



CORRECTION, CORRECTION, CORRECTION!

The October 2007 newsletter included a comparison chart for Battered Noncitizens with incorrect information. The chart indicated that benefits for applicants eligible for state-only benefits under SB 1569 are limited to 8 months. **This is incorrect.** Further clarification was received from the state to correct the eligibility period limits as follows:

- Up to 60 months state-only CalWORKs and services for adults who meet the criteria for CalWORKs; or
- Up to 8 months state-only RCA and 60 months of services for adults who do not meet the criteria for CalWORKs but meet the criteria for RCA.
- For the duration of time the participant is otherwise eligible for state only Food Stamps/CAP/Cal-Medi-Cal.

The chart also indicated that cash aid funding for Violence Against Women Act (VAWA) applicants is federal, however, cash aid funding for this population is state funds under PRUCOL. In addition, VAWA applicants are one of four battered noncitizens categories eligible under the same provisions. This includes VAWA petitioners, widow(er) self petitioners, family-based petitioners and battered noncitizens with a "Cancellation of Removal/Suspension of deportation."

For additional CalWORKs policy and procedures for eligible applicants under SB 1569, see Call-Out No. 07-09, dated 11/28/07. For battered noncitizens, see the LEADER Handbook, CW 42-430.



NEW TRUSTLINE REGULATIONS

New Trustline regulations were recently released by the State that may significantly impact license-exempt child care providers. The following changes will take effect on February 1, 2008:

- Great-grandparents, great-aunts and great-uncles will no longer be Trustline- exempt.
- The time frame to turn in the *completed* Trustline packet has been shortened from 28 days to 7 days.
- License-exempt providers must be Trustline-registered before subsidized child care payments may be made.
- A participant that selects a license-exempt provider who is required to be Trustline-registered may be eligible to a retroactive payment for up to 120 calendar days from the date the provider is Trustline-registered, if the provider has been caring for the child(ren) and the provision of care has been documented and can be verified.

The Child Care Program Section is currently drafting an administrative release to address the revised policy and procedures for DPSS and Resource and Referral/Alternative Payment Program staff.

REFERRALS TO EDD

WHEN TO REFER AND WHEN NOT TO REFER

All mandatory persons who are in the Assistance Unit/Household/Medi-Cal Family Budget Unit are to be referred to the Employment Development Department (EDD) when they are "apparently eligible" for Unemployment Insurance (UI)/Disability Insurance (DI) benefits. "Apparently eligible" means if the applicant/participant:

- For UI, has worked full-time or part-time within the past 19 months; or
- For DI, has worked full-time or part-time within the past 19 months, and:
 - is unemployed due to a medical condition that prevents them from doing their regular work; **and**
 - is under a doctor's care. This includes chiropractors, podiatrists, dentists, optometrists, psychologists, etc.

Eligibility Workers are to review the IEVS (Income and Eligibility Verification System) Applicant System abstract or via MEDS on-line to determine the applicant's/participant's apparent eligibility before making a referral to EDD.

EWs *should not* refer an applicant/participant to EDD when the applicant/participant:

- Has not worked in employment covered by the Unemployment Insurance Compensation Law in the past 19 months;
- Is receiving UI/DI benefits or has a UI/DI claim which is being processed or has exhausted UI/DI benefits;
- Has been denied/discontinued from UI benefits and has no subsequent employment that would change the UI action; or
- Is participating in a strike.

Detailed information regarding potentially available income can be found in the LEADER Handbook CW 82-610.

THE CalWORKs DIVISION BELATEDLY WELCOMES THE CHILD CARE PROGRAM SECTION AND BIDS FAREWELL TO THE SPECIALIZED SUPPORTIVE SERVICES SECTION

Effective 10/15/07, the Child Care Program Section joined the CalWORKs Division and the Specialized Supportive Services (SSS) Section moved to the GAIN Program Division.

The CalWORKs Division welcomes the Child Care Program Section. The Child Care Program information will now be part of our newsletter. We bid a fond farewell to the SSS Section. We will miss you SSS!





REMINDER

10-Day Processing of MC 330, Newborn Referral

The MC 330, Newborn Referral, was developed by the California Department of Health Care Services (DHCS) to expedite the Medi-Cal enrollment of newborn infants to the mother's existing case. The referral may be made by the newborn's mother who is Medi-Cal eligible in a CalWORKs case or by doctors, hospitals, other medical practitioners and individuals acting on the mother's behalf. The infant must be added to the mother's case within the 10-day processing standard set by DHCS. **The 10-day period starts from the stamp or fax date on the MC 330.** EWs are not to delay adding the newborn to LEADER even though CalWORKs verifications (e.g., birth certificate and CW 8A, Statement of Facts To Add A Child Under Age 16) have not been received.

Upon receipt of the Newborn Referral packet that includes the PA 6008, Newborn Referral Transmittal, MC 330, LEADER and MEDS printouts from the Medi-Cal Mail-In Application District #89, EWs must take immediate action to add the newborn to the mother's case in LEADER within 10 days from the stamp or fax date on the MC 330. When adding the newborn to LEADER, EWs must ensure that the correct Client Identification Number (CIN), Person ID number and aid code are used. After adding the newborn to LEADER, EWs must check MEDS within three days to ensure that the newborn is receiving benefits with the correct aid code. EWs are also to continue to pursue the gathering of information/verifications that support the CalWORKs eligibility for the newborn. District Administrators are to ensure that processing for Newborn Referrals is being monitored to ensure compliance with State regulations.

Reference: Admin. Bulletin No. 2311 dated 3/23/06, AD No. 4201 Supp. I, dated 4/20/05, AD No. 4201, dated 2/4/03, AM No. MPD 05-10, dated 05/16/05.

SCHOOL ATTENDANCE DOCUMENTATION

Verification of regular school attendance is required for all school age children (ages 6-17), including MFG children. The verification is due within 30 days of the authorization of aid or when adding a child or at redetermination. Acceptable verification is the most recent report card. The attendance information must be updated on the LEADER School Information screen and the report card filed in the case record for 24 months for use in state/federal audits.

If the report card has 9 or fewer absences the child is considered to be in "regular attendance." The school must complete a PA 1725, School Attendance Enrollment Verification, when the report card indicates 10+ unexcused absences, does not show absences, is unavailable, or does not contain legible data. If the school reports 10+ unexcused absences or the PA 1725 is not returned, the CalWORKs grant is lowered by the needs of the parent (or needs of the child if over 16 years old).

Detailed information on CalWORKs school attendance requirements is found in the LEADER Handbook CW 40-105.5.

NOTE: Children enrolled in Cal-Learn are exempt from the school attendance requirements.

FINGERPRINT REFERRALS & EXEMPTIONS

As a reminder, before a case can be approved/aid authorized, the following persons living in the home must meet the SFIS requirements (unless temporarily exempt):

- Each parent, including aided step-parents and/or caretaker relative of an aided applicant child;
- Each parent and/or caretaker relative who can apply for or get aid because they have a certain excluded child(ren) (e.g., SSI/SSP, etc.);
- Each applicant or aided adult; and
- A pregnant woman applying for or getting aid for herself only.

Persons with damage to both hands (a photo image must be taken as part of the SFIS process) or persons with other medically verified physical conditions that prevent them from coming into the district office can be **temporarily** excused from being fingerprinted **for not more than 60 days**. An exemption cannot be granted once a person has been fingerprinted.

Persons missing all ten fingers are permanently excused from the fingerprint imaging. A photo image must be taken as part of the SFIS process.

HAPPY NEW YEAR

We spend January 1 walking through our lives, room by room, drawing up a list of work to be done, cracks to be patched. Maybe this year, to balance the list, we ought to walk through the rooms of our lives... not looking for flaws, but for potential.

~Ellen Goodman

