entre en vigor.
	asistencia Pago má: (unidad d	vicios para evitar la necesidad de a a largo plazo

**Medi-Cal:** Esta notificación NO cambia ni suspende sus beneficios de Medi-Cal (Programa de Asistencia Médica de California). **Conserve sus tarjetas de plástico de identificación de beneficios.** 

**Reglas:** Las siguientes reglas, las cuales puede revisar en la oficina de bienestar público, son pertinentes: MPP

#### SUS DERECHOS A UNA AUDIENCIA

#### Para pedir una audiencia con el estado

- Usted tiene solamente 90 días para solicitar una audiencia. Los 90 días comenzaron un día después de la fecha en que le dimos o enviamos esta notificación.
- Si desea seguir recibiendo los mismos beneficios, tiene mucho menos tiempo para pedir una audiencia.

#### Para conservar sus mismos beneficios mientras espera una audiencia

Tiene que solicitar la audiencia antes que la acción entre en vigor.

- Su asistencia monetaria permanecerá sin cambios hasta que se lleve a cabo su audiencia.
- Sus beneficios de Medi-Cal (Programa de Asistencia Médica de California) permanecerán sin cambios hasta que se lleve a cabo su audiencia.
- Sus estampillas para comida permanecerán sin cambios hasta que se lleve a cabo la audiencia o hasta el fin de su período de certificación; lo que ocurra primero.
- Sus beneficios de CalWORKs (Programa de California de Oportunidades de Trabajo y Responsabilidad hacia los Niños) para el cuidado de niños NO permanecerán sin cambios hasta que se lleve a cabo su audiencia.
- Si la decisión de la audiencia indica que estamos en lo correcto, usted nos deberá cualquier asistencia monetaria o estampillas para comida que usted haya recibido de más.

#### Para que se descontinúen ahora sus beneficios

Si usted desea que se descontinúe su asistencia monetaria o sus estampillas para comida mientras espera una audiencia, marque una o ambas casillas.

Asistencia monetaria Estampillas para comida

#### Para obtener ayuda

Puede obtener información acerca de sus derechos a una audiencia o asesoramiento legal gratuito llamando al teléfono de información del estado.

Número gratuito: 1800-952-5253 Si es sordo y usa TDD: 1-800-952-8349 (aparato de telecomunicaciones para las personas sordas)

Es posible que pueda obtener asesoramiento legal gratuito en la oficina local de asesoramiento legal (legal aid) o del grupo para la defensa de los derechos relacionados a la asistencia publica.

#### Otra información

Mantenimiento de hijos y/o mantenimiento en relación al

cuidado de la salud: La Oficina del Fiscal del Distrito le ayudará a cobrar mantenimiento de hijos aun cuando no esté recibiendo asistencia monetaria. Este servicio es gratuito. Si en la actualidad están cobrando mantenimiento de hijos a su nombre, ellos continuarán haciéndolo hasta que usted les dé aviso por escrito indicándoles que paren. Le enviarán a usted cualesquier cantidades actuales de mantenimiento que cobren. Se quedarán con las cantidades atrasadas de mantenimiento que cobren para pagar lo que se le debe al condado.

**Planificación familiar:** Su oficina de bienestar público le proporcionará información cuando usted la solicite.

Expediente de la audiencia: Si usted solicita una audiencia, la oficina de audiencias con el estado formará un expediente. Usted tiene el derecho de examinar este expediente. El Estado puede dar su expediente al departamento de bienestar público, al Departamento de Salud y Servicios Humanos de los Estados Unidos y al Departamento de Agricultura de los Estados Unidos. (Sección 10950 del Código de Bienestar e Instituciones)

#### COMO PEDIR UNA AUDIENCIA CON EL ESTADO

La mejor manera de solicitar una audiencia es llenar esta página. Haga una copia del frente y del reverso para sus archivos. Luego envíe esta página a:

Su trabajador le dará a usted una copia de esta página si la pide. Otra manera de solicitar una audiencia es llamar al 1-800-952-5253. Si es sordo y usa TDD, llame al 1-800-952-8349.

#### PETICION PARA UNA AUDIENCIA

Deseo solicitar una audiencia a causa de una acción tomada por el Departamento de Bienestar Público del Condado de

. acerca de mi(s)

	, 5.000.00.00.00.00.00.00.00.00.00.00
Asistencia monetaria	Estampillas para comida
Medi-Cal	Cuidado de niños
Otro (anote)	
La razón es la siguiente:	
	5   /

Marque aquí y agregue otra hoja si necesita más espacio.

NOMBE

Quiero que la persona mencionada abajo me represente en esta audiencia. Le doy permiso a esta persona que vea mis expedientes o que vaya a la audiencia en mi lugar.

NOWDRE	
DIRECCION _	
_	
	n intérprete sin costo para mí. es el:
Mi nombre:	
Dirección:	
Teléfono:	Mi No. de caso:
Mi firma:	
Fecha:	