CALIFORNIA FOOD STAMP PROGRAM ANNUAL CONFERENCE

TRANSFORMING FOR THE FUTURE

Welcome
Opening Remarks

Stanislaus County – Christine Applegate

CDSS – Christine Webb-Curtis

FNS – Dennis Stewart

AWARDS

SOUTHERN COUNTIES

ALAMEDA

3.39%

CONTRA COSTA

0.95%

FRESNO

1.34%

MERCED

1.95%

MONTEREY

2.62%

SACRAMENTO

3.47%

SAN JOAQUIN

1.89%

SOLANO

1.76%

STANISLAUS

2.63%

TULARE

4.32%

Timeliness of Application Processing

- Best Practices for Improving the Handling of Expedited Services
- Regular 30 Day Applications

CDSS
Sacramento County
Stanislaus County
Fresno County

Food Stamp Active

CDSS - Richard Trujillo

FOOD STAMP PROGRAM
FS EXPEDITED SERVICE PROCESSING TIME
APRIL 2008 - MARCH 2009

	Latest 4-Quarter Average						
	Total Entitled	Issued 1-3 Days	%	Issued 4-7 Days	%	Issued Over 7 Days	%
Santa Cruz	622	341	54.8%	127	20.4%	154	24.7%
Santa Clara	1,202	734	61.0%	269	22.4%	199	16.6%
Imperial	104	66	63.6%	21	19.8%	17	16.6%
Alameda	3,218	2,055	63.8%	567	17.6%	597	18.6%
Santa Barbara	341	224	65.9%	51	14.9%	66	19.2%
Solano	671	455	67.7%	122	18.2%	94	14.0%
San Francisco	57	40	70.0%	10	18.1%	7	11.9%
Placer	443	321	72.3%	91	20.5%	32	7.2%
El Dorado	259	190	73.2%	35	13.5%	35	13.3%
San Mateo	796	585	73.5%	115	14.4%	96	12.0%
Tulare	2,380	1,778	74.7%	295	12.4%	307	12.9%
San Luis Obispo	433	329	76.0%	62	14.3%	42	9.8%
Nevada	172	132	76.3%	18	10.6%	23	13.1%
San Bernardino	9,649	7,395	76.6%	944	9.8%	0	0.0%
Sonoma	929	729	78.5%	131	14.1%	69	7.4%
Orange	462	375	81.2%	36	7.9%	51	10.9%
Napa	186	152	81.9%	29	15.3%	5	2.8%
Los Angeles	28,103	23,183	82.5%	2,026	7.2%	2,894	10.3%
Inyo	60	50	83.0%	9	14.9%	1	2.1%
Statewide	**82,709**	**68,754**	**83.1%**	**6,983**	**8.4%**	**6,972**	**8.4%**
Kings	449	379	84.4%	54	12.1%	16	3.5%
Contra Costa	1,476	1,247	84.5%	165	11.1%	65	4.4%

FOOD STAMP PROGRAM
FS EXPEDITED SERVICE PROCESSING TIME
APRIL 2008 - MARCH 2009

	Latest 4-Quarter Average						
	Total Entitled	Issued 1-3 Days	%	Issued 4-7 Days	%	Issued Over 7 Days	%
Marin	134	115	85.5%	16	11.7%	4	2.8%
Riverside	4,184	3,629	86.7%	459	11.0%	97	2.3%
San Joaquin	365	317	86.9%	39	10.5%	9	2.5%
Fresno	4,794	4,168	86.9%	437	9.1%	189	3.9%
Lake	75	66	87.7%	5	6.3%	5	6.0%
Yolo	434	381	87.8%	28	6.3%	26	5.9%
Humboldt	677	595	87.9%	33	4.9%	49	7.2%
Siskiyou	118	104	88.1%	6	4.7%	9	7.2%
Yuba	390	347	89.0%	36	9.2%	7	1.9%
San Diego	2,789	2,490	89.3%	184	6.6%	115	4.1%
Shasta	496	444	89.5%	19	3.8%	33	6.7%
Sutter	209	187	89.6%	18	8.5%	4	1.9%
Ventura	2,320	2,081	89.7%	145	6.2%	94	4.1%
Lassen	103	95	91.8%	6	5.6%	3	2.7%
Butte	849	788	92.8%	42	5.0%	19	2.2%
Stanislaus	2,534	2,371	93.6%	64	2.5%	0	0.0%
Plumas	24	23	93.8%	1	4.1%	1	2.1%
Madera	223	210	93.8%	10	4.6%	4	1.6%
Del Norte	146	138	94.5%	6	4.3%	2	1.2%
Tehama	186	176	94.6%	8	4.0%	3	1.3%
Sacramento	3,849	3,666	95.2%	144	3.7%	39	1.0%
Merced	1,422	1,364	95.9%	23	1.6%	36	2.5%

FOOD STAMP PROGRAM
FS EXPEDITED SERVICE PROCESSING TIME
APRIL 2008 - MARCH 2009

	Latest 4-Quarter Average						
	Total Entitled	Issued 1-3 Days	%	Issued 4-7 Days	%	Issued Over 7 Days	%
Kern	2,294	2,202	96.0%	53	2.3%	39	1.7%
Tuolumne	214	205	96.1%	6	2.6%	3	1.3%
Amador	118	114	96.4%	3	2.1%	2	1.5%
San Benito	162	158	97.2%	3	1.5%	2	1.2%
Calaveras	155	151	97.6%	3	1.9%	1	0.5%
Colusa	44	43	97.7%	0	0.6%	1	1.7%
Mariposa	45	44	98.3%	1	1.7%	0	0.0%
Monterey	696	686	98.5%	7	1.0%	3	0.4%
Mendocino	479	472	98.6%	5	1.0%	2	0.4%
Trinity	56	55	98.7%	1	1.3%	0	0.0%
Glenn	66	65	99.2%	0	0.0%	1	0.8%
Mono	52	52	100.0%	0	0.0%	0	0.0%
Sierra	1	1	100.0%	0	0.0%	0	0.0%
Alpine	1	1	100.0%	0	0.0%	0	0.0%
Modoc	0	0	100.0%	0	100.0%	0	100.0%

FOOD STAMP PROGRAM
FS APPLICATIONS PROCESSING TIME
JUNE 2008 - MAY 2009

FS Applications Approved			
	Current 12-Month Average		
	Total	Over 30 Days (CWD Caused)	%
Los Angeles*	24,243	--	--
San Diego	3,179	1,475	46.4%
Santa Barbara	749	335	44.8%
Yolo	330	147	44.5%
Santa Cruz	542	231	42.6%
San Mateo	496	187	37.6%
Tehama	208	77	36.8%
Santa Clara	1,892	677	35.8%
Solano	957	332	34.7%
Alameda	2,268	756	33.3%
San Luis Obispo	423	137	32.3%
Contra Costa	1,335	419	31.4%
San Francisco	1,775	542	30.5%
Sacramento	3,472	954	27.5%
Ventura	1,394	369	26.5%
Mariposa	35	9	25.7%
Trinity	42	11	25.0%
San Benito	142	34	24.0%
Sonoma	891	187	21.0%
Nevada	166	33	20.0%

FS Applications Denied			
	Current 12-Month Average		
	Total Entitled	Over 30 Days (CWD Caused)	%
Los Angeles*	14,291	--	--
San Diego	2,800	1,758	62.8%
Solano	458	285	62.2%
Tulare	498	304	61.0%
Yolo	205	106	51.7%
Ventura	311	151	48.5%
Santa Cruz	303	145	47.9%
Alameda	1,329	612	46.1%
San Benito	64	29	45.5%
San Mateo	478	217	45.3%
Santa Clara	1,101	488	44.3%
Orange	1,638	714	43.6%
Contra Costa	1,012	439	43.4%
Trinity	19	8	41.8%
Santa Barbara	476	196	41.1%
Humboldt	376	148	39.4%
San Francisco	793	312	39.3%
Sonoma	438	158	36.2%
Nevada	78	27	34.2%
Lassen	27	9	33.3%

FOOD STAMP PROGRAM
FS APPLICATIONS PROCESSING TIME
JUNE 2008 - MAY 2009

FS Applications Approved			
	Current 12-Month Average		
	Total	Over 30 Days (CWD Caused)	%
Tulare	2,142	428	20.0%
San Joaquin	1,560	289	18.5%
Butte	674	122	18.1%
El Dorado	305	53	17.4%
Orange	3,327	575	17.3%
Humboldt	357	57	16.0%
Lake	206	32	15.7%
Amador	83	12	14.7%
Madera	433	63	14.6%
Lassen	92	14	14.6%
Imperial	584	84	14.3%
Siskiyou	147	19	13.1%
Napa	168	22	12.8%
Kings	465	57	12.2%
Statewide	**77,272**	**9,095**	**11.8%**
Alpine	4	0	11.4%
Modoc	34	4	10.6%
Colusa	49	5	9.5%
Shasta	612	57	9.4%
Marin	258	22	8.4%
Mono	35	3	7.8%
Sutter	284	22	7.7%

FS Applications Denied			
	Current 12-Month Average		
	Total Entitled	Over 30 Days (CWD Caused)	%
Sacramento	2,516	751	29.9%
San Luis Obispo	251	74	29.5%
Mariposa	19	5	27.7%
Butte	402	91	22.6%
Kings	255	56	21.9%
Amador	34	7	21.8%
Del Norte	38	8	19.9%
Tehama	145	29	19.7%
Napa	81	15	18.6%
Colusa	32	6	17.4%
Mono	23	4	17.2%
Statewide	**44,788**	**7,527**	**16.8%**
Madera	274	40	14.5%
Sutter	106	15	13.9%
Marin	124	17	13.6%
Imperial	270	35	13.1%
Lake	155	20	12.6%
Tuolumne	49	6	11.7%
Calaveras	42	5	11.4%
Siskiyou	78	9	11.4%
Shasta	238	23	9.6%
El Dorado	207	19	9.0%

FOOD STAMP PROGRAM
FS APPLICATIONS PROCESSING TIME
JUNE 2008 - MAY 2009

FS Applications Approved			
	Current 12-Month Average		
	Total	Over 30 Days (CWD Caused)	%
Calaveras	110	7	6.0%
Tuolumne	164	9	5.6%
Kern	2,615	144	5.5%
Inyo	57	3	4.8%
Glenn	81	3	3.2%
Sierra	8	0	3.0%
Del Norte	153	4	2.7%
Yuba	309	6	1.8%
Plumas	35	1	1.7%
Monterey	904	13	1.4%
Mendocino	407	5	1.1%
Merced	749	6	0.8%
San Bernardino	5,576	40	0.7%
Stanislaus	1,371	2	0.2%
Fresno	3,825	4	0.1%
Riverside	4,126	2	0.1%
Placer	426	0	0.0%

FS Applications Denied			
	Current 12-Month Average		
	Total Entitled	Over 30 Days (CWD Caused)	%
Inyo	20	2	8.9%
Kern	1,381	105	7.6%
Modoc	20	1	7.1%
San Joaquin	928	46	5.0%
Glenn	42	2	4.5%
Mendocino	99	3	3.4%
Yuba	145	4	2.7%
Monterey	676	18	2.6%
Sierra	4	0	2.2%
Plumas	20	0	1.3%
Merced	550	3	0.5%
Fresno	940	1	0.1%
San Bernardino	3,599	3	0.1%
Stanislaus	999	0	0.0%
Riverside	3,035	1	0.0%
Alpine	0	0	0.0%
Placer	296	0	0.0%

*Does not include "Over 30 Days (CWD Caused)" data for Los Angeles County; county system cannot produce this information.

EXPEDITED SERVICES (ES)

- State Regulatory Mandate
  - Inform potential applicants of right to ES
  - Provide assistance with completion of ES on application
  - Screen applications as they are filed

Expedited Service - Narrations

- Approval
  - Applicant was screened for ES on 01/11/09. HH has no income or resources. ES was processed on 01/13/09.
  - Applicant was screened for ES on 01/11/09. HH has income of $100 and no resources. Verification of income was postponed. ES was processed on 01/13/09.
  - Applicant was screened for ES on 01/11/09. HH has migrant/seasonal farm workers with no income and $90.00 resources. Verifications of resources was postponed. ES was processed on 01/13/09.
  - Applicant was screened for ES on 01/11/09. HH has income of $300.00, liquid resources of $100 and shelter expenses of $500.00. Verification of income resources and shelter expenses were postponed. ES was processed on 01/13/09.

Expedited Service - Narrations

- Denial
  - Applicant was screened for ES on 01/11/09. HH has income of $200.00, $100 in shelter expenses and no resources. ES was denied on 01/11/09.

Application

- Concerns:
  - ES eligible/screened
    - ‘County Use’ section on SAWS1/DFA 285 not completed
  - Date of Application

Application

- DFA 285.A1 – See ATTACHMENT A
  - Example – No ES Screening/Process done by County
- DFA 285.A1 – See ATTACTMENT B
  - Example – ES Screening/Processing done by County
- SAWS1 – See ATTACHMENT C
  - Example – No ES Screening/Process done by County
- SAWS1 – See ATTACTMENT D
  - Example – ES Screening/Processing done by County

Application

DFA 285.A1 – ***See ATTACHMENT A***

– Example – ***No*** ES Screening/Process done by County

ATTACHMENT A

Application for Food Stamp Benefits

Applicant Information

✓1. Please fill out the following personal information for the person requesting food stamp benefits.

Name (Last, First, Middle)	[redacted]
Telephone Number (include area code)	
Home Address (Street , P.O Box, Apt. #)	
City, State, Zip Code	
Mailing address (if different from above)	
City, State, Zip Code	

2. The food stamp office can provide an interpreter at no cost to you. Would you like an interpreter at your interview? ☐ Yes ☑ No If "Yes," what language? _____

3. To help us improve our services to you, please complete A, B, and C below. Check all that apply to you. The law says we must record your ethnic group, race, and language. If you do not complete these items, the county will do it for you. This will not affect your eligibility.

A. ETHNICITY (Everyone must also answer B)
Are you Hispanic or Latino? ☐ Yes ☑ No

B. RACE/ETHNIC ORIGIN - Check all boxes that apply to you. If you do not complete these items, the county will do it for you. This will not affect your eligibility.
☐ American Indian or Alaskan Native
☑ Black or African American
☐ Asian (If checked, please select one or more of the following)
☐ Filipino ☐ Chinese ☐ Japanese ☐ Cambodian ☐ Korean
☐ Vietnamese ☐ Asian Indian ☐ Laotian ☐ Other Asian *(specify)*_____
☐ Native Hawaiian or Other Pacific Islander (If checked, please select one or more of the following)
☐ Native Hawaiian ☐ Guamanian ☐ Samoan ☐ Other*(specify)*_____
☐ White

C. PRIMARY LANGUAGE:
☑ English ☐ Spanish ☐ Lao ☐ Tagalog ☐ American Sign
☐ Cantonese ☐ Cambodian ☐ Vietnamese ☐ Russian ☐ Other*(specify)*_____

✓4. Someone in the household is: (check more than one if applicable)
☑ Disabled ☑ Homeless
☐ Elderly (60 & older) ☐ Migrant/Seasonal Farmworker –
☐ Without money for food Has your only income stopped? ☐ Yes ☐ No

5. Do you have a physical or mental condition that requires special help during your interview with a food stamp worker? ☐ Yes ☑ No

✓6. How much is your rent or mortgage this month? $ 200.00

✓7. How much are your utilities this month, if separate from your rent or mortgage? $ 0

I have been informed about getting emergency food stamp benefits within three (3) days.

[redacted] Date 4/09/09

County Use Only:

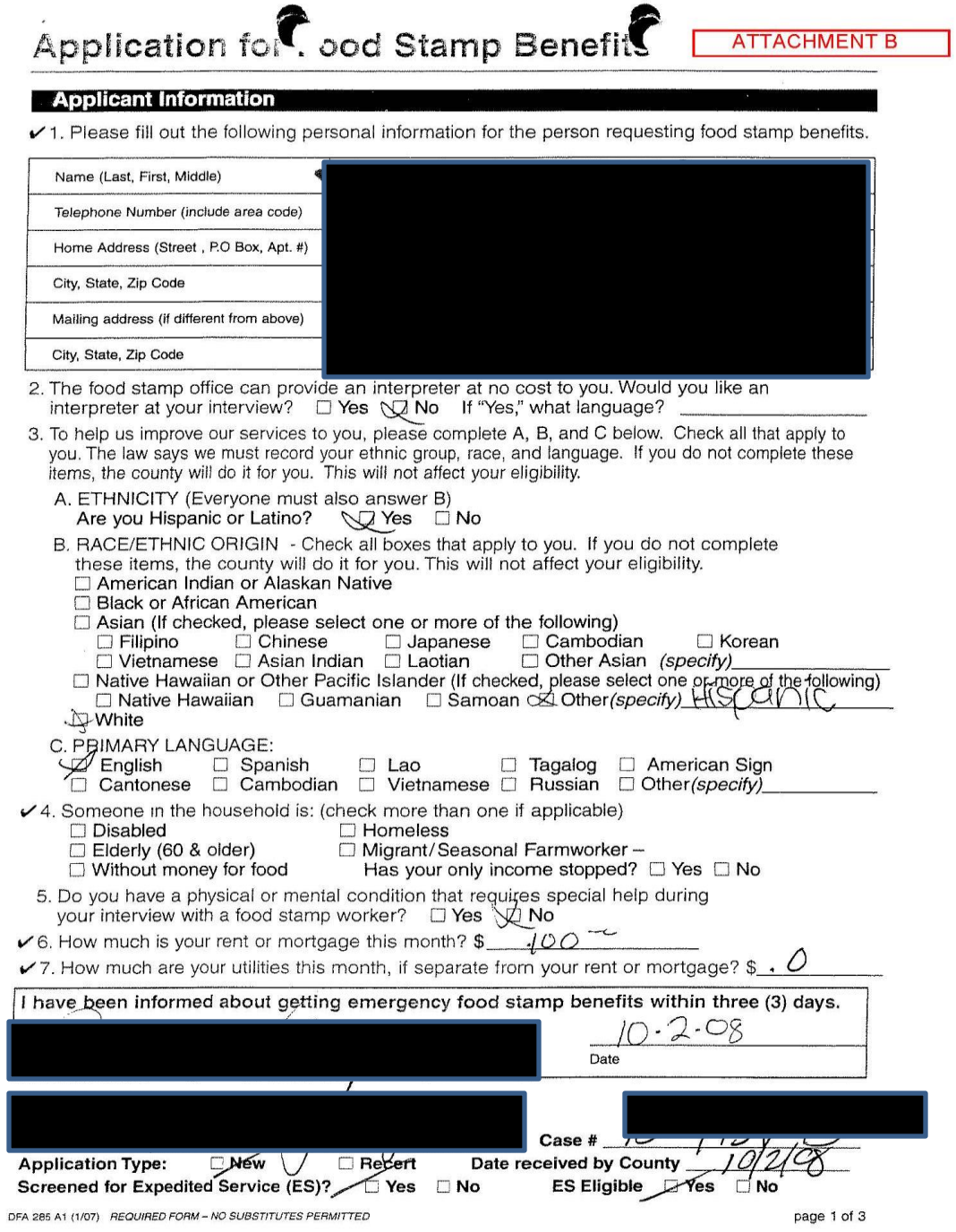
Case Name _____ **Case #** _____
Application Type: ☐ New ☐ Recert **Date received by County** _____
Screened for Expedited Service (ES)? ☐ Yes ☐ No **ES Eligible** ☐ Yes ☐ No

DFA 285 A1 (1/07) *REQUIRED FORM – NO SUBSTITUTES PERMITTED* page 1 of 3

Application

DFA 285.A1 – ***See ATTACHMENT B***

– Example – ES Screening/Process done by County



Application for Food Stamp Benefits

ATTACHMENT B

Applicant Information

✔1. Please fill out the following personal information for the person requesting food stamp benefits.

Name (Last, First, Middle)	[redacted]
Telephone Number (include area code)	
Home Address (Street , P.O Box, Apt. #)	
City, State, Zip Code	
Mailing address (if different from above)	
City, State, Zip Code	

2. The food stamp office can provide an interpreter at no cost to you. Would you like an interpreter at your interview? ☐ Yes ☑ No If "Yes," what language? _____

3. To help us improve our services to you, please complete A, B, and C below. Check all that apply to you. The law says we must record your ethnic group, race, and language. If you do not complete these items, the county will do it for you. This will not affect your eligibility.

A. ETHNICITY (Everyone must also answer B)
Are you Hispanic or Latino? ☑ Yes ☐ No

B. RACE/ETHNIC ORIGIN - Check all boxes that apply to you. If you do not complete these items, the county will do it for you. This will not affect your eligibility.
☐ American Indian or Alaskan Native
☐ Black or African American
☐ Asian (If checked, please select one or more of the following)
☐ Filipino ☐ Chinese ☐ Japanese ☐ Cambodian ☐ Korean
☐ Vietnamese ☐ Asian Indian ☐ Laotian ☐ Other Asian *(specify)*_____
☐ Native Hawaiian or Other Pacific Islander (If checked, please select one or more of the following)
☐ Native Hawaiian ☐ Guamanian ☐ Samoan ☑ Other*(specify)* Hispanic
☑ White

C. PRIMARY LANGUAGE:
☑ English ☐ Spanish ☐ Lao ☐ Tagalog ☐ American Sign
☐ Cantonese ☐ Cambodian ☐ Vietnamese ☐ Russian ☐ Other*(specify)*_____

✔4. Someone in the household is: (check more than one if applicable)
☐ Disabled ☐ Homeless
☐ Elderly (60 & older) ☐ Migrant/Seasonal Farmworker –
☐ Without money for food Has your only income stopped? ☐ Yes ☐ No

5. Do you have a physical or mental condition that requires special help during your interview with a food stamp worker? ☐ Yes ☑ No

✔6. How much is your rent or mortgage this month? $ 100

✔7. How much are your utilities this month, if separate from your rent or mortgage? $ 0

I have been informed about getting emergency food stamp benefits within three (3) days.

[redacted] 10-2-08
Date

[redacted] Case # [redacted]

Application Type: ☐ New ☑ Recert Date received by County 10/2/08

Screened for Expedited Service (ES)? ☐ Yes ☐ No ES Eligible ☐ Yes ☐ No

DFA 285 A1 (1/07) *REQUIRED FORM – NO SUBSTITUTES PERMITTED* page 1 of 3

Application

SAWS1 – ***See ATTACHMENT C***

– Example – ***No*** ES Screening/Process done by County

ATTACHMENT C

STATE OF CALIFORNIA, HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF HEALTH SERVICES

APPLICATION FOR CASH AID, FOOD STAMPS, AND/OR MEDICAL/34 COUNTY CMSP

Before completing this application, read the coversheet. If you need more space to answer, write on the back of this sheet.

[redacted]

COUNTY USE ONLY

CASE NAME [redacted]

7. Is your home address permanent? ☒ YES ☐ NO ☐ NO HOME
If not permanent, please explain:

8. Is anyone applying for: Cash Aid ☐ YES ☒ NO Food Stamps ☒ YES ☐ NO Medi-Cal ☐ YES ☒ NO
Medicare Savings Programs ☐ YES ☒ NO 34-County CMSP ☐ YES ☒ NO
Any Other Program(s) ☐ YES ☒ NO If "YES", explain:

9. Has anyone ever asked for or gotten aid or benefits, including Medi-Cal/34-County CMSP/Medicaid or Diversion cash or non-cash services? If "YES", list: ☐ YES ☒ NO

TYPE OF AID/BENEFIT | DATE(S) RECEIVED | NAME(S) USED | RECEIVED WHERE? (COUNTY/STATE/COUNTRY)

10. The law says we must record your ethnic group, race and language. This won't affect your eligibility.

A. ETHNICITY *(Everyone must also answer B)*
Are you Hispanic or Latino? ☐ YES ☒ NO

B. RACE/ETHNIC ORIGIN - Check all boxes that apply to you. If you do not complete this question the county will do it for you.
☐ American Indian or Alaskan Native ☐ Black or African American ☐ White
☐ Asian *(If checked, please select one or more of the following)*
☐ Filipino ☐ Chinese ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Asian Indian
☐ Cambodian ☐ Laotian ☐ Other Asian *(Specify)*:
☐ Native Hawaiian or Other Pacific Islander *(If checked, please select one or more of the following)*
☐ Native Hawaiian ☐ Guamanian ☐ Samoan ☐ Other *(Specify)*:

C. PRIMARY LANGUAGE:
☒ English ☐ Spanish ☐ Lao ☐ Tagalog ☐ American Sign ☐ Cantonese ☐ Cambodian
☐ Vietnamese ☐ Russian ☐ Other *(Specify)*:

11. Is anyone a migrant or seasonal farmworker? ☐ YES ☒ NO

12. Is anyone pregnant? ☐ YES ☒ NO If "YES", did she get a Presumptive Eligibility card? ☐ YES ☐ NO

13. Does anyone have a personal emergency? If "YES", check (✓) type: ☐ YES ☒ NO
☐ Immediate Medical Need ☐ Pregnancy ☐ Child Abuse ☐ Domestic Abuse ☐ Elder Abuse
☐ Other emergency which threatens health or safety. Explain:

IF YOU NEED: CASH AID IMMEDIATE NEED PAYMENT: FILL IN ITEMS 14 - 18.
FOOD STAMP EXPEDITED SERVICE: FILL IN ITEMS 14 - 17.

14. How much liquid resources does everyone, including children, have?
☐ Cash, uncashed checks or money orders $
☐ Checking/savings or credit union account(s) $
☐ Trust deeds, notes receivable, stocks or bonds $
☐ Other (explain) $

15. How much income did everyone, including children, get or will they get this month?

Date	Amount	Date	Amount
	$		$
	$		$

16. How much is your rent or mortgage this month? $

17. How much are your utilities that are not included in your rent this month? $

	YES	NO
18. Do you have an eviction notice or notice to pay or quit?		
Have your utilities been shut off or do you have a shut-off notice?		
Will your food run out in 3 days or less?		
Do you need essential clothing, such as diapers or clothing needed for cold weather?		
Do you need help with transportation to get food, clothing, medical care or other emergency item(s)?		

- I certify that I have been given a copy of the coversheet. I understand and agree that I have to comply with eligibility rules, some of which I may be asked to do before any aid can be given. I understand the statements I have made on this form may be checked and verified.
- I certify that if I have applied for Food Stamps the county has told me of my right to Expedited Service.
- **I declare under penalty of perjury under the laws of the United States of America and the State of California that the information I have given on this form is true, correct, and complete.**

19. [redacted] DATE SIGNED APR 0 2 2009

DATE SIGNED

SAWS 1 (5/06) - CA 1/DFA 285-A1 REQUIRED FORM - SUBSTITUTE PERMITTED

TYPE OF APPLICATION:
CA: ☐ CA ☐ RCA
FS: ☐ Initial ☐ Recert ☐ Rest
MC: ☐ CMSP: ☐

Homeless:
FS: ☐ YES ☐ NO
CA: ☐ YES ☐ NO ☐ CW 42

☐ Pickle Screening

Ethnic Group:
White
Race:

Primary Language:

CA I.N.
☐ Denied/NOA prep
☐ Approved
☐ Expedited Grant
☐ Applicant requested CWD to complete SAWS 1
(_____)
(Initials)

FS E.S.
☐ E.S. questions not completed
☐ Screened for E.S.
Date
(_____)
(Initials)

FS Referral for:
☐ E.S. Processing
☐ Regular Processing

☐ CWD records cleared
☐ MEDS CDB cleared
☐ IEVS initiated
☐ Copy of SAWS 1 and coversheet given to applicant

TRANSITIONING CASE NUMBER

COUNTY OF APPLICATION

COUNTY OF RESIDENCE (IF DIFFERENT)

Application

SAWS1 – ***See ATTACHMENT D***

– Example – ES Screening/Process done by County

ATTACHMENT D

CALIFORNIA DEPARTMENT OF HEALTH SERVICES

APPLICATION FOR CASH AID, FOOD STAMPS, AND/OR MEDI-CAL/34-COUNTY CMSP

Before completing this application, read the coversheet. If you need more space to answer, write on the back of this sheet.

1. [redacted]
3.
4.
6.
7.

STATE | ZIP CODE

MESSAGE

YES NO HOME

8. Is anyone applying for: Cash Aid ☐ YES ☒ NO; Medi-Cal ☐ YES ☒ NO; Food Stamps ☑ YES ☐ NO; 34-County CMSP ☐ YES ☒ NO
Any Other Program(s) ☐ YES ☒ NO If "YES", explain:

9. Has anyone ever asked for or gotten aid or benefits, including Medi-Cal/34-County CMSP/Medicaid or Diversion cash or non-cash services? If "YES", list: ☐ YES ☒ NO

TYPE OF AID/BENEFIT | DATE(S) RECEIVED

NAME(S) USED | RECEIVED WHERE? (COUNTY/STATE/COUNTRY)

10. *The law says we must record your ethnic group, race and language. This won't affect your eligibility.*
A. ETHNICITY *(Everyone must also answer B)*
Are you Hispanic or Latino? ☐ YES ☒ NO
B. RACE/ETHNIC ORIGIN - Check all boxes that apply to you. If you do not complete this question the county will do it for you.
☒ American Indian or Alaskan Native ☐ Black or African American ☐ White
☐ Asian *(If checked, please select one or more of the following)*
☐ Filipino ☐ Chinese ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Asian Indian
☐ Cambodian ☐ Laotian ☐ Other Asian *(specify)* ____
☐ Native Hawaiian or Other Pacific Islander *(If checked, please select one or more of the following)*
☐ Native Hawaiian ☐ Guamanian ☐ Samoan ☐ Other *(specify)* ____
C. PRIMARY LANGUAGE:
☒ English ☐ Spanish ☐ Lao ☐ Tagalog ☐ American Sign ☐ Cantonese ☐ Cambodian
☐ Vietnamese ☐ Russian ☐ Other *(specify)* ____

11. Is anyone a migrant or seasonal farmworker? ☐ YES ☒ NO
12. Is anyone pregnant? ☐ YES ☒ NO If "YES", did she get a Presumptive Eligibility card? ☐ YES ☐ NO
13. Does anyone have a personal emergency? If "YES", check (✓) type: ☐ YES ☒ NO
☐ Immediate Medical Need ☐ Pregnancy ☐ Child Abuse ☐ Domestic Abuse
☐ Elder Abuse ☐ Other emergency which threatens health or safety. Explain:

IF YOU NEED: CASH AID IMMEDIATE NEED PAYMENT ..... FILL IN ITEMS 14 - 18.
FOOD STAMP EXPEDITED SERVICE ..... FILL IN ITEMS 14 - 17.

14. How much liquid resources does everyone, including children, have?
☐ Cash, uncashed checks or money orders $ ____
☐ Checking/savings or credit union account(s) $ ____
☐ Trust deeds, notes receivable, stocks or bonds $ ____
☐ Other (explain) $ ____

15. How much income did everyone, including children, get or will they get this month?

Date	Amount	Date	Amount
7-15	$ 300.00		$
	$		$

16. How much is your rent or mortgage this month? $ 500.00

17. How much are your utilities that are not included in your rent this month? $ 50.00

	YES	NO
18. Do you have an eviction notice or notice to pay or quit?		X
Have your utilities been shut off or do you have a shut-off notice?		X
Will your food run out in 3 days or less?	X	
Do you need essential clothing, such as diapers or clothing needed for cold weather?		X
Do you need help with transportation to get food, clothing, medical care or other emergency item(s)?		X

- I certify that I have been given a copy of the coversheet. I understand and agree that I have to comply with eligibility rules, some of which I may be asked to do before any aid can be given. I understand the statements I have made on this form may be checked and verified.
- I certify that if I have applied for Food Stamps the county has told me of my right to Expedited Service.
- **I declare under penalty of perjury under the laws of the United States of America and the State of California that the information I have given on this form is true, correct, and complete.**

19. [redacted]

DATE SIGNED 7-15-09

DATE SIGNED

COUNTY USE ONLY

[redacted]

DATE RECEIVED 7-15-09

TYPE OF APPLICATION:
CA: ☐ CA ☐ RCA
FS: ☑ Initial ☐ Recert ☐ Rest
MC: ☐ CMSP: ☐

Homeless:
FS: ☐ YES ☑ NO
CA: ☐ YES ☐ NO ☐ CW 42

☐ Pickle Screening

Ethnic Group: Am. Ind.

Race:

Primary Language: English

CA I.N.
☐ Denied/NOA prep
☐ Approved
☐ Expedited Grant
☐ Applicant requested CWD to complete SAWS 1
(Initials)

FS E.S.
☐ E.S. questions not completed
☑ Screened for E.S. Date 7-15-09
(Initials)

FS Referral for:
☑ E.S. Processing
☐ Regular Processing

☐ CWD records cleared
☐ MEDS CDB cleared
☐ IEVS Initiated

☑ Copy of SAWS 1 and coversheet given to applicant

TRANSITIONING CASE NUMBER

SAWS 1 (12/06) CA 1/DFA 285-A1 REQUIRED FORM - SUBSTITUTE PERMITTED

APPLICATION

- **ONLINE APPLICATION**
  - **ES screening cannot be discerned**
  - ***Must rely on case narratives***

CASE COMMENTS

- **CASE COMMENTS – *See ATTACHMENT E***
  - **Needed at all points for QC case review**
  - **Helps clear up inconsistencies in documentation**
  - **Date of ES screening and processing must be narrated**

ATTACHMENT E

PRINT DATE: 7/31/2009
PRINT TIME: 03:03:17 PM

CASE COMMENT SUMMARY
FOR THE PERIOD OF: 7/20/2009 TO: 7/20/2009

Case #: 1B11G57
First Name: All
Last Name: All
Type: Intake Allow
Program: All

Type	Date	Program	User	Individual	System Comment	User comment
Intake Allow	7/20/2009 13:31:53		CHANG, PAO			rodney in office to apply for fs for self. u.s citizen. c/s working part-time and paid biweekly. clt's income is $154x2.167=$333.72. c/s living with aunt and pays $300 for rent and utilities are included. c/s checking, savings, and 1 vehicle. c/s purchase his own food. Interviewed in English. Pub 13 explained and given. r/r read and understood. Sfis completed. Caljob referred. 2229, 547, csf67, 4096, and dfa285a3 completed and on file. Case authorized and fs allowed for household of 1 with bda of 7/15/09, same as appl date. Es/fs requested and denied since his income is greater then his rent.

Improving Expedited Services Compliance

in Sacramento County Department Of Human Assistance (DHA)

Patri Lawson, Division Manager, Food Stamps and General Assistance
Sacramento County Department of Human Assistance

September 2009

DHA Today

- 2140 Staff, including 563 Workers who Process Food Stamps

  482 CalWORKs, 81 General Assistance/Food Stamps (GAFS)

- 10 Eligibility bureaus that process Food Stamp applications

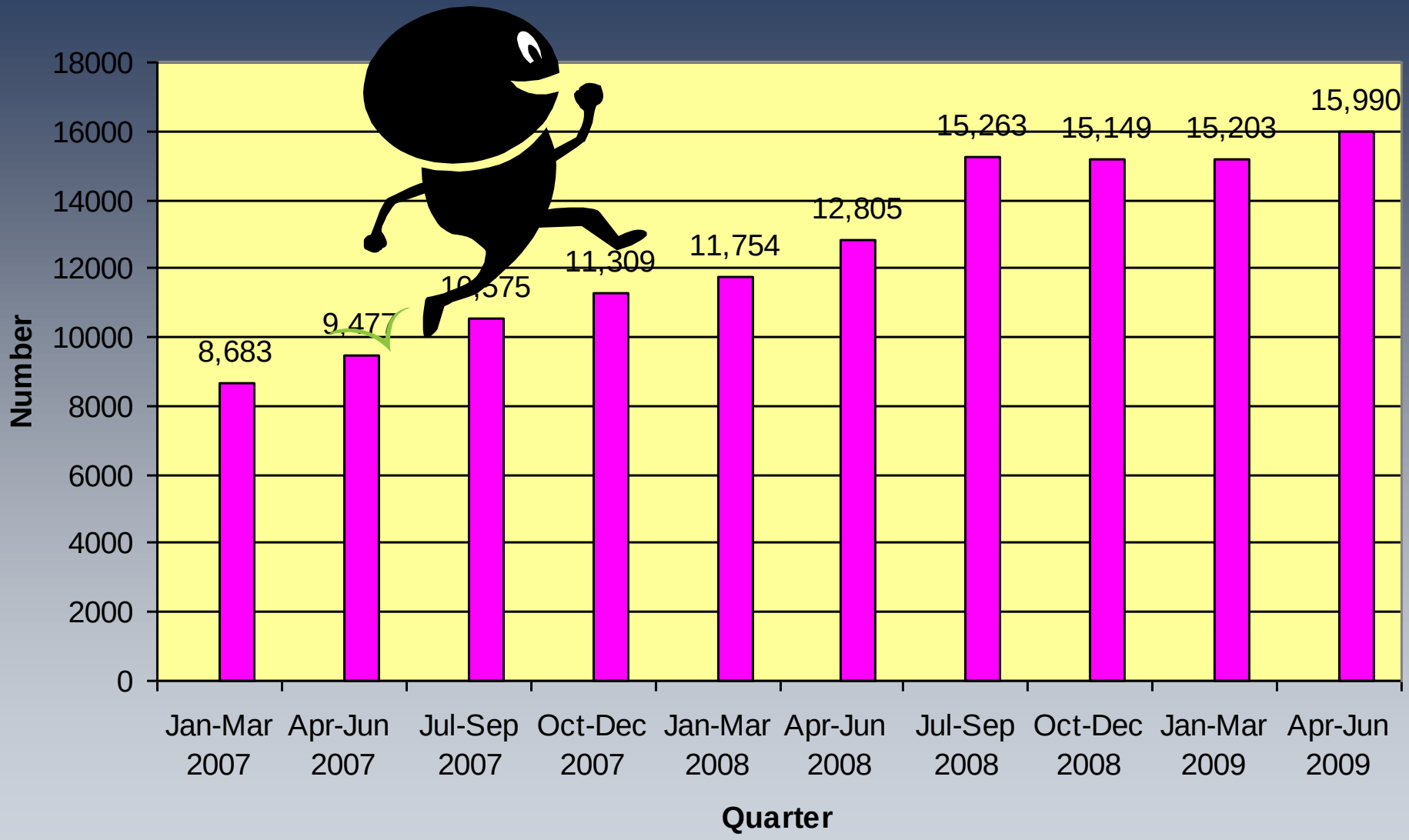
- Active Cases Public Assistance Food Stamps (PAFS) = 19,819

  Non Assistance Food Stamps (NAFS) = 48,326

- Average Caseloads CalWORKs = 169 (CW and Employment Services)

  GAFS = 1,132

Number of Expedited Services Applications Received--by Quarter



- MAY 2007…

54.20%

How DHA turned it around…

Nearly all of our Food Stamp applications were being coded and processed as Expedited Services (ES)

- Disabled Program "Add All" option in the CalWIN Ap Reg process
- Implemented "Application Assistance" Function
- Provided policy documents and training to clerical staff

Too few intake staff to process the ES applications

- Hired more GAFS staff, and made intake staffing the priority.
- Changed business process and moved "Family NAFS" to CalWORKs intake staff.

How DHA turned it around…

No Show "failures" were not authorized in CalWIN so they continued to be included in pending status.

- Required Application Assistants (AAs) to review No Shows daily and authorize No Show failures. At bureaus without AAs, this became a duty of the Worker of the Day (WOD).

Intakes completed on the third day, were allowed to run through the batch process.

- Staff were required to issue all ES benefits on-line rather than through batch.
- Intake Supervisors are required to review every ES case by the third day to insure benefits are posted to EBT.

How DHA turned it around…

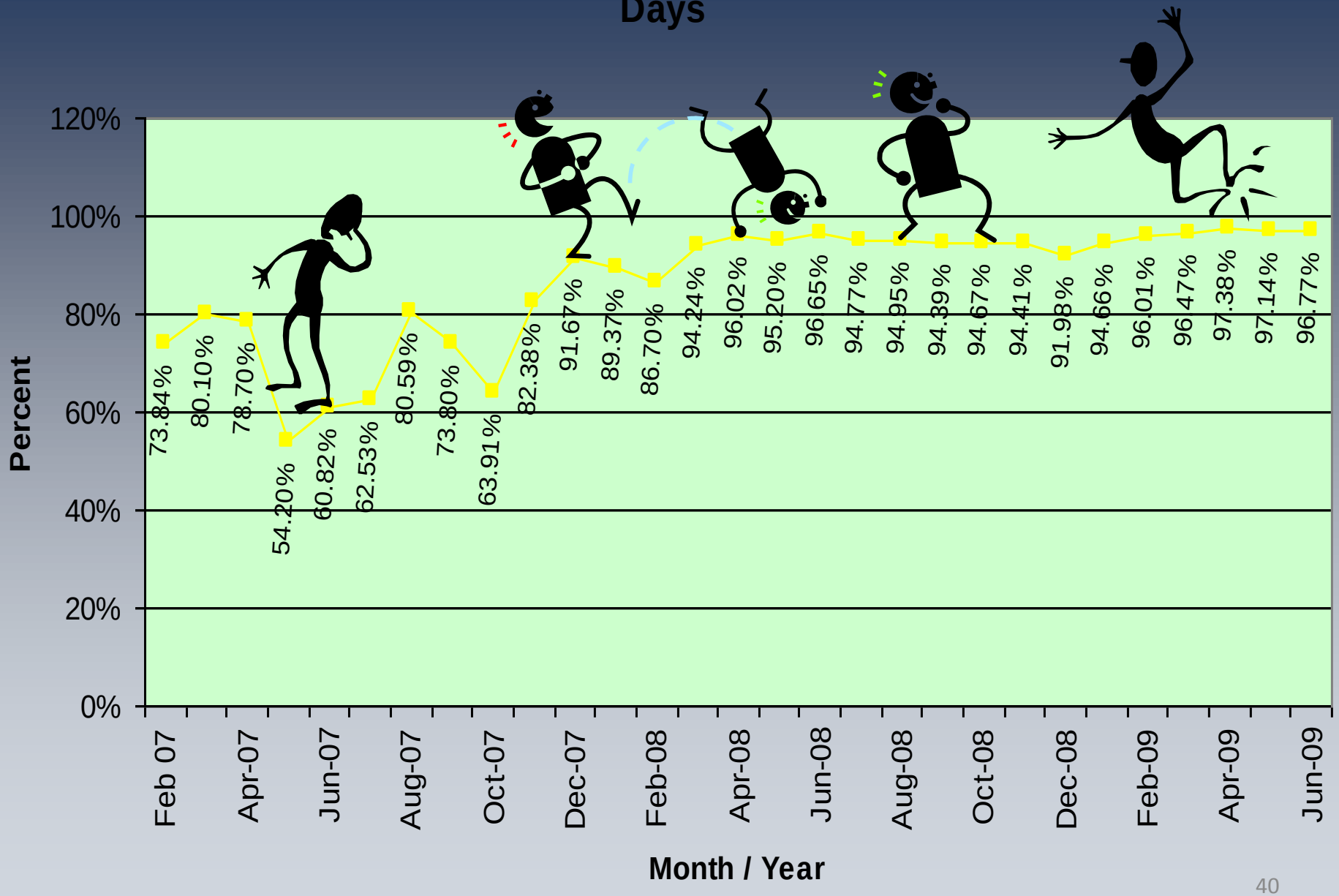
No way to determine what was happening at individual bureaus. No method to respond quickly to bureau-specific issues.

- Required daily reporting of intake scheduling status.
- Through RFP process implemented an automated, standardized intake scheduling solution that manages intake scheduling, has real time management reports and allows for transfer of work between locations.

DHA culture had become complacent about ES.

- Semi-annual training required for all Food Stamps staff
- Supervisors monitor the intake schedule through the day and add ES slots as needed.
- Bureaus falling below 90% compliance must complete Expedited Services Corrective Action Plan (ESCAP) until they achieve 90% for two consecutive months.
- Supervisors must complete ESCAP for every individual case that is processed beyond 7 days.

Percent of Approved Expedited Services Processed Within 3 Days



Questions, Comments or Follow-up?

Patri Lawson
Sacramento County Department of Human Assistance
2433 Marconi Ave
Sacramento, CA 95821
(916) 875-3530
lawsonpa@saccounty.net

Stanislaus County

Food Stamp Applications /Expedited Services

Teresa Baker

Applications

There are currently three ways applications are received:

- Online through C4Yourself.com
- In person at the office
- By calling the office

Note: The Intake Case Managers receive generic applications (CalWORKs, Food Stamps and Medi-Cal).

Online

- If the Applicant is requesting Expedited Services (ES), the Case Manager must contact the Customer within three days to conduct the interview and determine eligibility for ES

- If the Customer qualifies for ES, benefits are issued within three days with the electronic signature that was submitted with the online application

Walk Ins

All Applicants are given an appointment for the interview.

- **Some appointments are the same day**
- **Most appointments are by the next day**
- **Homeless FS applicants are seen the same day**

Walk Ins

- If the appointment is not within three days and the Applicant is requesting ES either verbally or on the SAWS 1, the Applicant is seen by a screener the same day
- The screener assesses for ES. The screener may take the application or refer it to the Intake Case Manager.
- If the Applicant qualifies for ES, the Case Manager must interview the applicant and issue ES within the three days

Phone Ins

- The application is taken over the phone by clerical
- Clerical assigns the Applicant an appointment for the interview
- Most appointments are within three days
- If the appointment is not within three days and the Applicant is requesting ES, clerical contacts the Case Manager and Supervisor via e-mail

Phone Ins

- The Case Manager must contact the Applicant by the following day to determine if the Applicant is eligible to ES
- If the Applicant is ES eligible, the Case Manager must schedule an appointment and issue ES with in three days

ES Best Practices

- Keep Intake fully staffed, as much as possible
- Ensure that Applicants who are eligible to ES are interviewed and ES issued within three days
- Interview homeless Food Stamp Applicants the same day (to avoid the Notice Of Missed Interview process)

ES Best Practices

- Have a team approach with clerical to identify ES applications on the SAWS 1
- Train/Remind staff of ES guidelines and eligibility guidelines
- Case Manager/Supervisor will see all Applicants who are requesting ES (verbally or on the SAWS 1) if their appointment is not within guidelines or if the Applicant has a concern about their appointment

Intake Processing

Employment & Temporary Assistance

County of Fresno

Angie De Los Santos

Steps

- **Orientation**
- **Intake Interview**
- **Post Application**
- **Management Monitoring**

Orientation

- **Client visits the office**
- **Same day orientation appointment**
  - **1 ½ hour long**
  - **SAWS1**
  - **Mandatory forms reviewed and signed**
    - **R&R, PUB13, CalJOBs**

Orientation

- **EW reviews SAWS1 with Client**
  - **Scheduled for intake interview**
  - **Same day or next day**
  - **Verifications**
- **Packet of forms reviewed during orientation given to intake interviewing worker with SAWS1**

Processing Tools

- **Oracle Reports**
- **Log Books**

<u>Monitoring Ensures Compliance</u>

Worksheet List - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Search Favorites

Address http://discweb.intra.co.fresno.ca.us:7777/discoverer/app/explorer?node=12&event=expand&state=%284%282%29%281%2987%29&root=0&partial=&source=expl&state Go Links

Refresh

Expand All | Collapse All

Focus	Name	Description	Owner	Last Modified
	Discoverer Workbooks			
	AAA-MJ- FS Draft ISD 2008-1268 Dependant Deduction		CIS_SPAS	Friday, August 22, 2008 08:34:38 AM PDT
	AT - ISD 2009-1439 ES without plan	All Registered WTW clients that do not have a plan with the type listed as WTW within the Plan tab.	CIS_SPAS	Wednesday, March 18, 2009 08:39:12 AM PDT
	CIS0001 - Benefit Issuance look up by Case ID	Issuance amounts for cash payments and food stamp payments by date order by case ID.	CIS_ADMIN	Tuesday, December 4, 2007 01:40:34 PM PDT
	CIS0002 - CAPI	CAPI cases for a particular month	CIS_ADMIN	Friday, June 15, 2007 08:31:02 AM PDT
	CIS0003 - Case Count Totals	Case count by approved, denied and discontinued status to worker	CIS_ADMIN	Friday, June 15, 2007 08:33:22 AM PDT
	Case Count by Worker			
	Detail of Cases by App Date			
	CIS0004 - Denied-Cancelled-Withdrawn by worker number	Denied, Cancelled or Withdrawn cases. Sort by worker number.	CIS_ADMIN	Friday, June 15, 2007 08:34:31 AM PDT
	Denied-Cancelled-Withdrawn			
	CIS0005 - Discontinued Programs by Worker/Unit/Division	Discontinued Programs, can select worker, unit, PM, or all.	CIS_ADMIN	Friday, June 15, 2007 08:58:26 AM PDT
	CIS0006 - Phone list by worker No and Last Name	Phone listing either by worker number or last name. Includes Office ID and internal number of caseload.	CIS_ADMIN	Friday, June 15, 2007 08:59:36 AM PDT
	CIS0007 - Worker Alerts by Caseload or Unit	Displays Worker Alerts in date order that have not been resolved. Also by units,	CIS_ADMIN	Friday, June 15, 2007 09:07:44 AM PDT
	By Worker			
	By Units			
	Alert Details			
	Alert Counts by priority			
	CIS0008 - TFS Cases		CIS_ADMIN	Monday, September 29, 2008 11:32:45 AM PDT

Cases pending by days - Microsoft Internet Explorer

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Back Search Favorites

Address http://discweb.intra.co.fresno.ca.us:7777/discoverer/app/grid?cols=6&rows=25&dv_shf=&bi_dt=&bi_cPath=dvtb%24rct&bi_slice=&numberLocale=en_US&bi_layer=&bi_edc Go Links

Worksheet options

Worksheets

By Case Number
By Programs with aid code
Cases By Zip Code, PGM and WKR
Case count by worker
count language by EW, UNIT, DIV
Cases pending by days*
Case count by Unit or Division
By Case Number with Expedited Food Stamps
Cases By Zip Code - with worker
93706-21-28 WW zip no LA%

* Enter Caseload ID 'TELB'

XWXA (Use % as a wildcard.)

Go

Table

Tools Layout Format Stoplight Sort Rows and Columns

* Rows 25 (0 - 999) * Columns 6 (0 - 999) Go

Columns 1-6 of 12 Left 6 Columns Right

	Cs Id	Pgm Nm	Last Nm	Lang Name	App Dt	days pending
1	1B0TP41	Food Stamps	Jackson	English	27-JUL-2009	21
2	1B83242	Food Stamps	Jolie-Pitt	English	29-JUL-2009	19
3	1C54875	Medi-Cal	Waters	English	31-JUL-2009	17
4	BA48751	Medi-Cal	Konzes	English	06-AUG-2009	11
5	BA48751	Month-1 Retro Medi-Cal	Konzes	English	10-AUG-2009	7
6	1B54721	Food Stamps	Barry	English	30-JUL-2009	18
7	1B1C487	Food Stamps	Sanchez	Spanish	06-AUG-2009	11
8	1B1C487	Medi-Cal	Sancehz	Spanish	06-AUG-2009	11
9	1B18754	Food Stamps	Braynt	English	12-AUG-2009	5
10	1C44715	Medi-Cal	Symthe	English	24-JUL-2009	24
11	B487147	Food Stamps	King	English	03-AUG-2009	14
12	B997548	Food Stamps	Rivers	English	13-AUG-2009	2
13	B997548	Expedited Food Stamps	Rivers	English	13-AUG-2009	2

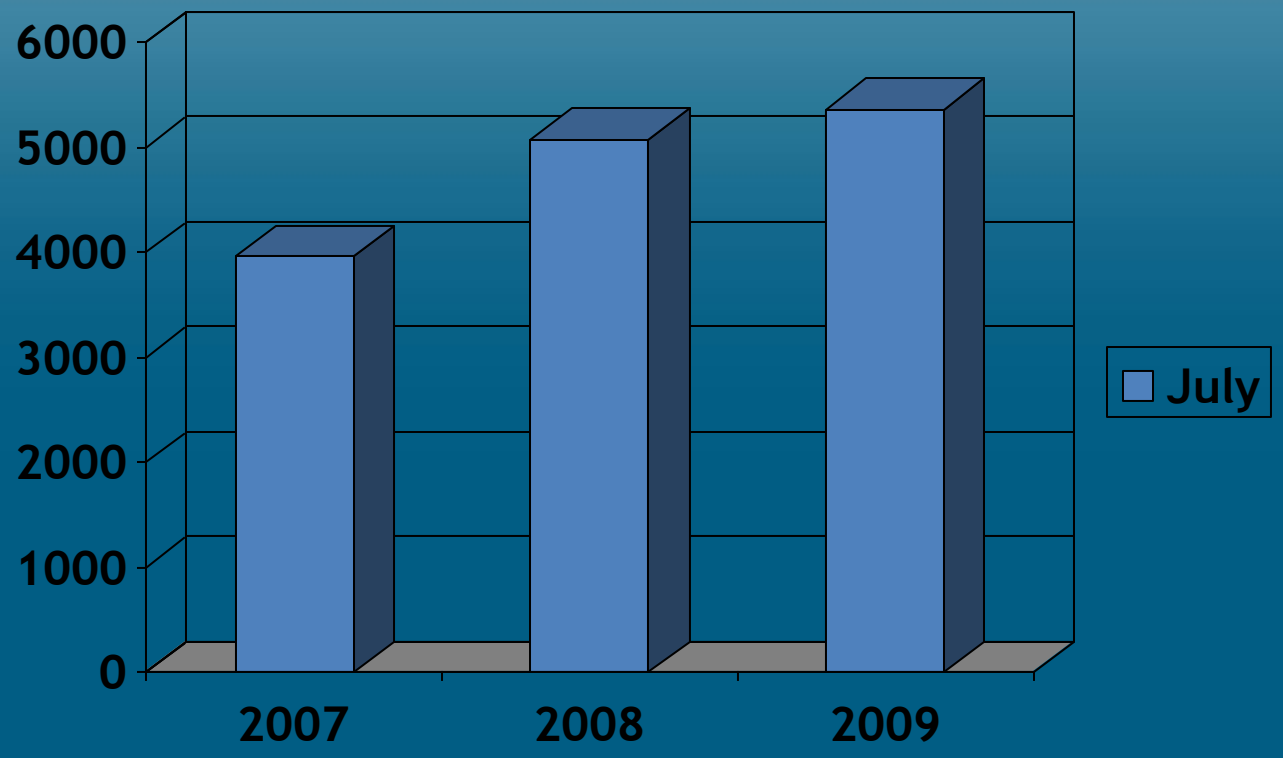
Columns 1-6 of 12 Left 6 Columns Right

Done Local intranet

WEEK OF: _____ DISTRICT: _____ MONTH: _____

Date of App	CASE NAME	CASE NUMBER	Program MC FS COMBO	Added Program	Cancelled App	Program With-drawn	Date Auth MC	Date Auth FS	Link to MC	1st 132 date	2nd 132 date	Comments/date submitted to SSPS/ time spent on withdrawn app and counted as app taken, clerical errors, meds errors, etc.

Applications Processed



Orientation and Case Management Techniques

- July, 2007- 3,967 applications processed
- July, 2008- 5,079 applications processed
- July, 2009- 5,366 applications processed
- 35% increase in applications from 2007

- Timely Processing- 99%

LUNCH &
Basket Giveaway

11:45AM – 12:45PM

Negative Case Reviews – Best Practices for Preventing Invalid Findings

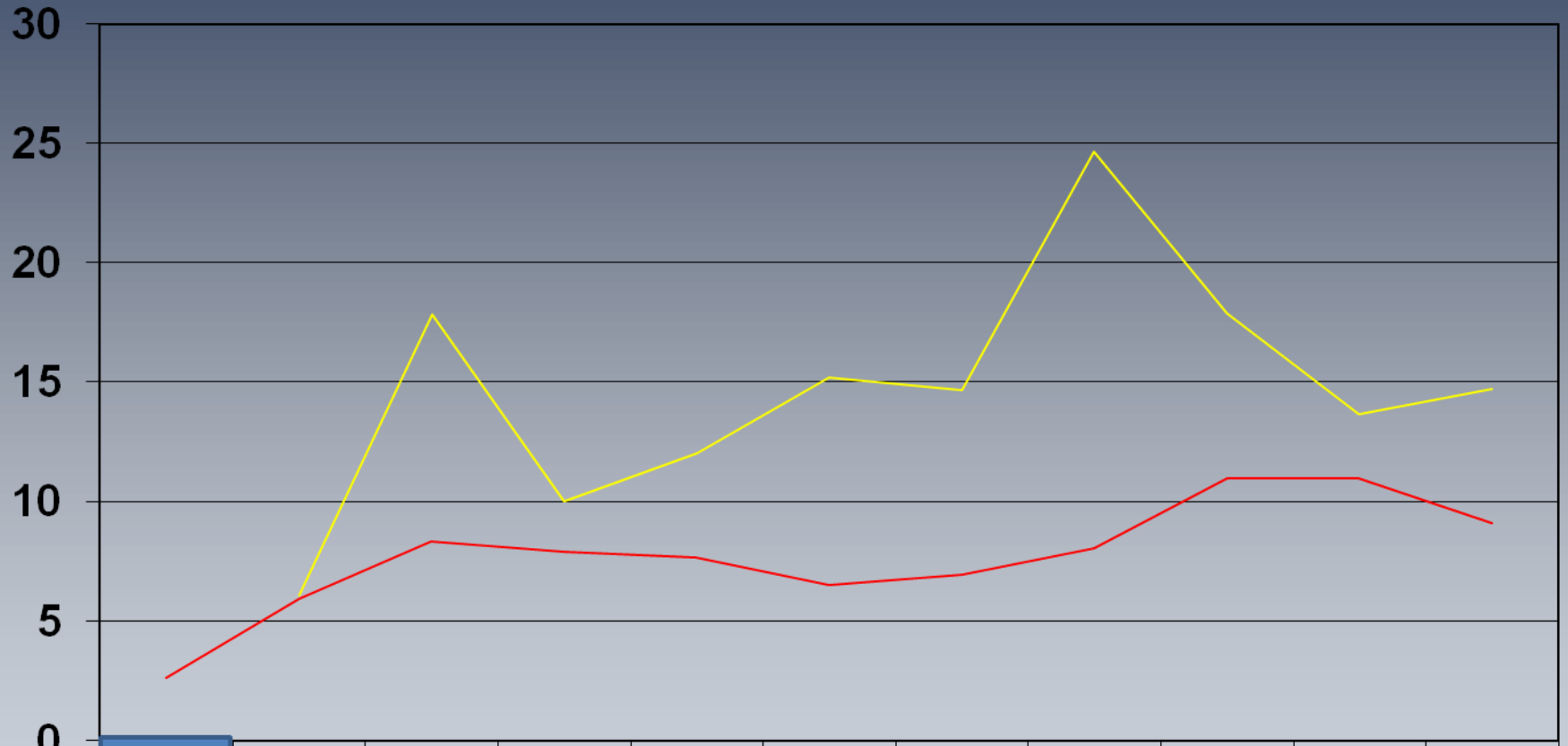
CDSS

Riverside County

Tulare County

Los Angeles County

Food Stamp Food Program Quality Control Negative Error Rates FFY 2000 - 2009



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009*
National	5.91	8.31	7.87	7.64	6.52	6.91	8.02	10.94	10.96	9.08
California	6.06	17.84	10.01	12.02	15.20	14.66	24.64	17.86	13.65	14.70

* Through March 2009 Sample Month

RADEP-I

Food Stamp Federal Negative Case Completion Rates

FFY 2009

Through 03/2009

County	Sampled Cases	Pending Cases	NSTR Cases	Reviewable Cases (Sampled Less NSTR)	Completed Cases	Completed Cases as a % of Reviewable	Other Dropped Cases	Other Drop Cases as a % of completed	Error Cases	Error Cases as a % of completed
Alameda	17	0	1	16	16	100.0%	0	0.0%	4	25.0%
Contra Costa	9	0	1	8	8	100.0%	0	0.0%	3	37.5%
Fresno	17	0	3	14	14	100.0%	0	0.0%	0	0.0%
Kern	25	0	7	18	18	100.0%	0	0.0%	1	5.6%
Los Angeles	159	0	30	129	129	100.0%	0	0.0%	11	8.5%
Merced	7	0	4	3	3	100.0%	0	0.0%	0	0.0%
Monterey	19	0	12	7	7	100.0%	0	0.0%	1	14.3%
Orange	17	0	1	16	16	100.0%	0	0.0%	2	12.5%
Riverside	36	0	10	26	26	100.0%	0	0.0%	11	42.3%
Sacramento	24	0	5	19	19	100.0%	0	0.0%	5	26.3%
San Bernardino	45	0	11	34	34	100.0%	0	0.0%	4	11.8%
San Diego	23	0	4	19	19	100.0%	0	0.0%	6	31.6%
San Francisco	12	0	0	12	12	100.0%	0	0.0%	1	8.3%
San Joaquin	11	0	7	4	4	100.0%	0	0.0%	0	0.0%
Santa Clara	11	0	5	6	6	100.0%	0	0.0%	1	16.7%
Solano	6	0	1	5	5	100.0%	0	0.0%	1	20.0%
Stanislaus	13	0	3	10	10	100.0%	0	0.0%	4	40.0%
Tulare	8	0	2	6	6	100.0%	0	0.0%	1	16.7%
Ventura	9	0	2	7	7	100.0%	0	0.0%	1	14.3%
39 Counties	113	0	56	57	57	100.0%	0	0.0%	4	7.0%
Statewide Totals	**581**	**0**	**165**	**416**	**416**	**100.0%**	**0**	**0.0%**	**61**	**14.7%**
Final FFY 2008 Totals	**1148**	**0**	**338**	**810**	**807**	**99.6%**	**3**	**0.4%**	**84**	**10.4%**

Food Stamp Negatives

CDSS - Marie Thomas

Food Stamp Negatives – Sample Scenario denial

- Ana Gomez – US Cit., H/H
- Reynaldo Cortez – US Cit., Spouse
- Rey Cortez Jr. – US Cit., Son
- Maria Cortez – US Cit., Daughter
- Mr. Cortez
  - Employed full time
  - Earns gross weekly income of $600.00
- Rent - $700.00/month
- Applied for Food Stamps – July 2, 2009
- Denied for Food Stamps – July 8, 2009

Food Stamp Negatives – Sample Scenario 1 Denial

- Example of insufficient case narrative –
- 07/02/2009 - Ms. Gomez in to apply for Food Stamps. Mr. Cortez earns $600/wk.
- 07/08/2009 – Case denied for over income.

Food Stamp Negatives – Sample Scenario 1 Denial

- Example of good case narrative (with verifications)–
- 7/ 02/2009-Ms. Ana Gomez (US citizen) came into the district office to apply for food stamps for herself, 2 US citizen children and their US citizen father, Mr. Reynaldo Cortez. She indicated that Mr. Cortez is employed by Tri-State Inc. and earns $600 weekly. She stated she is unemployed and there is no other income for the household. She was given a return appointment for 7/09/2009 to provide verification of earnings, expenses, citizenship and bank accounts.

Food Stamp Negatives – Sample Scenario 1 Denial (cont'd)

7/09/2009-Ms. Cortes returned with requested verifications including copies of the paystubs from Tri-State Inc. 6/04/2009, $600; 6/11/2009, $600; 6/18/2009, $600; 6/25/2009, $600. $600 X 4.33 = $2598. $2297 is the gross maximum income allowable for a HH of 4. Application denied, excess income.

Food Stamp Negatives – Sample Scenario 1 Denial

- Example of good case narrative (without verifications)–
- 7/ 02/2009-Ms. Ana Gomez (US citizen) came into the district office to apply for food stamps for herself, 2 US citizen children and their US citizen father, Mr. Reynaldo Cortez. She indicated that Mr. Cortez is employed by Tri-State Inc. and earns $600 weekly. She stated she is unemployed and there is no other income for the household. She stated that they throw away the paystubs after the checks are cashed and have no verification. After converting the earnings ($600 X 4.33 = $2598) it is determined that the income exceeds the gross allowable for a household of 4 ($2297). App. denied for excess income.

Food Stamp Negatives – Sample Scenario 2 Termination

- Example of insufficient case narrative –
- 7/5/2009 Mrs. Smith called and said she rec'd approval letter from SSI. Case term'd eff 7/31/2009

Food Stamp Negatives – Sample Scenario 2 Termination

- Example of good case narrative –
- 7/5/09-Mrs. Smith called the office and stated that she received a letter from SSI stating that she had been approved for SSI effective 6/1/09 . She was told to include a copy of the first SSI check with her QR7 whenever she receives it.
- 8/7/09-A copy of the SSI check for Mrs. Smith was received in the office dated 8/3/09. Case terminated effective 8/31/09.

Food Stamp Negatives – Expedited Services

- ES Screening process is reviewed through
  - Applications
  - System Screenshots
  - Case Comments
  - NOAs
- If applicant was ES eligible, even though the action taken was correct, case will be cited

Making Journal Entries in C-IV

Best Practices For Preventing Invalid Negative Findings

Katherine Marshall

Riverside County
Corrective Action Review
Supervisors

Presentation Includes

Included in this presentation are:

- Instructions on making Journal entries in C-IV
- Best practices used in Riverside County to aid in preventing invalid Negative Findings

C-IV System - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Search Favorites

Address https://web.c33.c-iv.net/c-iv/staff Go Links

C-IV

Journal Tasks Reminders Log Out Help

Case Info | Eligibility | Empl. Services | Child Care | Resource Databank | Fiscal | Special Units | Reports | Document Control | Admin Tools

Welcome! Katherine Marshall Wednesday, August 19, 2009

Worker ID: 33AS20AJ00

Case Number: Submit

County Announcements

08/18/2009 MC 176S disc 08/19

C-IV Announcements

Release 9.07-Release Notes

Release Note Report

Tasks

Overdue	0
Due In Next 30 Days	0

Reminders

Total	0

New Assignments

Newly Assigned	0
Newly Assigned e-Applications	0
Pending IHSS Referrals	0

SIU Referrals

Outstanding	0

July 2009						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4

August 2009						
Sun	Mon	Tue	**Wed**	Thu	Fri	Sat
						1

September 2009						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5

Your Session Will Time Out In: 19:37 Trusted sites

Start Nove... FS N... C-IV... Prese... Food ... 10:35 AM

To add case comments click on *Journal*

C-IV System - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address https://web.c33.c-iv.net/c-iv/staff

Journal Tasks Reminders Log Out Help

Case Eligibility Empl. Child Resource Fiscal Special Units Reports Document Control Admin Tools

C-IV - Microsoft Internet Explorer

Help

Journal List

Add Entry

Journal List | List Options

Resource ID:

Case Number:

Journal Category: All

Date Range: 05/01/2009 to 08/19/2009

Update

Add Entry

Wednesday, August 19, 2009

Select *Add Entry* button

Riverside County
Corrective Action Review Supervisors

C-IV System - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address https://web.c33.c-iv.net/c-iv/staff

Journal Tasks Reminders Log Out Help

C-IV - Microsoft Internet Explorer

Journal List

Case - A123456 – Daisy Duck

Journal List | List Options

Date	Type	Description
06/04/2009	Noa	NOA - Denial
06/04/2009	Narr	Fs denied
06/04/2009	Assign	Assignment Worker Initiated

Print With Details Without Details

Add Entry

Journal Entry

Check Spelling Save Cancel

(Katherine Marshall, 33AS20AJ00, Eligibility Supervisor)

Case Number: A123456

Case Name: Daisy Duck

Journal Type:* - Select -

Journal Category:* - Select -

Short Description:*

Long Description:

Check Spelling Save Cancel

*- Indicates required fields

Outstanding 0

July 2009						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4

August 2009						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1

September 2009						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5

Your Session Will Time Out In: 18:12

Trusted sites

Start 10:53 AM

Select *Journal Type* and *Journal Category* from drop down boxes

C-IV System - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address https://web.c33.c-iv.net/c-iv/staff

Journal Tasks Reminders Log Out Help

C-IV - Microsoft Internet Explorer

Journal List

Case - A123456 – Daisy Duck

Journal List | List Options

Date	Type	Description
06/04/2009	Noa	NOA - Denial
06/04/2009	Narr	Fs denied
06/04/2009	Assign	Assignment Worker Initiated

Print With Details Without Details

Add Entry

Journal Entry

Check Spelling Save Cancel

(Katherine Marshall, 33AS20AJ00, Eligibility Supervisor)

Case Number: A123456

Case Name: Daisy Duck

Journal Type:* - Select -

Journal Category:* - Select -

Short Description:*

Long Description:

Check Spelling Save Cancel

*- Indicates required fields

Outstanding 0

July 2009	August 2009	September 2009
Sun Mon Tue Wed Thu Fri Sat	Sun Mon Tue Wed Thu Fri Sat	Sun Mon Tue Wed Thu Fri Sat
1 2 3 4	1	1 2 3 4 5

Your Session Will Time Out In: 18:12

Trusted sites

Start No... FS ... C-I... Pre... Fo... C-I... 10:53 AM

Enter the *Short Description*

Riverside County
Corrective Action Review Supervisors

C-IV System - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address https://web.c33.c-iv.net/c-iv/staff

Journal Tasks Reminders Log Out Help

C-IV - Microsoft Internet Explorer

Journal List

Add Entry

Case - A123456 – Daisy Duck

Journal List | List Options

Date	Type	Description
06/04/2009	Noa	NOA - Denial
06/04/2009	Narr	Fs denied
06/04/2009	Assign	Assignment Worker Initiated

Print With Details Without Details

Add Entry

Journal Entry

Check Spelling Save Cancel

(Katherine Marshall, 33AS20AJ00, Eligibility Supervisor)

Case Number: A123456

Case Name: Daisy Duck

Journal Type:* - Select -

Journal Category:* - Select -

Short Description:*

Long Description:

Check Spelling Save Cancel

*- Indicates required fields

Outstanding 0

July 2009						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4

August 2009						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1

September 2009						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5

Your Session Will Time Out In: 18:12

Trusted sites

Start 10:53 AM

The *Long Description* should include who, what, when, where, why

Example Journal Entry Includes 5 W's (who, what, when, where, why)

- Case Number: A123456
- Case Name: Daisy Duck
- Journal Type: Narrative
- Journal Category: Eligibility
- Short Description: 1/09 QR7 Processed, Income Change
- Long Description:

  January 2009 QR7 received and processed this date. Daisy reported she received a promotion at her job with Disneyland and now makes $576.90 a week. She also reports that Donald Duck still receives UIB in the amount of $140 every other week. Income page updated and EDBC run and accepted for March. Customer now over income, case discontinued effective 2/28/2009. NOA saved and sent centrally. All original documents copied and sent back to customer. 1/09 QR7, Daisy's pay stubs from Disneyland and Donald's UIB stubs sent to imaging.

Journal Templates

- Because many errors can be eliminated by the inclusion of clear, concise and complete Journals; one of the best practices used in Riverside County is the use of Journal Templates.

- The purpose of these Templates is to ensure the completeness and consistency of Journal entries.

DPSS Intranet Home Site - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address http://intranet.riversidedpss.net/Intranet/

Riverside County

Aug 19, 2009

Home | Policies & Forms | Mission Statement | Organizational Charts | User Guides | Equipment Manuals | Intranet Help

DPSS Information Portal

Human Resources

Departmental Services

Geographic Information Systems

Frequently Asked Questions

Application Permissions

News and Updates

Phone Number Search

Search by First OR Last Name

Go

Search Results

Telephone #

###-####

More

DPSS - User Guides

Help | Select User Guide: Journal Templates | Upload Guides

Search Criteria

Manual Name

Description

Title	Section	Upload Date
CalWORKs Journal Template		Nov 26 2007
ChildCare Journal Template		Nov 26 2007
Food Stamp Journal Template		Nov 26 2007
General Relief Template		Nov 26 2007
ICCM Journal Templates		Nov 26 2007
Office Assistant Journal Templates		Nov 26 2007
Medi-Cal Journal Template	Journal Templates	Nov 26 2007
Welfare To Work Journal Template	Welfare to Work	Nov 26 2007

List of available Journal Templates

Located on the County's Intranet

Example of Discontinuance Journal Template

http://intranet.riversidedpss.net/Pdffiles/UserGuides/Journals/FoodStampJournal_Template.pdf - Microsoft Int...

Food Stamp

Discontinuance

To Copy	1. Click **Select** button from toolbar. Use mouse to highlight text. 2. Copy text. There are three methods to copy text (see instructions in Introduction). 3. Paste into C-IV
Text	APPLICATION DATE: DISCONTINUANCE DATE: REASON: NAME OF PERSON(S) DISCONTINUED: ALL C-IV PAGES COMPLETED AND REVIEWED: EDBC RUN FOR MONTHS OF: NOA SENT: DATE AND LIST OF DOCUMENTS/VERIFICATIONS SENT FOR IMAGING: ADDITIONAL INFORMATION AND COMMENTS:

TOC

7 of 14

Example of Denial Journal Template

http://intranet.riversidedpss.net/Pdffiles/UserGuides/Journals/FoodStampJournal_Template.pdf - Microsoft Int...

Food Stamp

Denial

To Copy	1. Click Select button from toolbar. Use mouse to highlight text. 2. Copy text. There are three methods to copy text (see instructions in Introduction). 3. Paste into C-IV
Text	APPLICATION DATE: DENIAL DATE: REASON: NAME OF PERSON(S) DENIED: ALL C-IV PAGES COMPLETED AND REVIEWED: EDBC RUN FOR MONTH(S) OF: NOA SENT: DOES 30 DAY RULE APPLY? IF YES, TASK/CONTROL DATE FOR SENDING THE NOA: DATE AND LIST OF DOCUMENTS/VERIFICATIONS SENT FOR IMAGING: ADDITIONAL INFORMATION AND COMMENTS:

TOC

http://intranet.riversidedpss.net/Pdffiles/UserGuides/Journals/FoodStampJournal_Template.pdf - Microsoft Int...

Save a Copy | Search | Select | 75%

Food Stamp

Denial

To Copy	1. Click Select button from toolbar. Use mouse to highlight text. 2. Copy text. There are three methods to copy text (see instructions in Introduction). 3. Paste into C-IV
Text	APPLICATION DATE: DENIAL DATE: REASON: NAME OF PERSON(S) DENIED: ALL C-IV PAGES COMPLETED AND REVIEWED: EDBC RUN FOR MONTH(S) OF: NOA SENT: DOES 30 DAY RULE APPLY? IF YES, TASK/CONTROL DATE FOR SENDING THE NOA: DATE AND LIST OF DOCUMENTS/VERIFICATIONS SENT FOR IMAGING: ADDITIONAL INFORMATION AND COMMENTS:

TOC

6 of 14

Start | Nove... | http:... | FS N... | Micro... | DPSS... | 9:32 AM

The text is highlighted, copied and pasted into a word document. Information can be added such as Expedited Services

template.doc - Microsoft Word

APPLICATION DATE:

DENIAL DATE:

REASON:

NAME OF PERSON(S) DENIED:

EXPEDITED SERVICES SCREENING:

- ✓ LIQUID RESOURCES AMOUNT:
- ✓ INCOME AMOUNT:
- ✓ RENT/MORTGAGE AMOUNT:
- ✓ UTILITIES AMOUNT:

EXPEDITED SERVICES REQUEST DATE PUT IN C-IV:

ALL C-IV PAGES COMPLETED AND REVIEWED:

EDBC RUN FOR MONTH(S) OF:

NOA SENT:

DOES 30 DAY RULE APPLY? IF YES, TASK/CONTROL DATE FOR SENDING THE NOA:

DATE AND LIST OF DOCUMENTS/VERIFICATIONS SENT FOR IMAGING:

ADDITIONAL INFORMATION AND COMMENTS:

Example of text pasted into word document includes Expedited Services screening information

Negative Action Review Quick Reference Guide

With a focus on decreasing the county's 'negative action review' error rate, supervisors are now reviewing a large percentage (in some cases 100%) of the denied and discontinued cases. A 'Food Stamp Negative Action Review Quick Reference Guide' has been created to assist the supervisors with these reviews.

Negative Action Review Quick Reference Guide (cont)

This guide consists of six questions referring to:

- Valid Eligibility Determination
- Appropriate NOA and NOMI
- Timeliness of negative action
- Complete Journal Entry
- Transfers to TFS
- Expedited Services

Also included are policy guidelines and state and county regulation references.

The use of this tool assists in ensuring that negative actions are processed correctly, timely and consistently countywide.

Negative Action Review Quick Reference Guide

Questions	Guideline / Description	Regulations	ACAP Error Elements
#1 – Was the denial / discontinuance a valid eligibility action?	• Voluntary withdrawal	CDSS 63-300.36 DP 63-014 1 PG 2	101
	• Failure to provide mandatory verifications	CDSS 63-300.5 (a)&(c) DP 63-014 3 pg 4	140 – 170
	• Failure to appear for 2 interviews	CDSS 63-300.46 DP 63-014 4 pg 5	101
	• Over income	CDSS 63-502.1 CDSS 63-409.11 DP 63-014 2 pg 3	311,312,314,332,333, 334,335,336,342, 344, 345,346,371,372
	• Over resources	CDSS 63-409.12 CDSS 63-1101.1 DP 63-014 2 pg 3	211,212,123,221,222, 223,224,225
	• County residence	CDSS 63-401 CDSS 63-300.5(e)(5)	140, 141
	• Etc.		
#2 – Was the appropriate NOA and / or NOMI sent and was the correct information included?	• All denial / discontinuance NOAs must state the reason for the denial / discontinuance in detail and list the appropriate regulations	CDSS 63-504.211 CDSS 63-504.23 DP 63-014 2 pg 3	533
	• Notice of missed interview (NOMI) must be sent when a customer missed the 1st scheduled intake interview	CDSS 63-301.32 DP 63-014 4 pg 5	533
# 3 – Was the denial / discontinuance action taken timely?	• Voluntary withdrawal and program ineligibility must be denied by the 30th day following the date of application	CDSS 63-301.3 CDSS 63-504.23	533
	• The customer received 10 days to provide mandatory verifications when the request was made in writing	CDSS 63-300.5(a)(1) CDSS 63-301.411(b) DP 63-014 3 pg 4	533
	• The customer misses an interview, a NOMI was previously sent, the application was denied on the 30th day following the date of application.	CDSS 63-300.461 DP 63-014 4 pg 5	533
	• A discontinuance notice of action shall be considered timely if there are at least 10 days from the date the notice is mailed until the effective date of change, except as specified in CDSS 63-504.264, .266, and .267.	CDSS 63-504.213	533

Page Break

Close Full Screen

Negative Action Review Quick Reference Guide

Page Break

#4 - Did the journal entry support the denial / discontinuance action taken?	• Journal entry must provide a clear, concise record of events and all subsequent actions taken (who, what, when, where, why)	DP 23-362 and 23-362A	600
#5 - If eligible, was the case correctly transferred to TFS? (Transitional Food Stamps)	• "0F" aid code required for county tracking	DP 63-504.1 pg 2	530
	• Does the CalWORKs termination reason ensure correct TFS entitlement?	CDSS 63-504.131(a)&(b) DP 63-504.1 pg 2	530
	• 5 month TFS certification period	CDSS 63-504.131	530
	• TFS benefit amounts are the same as the amount of Food Stamps issued in the last month that CalWORKs was received (minus the CW grant from the budget)	CDSS 63-504.132(a) DP 63-504.1 pg 5	530
#6 - Was the FS application screened for Expedited Food Stamps (EFS), and if eligible, was EFS eligibility determined correctly and benefits issued timely?	• FS application is to be screened for EFS during the 1ST visit at application, RE, or when reapplying. • Customer must be informed of EFS both verbally and in writing. • Verifications needed to process EFS are: identity, income information, and a QR7 if applicable. • The household, if otherwise eligible, must also meet the criteria of an "eligible household". • Were EFS issued within the required timeframes? • DFA 377.1, Notice of Approval, is to be sent as soon as the determination of EFS eligibility is made, but no later than 30 days after the date of initial application. • Document EFS eligibility on the FS Program Detail page in C-IV and complete a C-IV journal entry documenting the outcome of the EFS screening.	DP 63-301.5 CDSS 63-301.5	101 175, 311-346, 560 311 - 346 211 - 225 533 600

Close Full Screen

TULARE COUNTY

Leanne Zuniga

- Health & Human Services

CalWORKs Information Network - CalWIN

HOW TO…

TITLE	ISSUE DATE
Enter and View Case comments	5/23/07

Program(s)/Staff:	**All**
Description:	**This How To provides detailed instructions for entering and viewing case comments in CalWIN. Detailed instructions can also be found in Online Help.**
References	**CalWIN Online Help-Search for "Case Comments"**
Contacts:	**Follow the User Support procedures for questions regarding the specific steps to follow in CalWIN.** **Questions regarding the regulations should be directed to the appropriate Program Specialist.**
Author:	**Barnes**

INSTRUCTIONS

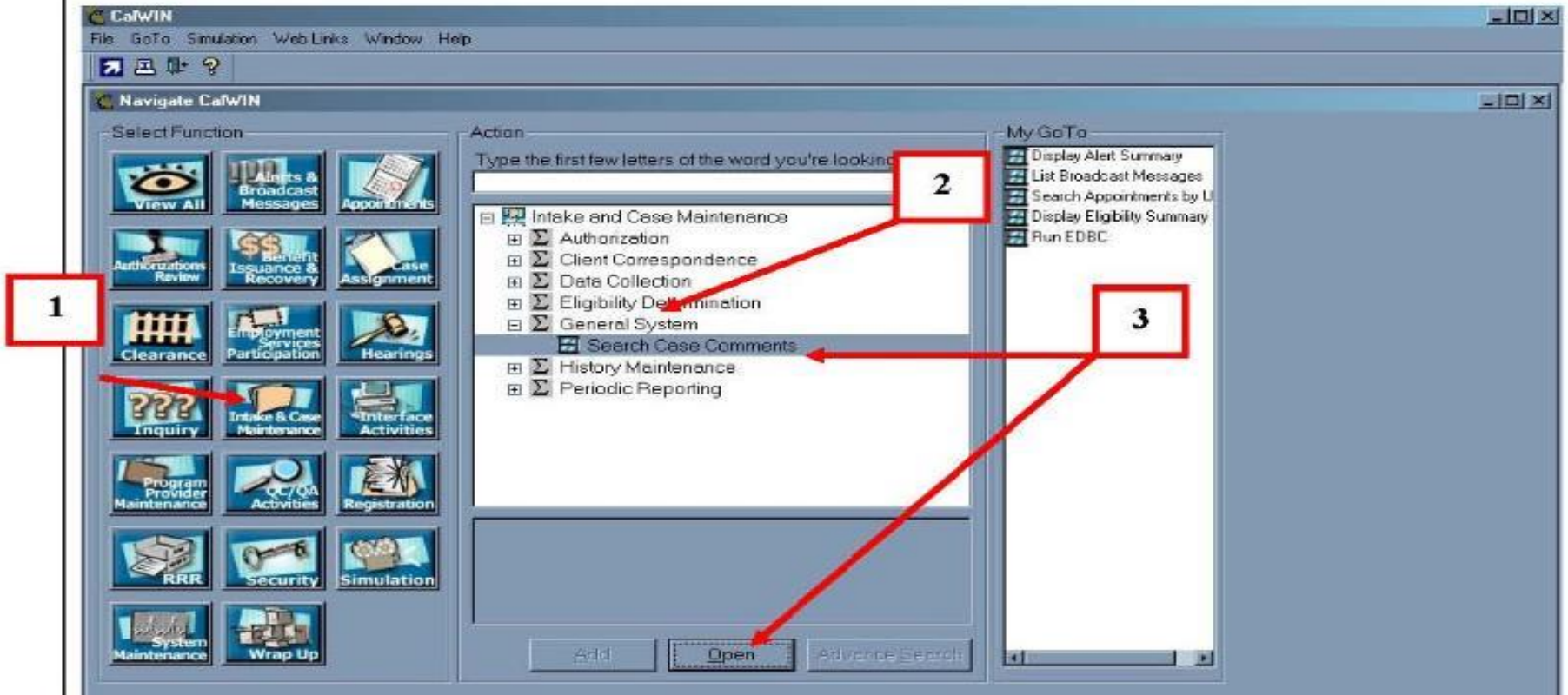
Instructions begin on page 2.

- Health & Human Services

CalWORKs Information Network - CalWIN

HOW TO…

STEP	ACTION
1.	CalWIN allows you to enter electronic case comments for actions taken on a case, as well as any other updates or observations that you may need to record. To enter case comments start at the *Navigate CalWIN* window. 1. Select Intake and Case Maintenance. 2. Double Click on General System. 3. Select the Search Case Comments window from the expanded view and click open.

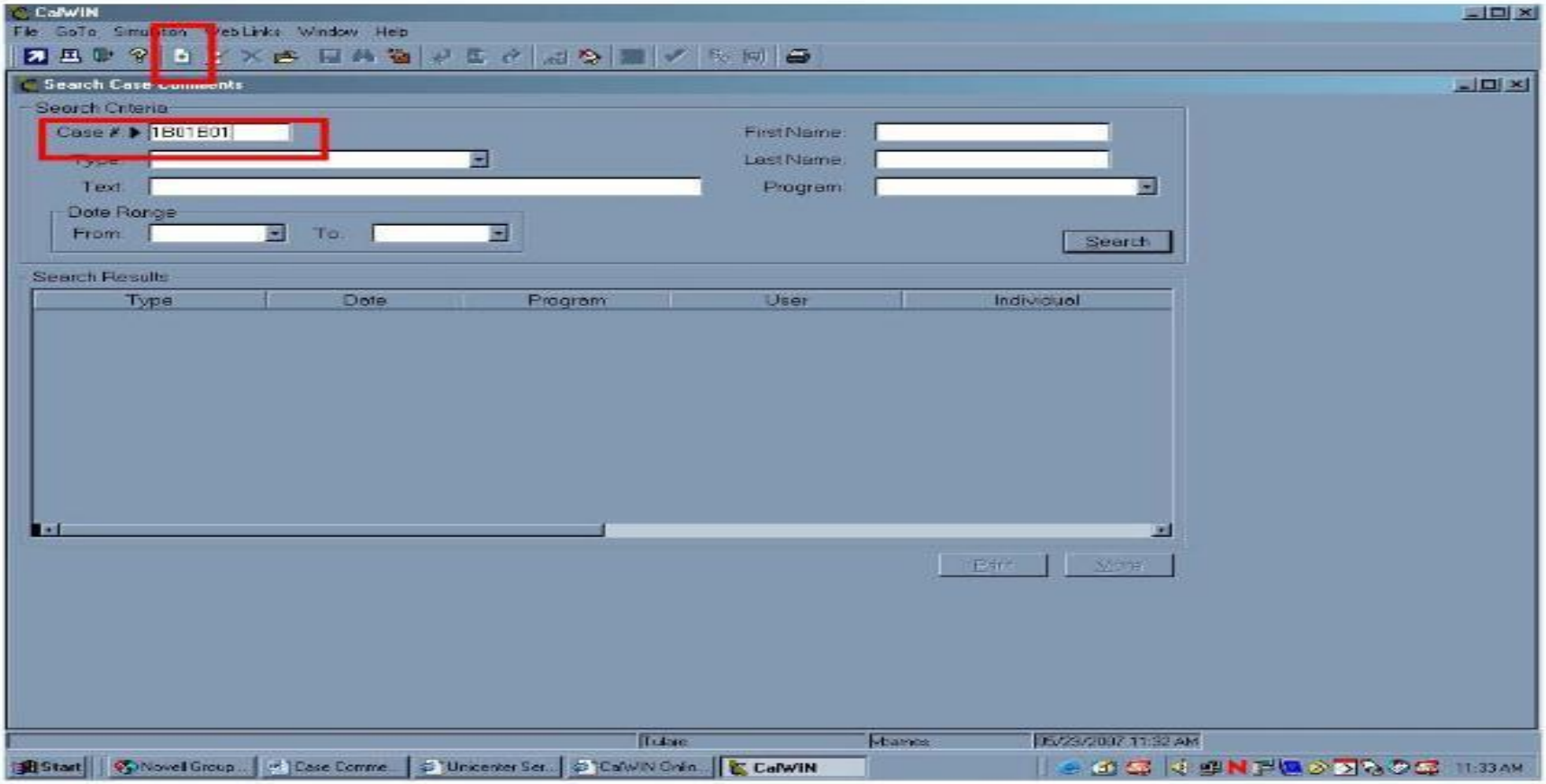


- Health & Human Services

CalWORKs Information Network - CalWIN

HOW TO…

STEP	ACTION
2.	The ***Search Case Comments*** window will appears. Enter the Case Number and click add on the toolbar.



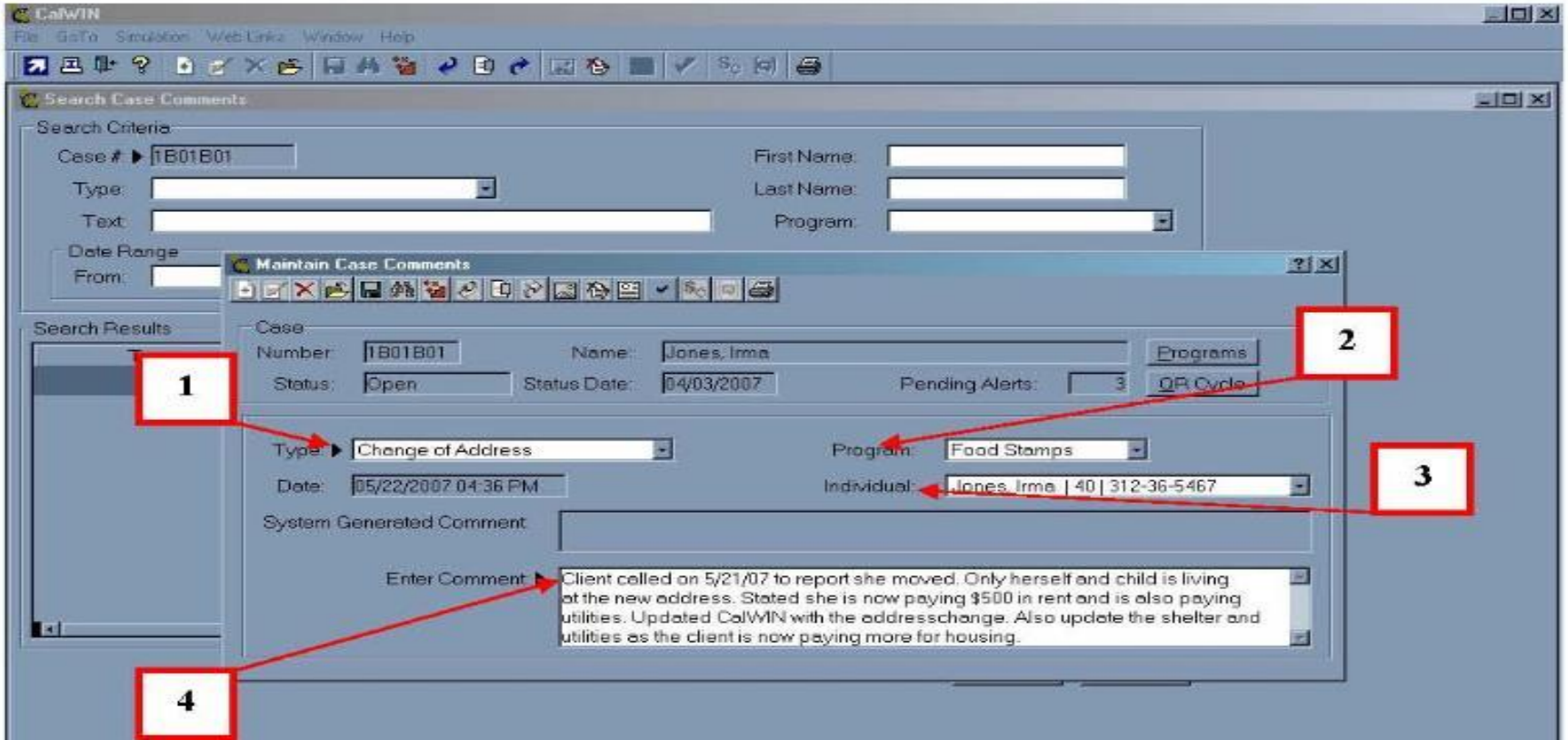
NOTE: After EDBC is run and benefits are authorized, you will move forward in the queue and the ***Search Case Comments*** window will appear as above. Click add on the toolbar as shown above. A case number will not need to be entered.

- Health & Human Services

CalWORKs Information Network - CalWIN

HOW TO…

STEP	ACTION
3.	The ***Maintain Case Comments*** Window will appear. 1. Select the comment *Type*. 2. Select the *Program* the comment is related to, if applicable. 3. Select the Individual to whom the comment is associated to, if applicable. 4. Type a complete and thorough narrative in the *Enter Comments* box. Be sure to address who, what, when, why, and how.

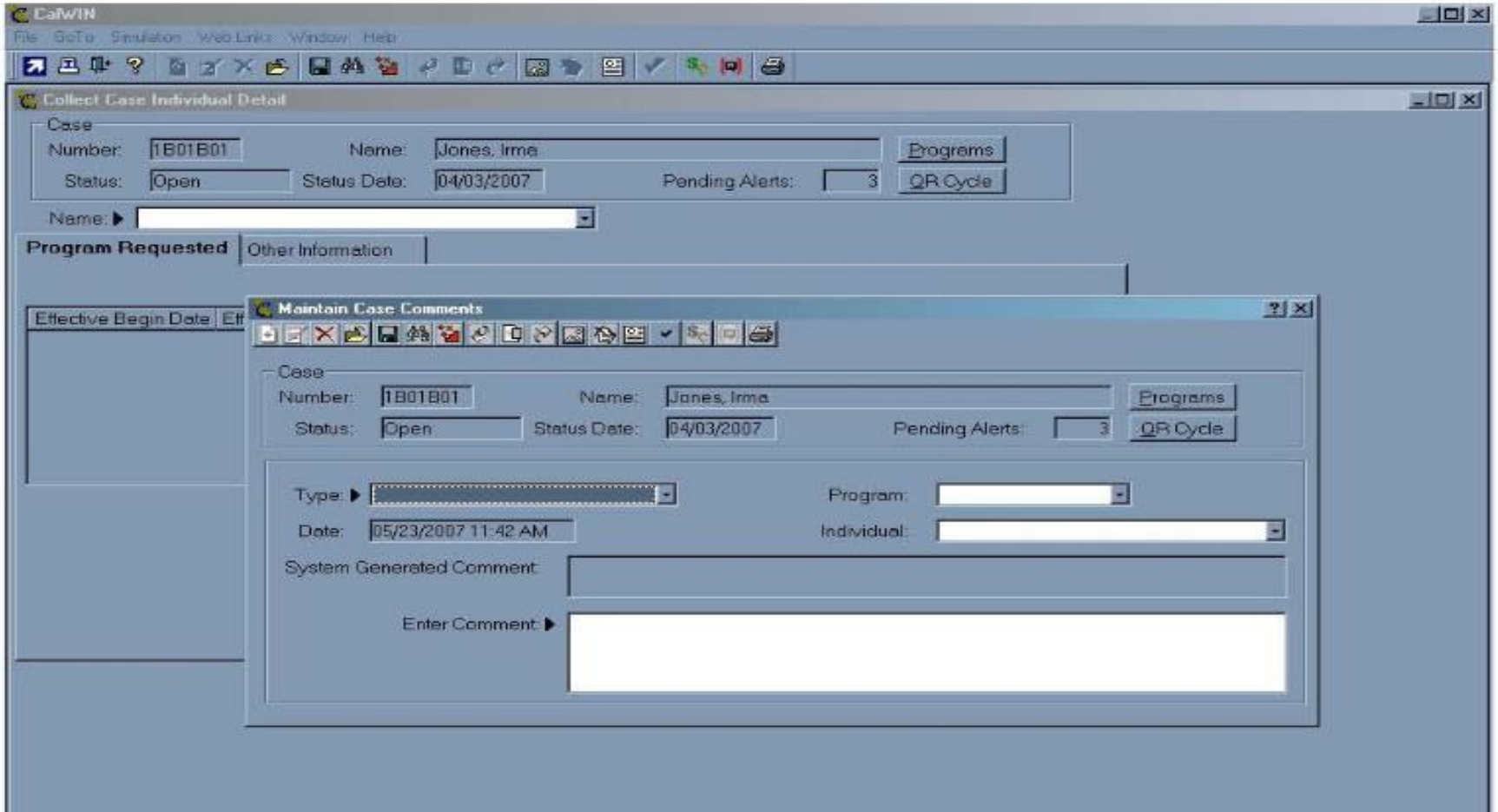


- Health & Human Services

CalWORKs Information Network - CalWIN

HOW TO…

STEP	ACTION
4.	If you are on a window with ***Case Comments*** enabled on the toolbar, click the ***Case Comments*** on the toolbar. The ***Maintain Case Comments*** response window appears. Complete this window as stated in **Step 2** above.

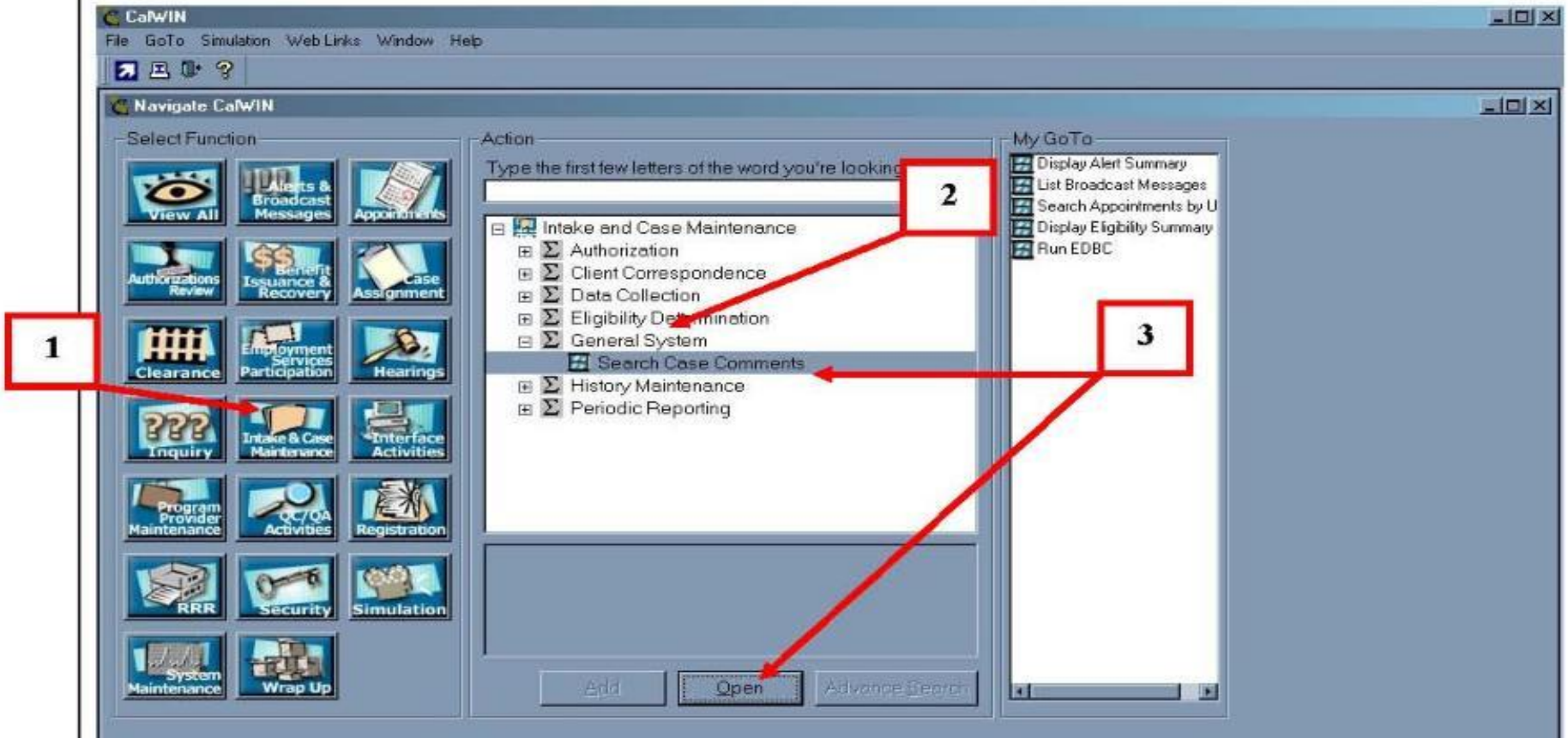


- Health & Human Services

CalWORKs Information Network - CalWIN

HOW TO…

STEP	ACTION
5.	To view Case comments start at the ***Navigate CalWIN*** window. 1. Select Intake and Case Maintenance. 2. Double Click on General System. 3. Select the Search Case Comments window from the expanded view and click open.

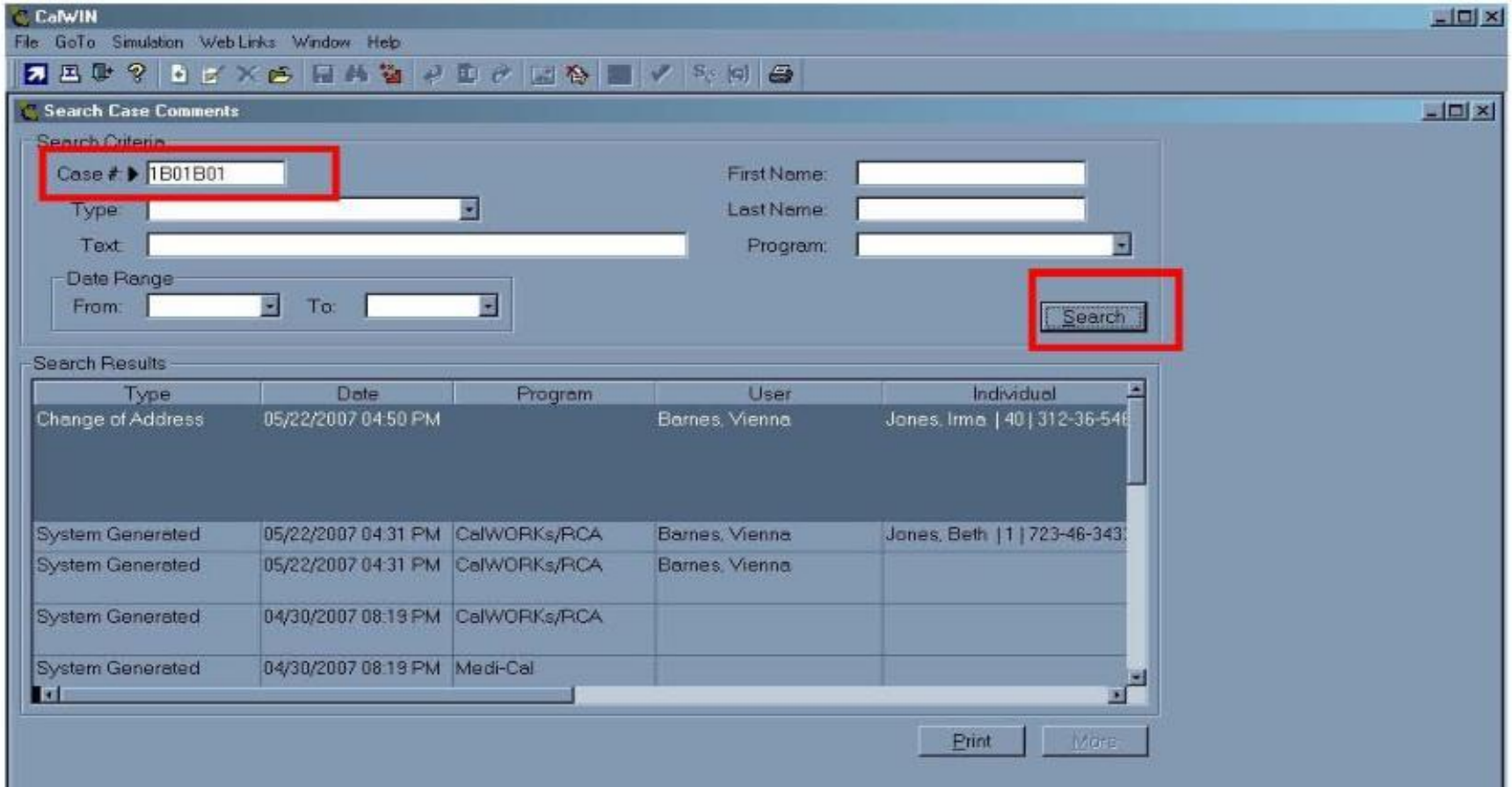


- Health & Human Services

CalWORKs Information Network - CalWIN

HOW TO…

STEP	ACTION
6.	The Search Case Comments window appears. Enter the Case Number and click Search. A list of case comments appear in the Search Results group box. The comment can be viewed by double clicking on the comment or use the scroll bar at the bottom of the *Search Results* group box.

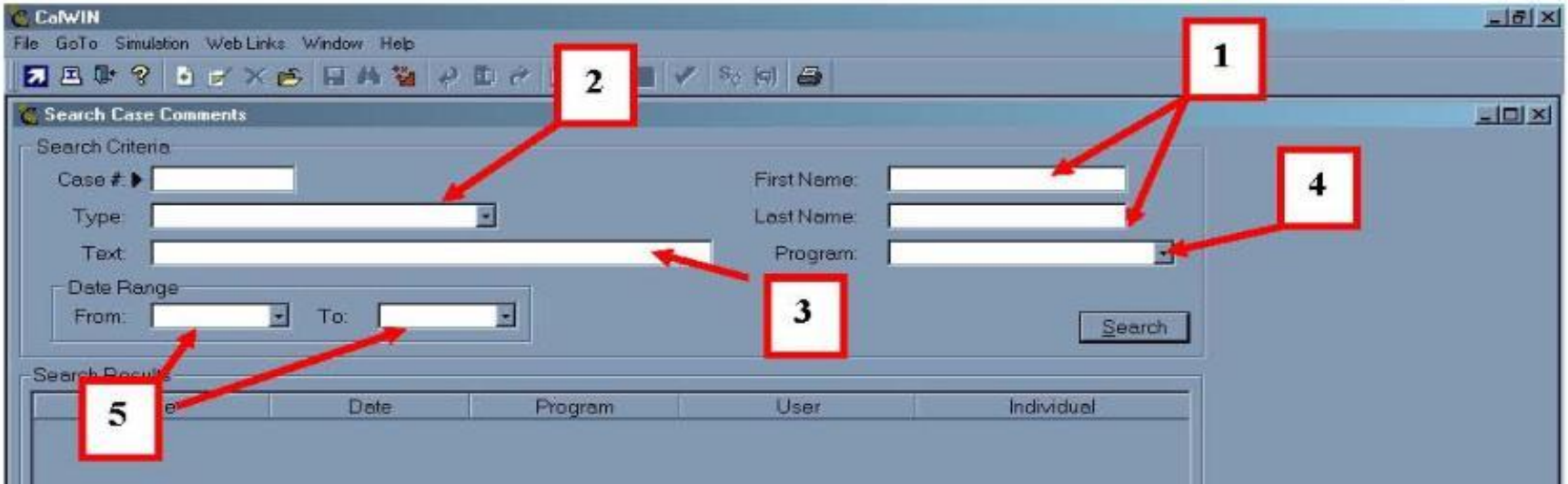


- Health & Human Services

CalWORKs Information Network - CalWIN

HOW TO…

STEP	ACTION
7.	If you want to limit your search by additional criteria, enter any combination of the following: 1. Search by client's name, enter the *First Name* and *Last Name*. 2. Search by comment type, select *Type* from the drop down field. 3. Search by comment text, enter the first word in the comment. **Note**: If you search by comment text, CalWIN only considers the first word and/or characters in the comment. The search process is not a full text search that considers every word in the comment. You should only search by comment text when you are certain of the first word in the comment. 4. Search by program, select *Program* from the drop down field. 5. Search by date range, enter *From* and *To* date.

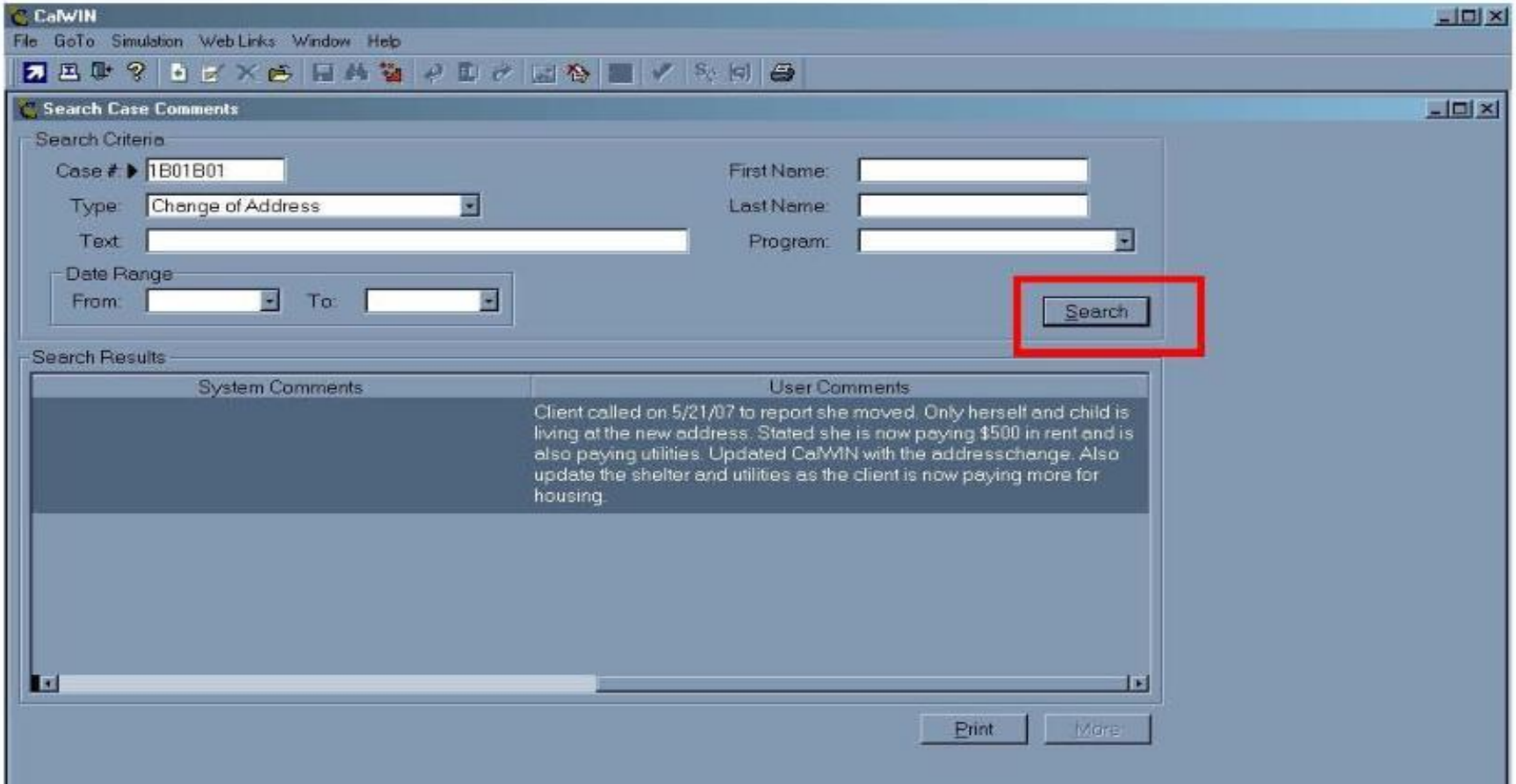


- Health & Human Services

CalWORKs Information Network - CalWIN

HOW TO…

STEP	ACTION
8.	After a search criteria is entered, Click Search and a list of comments appear in the *Search Results* group box. The comment can be viewed by double clicking on the comment or use the scroll bar at the bottom of the *Search Results* group box.



ANNUAL FOOD STAMP CONFERENCE 2009

"Transforming for the Future"

DOCUMENTING CASE COMMENTS ON LEADER

LOS ANGELES COUNTY
Department of Public Social Services
Philip L. Browning
Director

September 2, 2009
Rialto, California

Who Needs to Enter Case Comments?

Case Comments should be entered by any County worker who:

- ✓ Has contact with an applicant/participant (in person, by mail, or via telephone) to explain the purpose of the contact;
- ✓ Has taken any action that impacts eligibility/benefit determination on the case.

<u>What</u> Should be Included in Case Comments?

Acceptable **Case Comments** should include, as appropriate:

- **<u>Who</u>** reported the change;
- **<u>What</u>** was reported;
- **<u>When</u>** the change(s) occurred & in what sequence;
- **<u>Were</u>** benefits issued in the correct amounts;
- **<u>Why</u>** the action was taken.

When should Case Comments be entered?

Case Comments should be entered when:

- A change occurred or is discovered;
- A change is reported;
- A change is authorized;
- An Overpayment/Overissuance has been established and validated;
- Benefits are authorized and issued.

Were Automated Case Comments Inserted?

LEADER has been modified to display automated **Case Comments** for various LEADER Modification & Enhancement when requested as a requirement.

The following are some examples of the most recent automated **Case Comments** inserted by LEADER:

- "Implementation of the FS Stimulus 13.6% increase in benefits as a result of the ARRA signed into law. This change is effective 04/01/09."
- "Household meets the MCE criteria. Family Planning, Publication 275 brochure was shared with the household."
- "Based on information received via the MEDS Interface, the individual with the following [CIN] is receiving SSI/SSP. MEDS Interface has updated the SSI/SSP fields. Please evaluate the case to determine if further action is needed."

Why Case Comments Are Important?

Case Comments are important because:

- ☺ Quality Control (QC)/Quality Assurance (QA) Auditors and other staff rely **heavily** on case documentation when reviewing case records to determine if benefits have been calculated/ issued in the correct amounts.

- ☺ One of the primary contributors to the error rate is the lack of adequate case comments in the case record whenever actions are taken on a case that impact eligibility/benefit determination.

Unacceptable Case Comments

Incomplete **Case Comments** are <u>unacceptable</u> and should be avoided:

☹ <u>Scenario 1</u>

P/C from Appl. Appl. Withdrawn clients request.

☹ <u>Scenario 2</u>

Appl. in D/O. Appl. withdrawn clients request.

Acceptable Case Comments

- ✓ Participant called the district office on 3/25/08 to request her cash aid to be terminated because she is working full time and does not have time to come into the office for 04/08 redetermination/recertification. Pt. wants to keep F/S and Medical. Another appointment was scheduled for Pt. to complete her recertification by phone. No Transitional Food Stamps at this time because regular Food Stamps are still open at Pt. request. D. Zamora-025311.

- ✓ Applicant in D/O requesting application withdrawal. CW89 was presented to applicant and he/she chose to sign it. Original CW89 filed in paper case and copy was given to applicant. CW10 was given to applicant. Applicant was informed that they will have no appeal rights. B. Smith–300890.

LEADER Case Comments Screen

Due to the importance of case comment documentation, LEADER has been modified to assist Users in fully documenting all case actions that impact case eligibility and benefits.

LEADER Case Comments Screen

LEADER has been modified as follows:

- An information message window alert reminding users to enter case comments will be displayed every time the user takes an action that impacts the case eligibility and/or benefit determination.

LEADER - [Change Reason]

Activity Operations Driver Window Help

App Reg | Show Queue | Goto... | Favorites | SFU | S P A | Print | Session Log | Help

Case: H019K48 Goobert, Farnwart Cycle #: 3 Language: English Special Indicator

GR: Appd Food Stamps: Appd Medi-Cal: None None: None File: GRSC Office: 010

Name	Valid From	To	In Household	Applying For Aid
GOOBE, FARNW 47 M				

More

Case Individual Information

Case: H019K48 Goobert, Farnwart Cycle #: 3 Language: English Special Indicator

GR: Appd Food Stamps: Appd Medi-Cal: None None: None File: GRSC Office: 010

Name ▸ GOOBE, FARNW 47 M Valid From ▸ 01/01/2008 To: / / Report Date ▸ 02/04/2008

Applying

Cash[Y/N

Cal W

GR

Food S

Consent

In Househ

Living Ar

Reason fo

Verification: Source...

Reason:

End CEC Benefit... Reason

Tax Dependents Outside Household[Y/N]: N

#: Amount: $.00 Verification: Source...

< O > Tmp. Absence Fulltime Care Institution Info... OK Cancel Save Help

Change Reason

Reason for the Change

Reason ▸

Case Comments Are Very Important.

Please Enter Case Comments For All Case Actions Taken.

< O > OK Cancel Help Details

P0747116 03/24/2008 07:49 am

LEADER Case Comments Screen

- A pop-up box message will be prompted after case or special payment authorization actions are completed at the EW level. This message will be prompted as soon as Authorization is complete (even for one program) and user exits screen.

LEADER - [Case Comments Alert]

Activity Operations Driver Window Help

App Reg | Show Queue | Goto... | Favorites | SFU | S P A | Print | Session Log | Help

Case: H019K48 Goobert, Farnwart **Cycle #:** 3 **Language:** English Special Indicator

GR: Appd **Food Stamps:** Appd **Medi-Cal:** None **None:** None **File:** GRSC **Office:** 010

Program	Payment Type	Eligibility Results	Benefit Amount /SOC	Payment Month	MBU #
GR	Initial	PASS	$221.00	01/2008	
Food Stamps	Regular	PASS	$162.00	01/2008	
GR	Initial	PASS	$221.00	02/2008	
Food Stamps	Regular	PASS	$162.00	02/2008	

Program: GR
Disposition: Approved
Authorization Date: 03/24/2008

Payment Information

Payee Name: GOOBERT, FARNWART

Supervisor Approval Required...

Assign Case | Posting Details | W

< | O | > | Special Payments | Reasons

Case Comments Alert

Case Comments Are Very Important.

Have You Entered Case Comments?

Yes | No

LEADER Case Comments Screen

- If a case comment entry is determined to be mandatory, LEADER will continue to queue the 'Case Comments' screen until an entry is made.

LEADER - [Display Driver Queue]

Activity Operations Driver Window Help

App Reg | Show Queue | Goto... | Favorites | SFU | S P A | Print | Session Log | Help

Case: H019K48 Goobert, Farnwart Cycle #: 3 Language: English Special Indicator

GR: Term Food Stamps: Appd Medi-Cal: None None: None File: GRSC Office: 010

View Pending Notices / Referrals

Program	Type	Description	Reprint	Request Dt	Suppressed
GR	Changed	ABP 4023 OP (C) Overpayme	No	03/24/2008	No
L	N/A	VCL - VERIFICATION CHECK	No	03/24/2008	No
GR	Terminated	GR Termination			

Description: ABP 4023 OP (C) Overpayment

NOA Reason: G405

Text... | Override/Release | Suppress/Relea

Display Driver Queue

Driver Type	Case Number	Application Number
Data Collection	H019K48	
Case Comments		Queued

Jump | OK | Cancel | Help

LEADER Case Comments Screen

- When case comments are determined to be mandatory, a case comment entry record will be restricted to a minimum of 25 characters (including spaces). When this minimum is not met, LEADER will display a message box:
- **Users can not exit the 'Case Comments' screen until the minimum entry of characters has been met.**

LEADER - [Case Comments]

Activity Operations Driver Window Help

App Reg | Show Queue | Goto... | Favorites | SFU | S P A | Print | Session Log | Help

Case: H019K48 Goobert, Farnwart Cycle #: 3 Language: English Special Indicator

GR: Term Food Stamps: Appd Medi-Cal: None None: None File: GRSC Office: 010

Date	Existing Case Comments
12/12/2007	Received from GROW orientation begin date 11/20/2007 and Orientation completion d
11/19/2007	11/19/2007 CIN 32990471A Assigned by User Name P0747928
03/24/2008	case comments

More

Valid From: 03/24/2008 To: / / Report Date: 03/24/2008

Comment Type:

☑ General Comments ☐ Specialized Comments ☐ Confidential Comments

Enter/Update Case Comments

case comments

Created User Id./Name :

Updated User Id./Name

Information!

0879: You have entered less than 25 characters. More detailed case comments are required.

OK

LEADER Case Comments Screen

- The 'Case Comments' screen will now display the Users Name and the current User ID (e.g. "P" number) when Users save the case comment entry.

LEADER - [Case Comments]

Activity Operations Driver Window Help

Comments | Show Queue | Goto... | Favorites | SFU | S P A | Print | Session Log | Help

Case: H019K48 Goobert, Farnwart Cycle #: 3 Language: English Special Indicator

GR: Term Food Stamps: Appd Medi-Cal: None None: None File: GRSC Office: 010

Date	Existing Case Comments
02/24/2008	LEADER wants me to enter case comments.||Per your supervisor, Case comments ar
03/24/2008	case comments are very important
12/12/2007	Received from GROW orientation begin date 11/20/2007 and Orientation completion d

More

Valid From: 02/24/2008 To: / / Report Date: 02/24/2008

Comment Type: ☑ General Comments ☐ Specialized Comments ☐ Confidential Comments

Enter/Update Case Comments

LEADER wants me to enter case comments.
Per your supervisor, Case comments are very important.

Created User Id./Name : P0747905 Zeytuntsyan, Karina
Updated User Id./Name : P0747116 Rosales, Merlyn

P0747116 | 03/24/2008 | 09:50 am

If entry is modified by another user, their name and "P" number will also be displayed

Summary of LEADER's Case Comments Screen

- Case comment reminder will display with the current "Reason for Change" box;
- EW authorization action will require a case comment entry for that authorization date;
- The "View Pending Client Correspondence" and "Case Comments" screens will be queued after EW authorization;
- Case comment entry will be set to a 25 character minimum;
- Case Comments screen will display individual name and "P" number.

Keep In Mind…

- **DOCUMENT!**

AUTOMATION

DOES NOT REPLACE

DOCUMENTATION

Questions and Answers

BREAK

1:45PM – 2:00PM

Conducting Business With Less – Best Practices

Alameda County
Santa Cruz County
Contra Costa County

Alameda County Service Center & Tools

- Call Center & Imaged Client Cases
- Foster Care Tracking System
- Customer Automated Response System
- Adult & Aging Automated Response System

August 25, 2009

Questions?

- Call Center & Imaged Client Cases
- Foster Care Tracking System
- Customer Automated Response System
- Adult & Aging Automated Response System

Alameda County Service Center & Tools

- Service Center
- Interactive Voice Response (IVR) & Interactive Web Response (IWR) Technology

September 12, 2009

Agenda

- Background of Alameda County
- Service Center
  - Call Center
  - Imaging Center
- Interactive Voice Response (IVR) Interactive Web Response (IWR) Technology
  - Customer Automated Response System (CARs)
  - Foster Care Tracking System
  - Adult and Aging Automated Response System
- Sneak-Peek of Current Projects

About Alameda County Social Services

About Alameda County Social Services

- Population of Alameda County 1.5 million people
- 9,000 County Employees
- 2,200 Social Service Agency Employees
- 5 major departments
  - Economic Benefits (TANF)
  - Employment Services
  - Children and Family Services
  - Adult & Aging
  - Administration & Finance

Clients Served by SSA

- 19,199 TANF Clients
- 69,787 Medicaid Clients
- 28,230 Food Stamp Clients
- 9,190 General Assistance Clients
- 2,058 Foster Care Children
- 17,344 Adult & Aging Clients
- 17,344 In-home Support Workers (service providers)

Alameda County SSA Threshold Languages

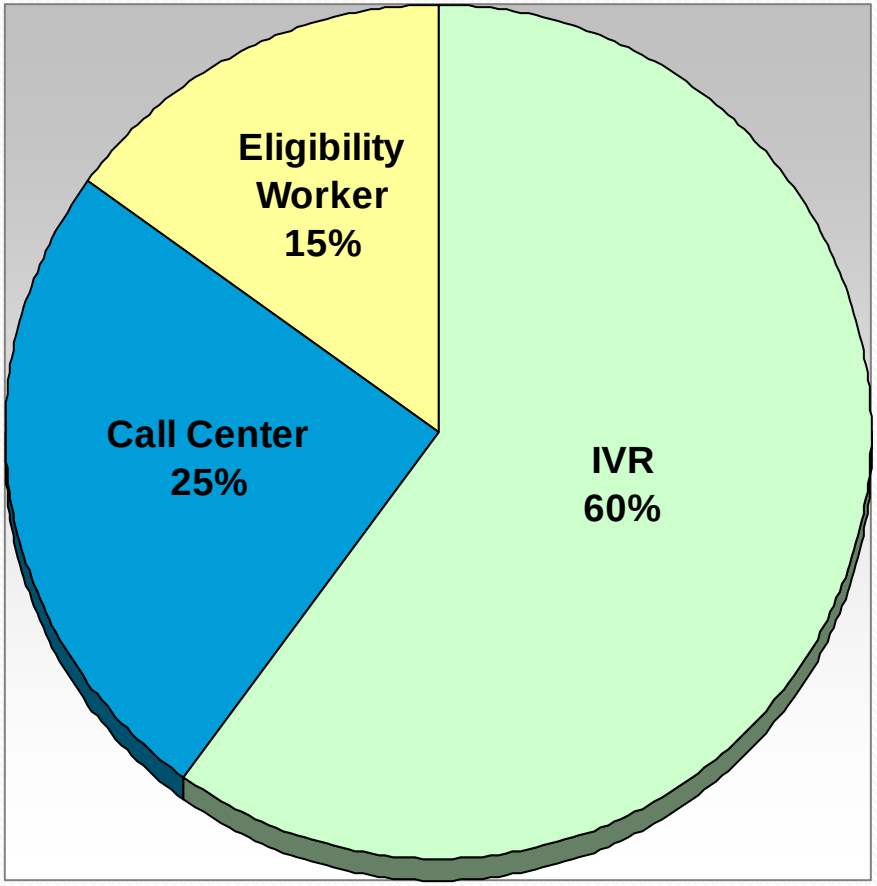
- Spanish
- Vietnamese
- Cantonese/Mandarin
- Farsi
- Cambodian

Call Center

Service Center Operations

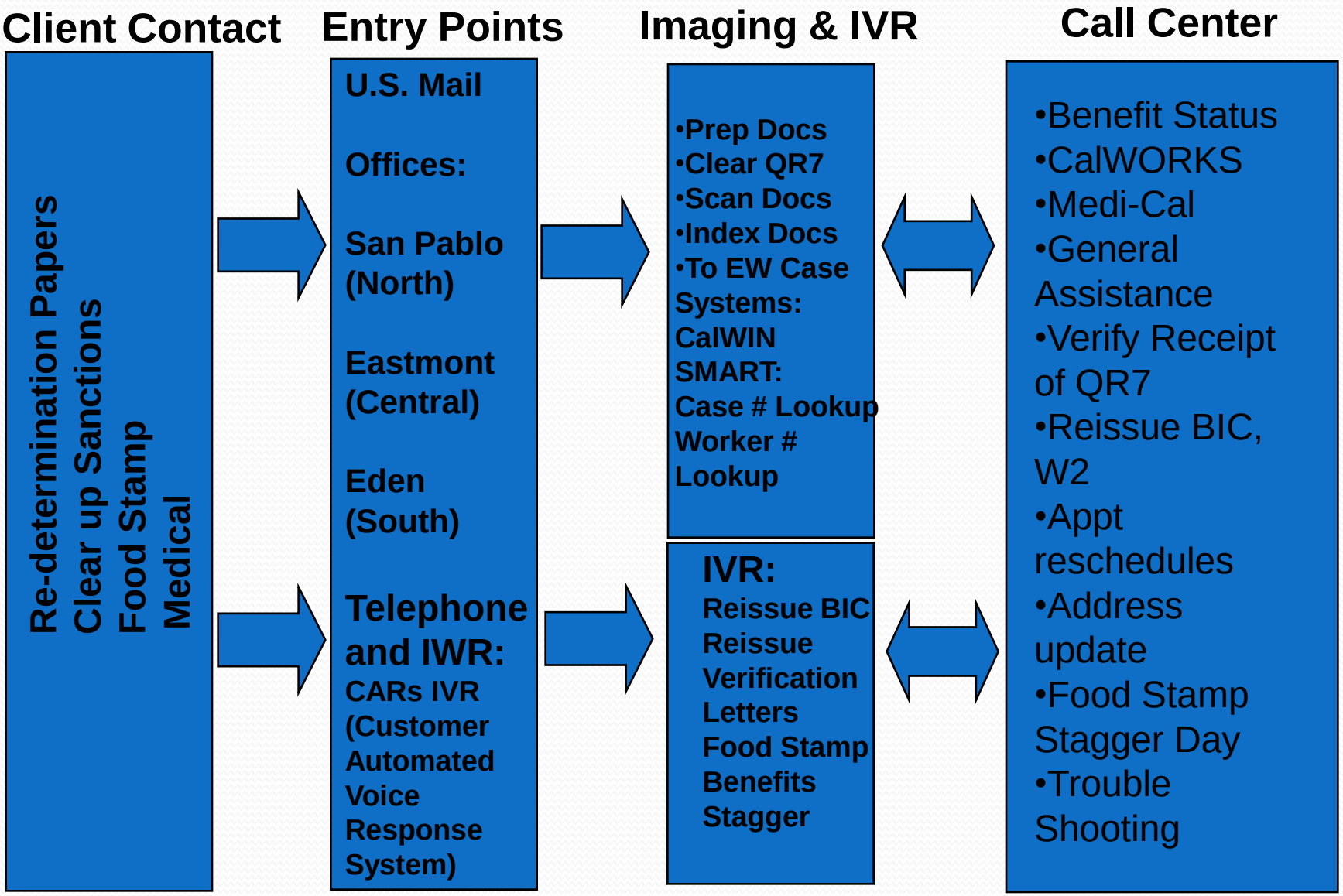
- Call Center Operations
  - 24 Call Center Specialist (Eligibility Support Clerks)
  - Programs: CalWorks, Medi-Cal, Food Stamps, General Assistance
    - General Information: office hours, location
    - Specific Information: case status, benefit amount, food stamp stagger day, BIC card, and verification letters issuances
  - Client incoming calls and web inquiry now exceeds 100,000 monthly
    - 60% Handled by IVR
    - 25% Handled by Call Center
    - 15% Handled by Eligibility Worker

Service Center Operations



Client incoming calls and web inquiry now exceeds 100,000 monthly

Service Center Work Flow

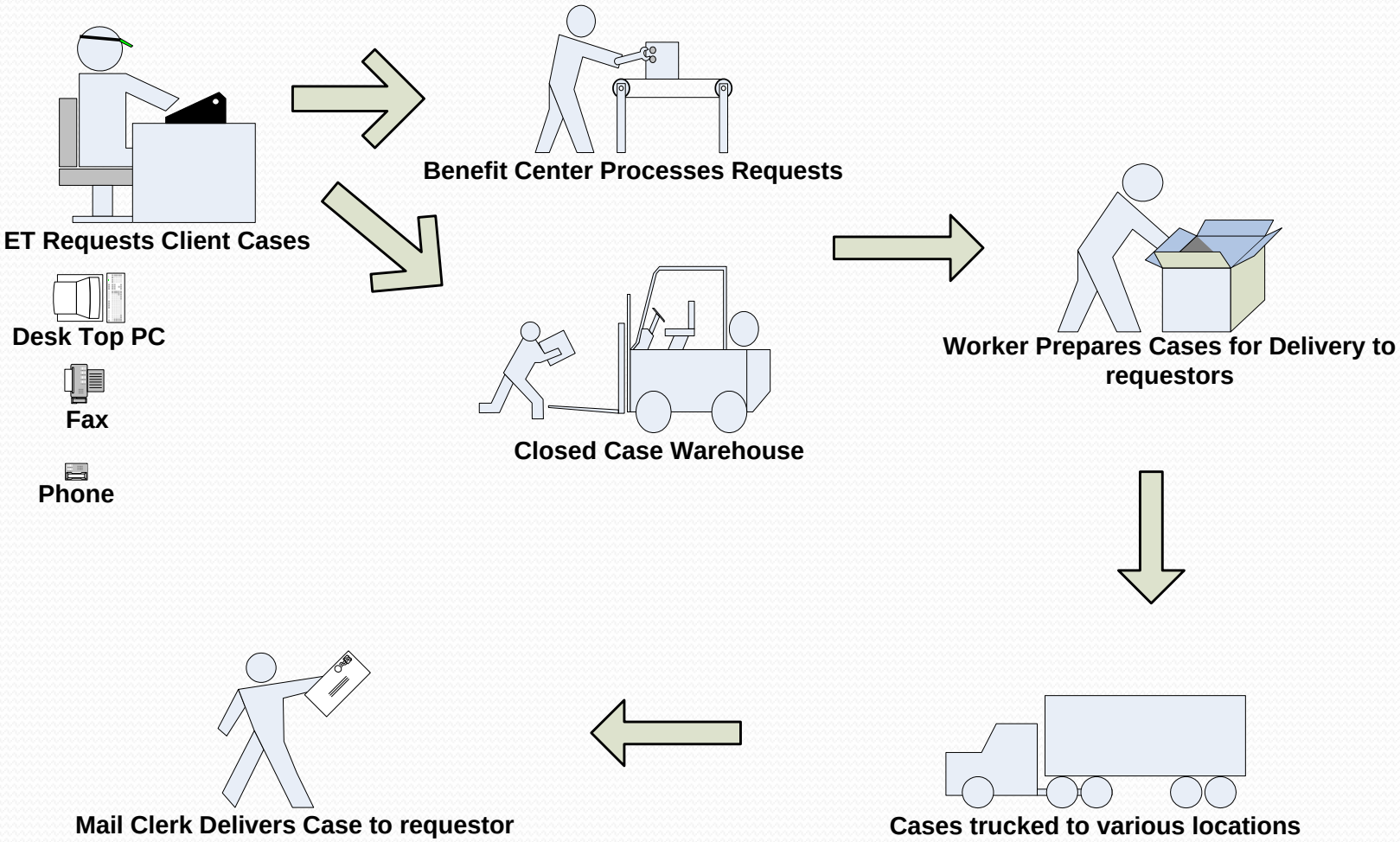


Imaging Center

Service Center Operations

- Imaging Center Operations
  - Centralized Imaging
    - Some Local Imaging planned
  - 30 Imaging Specialist
  - Programs Imaged: CalWorks, Medi-Cal, Food Stamps, General Assistance, In-Home Supportive Services, Foster Care, Refugee
  - All U.S. Mail (Client Correspondence) imaged same day
  - Mail from One-Stop Centers 72 hours

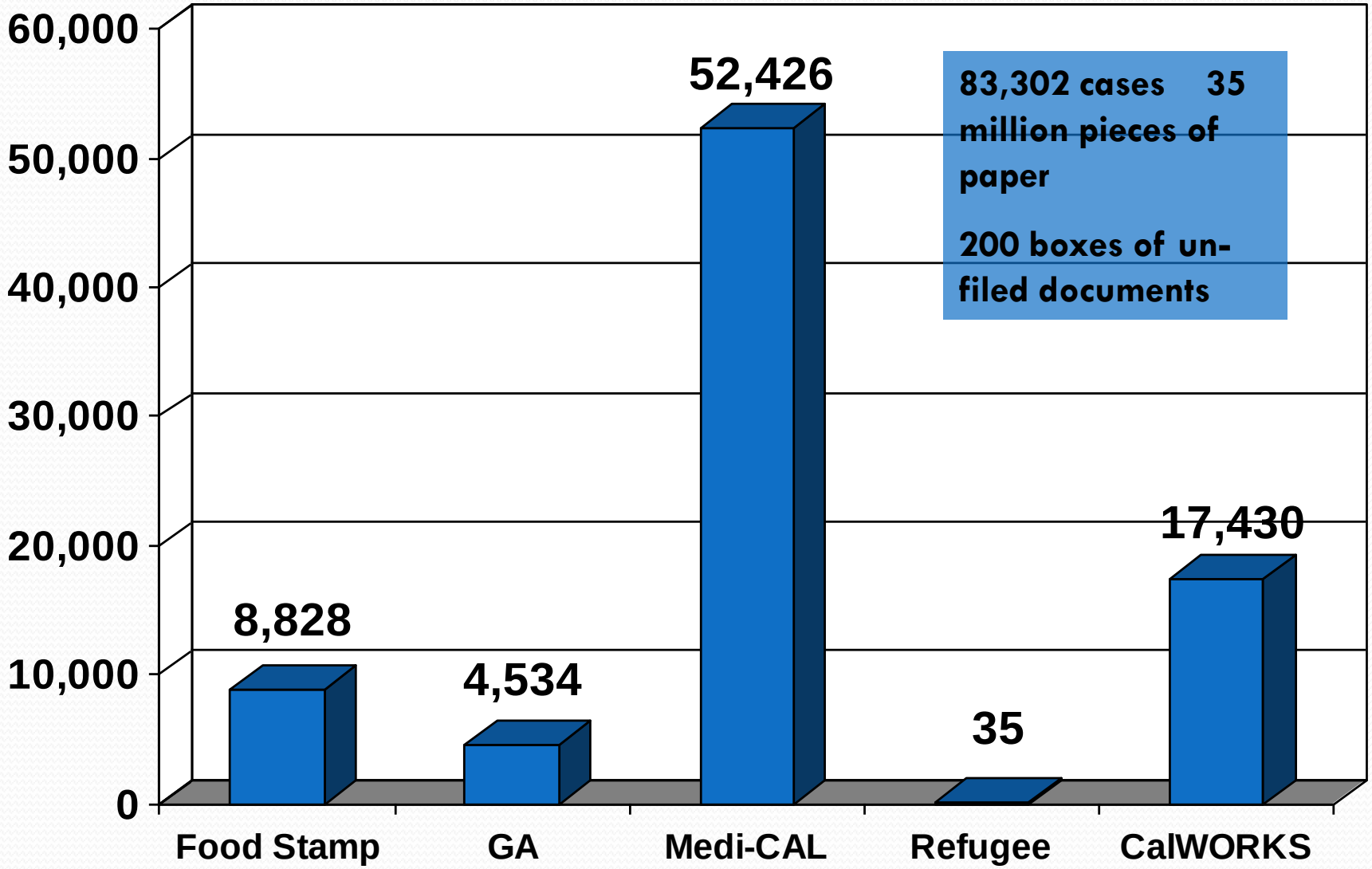
Before Imaging Case Requests took 3 to 10 Days



30,000 Square Feet of Hard Case Client Folders

IN BINS, ON WORK TRAYS, UNDER DESKS!

Cases Per Program July- Nov. 2005



Imaging Center

Imaging Center Stats

- Monthly Average
  - 320,376 Documents
  - 609,628 Pages
- Monthly Average per worker
  - 10,679 Documents
  - 20,320 Pages
- Weekly Average
  - 2,670 Documents
  - 5,080 Pages

Interactive Voice Response System (IVR)
and
Interactive WEB Response System (IWR) Technology

IVR & IWR Technology

- Interactive Voice Response System

- Inter-active WEB Response System
- Systems and clients they serve
  - Customer Automated Response System (CARs)
    - CalWORKs, Food Stamp, Medi-Cal, General Assistance)
  - Foster Care Tracking System
    - Child Welfare
  - Adult & Aging Automated Response System
    - IHSS

IVR/IWR Systems Support Clients

- Customer Automated Response System (CARs)
  - Provides information to the client via Phone (IVR) and Web (IWR)

About Customer Automated Response System (CARs)

- Implemented April 2005
  - Handled an average of 40,000 monthly
- Services TANF, Medicaid, Food Stamps, and General Assistance Customers
- Provides general and specific case information
  - Active/inactive/pending status
  - Amount of TANF grant

TANF (Welfare) Department Challenges

- 2005 conversion to new eligibility system created confusion for client, worker, supervisor, manager, directors alike
  - Customer calls jumped from 70,000 in October 2005 to 140,000 in March 2006
- Customers unable to get basic information regarding their case due to overwhelmed workers
  - Voice Mail Full
  - Clients' calls not returned
- Customers were only served during business hours (8:30am-5pm)

TANF (Welfare) Department Challenges

- Lots of telephone call drop offs
- Lots of telephone call line busy
- Clients on hold for longer than 30 minutes
- Customer complaints to the Board of Supervisors

CARs IVR
(Phone Script Demo)

CARs IVR

Accessing Food Stamp Information

Client Calls IVR Number, then Logs In using Telephone Keypad

Select Language

1 - English
2 - Spanish
3 - Cantonese
4 - Vietnamese
5 - Farsi

Client Selects Language

Select Function

1 - General Information
2 - CalWORKS Information
3 - Food Stamps Information
4 - Medi-Cal Information
5 - General Assistance Information
6 - Social Security, SSI Medical
7 - To leave a message for your worker
8 - Repeat menu
0 - Speak with an operator

Client selects desired function from Main Menu

Alameda County IVR

Accessing Food Stamp Case Information

Select Function

1 - Case Status & This Month's Benefit Information
2 - This Month's/Prior Month Issuance Amount
3 - Frequently Asked Questions

Client selects desired function from Food Stamp Menu

Enter SSN

Enter SSN then press #
(*) - Do not have SSN to enter (Transfer to the Call Center)

Client enters a SSN for a person on their case

The system speaks:

"Your Food Stamp benefits are Active

The monthly Food Stamp benefit amount is $253

Your monthly availability day is the 3rd

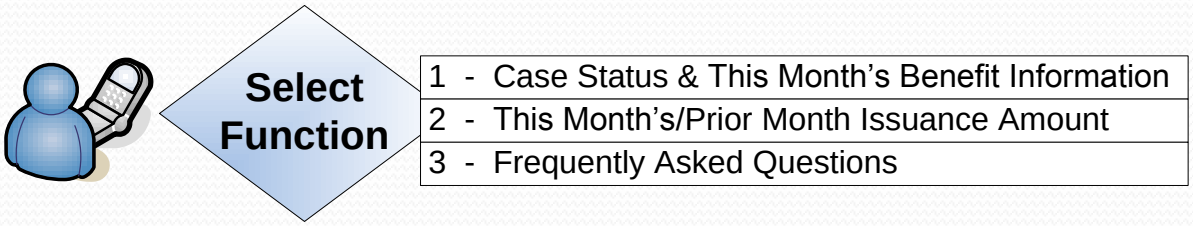
You do not have a quarterly reporting form due

There are 2 people in your Food Stamp household

Your Food Stamp recertification is due December 2009"

CARs IVR

Accessing Food Stamp Information



Client selects desired function from Food Stamp Menu

Press 1: speaks benefit amount, current case status (Active, Denied, Discontinued, etc), how many people are on your case, and if the reporting form has been received

Press 2: speaks the amount issued this month or a prior month.

Press 7: speaks the frequently asked questions for your Food Stamp benefits

CARs IVR

Leave a message for your Case Worker

Client Presses 9 to return to the Food Stamp Menu

Client Presses 9 to return to the Main Menu

Select Function

1 - General Information
2 - CalWORKS Information
3 - Food Stamps Information
4 - Medi-Cal Information
5 - General Assistance Information
6 - Social Security, SSI Medical
7 - To leave a message for your worker
8 - Repeat menu
0 - Speak with an operator

Client selects desired function from Main Menu

The system speaks..

"You previously entered XXX-XX-XXXX

To continue with this SSN press 1.

To Enter a new SSN press 2."

Client Presses 1 to continue with the previously entered SSN

CARs IVR

Leave a message for your Case Worker

Select Benefit

1 - CalWORKs
2 - Food Stamps
3 - Medi-Cal
4 - General Assistance
8 - Repeat Menu
9 - Return to the Main Menu

Client selects desired benefit they are calling about

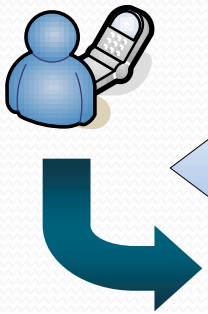
The system speaks..

"Please enter the 10 digit phone number that your worker can reach you at, then press pound (#)."

Client enters phone number

CARs IVR

Leave a message for your Case Worker



Select Function

1 - Case is in discontinued status, grant amount has changed, or you have a problem with your EBT or BIC card
2 - You applied for benefits and need to know whether your benefits have been approved or denied
3 - You received a letter in the mail from this agency that you do not understand
4 - You did receive your grant for your books, school supplies or transportation
5 - You cannot make your scheduled appointment
6 - All other reasons
7 - Having difficultly reaching your worker
8 - Repeat menu
9 - Return to the main menu

Client selects reason for leaving a message to the worker

The system speaks..

"Thank you, you should receive a call back within 2 business days."

CARs IWR (Web Demo)

CARs IWR: Portal at the SSA public homepage

Alameda County Social Services - Windows Internet Explorer

http://www.alamedasocialservices.org/public/index.cfm

File Edit View Favorites Tools Help

Alameda County Social Services

Page Tools

AlamedaSocialServices.org

Alameda County Social Services Agency

Staff Area Alameda County

Home | Services | Community | About | Public Affairs | Departments | Contact Us | Locations | search

Services
- Children and Families
- Elders & Disabled Adults
- Employment & Training
- Financial Assistance
- Food Assistance
- Housing & Homeless
- Medical & Health
- Welfare Fraud

Important Numbers

Hotlines
- Child Abuse Hotline 510.259.1800
- Elder Abuse Hotline 510.577.3500
- Health, Housing & Human Services Information 211

Automated Information
- Case Information 510.263.2420
- Adult Services/IHSS 510.577.1800
- IHSS Providers 510.577.1877

more numbers

Eligibility Programs Websites
- Cash, Medi-Cal and Food Stamps
- Foster Care Providers
- IHSS Clients/Providers

Funding Opportunities
- Requests for Proposals

Related Links
- Jobs
- Alameda County

Promoting the economic and social well-being of individuals, families, neighborhoods, and communities.

The Alameda County Social Services Agency is comprised of 2,400 men and women working collectively and in partnership with community-based organizations to serve the needs of the community. The Agency assists approximately 11.3 percent of Alameda County's residents. more

Good things come in pairs: Teen steps up to help foster children

Sarah Williams, a sophomore at Valley Christian School in Dublin, enlisted the help of Laura Heston, Pleasanton school district's service learning coordinator, to start "Stepping up to Help Others", a program with the lofty goal of providing a new pair of shoes to every foster kid in Alameda County more

Big Drop in Foster Homes in Alameda County

Just 10 years ago there were nearly 1,000 foster homes in the county - today that number has dwindled to about 200, a 80 percent decline over the past decade, officials say. more

Foster parent Faith Battles

Every child deserves a home

In Alameda County there are close to 3,000 children and youth in foster care, in need of the support and security of a family. The Department of Children and Family Services has partnered with faith and community based organizations throughout Alameda County to license an additional 400 county foster homes and provide permanent adoptive homes for children and youth in foster care.

PATHWAY TO HOME
Alameda County Faith Initiative

Join the Alameda County Faith Initiative to support "A Pathway to Home". For more information on how you can adopt a child or become a foster parent, visit www.pathwaytohome.org

Season of Sharing Funds Still Available

Agency staff can now use the Agency Web site to refer eligible clients to the Season of Sharing (SOS) program. more

SAN FRANCISCO CHRONICLE
SEASON OF SHARING FUND
WITH CBS 5-TV AND SFGATE.COM

News

UPDATE: 8th Annual Healthy Aging Fair

New RFI: 2009/2010 Employer Agent Services
UPDATE: SSA is hereby suspending the **FY 2009-2010 Employer Agent RFI** Procurement Project currently in progress.

New RFP: CalWORKs Work Experience / Community Services
UPDATE: Result & Award recommendations now available
UPDATE: Amendment now available
UPDATE: Bidder's Conference Q&A now available

New RFP: SSI/SSDI Outreach, Access and Recovery (SOAR) Model Advocacy Services and SSI/SSDI Appeals Advocacy Services now available

New RFP: CalWORKs In-Home Distance Learning Program
UPDATE: Release_Notice and Amendment now available
UPDATE: Bidder's Conference Q&A now available

CARs IWR: Welcome Page

CARs Main Menu - Windows Internet Explorer

https://alamedasocialservices.org/public/services/CarsVru/CARsWeb.htm

Alameda County
Social Services
Agency

Español

(Farsi, Vietnamese and Chinese Translations coming)

Welcome to the Customers Automated Response System interactive web system

Please select a function below:

For frequently asked questions: click "FAQs"	FAQs
For current information on your case: click "Case Lookup"	Case Lookup
For history on your case: click "History Lookup"	History Lookup
To have your worker call you: click "Message Worker"	Message Worker

http://www.alamedasocialservices.org/public/index.cfm Internet 100%

CARs IWR: Frequently Asked Questions and General Information

FAQ - Windows Internet Explorer

https://alamedasocialservices.org/scripts/carscgiclnt.exe/GetWeb/ND000_

AlamedaSocialServices.org

Alameda County Social Services Agency

Frequently Asked Questions and General Information

Select the program FAQs below.
For information on our offices, where to apply, how to report abuse, EBT, employment services including childcare, appeals & reporting fraud, click "General FAQs".
For information on child support payments, please call the Department of Child Support Services at 1-866-901-3212.

For information on CalWORKs: click "CalWORKs FAQs"	CalWORKs FAQs
For information on Food Stamps: click "Food Stamps FAQs"	Food Stamps FAQs
For information on Medi-Cal: click "Medi-Cal FAQs"	Medi-Cal FAQs
For information on General Assistance: click "GA FAQs"	GA FAQs
For general information: click "General FAQs"	General FAQs
To return to the main menu: click "Main Menu"	Main Menu

Internet 100%

CARs IWR: FAQs – Food Stamps

FAQs Food Stamps - Windows Internet Explorer

https://alamedasocialservices.org/scripts/carscgidnt.exe/74MR@HK8HOBEQSIVNV6OCA2/ND001__

AlamedaSocialServices.org

Alameda County Social Services Agency

FAQs - Food Stamps

For questions about the following, click "Case Lookup."

- Food Stamp issuances
- The status of your case or application, or
- Your quarterly reporting form, QR7

Case Lookup

For questions regarding Food Stamp benefits issued this month or in a prior month: click "History Lookup"

History Lookup

If you have an EBT question: click "EBT"

EBT

If you need a new quarterly report form mailed to you: click "Replace QR7"

Replace QR7

There are times that you must report changes within ten days of the change even when it is not your "report month" such as:

- A change of address.
- If you are an Able Bodied Adult Without Dependents Food Stamp recipient, you must report anytime the number of hours you work or training hours drop to less than 20 hours a week or 80 hours a month.

Return to the previous page: click "Go Back"

Go Back

To return to the main menu: click "Main Menu"

Main Menu

Internet 100%

CARs IWR: Food Stamps Case Lookup

SSN Input - Windows Internet Explorer

https://alamedasocialservices.org/scripts/carscgidnt.exe/RZ0YXMVVALEPQXRBNE0TCU/ND001__

AlamedaSocialServices.org

Alameda County Social Services Agency

Program: Food Stamps

SSN: XXXXXXXXX

Current Status History

GO

To proceed, select your program, enter the Social Security Number for a person on your case, and click "GO"

To return to the previous page: click "Go Back"

Go Back

To return to the main menu: click "Main Menu"

Main Menu

http://www.alamedasocialservices.org/public/index.cfm Internet 100%

CARs IWR: Food Stamps Case Information

Food Stamps Current Information - Windows Internet Explorer

https://alamedasocialservices.org/scripts/carscgidnt.exe/0KF4270VGLEGQCOVN9Y1C0U4MMX/ND001__

AlamedaSocialServices.org

Alameda County Social Services Agency

Your food stamp benefits are active.
The monthly food stamp benefit amount is $378.00. Your Food Stamp availability day is the 3rd.
You do not have a quarterly reporting form due.
There are 3 people in your food stamp household.
Your food stamp recertification is due in April of 2010.

For frequently asked questions: Click "FAQs" — FAQs

To return to the previous page: Click "Go Back" — Go Back

To return to the main menu: click "Main Menu" — Main Menu

http://www.alamedasocialservices.org/public/index.cfm

Internet 100%

CARs IWR: FAQs – Food Stamps

FAQs Food Stamps - Windows Internet Explorer

https://alamedasocialservices.org/scripts/carscgiclnt.exe/74MR@HK8HOBEQSIVNV6OCA2/ND001__

AlamedaSocialServices.org

Alameda County Social Services Agency

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- Your quarterly reporting form, QR7

Case Lookup

For questions regarding Food Stamp benefits issued this month or in a prior month: click "History Lookup"

History Lookup

If you have an EBT question: click "EBT"

EBT

If you need a new quarterly report form mailed to you: click "Replace QR7"

Replace QR7

There are times that you must report changes within ten days of the change even when it is not your "report month" such as:

- A change of address.
- If you are an Able Bodied Adult Without Dependents Food Stamp recipient, you must report anytime the number of hours you work or training hours drop to less than 20 hours a week or 80 hours a month.

Return to the previous page: click "Go Back"

Go Back

To return to the main menu: click "Main Menu"

Main Menu

Internet 100%

CARs IWR: FAQs – EBT

FAQ EBT - Windows Internet Explorer

https://alamedasocialservices.org/scripts/carscgicint.exe/112RWAQKUFEZQ7BBNJ1NC2/ND001__

AlamedaSocialServices.org

Alameda County Social Services Agency

FAQs - EBT

Replacement Card
To report a lost or stolen card, call 1 877-328-9677.
To obtain a replacement EBT card by mail, call 1-877-328-9677 or come into one of our offices.

New PIN
To get a new PIN come into one of our offices during normal business hours, or select a new PIN over the phone by calling the 24 hour EBT Customer Service at 1-877-326-9677.

Cash & Food Stamp Balance
To find out the balance in your cash & Food Stamp EBT account or if there is a problem with the balance on your account, call the 24 hour EBT Customer Service at 1-877-328-9677. Your EBT balance is included on each receipt you receive for EBT transactions from stores and ATM machines. Check your most recent receipt for your current balance.

Dormant Benefits
To get EBT benefits that are dormant, or to release a dormant account, call 510-263-2420.

Stagger Day
If you would like to know your cash benefit availability day or your Food Stamp benefit availability day, click "Case Lookup."

Case Lookup

Add or Remove Authorized Representative
To remove an authorized representative from your EBT account, you may call the 24 hour EBT Customer Service at 1 877 328-9677 or you may speak to a worker during normal business hours by calling 1-510-263-2420. To add an authorized representative to your EBT account, you must give us a request in writing. Go to one of our offices to get the form, request a form in the mail by calling 510-263-2420, or download the form.

To download a form to request to add or remove an authorized representative:, click: Add/Remove authorized representative

EBT Cash Stagger Exemptions
To be exempt from EBT cash stagger (to get your cash on the first of each month) you must have an approved reason to require your cash on the first of the month. You must complete a mandatory form to request to be exempt from EBT cash stagger. You can come into one of our offices to get the form, request the form in the mail by calling 510-263-2420, or download the form.

To download a form to be exempted from EBT cash stagger, click: Stagger Exemption Form

EBT Cash Exemptions
To be exempt from EBT cash, you must first try to learn how to use EBT. You can also add an authorized representative to help you use EBT. Another option is to apply for Direct Deposit where your cash grant goes directly into your bank account. Come into one of our offices to get the direct deposit form, request the form in the mail by calling 510-263-2420, or download the form.

To download a form to request to be exempted from cash EBT, click: EBT Exemption

Return to the previous page: click "Go Back" — Go Back

For directions to our office: click "Office Locations" — Office Locations

To return to the main menu: click "Main Menu" — Main Menu

Error on page. Internet 90%

When the EBT Transition to the new vendor is implemented and the web component is available from the state to view EBT transactions, Alameda has plans on including the link to the new EBT web portal on this page.

CARs IWR: Welcome Page

CARs Main Menu - Windows Internet Explorer

https://alamedasocialservices.org/public/services/CarsVru/CARsWeb.htm

Alameda County
Social Services
Agency

Español

(Farsi, Vietnamese and Chinese Translations coming)

Welcome to the Customers Automated Response System interactive web system

Please select a function below:

For frequently asked questions: click "FAQs"	FAQs
For current information on your case: click "Case Lookup"	Case Lookup
For history on your case: click "History Lookup"	History Lookup
To have your worker call you: click "Message Worker"	Message Worker

http://www.alamedasocialservices.org/public/index.cfm Internet 100%

CARs IWR: Welcome Page

Message Worker - Windows Internet Explorer

https://alamedasocialservices.org/scripts/carscgiclnt.exe/GetWeb/ND000_

AlamedaSocialServices.org

Alameda County Social Services Agency

Message Worker - Request

For which worker: Eligibility Employment Not Sure

Enter your Social Security number: XXXXXXXXX

Select your program: CalWORKs

Enter your phone number: 123-456-7890

Select a reason for your call: -- Click to Select Reason --

Other comments:

When done: click "Submit" Submit

Return to previous page: click "Go Back" Go Back

To return to the main menu: click "Main Menu" Main Menu

Internet 100%

CARs IVR/IWR: Functions

- Case/History Look up
  - CalWorks
  - Food Stamps
  - Medi-Cal
  - GA
- Message Worker, BIC Replacement, Replace QR7, Request Verification
- General Information
  - Office Locations
  - Fair Hearings
  - EBT
  - Employment
  - Applications

Adult & Aging Automated Response System (AAARS)

IVR/IWR Systems Support Clients and Employees

- Adult & Aging Automated Response System (AAARS)
  - Provides information to the client
  - Provides information to the provider
  - Information provided via Phone (IVR) and Web (IWR)

About AARS

- Implemented September 2006
- Handles on average 82 percent of all IHSS calls
- Offers general and specific information for both the client and the care giver
- English, Spanish, Chinese

Adult and Aging Services Challenges

- 20 employees responsible for processing over 34,000 In-home Support Workers monthly
- Not enough staff to handle payroll and the 40,000 customer calls each month
- IHSS workers seek immediate acknowledgement that their timesheets have been received and processed

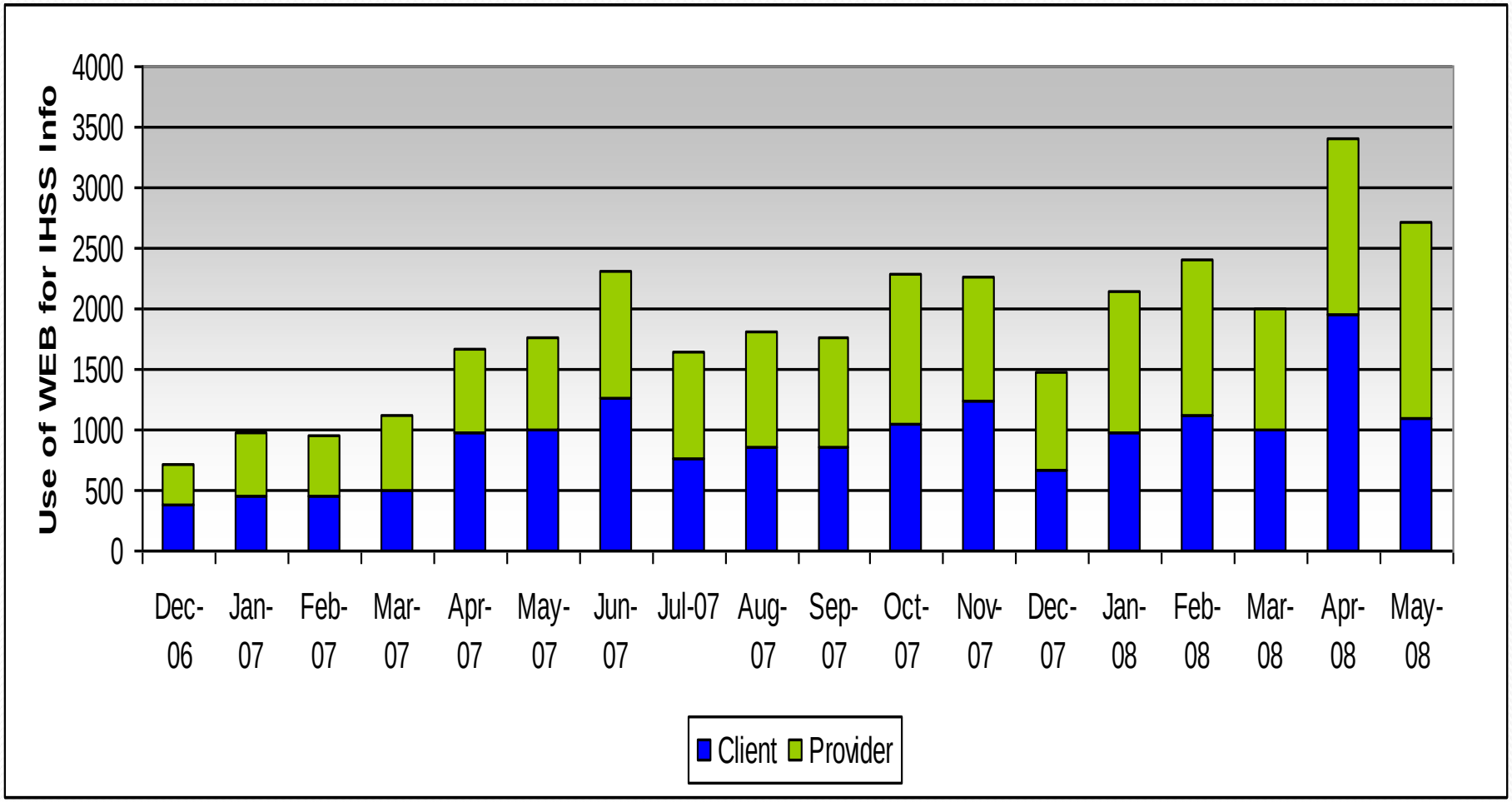
AARS Services for Clients

- Status of their case
- Share of Cost
- Authorized Hours
- Next Reassessment Due Date
- Case Worker's Name and Phone Number
- Medicaid information
  - Active/discontinued/pending status
- Auto verification of verification letter for medicaid

AARS Services for Service Providers

- Number of hours authorized to work in current and next month
- Date last timesheet received, including: pay period, no. of hours, net amount
- Status of payment: in the system, check print and mail date, check cashed
- Auto request for duplicate W2, W4, and letter of Employment Verification

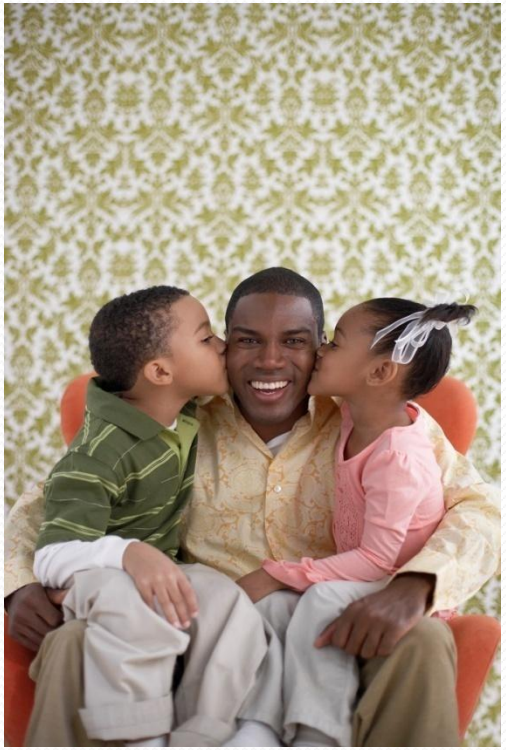
Usage of VRU Handled IHSS Calls



Foster Care Tracking System (FCTS)

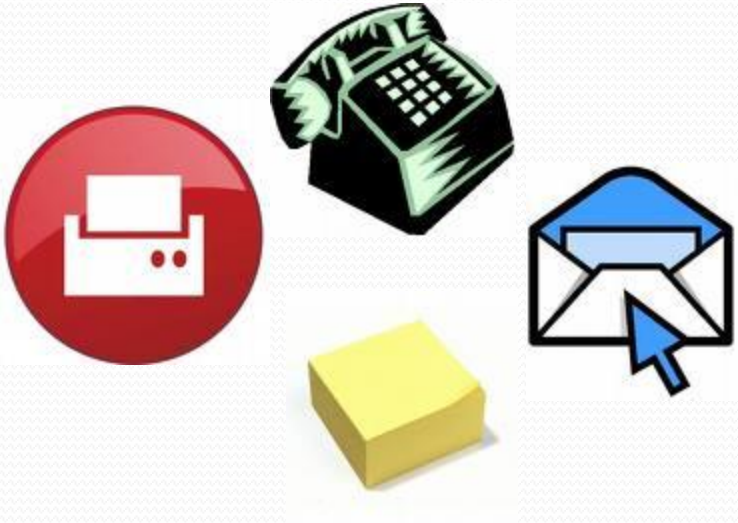
IVR/IWR Services Clients and Employees

- **Foster Care Tracking System (FCTS)**
  - **Provides automated way to track Child Placements**
  - **Prevents overpayments**



Foster Care Department Challenges

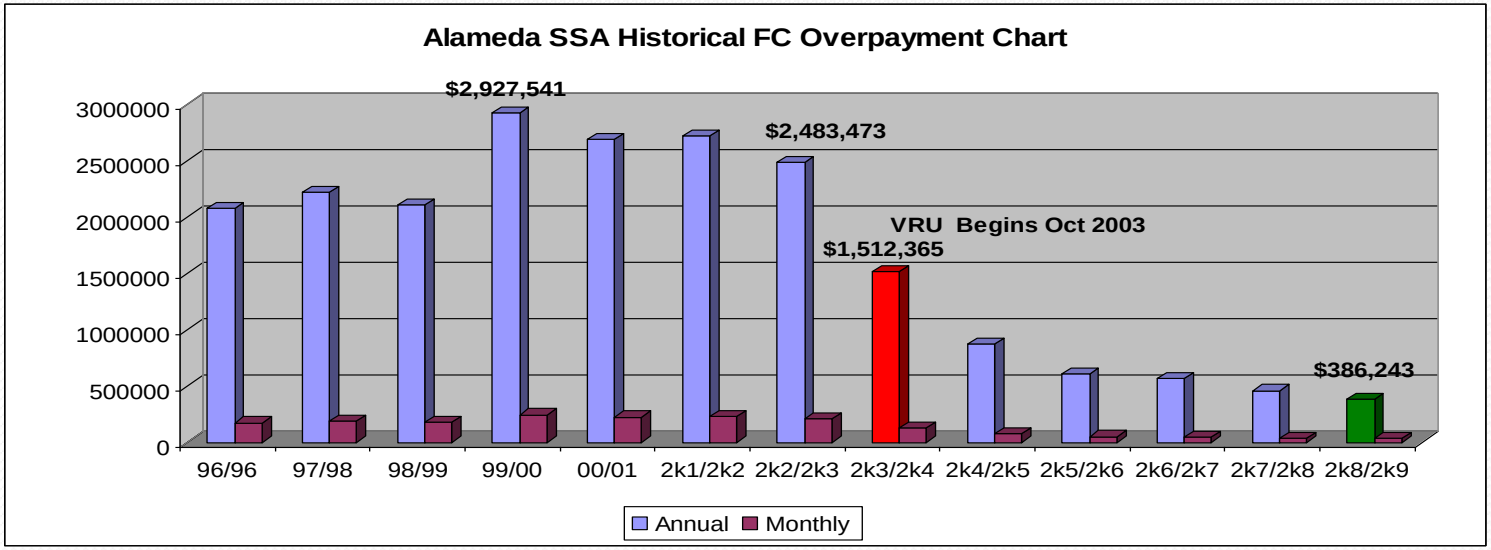
- Overpayments to foster care providers
  - $2,945,541/year in 2000
  - $243,962/monthly in 2000
- Inconsistent methods of communicating placement changes
  - Telephone
  - Email
  - Fax
  - Interoffice memo
  - Sticky note
  - No communication at all

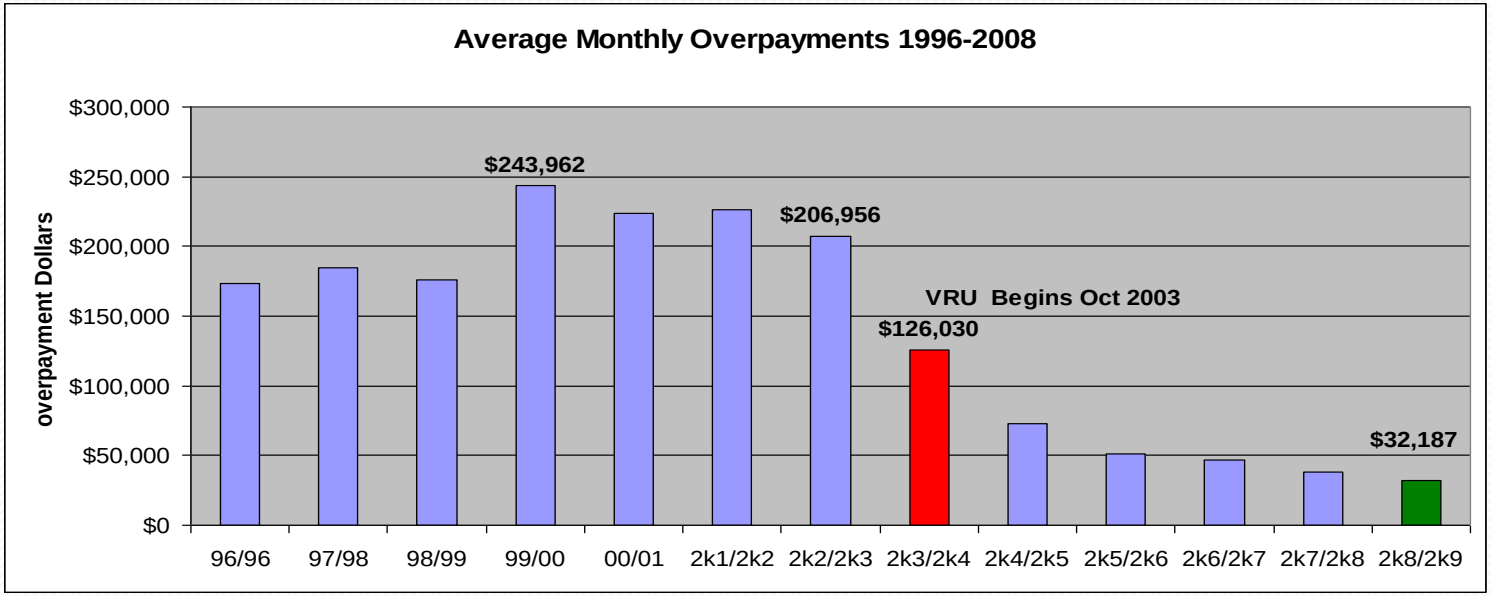


Children and Family Services (CFS) Challenges

- Late and/or inaccurate FC Provider payments often late due to error prone manual procedures
- Payments to FC Providers often late and/or inaccurate due to error prone manual procedures
- Poor child tracking processes resulted in continuous payments long past placement termination
- Inconsistent verification of child placement changes for CWW

Foster Care Overpays Since 1996





The FCTS Solution for CBS

- An automated stop payment to a provider when a child changes placement
- An automated start payment for child's placement in a new foster care provider
- An automated way of documenting that change of placement
- An automated way of informing the Child Welfare Worker the change placement notification has been received

Foster Care Tracking System Functions

- Automated tracking of child placement status
  - Runaways
  - Out-of-home
- Prevents overpayments to foster care providers via CalWiN interface
- Accurate and on-time payments to foster care providers
- Easy to use

Foster Care Providers

- 24/7 Access for Providers
- Only issues grants when appropriate (month/day of change)
- Sends automated emails to CWWs
  - Verification of placement change
  - Child out of home
  - Runaways

Sneak Peek of Current Projects

Sneak-Peek

- Food Stamp Screening Tool
  - Online screening tool clients can access to help determine if they qualify before applying
- Pre-Balderas Automated Call
  - An interactive automated call from the VRU to pre-call clients who's QR7 is due before the live Balderas call
- Social Services Integrated Reporting System
  - Integrated data warehouse with Entity Analytic Solutions (EAS) technology.
  - EAS Technology Capabilities
    - Identifies one client in one system and then in another system
    - Identifies undisclosed relations across systems
  - EAS Technology is based on feeding it personal identifiable information (Name, Address, Phone, Email, SSN, etc…) and normalizing to produce a percentage match

Contact

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Information System Analyst

Alameda County Social Services

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Questions?

- Call Center & Imaged Client Cases
- Foster Care Tracking System
- Customer Automated Response System
- Adult & Aging Automated Response System

Food Stamps
Doing More With Less

Santa Cruz County
September 2009

Key Decisions

- March 2006 opened Benefits Call Center (BCC) with ongoing Food Stamp and Medi-Cal cases
- December 2007 completed imaging of Food Stamp and Medi-Cal back files
- July 2008 – Commitment to access
  - Keeping intake positions filled
  - Prioritizing tasks that disadvantage clients
- January 2009 – Merged two divisions

Lessons Learned

- Image before opening a call center
- Have a robust task tracking system that will produce reports
- Build in accountability for all staff
- Need tight coordination between Clerical and Eligibility Supervisors

Best Practices

Communication

- Involve staff in the planning, implementation and continuing operations
  - Serve on workgroups
  - Worksite committee
- Communicate Often
  - Site meetings
  - Emails – site specific, division, department
  - Unit meetings
  - Biweekly meetings with supervisor
  - Director's Roundtable

Accountability – Case Review

- Cases reviewed at intake before transfer
- Special attention to expedited Food Stamps
- 10% of all cases transferred from intake are reviewed by BCC Eligibility Supervisor
- Probationary EWs have 100% of casework reviewed
- Monthly random case reviews for error rate and negative case actions
- Specified tasks require Supervisor review

Accountability – BCC Call Reviews

- All BCC calls are recorded
- Ultra IntelliCenter Reporting System allows for random call review and specific call review
- Supervisors review 2 calls per month per Phone EW
- Reviews with the EW and discuss specific points in the call

Accountability – BCC Tasks

- Tasks logged into task tracking system and assigned on rotation by clerical.
- Tasks are assigned a standard number of days to complete
- Weekly priority report sorted to unit and individual EW level
- Metrics developed for Supervisor performance

Tools/Resources

- BCC Dashboard
- Intranet Resource site
- Case Comments Template
- Online training modules
- Mentors for new EWs
- Redesigned Website
- Supervisor Knowledge Assessment

Recognition

- Personal touch important
- Find successes to celebrate
- Kudos agenda item on all meeting agendas
- Certificates for error free cases
- Successes shared via email, on bulletin boards, etc.

Contact Info

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Employment and Benefit Services

Santa Cruz County Human Services Dept.

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831.454.4236

MEDI-CAL SERVICE CENTER (MCSC)

Contra Costa County
Employment & Human Services Department

Division Manager – Pam Phillips
925-473-5709 PPhillip@ehsd.cccounty.us

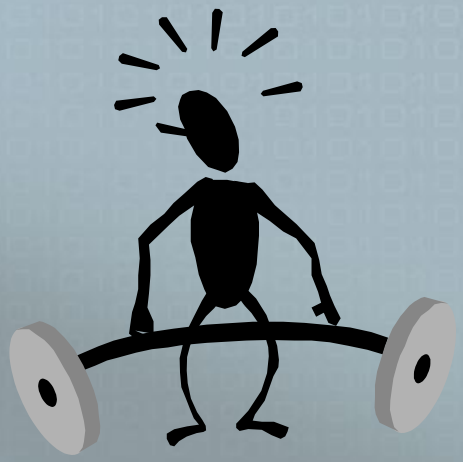
August 2009

Introduction

- MCSC Implemented November 2005
- Approximately 41, 902 Cases
  - Food Stamps – 10,500
  - Medi-Cal – 31,402
- Ongoing Medi-Cal and Non Assistance Food Stamp Cases
- Closed Facility

MCSC Employees:
139 STRONG

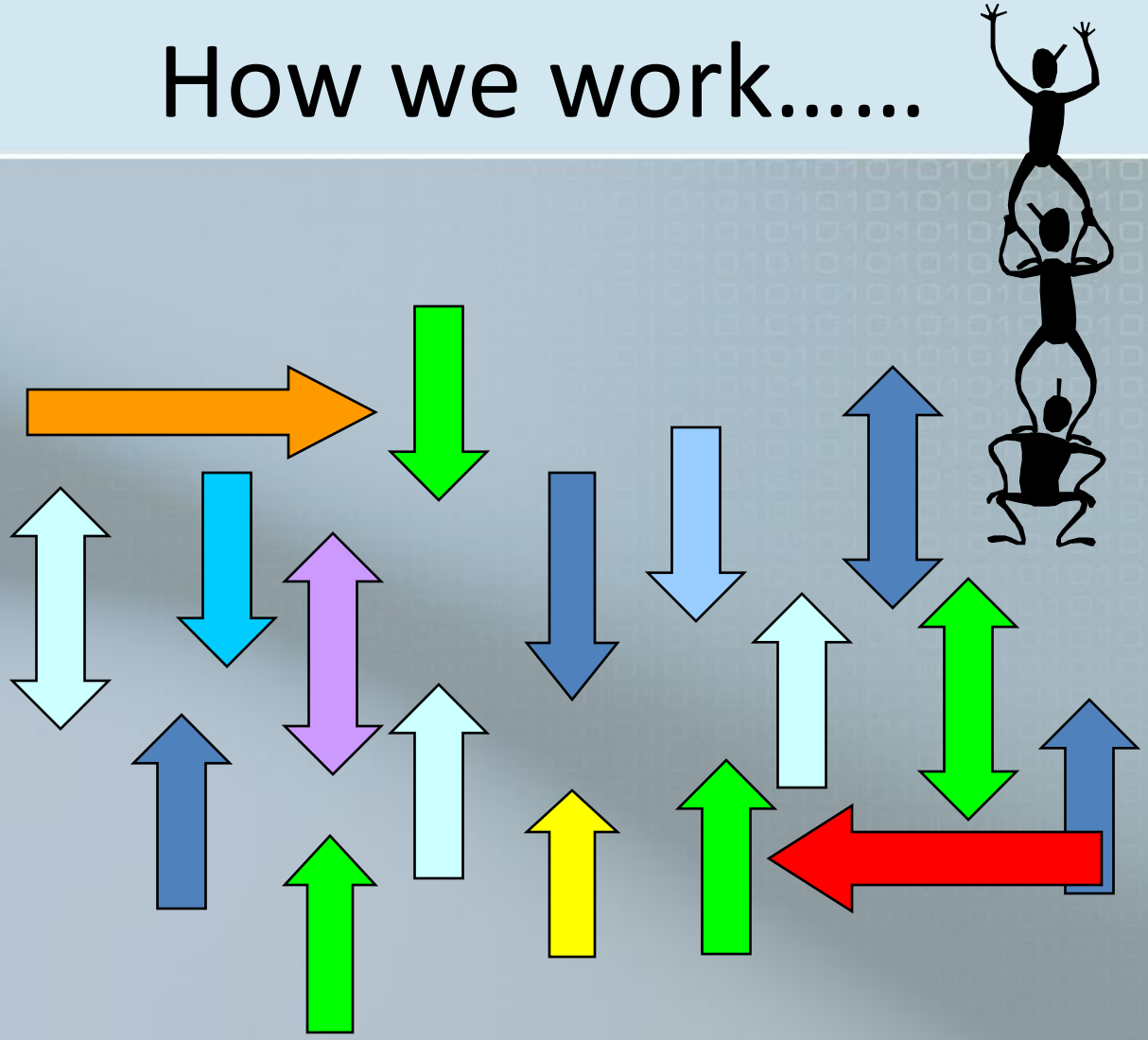
- Administration
- Customer Care
- Case Maintenance
- Clerical
- OJT



Medi-Cal Service Center (MCSC) vs. Traditional Model

- TASK BASED
- CENTRAL CLERICAL
- CUSTOMER CARE WORKERS
- CASE MAINTENANCE WORKERS
- BANKED PCNS
- TASK MANAGEMENT TOOL
- BULK ASSIGNMENTS
- MCSC Operational Processes 95-000

How we work……



CLERICAL DOCUMENT PROCESS FLOW

Mail is date stamped/cleared/case commented RCVD in CalWIN

Sent to IKON to be scanned & indexed

Upon return from IKON, Case Commented FWD and sent to worker OR Placed in berger awaiting assignment

Assigned in Bulk or Daily Assignments

Packets stuffed & Mailed to Client

Assignments

BULK

- RV – 10th and 25th
- RC – Each month
- QR-7 – Daily Bulk

OTHER

- Daily Assignments

Task Management Reports

- Customer Care Reporting
  - Real Time Reporting
  - Call Summary Reports
- Case Maintenance Reporting
  - Task Management Tool
    - Supervisors
    - EW Workers
    - Management
    - Clerical

Customer Care Call Monitoring

Comparison Report (ext)

Report Edit Format Tools Options Help

Report Data Start Time: 12:00 AM 1/18/2008

Split/Skill	Skill State	Agents Staffed	Calls Waiting	Oldest Call Waiting	ACD Calls	Avg ACD Time	Aban Calls	Avg Aban Time	Avg Speed Ans	% Aban Calls	% Within Service Level
Medi Cal Eng SK1	NORMAL	11	0	:00	10	4:30	0		:38	0	80
FStamp English SK2	NORMAL	8	1	:01	7	4:12	1	2:27	:30	13	63
MedPrvd/O Lang SK3	NORMAL	11	0	:00	0		0				
Spanish MC SK5	NORMAL	4	1	:07	0		0				
F Stamps Span SK6	NORMAL	2	0	:00	0		0				
Spnsh MC to Eng SK13	NORMAL	7	0	:00	0		0				
Spnsh FS to Eng SK14	NORMAL	6	0	:00	1	7:57	0		1:49	0	0

Double Click To Run Format Table

Thresholds: On | MARTINEZ_ACD1

Agent Name	Login ID	Extn	Role	Percent	AUX Reason	State	Direction	Split/Skill	Level	Time	VDN Name
OConner, Humberto	71061	22041	BCKP	0		RING		5	1	:07	
Gillis, Brooke	71004	22061	BCKP	0		RING		2	1	:01	
Brooks, Charlotte	71065	22048	BCKP	0		ACW		2	1	13:53	From Lobby
Simental, Stella	71072	22045	BCKP	0		ACW		5	1	10:55	S Medical W
Bobo, Shani	71089	22004	BCKP	0		ACW		1	1	4:27	E Medical W
Cardona, Karina	71001	22058	BCKP	0		ACW		2	1	:52	
Josephson, Xiomara	71070	22013	TOP	0		ACW		6	1	:04	From Lobby
Chimara, Uju	71060	22042	BCKP	0		ACD	IN	2	1	9:28	E Food Stam
Sherman, Leonia	71014	22071	BCKP	0		ACD	IN	1	1	9:13	E Medical W
Boyle, Teresa	71069	22049	BCKP	0		ACD	IN	1	1	2:32	E Medical W
Martinez, Roberta	71021	22078	BCKP	0		ACD	IN	1	1	1:42	E Medical W
Upton, Michelle	71025	22082	BCKP	0		AVAIL				8:30	
Draper, Brandi	71002	22059	BCKP	0		AVAIL				4:53	
Gandara, Marie	71057	22044	BCKP	0		AVAIL				:40	
Nido, Nida	71064	22047	BCKP	0		AVAIL				:21	

Agent Summary Interval

Date: **8/3/2009**

Agent:

Time	ACD Calls	Avg ACD Time	Avg ACW Time	% Agent Occup w/ ACW	% Agent Occup w/o ACW	Extn In Calls	Avg Extn In Time	Extn Out Calls	Avg Extn Out Time	ACD Time	ACW Time	Agent Ring Time	Other Time	AUX Time	Avail Time	% Skills Avail	Staffed Time	Trans Out
Totals	**62**	**5:28**	**2:04**	**98**	**71**	**0**		**11**	**:00:23**	**5:38:38**	**2:07:51**	**:01:11**	**:00:09**	**1:02:19**	**:10:01**	**100.00**	**9:00:09**	**7**
8:00 - 8:30AM	4	4:01	:39	76	67	0		0		:20:05	:02:37	:00:07	:00:00	:00:00	:07:11	100.00	:30:00	0
8:30 - 9:00AM	3	8:32	2:22	100	76	0		0		:22:50	:07:07	:00:03	:00:00	:00:00	:00:00		:30:00	0
9:00 - 9:30AM	1	19:14	9:20	100	69	0		0		:20:39	:09:20	:00:01	:00:00	:00:00	:00:00		:30:00	0
9:30 - 10:00AM	4	6:03	1:12	100	84	0		0		:25:07	:04:50	:00:03	:00:00	:00:00	:00:00		:30:00	0
10:00 - 10:30AM	0			100	95	0		0		:28:30	:01:29	:00:00	:00:00	:00:01	:00:00		:30:00	0
10:30 - 11:00AM	3	15:08	1:59	100	77	0		1	:00:01	:15:02	:04:28	:00:01	:00:00	:10:29	:00:00		:30:00	1
11:00 - 11:30AM	6	3:14	:54	100	82	0		2	:00:03	:24:24	:05:24	:00:06	:00:00	:00:06	:00:00		:30:00	2
11:30 - 12:00PM	6	4:44	:31	100	87	0		0		:26:05	:03:51	:00:04	:00:00	:00:00	:00:00		:30:00	0
12:00 - 12:30PM	5	3:29	:36	100	56	0		1	:00:34	:16:03	:13:17	:00:05	:00:01	:00:34	:00:00		:30:00	0
12:30 - 1:00PM	1	2:58	18:49	100	0	0		0		:00:00	:07:47	:00:00	:00:00	:22:13	:00:00		:30:00	0
1:00 - 1:30PM	6	2:36	:30	100	86	0		1	:00:19	:17:57	:03:00	:00:08	:00:00	:08:55	:00:00		:30:00	1
1:30 - 2:00PM	2	9:27	:27	100	96	0		2	:00:29	:27:37	:01:21	:00:04	:00:00	:00:58	:00:00		:30:00	2
2:00 - 2:30PM	4	6:27	2:38	100	67	0		1	:00:47	:19:07	:10:03	:00:02	:00:01	:00:47	:00:00		:30:00	0
2:30 - 3:00PM	2	7:14	7:51	100	39	0		0		:10:09	:15:42	:00:01	:00:00	:04:08	:00:00		:30:00	0
3:00 - 3:30PM	1	:56	:02	100	97	0		0		:16:47	:00:36	:00:02	:00:00	:12:35	:00:00		:30:00	0
3:30 - 4:00PM	2	9:50	2:07	100	57	0		0		:17:10	:12:48	:00:02	:00:00	:00:00	:00:00		:30:00	0
4:00 - 4:30PM	4	6:03	6:41	100	41	0		1	:00:47	:11:24	:17:37	:00:05	:00:07	:00:47	:00:00		:30:00	0
4:30 - 5:00PM	7	2:40	:38	91	69	0		2	:00:23	:19:42	:06:25	:00:17	:00:00	:00:46	:02:50	100.00	:30:00	1
5:00 - 5:30PM	1	1:32	2:10	100	0	0		0		:00:00	:00:09	:00:00	:00:00	:00:00	:00:00		:00:09	0

Phone Reports

Week of 12-30-07	MCSC	FTA Unit	FTL Unit	Back Up Workers
Calls Received	2385			
Calls Answered	2277	848 37%	989 43%	440 19%
Average calls answered per day	569			
Average calls per day per worker		19	21	6
Average calls per hour	63			
Average calls per hour per worker		3.3	3.5	3
Average Talk Time	5:37	5:43	5:19	6:08
Average ACW Time	6:40	5:49	7:10	7:12
Average Speed of Answer	1:18			
Average Number of Agents	28	**Service Level**		**69%**

Task Management Tool
Medi-Cal Only

Nm	Cs Id	Case Nm	Cs Cmt Id	Cmt Dtm	Age of Task	Task Status	Task Type	Cs Nar
PCN	Cs Id	Case Name	Cs Cmt #	1/4/2008	13	RQST	VERIF	FTMC* IEVS NEW HIRE REGISTRY RECEIVED INDICATING THAT CLIENT, ARTHUR IS EMPLOYED WITH ISHA CORP. MC355 HAS
PCN	Cs Id	Case Name	Cs Cmt #	1/4/2008	13	ASGN	IEVS	FTMCLLHA
PCN	Cs Id	Case Name	Cs Cmt #	11/21/2007	57	CMPLT	MSR	FTMC-MSR PROCESSED. CLIENT REPORTS THAT ARTHUR ALCALA HAS BEGAN WORKING. PLACED CALL TO CLIENT WHO
PCN	Cs Id	Case Name	Cs Cmt #	11/15/2007	63	ASGN	MSR	FTMC MAIL RCVD 11/6/07 WITH PAYSTUBS
PCN	Cs Id	Case Name	Cs Cmt #	1/4/2008	13	ASGN	IEVS	FTMCLLHA
PCN	Cs Id	Case Name	Cs Cmt #	11/7/2007	71	ASGN	RV	FTMC- FOR 11/10/07 RV BULK ASSIGNMENTLLAL
PCN	Cs Id	Case Name	Cs Cmt #	1/9/2008	8	FWD		FTMC- 01/07/2008 RCV'D BY FAX: COVER LETTER, PAY STUBS (2)LLTLO
PCN	Cs Id	Case Name	Cs Cmt #	1/2/2008	15	FWD		FTMC-12/26/07- EC 6LLLB
PCN	Cs Id	Case Name	Cs Cmt #	12/26/2007	22	FWD		FTMC-12/20/07-(6)PGS BANK STATEMENT, CAR REG., BANK SLIPLLLB
PCN	Cs Id	Case Name	Cs Cmt #	12/11/2007	37	RQST	VERIF	FTMC-CASE DISCONTINUED ERRONEOUSLY. CASE HAS BEEN RESCINDED. MC355 SENT WITH A DUE DATE OF 12/31/07
PCN	Cs Id	Case Name	Cs Cmt #	1/16/2008	1	CMPLT	VERIF	FTMC* TASK COMPLETED. RECEIVED INFORMATION REGARDING CLIENTS APPLICATION FOR SOCIAL SECURITY CARD AND
PCN	Cs Id	Case Name	Cs Cmt #	1/15/2008	2	ASGN	VERIF	FTMC- 1/10/08 CALWIN PRINT OUT; PERM. RESIDENT CARD; VERIF. FROM SSA (2PGS).LLNRLL
PCN	Cs Id	Case Name	Cs Cmt #	11/7/2007	71	ASGN	RV	FTMC- FOR 11/10/07 RV BULK ASSIGNMENTLLAL
PCN	Cs Id	Case Name	Cs Cmt #	1/7/2008	10	RQST	VERIF	FTMC* RECEIVED IEVS REPORT INDICATING THAT THE CLIENT HAS GAINED NEW EMPLOYMENT. MC 355 WITH A DUE DATE OF
PCN	Cs Id	Case Name	Cs Cmt #	1/7/2008	10	ASGN	IEVS	FTMCLLHA
PCN	Cs Id	Case Name	Cs Cmt #	1/8/2008	9	ASGN	RV	FTMC- FOR 1/10/08 RV BULK.LLNR
PCN	Cs Id	Case Name	Cs Cmt #	1/8/2008	9	ASGN	RV	FTMC- FOR 1/10/08 RV BULK.LLNR
PCN	Cs Id	Case Name	Cs Cmt #	12/28/2007	20	FWD		FTMC- 12/27/2007 MAIL/BOX SLOT, (7 PGS) OF BANK INFO., (1) CERTIFICATE OF NATURALIZATIONLLTLO
PCN	Cs Id	Case Name	Cs Cmt #	11/7/2007	71	ASGN	RV	FTMC- FOR 11/10/07 RV BULK ASSIGNMENTLLAL
PCN	Cs Id	Case Name	Cs Cmt #	11/19/2007	59	ASGN	RV	FTMC-FOR 11/25/07 RV BULK.LLCJG
PCN	Cs Id	Case Name	Cs Cmt #	1/14/2008	3	RQST	VERIF	FTMC* MC355 WAS SENT ON 01/02/08 WITH A DUE DATE OF 01/22/08 REQUESTING THAT CLIENT SENDS A COPY OF THE
PCN	Cs Id	Case Name	Cs Cmt #	12/21/2007	27	ASGN	RV	FTMC-12/25/07-BULK RVLLRG
PCN	Cs Id	Case Name	Cs Cmt #	1/11/2008	6	CMPLT	RV	FTMC* 11/07 RV RECEIVED AND PROCESSED. CASE HAS BEEN DISCONTINUED EFF. 01/31/08 FOR FAILURE TO PROVIDE
PCN	Cs Id	Case Name	Cs Cmt #	12/11/2007	37	RQST	VERIF	FTMC* CASE WAS DISCONTINUED BUT RV PACKET WAS RECEIVED IN THE MONTH OF 11/07. CASE HAS BEEN RESCINDED
PCN	Cs Id	Case Name	Cs Cmt #	12/7/2007	41	ASGN	RV	FTMC-12/10/07-RV BULKLLRG
PCN	Cs Id	Case Name	Cs Cmt #	11/19/2007	59	ASGN	RV	FTMC-FOR 11/25/07 RV BULK.LLCJG

Task Management Tool
Food Stamp Only

Nm	Cs Id	Case Nm	Cs Cmt Id	Cmt Dtm	Age of Task	Task Status	Task Type	Cs Nar
PCN	Cs Id	Case Name	Cs Cmt #	1/15/2008	2	RQST	VERIF	FTMB - YNOA MAILED, CLIENT FAILED TO DATE QR7.
PCN	Cs Id	Case Name	Cs Cmt #	1/15/2008	2	ASGN	OTHER	FTMB DAILY QR 7 BULKLLLM
PCN	Cs Id	Case Name	Cs Cmt #	1/16/2008	1	RQST	VERIF	FTMB - FACE TO FACE INTERVIEW SCHEDULED FOR 01/22/08 @ 2PM-151 LINUS PAULING. CLIENT PREFERRED HALL AVE, BUT EW
PCN	Cs Id	Case Name	Cs Cmt #	1/15/2008	2	ASGN	RC	FTMB - 01/15/08 RC BULKLL(NB)
PCN	Cs Id	Case Name	Cs Cmt #	1/16/2008	1	RQST	VERIF	FTMB - YNOA MAILED W/ QR7. CLIENT FAILED TO ANSWER Q#1 & #2, FAILED TO DECLARE SDI INCOME, ATTACH VERIFICATION, &
PCN	Cs Id	Case Name	Cs Cmt #	1/16/2008	1	RQST	VERIF	FTMB - FACE TO FACE INTERVIEW SCHEDULED FOR 01/24/08 @ 8:30AM DFB.
PCN	Cs Id	Case Name	Cs Cmt #	1/15/2008	2	ASGN	RC	FTMB - 01/15/08 RC BULKLL(NB)
PCN	Cs Id	Case Name	Cs Cmt #	1/16/2008	1	ASGN	QR7	FTMB-1/7/08 QR7; NOA W/HOUSING COST CHANGE (PREV ASGND)LLSF
PCN	Cs Id	Case Name	Cs Cmt #	1/11/2008	6	RQST	VERIF	FTMB - YNOA MAILED, CLIENT FAILED TO DATE QR7, AND FAILED TO ANSWER Q#1.
PCN	Cs Id	Case Name	Cs Cmt #	1/10/2008	7	ASGN	QR7	FTMB- DAILY QR7 BULKLLSF
PCN	Cs Id	Case Name	Cs Cmt #	1/15/2008	2	CMPLT	VERIF	FTMB - REC'D FAX COPY OF CSF 30 SHOWING THAT CLIENT SUBMITTED RC PACKET. NO ACTION TAKEN, RRR AWAITING
PCN	Cs Id	Case Name	Cs Cmt #	1/14/2008	3	FWD		FTMB- 01/08/2008 RCV'D BY FAX: CSF 30LLTLO
PCN	Cs Id	Case Name	Cs Cmt #	1/14/2008	3	CMPLT	SUP ASGN	FTMB - RRR PROCESSED & COMPLETED. CASE COMPOSE OF A 32 Y/O MOTHER, HER 3CHILDREN, & HER 16 Y/O SISTER, P & P'N
PCN	Cs Id	Case Name	Cs Cmt #	1/10/2008	7	RQST	VERIF	FTMB - IM 65 MAILED REQUESTING COPY OF WAMU CHECKING/SAVINGS ACCOUNT; RENTAL RECEIPT + PG & E;
PCN	Cs Id	Case Name	Cs Cmt #	1/9/2008	8	RQST	VERIF	FTMB - RC PACKET LOCATED, LEFT MESSAGE FOR CLARIFICATION/VERIF'S OF WAMU CHECKING/SAVINGS; RENTAL
PCN	Cs Id	Case Name	Cs Cmt #	1/9/2008	8	FWD		FTMB - 12/28/07 @ HERCULES - CSF30, DFA285 A1, A2 & A3, MCSC1, EFI1, FSET1, FSET4, IM31LLRRR 12/08LLFWD PER EW
PCN	Cs Id	Case Name	Cs Cmt #	1/8/2008	9	ASGN	SUP ASGN	FTMB ASSIGN FOR PROCESSING. FTMO
PCN	Cs Id	Case Name	Cs Cmt #	1/7/2008	10	CMPLT	QR7	FTMB - REC'D THRU FAX, COPY OF INCOME VERIFICATION. PROCESSED COMPLETE 11/07 QR7, INCOME POSTED $1922.10. +
PCN	Cs Id	Case Name	Cs Cmt #	1/3/2008	14	RQST	VERIF	FTMB - CLIENT DECLARED INCOME ON QR7 W/ NO VERIFICATIONS ATTACHED. CHILD CARE EXPENSE ALSO
PCN	Cs Id	Case Name	Cs Cmt #	1/3/2008	14	ASGN	QR7	FTMB- DAILY QR7 BULKLLSF
PCN	Cs Id	Case Name	Cs Cmt #	1/3/2008	14	CMPLT	RC	FTMB - FSRC PHONE INTERVIEW DONE. CASE COMPOSE OF A DISABLED 63 Y/O FATHER & HIS 20 Y/O DAUGHTER. INCOME
PCN	Cs Id	Case Name	Cs Cmt #	1/2/2008	15	ASGN	RC	FTMB - RCVD 12/20/07LL01/01/08 RC BULKLL(NB)
PCN	Cs Id	Case Name	Cs Cmt #	12/21/2007	27	CMPLT	QR7	FTMB - PROC 11/07 QR7. CLT REPORTED INCOME FR SSA OF $1079 BUT AWARD LETTER SHOWING AMOUNT OF $1201. EFF
PCN	Cs Id	Case Name	Cs Cmt #	12/21/2007	27	FWD		FTMB- 12/20/07 @DFB PREV RECD 12/6/07 QR7; SS BENEFITS LTRLLSF
PCN	Cs Id	Case Name	Cs Cmt #	12/12/2007	36	RQST	VERIF	FTMB - YNOA MAILED. CLIENT FAILED TO SIGN, DATE, & ATTACH VERIFICATION TO INCOME DECLARED.
PCN	Cs Id	Case Name	Cs Cmt #	12/12/2007	36	ASGN	QR7	FTMB- DAILY QR7 BULKLLSF

Eligibility Summary Report

	Distinct Case Count	Task Count	Average Age of Task
Eligibility Worker	74	194	28
Eligibility Worker	93	170	52
Eligibility Worker	18	50	17
Eligibility Worker	49	111	26
Eligibility Worker	77	139	42
Eligibility Worker	90	201	43
Eligibility Worker	75	187	34
Eligibility Worker	32	77	19

Eligibility Task Summary Report

	ASGN	CMPLT	FWD	Total
ADD PSN	109	139		
APPLS	7	9		
CWIN ALRT	15	390		
DFA 377.5	31	37		
HF	59	48		
IEVS	177	197		
MEDS ALRT	462	427		
MSR	519	589		
OTHER	221	615		
PVS	1	2		
QC/PI		3		
QR7	930	1087		
RC	58	190		
RTRND US MAIL	328	269		
RV	1370	1367		
SUP ASGNMT	10	8		
TMC 176	69	56		
VERIF	663	1105		
			2834	
Sum:	5,029	6,538	2,834	14,401

MCSC Statistics
July 2009

- Clerical
  - *1,946 - PCN Transfers
  - 374 – Faxes
  - 22,050 –Case Comments
  - **18,470 – Scanning & Indexing

- Eligibility Worker
  - 1,973 RVs
  - 689 RCs
  - 902 MSRs
  - 2,374 QR7s

MCSC Calls

- 14,733 Total Calls
- 13,608 Answered Calls
- 1:06 seconds Average Answer time

* EW Supervisors are managing cases for their units.

** New Mail only. All other documents are outsourced to IKON

Questions:

SEP Background

- Financed by FNS to promote the exchange of ideas for improving Food Stamp Program (FSP) management
- Increase payment accuracy
- Reduce FSP error rates
- County performs the SEP activity and submits a claim for reimbursement and an activity evaluation

SEP PROCEDURE

- invoicing process in 2009
- Increases efficiency with reimbursement

STEP 1: ATTEND THE 2009 ANNUAL FOOD STAMP CONFERENCE

Southern California

September 2, 2009

Northern California

September 15, 2009

Step 2: Keep your receipts

Examples:

- Registration receipt
- Mileage of private vehicle
- Gas for rental
- Hotel receipt
- Rental vehicle receipt
- Air travel if applicable
- Bridge tolls

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Please print your completed form if you would like a copy for your records.
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clear this form

STATE OF CALIFORNIA – PERSONNEL ADMINISTRATION

TRAVEL EXPENSE CLAIM

STD. 262 A (REV. 9/2007)

*e Instructions and *Privacy Statement On Reverse Side*

Page _____ of _____ Pages

CLAIMANT'S NAME			SSAN OR EMPLOYEE NUMBER*	DEPARTMENT	
POSITION	CB/ID NUMBER		DIVISION OR BUREAU		INDEX NUMBER
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS		TELEPHONE NUMBER
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CO

(1) NORMAL WORK HOURS	(2) PRIVATE VEHICLE LICENSE No.	(3) MILEAGE RATE CLAIMED

(4) MONTH/YEAR		(6)	(7)	(8) MEALS			(9)	(10) TRANSPORTATION					(11)	(12)
(5) DATE	TIME	LOCATION WHERE EXPENSES WERE INCURRED	LODGING	BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER	INCIDEN-TALS	(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES	(D) PRIVATE CAR USE AMOUNT	BUSINESS EXPENSE	TOTAL EXPENSE FOR DA
												0.00		0.0
												0.00		0.0
												0.00		0.0
												0.00		0.0
												0.00		0.0
												0.00		0.0
												0.00		0.0

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STATE OF CALIFORNIA – PERSONNEL ADMINISTRATION

TRAVEL EXPENSE CLAIM

STD. 262 A (REV. 9/2007)

See Instructions and *Privacy Statement On Reverse Side

Page _____ of _____ Pages

CLAIMANT'S NAME	SSAN OR EMPLOYEE NUMBER*	DEPARTMENT
John Doe		Social Services

POSITION	CBID NUMBER	DIVISION OR BUREAU	INDEX NUMBER
Project Administrator		Food Stamp Program	1252

RESIDENCE ADDRESS*	HEADQUARTERS ADDRESS	TELEPHONE NUMBER
800 S. Illustration Ave	744 P Street	9166512222

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
Example	CA	93009	Sacramento	CA	95814

(1) NORMAL WORK HOURS	(2) PRIVATE VEHICLE LICENSE No.	(3) MILEAGE RATE CLAIMED
0800-1700	aaa111	0.550

(4) MONTH/YEAR (5) DATE	TIME	(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS BREAKFAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER	(9) INCIDENTALS	(10) TRANSPORTATION (A) COST OF TRANS.	(B) TYPE USED	(C) CAR FARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES	AMOUNT	(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
09/15	0700	Example to Salida							PV		103.00	56.65		56.65
09/15		Registration										0.00	15.00	15.00
09/15	1800	Salida to Example									103.00	56.65		56.65
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00

STEP 3: COUNTY COLLECTS ALL TECS

- All attendees must fill out their individual TEC
- County reimburses individuals for travel expense
- County requests for reimbursement by invoice

STEP 4: COUNTY ACCOUNTING SUBMITS ONE INVOICE

- This invoice should include the total amount requested
- All individual TEC's will need to be attached to the invoice
- This is the total amount requested for reimbursement
- Warrant will be cut to the county

ACCOUNTING CUTS ONE WARRANT TO COUNTY

- The county will then reimburse each participant based on their TEC
- It is suggested that the county retain a copy of the invoice & TECs

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COUNTY OF SAMPLE

HUMAN SERVICES AGENCY

October 1, 2009

Annie Su, Program Analyst
California Department of Social Services
744 P Street, M.S. 8-9-32
Sacramento, CA 95814

I am sending a claim for John Doe who attended the Annual Food Stamp Conference in Salida, California on September 15th, 2009.

The total amount paid by the individual, John Doe, is $128.30 as per the attached travel expense claim and corresponding receipts.

Please make the check payable to Sample County and mail to the address below:

1234 County Street
Example, CA 99999

Thank You,

Senior Accounting Officer
Social Services, Sample County

SAMPLE

8.48 x 10.88 in

STATE PROCESSES & APPROVES

Accounting send county invoice to :

Sara Perez-Taijeron

1515 Clay Street, Suite 302 South M.S. 28-15

Oakland, CA 94612-1446

WHERE TO LOOK FOR SEP INFORMATION:

In addition to all conference resources, SEP information can be accessed through this site.

www.cdsscounties.ca.gov/foodstamps

Here you will find:

- **Invoice instructions**
- **Invoice sample**
- **CDSS reimbursement guidelines**
- **SEP evaluation**
- **Blank TEC**
- **Sample TEC**

WHO TO CONTACT WITH SEP QUESTIONS?

Annie Su

Program Analyst

annie.su@dss.ca.gov

(916) 651-6556

Closing Remarks

Dennis Stewart