



STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



EDMUND G. BROWN JR.
GOVERNOR

November 08, 2018

COUNTY FISCAL LETTER (CFL) NO. 18/19-30

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

SUBJECT: CLARIFICATION AND UPDATES REGARDING THE CLAIMING OF
CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO
KIDS ASSISTANCE PAYMENTS ISSUED UNDER APPARENT
ELIGIBILITY

REFERENCES: [ASSEMBLY BILL \(AB\) 557](#) (CHAPTER 691, STATUTES OF 2017);
[ALL COUNTY LETTER \(ACL\) NO.18-26](#), DATED JUNE 6, 2018;
[ACL NO. 18-78](#), DATED JUNE 29, 2018; [CFL NO. 89/90-11](#), DATED
OCTOBER 6, 1989; [CFL NO 99/00-37](#), DATED NOVEMBER 5, 1999;
[CFL NO. 00/01-21](#), DATED JULY 28, 2000; MANUAL OF POLICIES
AND PROCEDURES (MPP) SECTIONS [25-520.3](#), [40-129.534\(B\)](#),
[40-105.151](#), [40-107](#), [40-129](#), [42-205.2](#), [42-213.11\(H\)](#), [43-119.23](#),
[44-103.23](#), [44-211.5](#), [44-350](#), AND [44-352](#); WELFARE AND
INSTITUTIONS CODE (WIC) SECTIONS [11056](#) AND [11266](#)

The purpose of this letter is to clarify existing claiming instructions regarding the claiming of payments made under apparent eligibility (also referred to as presumptive eligibility) for California Work Opportunity and Responsibility to Kids (CalWORKs) assistance payments and to implement the new CalWORKs Apparent Eligibility Claim. As [MPP section 25-520.3](#) notes, common examples of such payments issued under apparent eligibility guidelines include immediate need and homeless assistance payments. Recently, the California Department of Social Services (CDSS) provided updated programmatic guidance regarding the issuance of immediate need benefits through [ACL No. 18-26](#), dated June 6, 2018, and temporary homeless assistance

benefits issued pursuant to AB 557 through [ACL No. 18-78](#), dated June 29, 2018. This letter provides updated instructions for claiming payments associated with the guidance found in those letters. This letter also provides a clarification to counties as to which eligibility codes should be used to claim eligibility determinations for CalWORKs, CalFresh, and Medi-Cal, even when those determinations find the client ineligible for one or more of those programs.

Background

The CDSS recently issued [ACL No. 18-26](#) with updated program instructions for CalWORKs immediate need payments (and related potential overpayments). In that letter, CDSS instructed counties that an immediate need payment is **only** an overpayment if the applicant was not apparently eligible for CalWORKs when the immediate need payment was issued. The [ACL No. 18-78](#) provided similar guidance regarding apparently eligible clients receiving homeless assistance payments under AB 557, which mandates that a CalWORKs applicant who provides a sworn statement alleging domestic abuse and who is fleeing his or her abuser shall be deemed homeless and eligible for temporary homeless assistance benefits regardless of his or her abuser's income or assets.

The previous claiming instructions issued for apparent eligibility payments were found in [CFL No. 89/90-11](#), dated October 6, 1989, [CFL No. 99/00-37](#), dated November 5, 1999, and [CFL No. 00/01-21](#), dated July 28, 2000. These letters state that payments made under apparent eligibility should be claimed under the appropriate aid codes for the client, even if they are subsequently determined to be ineligible for aid. The [MPP section 25-520.3](#) identifies immediate need and homeless assistance payments as typical examples of such payments. It is important to note that, in regards to CalWORKs, the terms "presumptive eligibility" and "apparent eligibility" are synonymous and are used interchangeably throughout guidance on this subject (refer also to MPP divisions [40](#), [42](#), [43](#), and [44](#) and WIC sections [11056](#) and [11266](#)).

Clarification and Updates Regarding Claiming Instructions

Previous Guidance

The [MPP section 25-520.31](#), provides two different options for claiming apparent eligibility payments under the state's Title IV-A program (then Aid to Families with Dependent Children [AFDC] and now CalWORKs):

- **Option #1:** Under [MPP section 25-520.311](#), counties could withhold claiming immediate need and homeless assistance payments granted under presumptive eligibility until eligibility was determined. Payments made to clients would subsequently be claimed to the appropriate claim (federal or state-only) as a Prior Month Positive Adjustment.

- Option #2: Under [MPP section 25-520.312](#), counties could claim only state/county participation on the non-federal (state and county only) line(s) of the federal AFDC claim, until eligibility was determined. Counties would then adjust these amounts to the federal lines on that same claim if determined eligible, while those determined ineligible for federal AFDC would require no additional claiming adjustment, since the correct shares of cost already would have been established under the state/county line.

The regulations in [MPP sections 25-520.311 and 312](#) require clarification in light of the change in Title IV-A from AFDC to Temporary Assistance for Needy Families (TANF) and the creation of its Maintenance of Effort (MOE) requirement. The [ACL No. 18-26](#) and [ACL No. 18-78](#) establish the need to claim apparent eligibility payments provided to individuals subsequently determined to be ineligible for CalWORKs. Due to the fact that these payments are not eligible for either TANF or MOE funding, a new assistance claim for CalWORKs apparent eligibility payments has been created. This claim utilizes 100 percent CalWORKs non-MOE state General Fund for these payments, regardless of the column under which the payments are claimed.

Updated Guidance

Counties now have the following claiming options for apparent eligibility payments:

- Option 1: Withhold claiming until eligibility is determined for the appropriate aid code/claims. If cases are subsequently determined ineligible for CalWORKs, they may be claimed as a Prior Month Positive Adjustment within the new CalWORKs Apparent Eligibility Claim to the aid code for which the case was apparently eligible at the time the payment was made.
- Option 2: Claim to the aid code for which the case is apparently eligible within the new CalWORKs Apparent Eligibility Claim in the month the payment is made. A county may later adjust that payment if the case is subsequently determined eligible for CalWORKs. A county would, in that case, make a Prior Month Negative Adjustment to the CalWORKs Apparent Eligibility Claim and make a Prior Month Positive Adjustment to the appropriate CalWORKs claim.

The claim differentiates CalWORKs Apparent Eligibility for “Domestic Violence Homeless Assistance” from “All Other Apparent Eligibility Assistance”. Counties must claim payments to the applicable aid code (based on the apparent eligibility determination) within the federal, non-federal, or non-MOE columns of the claim. With the implementation of this new claim, counties are required to use one of the two options provided above to claim any payments made under CalWORKs apparent eligibility. Attachment I is a copy of the new CalWORKs Apparent Eligibility Claim, while Attachment II provides the instructions for the new claim.

CalWORKs Eligibility Claiming

As a reminder, PC 614 (CalWORKs Eligibility) should be used to claim county staff time spent on all initial intake determinations of eligibility of clients solely applying for CalWORKs, even those who ultimately are determined ineligible for CalWORKs. If the client is applying for more than just CalWORKs (CalFresh and Medi-Cal as well), the county staff should claim to PC 615 (Initial Eligibility Determination for CalWORKs, CalFresh, and Medi-Cal Programs) for all initial determinations of eligibility, even for those determinations that result in ineligibility on the part of the client for one or more of those programs.

Subsequent redeterminations of CalWORKs eligibility (after a determination of CalWORKs eligibility has been made) should be time-studied based on the CalWORKs population to which the case belongs: federal and non-MOE case-related eligibility work should be time studied to PC 614 and eligibility work for MOE cases (Recent Non-Citizen Entrants) should be time studied to PC 616 (Non-Federal CalWORKs Eligibility).

Contact Information

Counties may direct any fiscal related questions to the Fiscal Policy and Analysis Bureau at Fiscal.Systems@dss.ca.gov. For questions regarding CalWORKs eligibility, counties may contact the CalWORKs Eligibility Bureau at (916) 654-1322. For questions regarding Domestic Violence Homeless Assistance benefits, counties may contact the Housing and Homelessness Bureau by phone at (916) 651-5155 or by email at Housing@dss.ca.gov.

Sincerely,

Original Document Signed By:

SALENA CHOW, Chief
Fiscal Forecasting and Policy Branch

Attachments

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

**SUMMARY REPORT OF ASSISTANCE EXPENDITURES
CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs)
APPARENT ELIGIBILITY CLAIM**

County	Date (Month/Year)
Claim Contact	Telephone

	Federal	Non-Federal	Non-MOE	Total
Aid Code	30/3P, 33/3R, 35, 32	3E, 3H, 3U, 3W, 3L, 3G, 3M	K1, 3F	
<u>Domestic Violence (DV) Homeless Assistance (HA)</u>				
1 Current Month				-
2 Prior Month Positive				-
3 Prior Month Negative				-
4 Subtotal (Lines 1 - 3)	-	-	-	-
5 Number of Assistance Units				-
<u>All Other Apparent Eligibility Assistance (non-DV HA)</u>				
6 Current Month				-
7 Prior Month Positive				-
8 Prior Month Negative				-
9 Subtotal (Lines 6 - 8)	-	-	-	-
10 Number of Assistance Units				-
11 TOTAL PAYMENTS (Lines 4 + 9)	-	-	-	-

SUMMARY BY PROGRAM	State	Total
12 Federal (30/3P, 33/3R, 35, 32)	-	-
13 Non-Federal (3E, 3H, 3U, 3W, 3L, 3G, 3M)	-	-
14 Non-MOE (K1, 3F)	-	-
15 Total	-	-

COUNTY WELFARE DIRECTOR'S CERTIFICATION

I hereby certify, under penalty of perjury, that I am the official responsible for the administration of the public welfare programs in said county; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts that the aid payments, aid repayments and adjustments reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the California Department of Social Services.

Signature of County Welfare Director	Date
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**INSTRUCTIONS FOR FORM CA 800AEC
SUMMARY REPORT OF ASSISTANCE EXPENDITURES
CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKS)
APPARENT ELIGIBILITY CLAIM**

General Information

1. This form is pre-programmed to round all amounts to the nearest dollar.
2. Select county name and date for claim month.
3. Enter the name and telephone number of county staff person to be contacted if there are any questions regarding the claim.

Domestic Violence (DV) Homeless Assistance (HA)

4. Lines 1 through 3: Enter DV HA expenditures from the county payroll records or other automated payroll systems. Include only DV HA assistance expenditures issued under apparent eligibility that have not been claimed elsewhere on a separate CalWORKs claim.
5. Line 4: Subtotal of Lines 1 through 3. This amount will calculate automatically.
6. Line 5: Enter the assistance units for DV HA apparent eligibility assistance, corresponding to the payments claimed in Lines 1 through 3.

All Other Apparent Eligibility Assistance (non-DV HA)

7. Lines 6 through 8: Enter non-DV HA apparent eligibility expenditures from the county payroll records or other automated payroll systems. Include all assistance expenditures issued under apparent eligibility that have not been claimed to Lines 1 through 3 above (DV HA) or elsewhere on a separate CalWORKs claim.
8. Line 9: Subtotal of Lines 6 through 8. This amount will calculate automatically.
9. Line 10: Enter the assistance units for non-DV HA apparent eligibility assistance, corresponding to the payments claimed in Lines 6 through 8.

Total Payments (Lines 4 + 9)

10. Line 11: This is the total of all payments. This amount will calculate automatically.

Summary of Program

11. Lines 12 through 15 will calculate automatically.