

DEPARTMENT OF PUBLIC SOCIAL SERVICES
ADMINISTRATIVE DIRECTIVE



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ADMINISTRATIVE DIRECTIVE NO. 4865, DATED 06/28/10

SPECIALIZED SUPPORTIVE SERVICES NEW DIRECTION FOR
PARTICIPANTS IN MENTAL HEALTH AND/OR SUBSTANCE ABUSE
SERVICES ACTIVITIES (REVISED)

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DEPARTMENT OF PUBLIC SOCIAL SERVICES ADMINISTRATIVE DIRECTIVE



NUMBER: 4865	DATE: JUN 28 2010
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SUBJECT: SPECIALIZED SUPPORTIVE SERVICES NEW DIRECTION FOR PARTICIPANTS IN MENTAL HEALTH AND/OR SUBSTANCE ABUSE SERVICES ACTIVITIES (REVISED)

REFERENCE: Administrative Directive No. 3903, dated 04/06/98
Administrative Directive No. 3903 Supp. I & II, dated 09/01/98
Administrative Directive No. 3903 Supp. III, dated 02/01/99
Administrative Directive No. 4712, dated 02/26/08
Administrative Directive No. 4820, dated 10/08/09
EAS Manual, Section 40-100
Forms Manual Letter #4790 Advance, dated 04/05/07
GAIN Online Policy, Chapters 400, 700, 800, 900, 1200 & 1300

CANCELS: Administrative Directive No. 4730, dated 01/22/09
Administrative Directive Revised No. 4590, dated 01/25/07

CANCEL DATE: **FILE IN:** GAIN Program Handbook
Chapter 1200

SPECIAL ATTENTION:	REPORT REQUIRED [] Yes [X] No
<input checked="" type="checkbox"/> GAIN	SURVEY REQUIRED [] Yes [X] No
<input checked="" type="checkbox"/> MAXIMUS/JVS, Inc.	
<input checked="" type="checkbox"/> Refugee Employment Program	
<input checked="" type="checkbox"/> DMH/DPH	
<input checked="" type="checkbox"/> CalWORKs	

I. PURPOSE/BACKGROUND

The purpose of this Administrative Directive (AD) is to provide Greater Avenues for Independence (GAIN) Services Supervisors (GSSs), GAIN Services Workers (GSWs), Contracted Case Managers (CCMs), CalWORKs Refugee Employment Program (REP) Case Managers (RCMs), CalWORKs Eligibility Supervisors (ESs), Eligibility Workers (EWs), GAIN Scheduling Clerks, GAIN Coordinators and Mental Health (MH)/Substance Abuse (SA) treatment service providers, with revised instructions on processing cases for participants in MH and/or SA activities. This information applies to participants enrolled in MH and/or SA services only. Existing policy and procedures apply to participants receiving Domestic Violence (DV) and Family Reunification (FR) services.

I. PURPOSE/BACKGROUND (Cont.)

This AD cancels AD No. 4730, New Direction for Participants in Specialized Supportive Services Activities, dated 01/22/09. The policy and procedures of the SSS New Direction have been enhanced to streamline the overall flow for Specialized Supportive Services (SSS) participants in order to: 1) gather a more realistic determination of a MH/SA need; and 2) increase the rate of participation in employment and employment-related activities.

These instructions are effective immediately upon receipt.

II. KEY POINTS

- Separate screening tools for GAIN and Eligibility staff.
- Revised GN 6140A, Screening for Mental Health and Substance Abuse – GAIN Services Worker form.
- New GN 6372, Request For Mental Health Clinical Assessment – Part I OR Waiver Of Mental Health Clinical Assessment – PART II form.
- New guidelines for scheduling and re-scheduling MH/SA Clinical Assessment (CLA) appointments, and managing a MH CLA backlog.
- Job Club (JCL) for participants with non-urgent needs who were not able to receive an appointment for MH CLA within the acceptable timeframe.
- Revised role of the Community Assessment Service Center (CASC) Service Advocate (CSA). The co-located CSA staff will **NO LONGER** schedule participants for MH or SA CLA. All referrals for MH/SA CLA will be made directly by the SSS GSWs/CCMs/RCMs.
- An Initial 90-Day Good Cause Period for participants newly enrolled in treatment services.
- Direction for handling full-time vs. part-time SSS participants and granting exemptions.
- CW 61, Authorization to Release Medical Information, form automation.
- Coordination of the Status Determination (SD) Appointment.
- Revised GN 6368, Participant Exempt Volunteer Status Notification form. This form will be utilized for all types of exemptions.
- Up-Front Mandatory Vocational (VOC) Assessment (ASM) for full-time MH/SA participants.
- Assignment and maintenance of concurrent activities.
- New GEARS screen, Maintain Specialized Supportive Services Tracking Resource Screen (MSTR), to capture outcomes for MH/SA participants.

III. POLICY

The existing screening tool, clinical assessment referral process, and utilization of forms have been modified in order to improve service delivery and facilitate communication between line staff and service providers to produce positive outcomes for participants engaged in MH and/or SA treatment services.

Screening for MH/SA Services and the Revised GN 6140A

Participants identified by EWs as having a need for SSS will be expedited into GAIN, where they will be re-screened by the GSW/CCM/RCM. Each District Office shall utilize the GAIN Coordinator as the designated SSS Coordinator in order to facilitate expediting into GAIN those participants who are identified through the GN 6140, Screening for Mental Health and Substance Abuse – Eligibility Worker form (Attachment I).

The GN 6140A, Screening for Mental Health and Substance Abuse Instructions – GAIN Services Worker form (Attachment II), has been revised to ensure that the participant's scores more accurately reflect the MH/SA need. MH CLA will be **mandatory** for participants with an urgent or somewhat urgent need (Levels 1 and 2) and **voluntary** for those with a less urgent need (Level 3). The score/Priority Level match has changed as follows:

- Priority Level 1: Urgent (7 or more points);
- Priority Level 2: Somewhat Urgent (5-6 points); or
- Priority Level 3: Less Urgent (1-4 points).

NOTE: Homeless Case Managers will continue to utilize the GN 6140 form when screening for MH/SA.

MH/SA CLA Referral and Re-scheduling, and MH CLA Backlog Process

The co-located CSA staff will **NO LONGER** schedule participants for MH or SA CLA. As such, GSWs/CCMs/RCMs will **not** refer participants to CSA staff or utilize the Advocacy Referral Services (ARS) component for the purpose of scheduling either MH or SA CLA. All referrals for MH/SA CLA will be made directly by the SSS GSWs/CCMs/RCMs. All MH providers and SA CLA CASC sites shall accept these direct referrals.

The timeframe in which MH providers must see participants identified with a MH need has changed as follows:

- Priority Level 1 participants must be seen within 2 days;
- Priority Level 2 participants must be seen within 5-10 days; and
- Priority Level 3 participants must be seen within 10-15 days from the date of referral.

NOTE: The ARS component will be deleted from GEARS.

III. POLICY (Cont.)

MH/SA CLA Referral and Re-scheduling, and MH CLA Backlog Process (Cont.)

In the event a MH provider is unable to assess a participant within the allotted timeframe, a backlog exists. Priority Level 1 participants must be seen within two days, regardless of appointment availability. However, for Priority Levels 2 and 3, MH providers shall be able to schedule appointments outside of the timeframe, but within a 30-day window.

All Level 3 participants affected by a backlog shall continue to be referred to JCL or another appropriate activity (refer to GAIN Online Policy Chapters 700, 800, and 900).

As a general rule, the CLA appointment should **not be** re-scheduled more than once. However, the re-scheduling of CLA appointments (both MH and SA) shall ultimately be at the discretion of the SSS GSW/CCM/RCM in consultation with the SSS GSS. The participant may be re-scheduled if he/she has requested to re-schedule prior to the appointment date, or if he/she presents Good Cause for not attending on a past date. If a provider re-schedules a CLA appointment, for any reason, that provider must notify the SSS GSW/CCM/RCM within one day of re-scheduling the appointment.

Failure of a participant to attend a voluntary MH CLA will result in mandatory participation in the regular GAIN flow. Failure of a participant to attend a mandatory CLA appointment, without Good Cause, may result in Non-Compliance and Sanction (refer to GAIN Online Policy Chapter 400 for Good Cause policy, Chapter 1200 for SSS policy, and Chapter 1300 for Non-Compliance/Sanction policy).

Revised Role of the CASC Service Advocate

The co-located CSA will provide information and education to participants who have received an SA CLA and have been identified with a SA barrier and choose **NOT** to accept SA treatment services. The CSAs will assist SSS GSWs/CCMs with informing this particular group of participants about the benefits of accessing treatment prior to fully participating in the GAIN Program. Specifically, the CSAs will offer quality professional, current, and accurate information and education on the disease of alcoholism and other drug dependency issues and the recovery process. As CSAs are not co-located in REP offices, RCMs will not utilize CSA staff for this function.

Prior to the SSS GSW/CCM assigning the participant to an activity in the regular GAIN Flow, the CSA will meet with the participant, in the GAIN Regional/Contracted Office, for the purpose of engagement into treatment services. ***(Participants are not mandated to enter SA treatment and have the right to decline treatment services.)***

III. POLICY (Cont.)

Revised Role of the CASC Service Advocate (Cont.)

The CSAs will work closely with the SSS GSWs/CCMs to coordinate the engagement appointments, which will take place when the participant attends the GAIN appointment to assign the next appropriate activity immediately following the completion of the SA CLA.

NOTE: Participants have the right to decline to meet with the CSA staff.

Initial 90-Day Good Cause Period

For the initial 90 days of treatment services (beginning on the Start Date of the treatment activity), participants will be allowed to participate in their MH/SA activity for the number of hours determined by the service provider, even if it is less than the 32/35-hour-per-week requirement.

Full-Time vs. Part-Time Participation, Exemptions, and CW 61 Automation

At the end of the initial 90-day period, full-time (32/35 hours per week) participation in GAIN is mandatory for participants enrolled in MH/SA services. However, if it is determined by the treatment services provider that a participant is unable to fulfill the 32/35-hour-per-week/full-time rule, he/she may be eligible for a "Code 5 Exemption: Incapacity" due to his/her mental or physical incapacity. Code 5 Exemptions apply to individuals who have a physical or mental impairment that is expected to last at least 30 calendar days and prevents them from engaging in employment or other Welfare-to-Work (WtW) activities.

The initial 90-day period affords the service providers sufficient time to assess the participant's ability to participate in WtW activities. During this initial 90-day period, participants will be granted Good Cause from meeting the 32/35-hour requirement. Participants not eligible for a Code 5 exemption must participate full-time after the initial 90-day period has ended.

After the initial 90-Day Good Cause period, the treatment services provider will determine the participant's ability to participate full-time in WtW activities. GEARS will automatically send the CW 61, Authorization To Release Medical Information form (Attachment III), to the MH/SA provider for participants who have been determined to not be able to participate at least 32/35 hours per week. The treatment services provider shall request the participant's permission to complete this form.

NOTE: Completion of the CW 61A, Physical Capacities (Attachment IV) and CW 61B, Mental Capacities (Attachment V), are not required for the SSS GSW/CCM/RCM to make an exemption eligibility determination; however, it may assist the case manager in selecting an appropriate concurrent activity, if applicable. The CW 61A and CW 61B forms are not programmed to be auto-generated by GEARS. Use of these forms must be manual.

III. POLICY (Cont.)

Status Determination Appointment and the Revised GN 6368

All MH/SA participants will be required to attend an SD appointment at the end of the 90-Day Good Cause period. The purpose of the SD appointment is to identify the most appropriate participation level, determine the Exempt Volunteer status and possible concurrent participation status of part-time participants, and the next appropriate activity for full-time participants. During the SD appointment and on every appropriate occasion, both line staff and service providers shall discuss the benefits of becoming an Exempt Volunteer with exempt participants.

As there are other instances in which participants may be exempted, the GN 6368, Participant Exempt Volunteer Status Notification form (Attachment VI), shall be completed and mailed to the provider **ANYTIME** a MH/SA participant has been granted an exemption, regardless of the exemption origin, so that the provider will be aware of a participant's decision to volunteer. This policy is effective immediately and shall be consistently applied to all MH/SA participants, including participants who have been designated Exempt Volunteers as a result of the New Exemptions and Good Cause Clock Stoppers for Parents of Young Children.

Up-Front Mandatory VOC ASM

In order to develop WtW plans in a timely manner, all participants who have been identified by the MH/SA provider as being able to participate in a WtW activity full-time, after participating in services at least 90 days, will be assigned to the Up-Front Mandatory VOC ASM during the SD Appointment. Participants who have been determined by the treatment provider as only able to participate part-time, but able to participate in concurrent activities shall also be assigned to a Up-Front VOC ASM, however, as these participants are exempt, the ASM VOC is not mandatory. If a VOC ASM has been completed within the past two years and the employment goal/plan still applies, results from that ASM may be used in lieu of the participant completing an Up-Front Mandatory VOC ASM.

The results of the assessment will be shared with the treatment service provider in order to facilitate communication regarding the most appropriate WtW plan. ***The existing VOC ASM process for non-MH/SA participants has not changed.***

Participation in Treatment and Concurrent Activities

Once the MH/SA provider determines that a participant is **not** able to participate full-time, the GSW grants the participant an exemption (as appropriate), and the participant may participate on a part-time basis as an Exempt Volunteer. As such, as Exempt Volunteers, participants may participate solely in treatment services for any amount of hours per week as determined by the provider, or they may participate in any appropriate concurrent WtW activity, in addition to treatment services, even if the total number of hours per week is less than full-time for the duration of the exemption, as documented on the CW 61.

III. POLICY (Cont.)

Participation in Treatment and Concurrent Activities (Cont.)

As an Exempt Volunteer, the participant may choose to reduce his/her hours of participation per week. However, if the reduced number of hours per week is substantially lower than the treatment provider's recommendation, the integrity of the treatment plan may be compromised. As such, the treatment provider may make enrollment in treatment services contingent upon the participant's adherence to the treatment plan, which indicates the number of hours per week a participant is able to participate in treatment.

MSTR Screen

The MSTR screen will be utilized to track the case status of participants enrolled in MH/SA treatment services and will populate a report to provide this data to program staff.

Please refer to the revised Eligibility/GAIN SSS Flow Chart (Attachment VII) and the revised SSS Activity Flow Chart (Attachment VIII) for an overview of the SSS Program.

IV. PROCEDURES

A. Screening for MH/SA Services and the Revised GN 6140A

All EWs will screen participants with the GN 6140 and all GSWs/CCMs/RCMs will screen participants with the revised GN 6140A.

1. The Intake/Approved EW shall:

- a. Follow current intake/approved procedures, as specified in EAS Manual Section 40-100, and AD No. 3903 Supp. I, II, and III, as well as the procedures outlined below.
- b. Review the availability of SSS and provide applicants/participants with the appropriate SSS informational handouts.
- c. Administer the GN 6140 to screen all CalWORKs applicants at intake and participants at every redetermination for a potential MH and/or SA service need.
- d. Ensure that the CalWORKs case is immediately (within 30 minutes) transferred to the SSS Unit once a participant self-discloses or is identified through screening with a need for MH, SA, and/or DV services.

IV. PROCEDURES (Cont.)

A. Screening for MH/SA Services and the Revised GN 6140A (Cont.)

2. Upon receipt of a case with an SSS need from the EW, the Intake/Approved ES shall:

- a. Review the case record to ensure all information is current and complete.
- b. Ensure a copy of the GN 6140 is completed and on file.
- c. Transfer the case (within 30 minutes) to the SSS Unit, per existing procedures.

3. The Intake/Approved SSS EW shall:

- a. Upon receipt of an application or CalWORKs case identified with an SSS need through self-declaration:
 - i. Follow current intake/approved procedures, as specified in EAS Manual Section 40-100, and ADs No. 3903 Supp. I, II, and III, as well as the procedures outlined in this AD.
 - ii. Review the availability of SSS and provide the applicant/participant with the appropriate SSS informational brochures.
 - iii. Administer the GN 6140, to identify the type of service needed, even though the applicant/participant has self-declared; **however, it does not need to be re-administered if it was already completed by the previous case-carrying EW who may not have necessarily been an SSS EW.**
- b. Upon receipt of a transferred case with an SSS need identified through the use of the GN 6140:
 - i. Review the case information.
 - ii. Introduce him/herself to the applicant/participant and explain why the case was transferred to the SSS unit.
 - iii. Ensure that the applicant/participant received the SSS informational brochures, and answer any questions the applicant/participant may have.

IV. PROCEDURES (Cont.)

A. Screening for MH/SA Services and the Revised GN 6140A (Cont.)

3. The Intake/Approved SSS EW shall: (Cont.)

- c. Once either a or b has occurred:
 - i. Inform the applicant/participant that his/her CalWORKs application is being expedited, per existing procedures.
 - ii. Inform the applicant/participant that upon approval of the CalWORKs application, a referral will be expedited to the GAIN program.
 - iii. Inform the applicant/participant that a GSW/CCM/RCM will contact him/her to schedule an appointment to refer him/her to an appropriate service provider that can best meet his/her needs.
 - iv. Expedite the CalWORKs application process by submitting the approval on the same date that the applicant/participant provides all the necessary documentation needed to determine CalWORKs eligibility and all CalWORKs requirements have been met.

Example #1: An applicant applies for CalWORKs on June 1, 2010. A need for SSS is identified and the applicant provides all the necessary documentation needed to determine CalWORKs eligibility by June 7, 2010. **The application shall be processed for approval on June 7, 2010, and shall not be delayed due to the CalWORKs program requirement that allows an EW 30 days to determine CalWORKs eligibility. If documentation is provided late in the day, the application shall be processed on the next business day, June 8, 2010.**

Example #2: An applicant applies for CalWORKs on June 1, 2010. A need for SSS is identified and the applicant provides all the necessary documentation needed to determine CalWORKs eligibility by June 28, 2010. **The application shall be processed for approval on June 28, 2010, and shall not be delayed due to the CalWORKs program requirement that allows an EW 30 days to determine CalWORKs eligibility. If documentation is provided late in the day, the application shall be processed on the next business day, June 29, 2010.**

Note: It is important to expedite an application that has been identified with an SSS need and to approve a CalWORKs application that meets CalWORKs eligibility requirements, as it may affect the time in which participants may begin and engage in MH/SA services.

IV. PROCEDURES (Cont.)

A. Screening for MH/SA Services and the Revised GN 6140A (Cont.)

3. The Intake/Approved SSS EW shall: (Cont.)

- c. Once either a or b has occurred: (Cont.)
 - v. Update the Supportive Services Indicator on LEADER, as follows:
 - A. Go to the "Individual Attributes" screen in the "Data Collection" subsystem.
 - B. Select the "Individual's Name" and click the "Details" button.
 - C. Open the "Individual Domestic Violence" screen by clicking the "Domestic Violence" button, when the participant has self-disclosed a need for Domestic Violence services.
 - D. Update the MH/SA fields by entering "Y/N," and save the "Individual Attribute" record. LEADER will identify the cases as supportive services (SS) and will send a transaction to GEARS.
 - vi. File the GN 6140 on the left side of the Documentation/Activity folder.
 - vii. Flag the case to identify it as SSS with the appropriate stamp, per existing procedures. This shall ensure special attention and confidentiality when the services are provided to SSS participants.
 - viii. Provide a copy of the GN 6140 to the designated SSS Coordinator at the CalWORKs district for forwarding to the corresponding GAIN Region.

Note: The approved SSS EW shall be responsible for district cases that have been identified with SSS needs. These cases shall come from the intake SSS EW once the case is approved and from other CalWORKs-approved caseloads where a need for SSS has been identified.

For approved SSS cases originating from the Intake SSS EW, no immediate action shall be required since the Intake SSS EW has met the participant's needs during the time eligibility was determined. However, should the participant require any additional assistance with SSS, the SSS EW shall assist him/her in any way possible, within existing procedures.

IV. **PROCEDURES** (Cont.)

A. **Screening for MH/SA Services and the Revised GN 6140A** (Cont.)

4. Upon receipt of a CalWORKs application or case with an SSS need, the Intake/Approved SSS ES shall:
 - a. Review the case record to ensure all information is current and complete.
 - b. Assign the application or case to an SSS EW immediately (within 30 minutes).
 - c. Ensure CalWORKs applications or cases with requested or identified SSS needs are being expedited.
 - d. Upon approval, ensure that a copy of the GN 6140 is provided to the designated SSS Coordinator the same day. *If the CalWORKs case was sent by the Intake SSS EW, this step has been completed and does not need to be repeated.*
5. The Designated SSS Coordinator/GAIN Coordinator at each CalWORKs district shall:
 - a. Designate a basket for the Intake/Approved SSS ES to place the completed GN 6140 forms.
 - b. Forward the completed GN 6140 to the GAIN Regional SSS GSS, on the day of receipt, to ensure the participant is expedited into GAIN.
6. **GAIN Scheduling Clerk**

The GAIN Scheduling Clerk shall be responsible for checking GEARS "Maintain Unassigned Appraisal Pool" (MUAP) screen for cases that LEADER has identified as "SS."

For those cases with an appointment type of "SS," the GAIN Scheduling Clerk shall:

- a. Go to "GEARS Participant/GAIN File Transfer" (MPTR) screen, input case number, type "U" on the Action Code, and press enter.
- b. Type the GAIN File number and GAIN Location, and press enter.
- c. GEARS will display a pop-up window, "Add Appraisal." Enter the Appraisal date (no later than four workdays) and press enter.

IV. **PROCEDURES** (Cont.)

A. **Screening for MH/SA Services and the Revised GN 6140A** (Cont.)

7. **The Case-Carrying GSW/CCM/RCM shall:**

- a. Ensure that SSS are discussed and the appropriate SSS informational handouts are provided to all participants at each Appraisal appointment.
- b. Ensure that at anytime a CalWORKs participant self-discloses a need for MH, SA, and/or DV services, the case is transferred to the GAIN SSS Unit immediately (within 30 minutes).
- c. Check daily for alert messages that indicate "Supportive Service Needed" and for monthly reports that identify "Participants Needing Supportive Services," and transfer these cases to the SSS Unit.
- d. Administer the revised GN 6140A to screen the participant for a potential MH/SA service need, as follows:

- i. **Read the introductory statement** in quotes under STAFF INSTRUCTIONS and the bulleted information on page 1 of the revised GN 6140A to establish a rapport with the participant. Utilize the bulleted information to facilitate the discussion with the participant, if necessary. The statement will explain to participants why the screening is being administered, EW/GSW/CCM/RCM reporting and referral obligations, and that they have the right to not answer the questions.

Note: The revised GN 6140A shall never be handed or mailed to participants for completion.

- ii. **Ask the seven Mental Health Questions** on page 2 of the revised GN 6140A.
- iii. **Circle "yes" or "no,"** as appropriate, based on the participant's response to each question, and enter the value of the response in the designated box at the end of the question.

The seven MH questions are scored so that a participant needing immediate or urgent help can be easily distinguished from other participants with a less urgent need.

- iv. **If the participant declines to respond to a question,** enter a "D" for declined to answer in the designated box for that question and continue to the next question.

Note: All questions must be asked; however, the participant may decline to answer one or all questions.

IV. PROCEDURES (Cont.)

A. Screening for MH/SA Services and the Revised GN 6140A (Cont.)

7. The Case-Carrying GSW/CCM/RCM shall: (Cont.)

- v. **Total the response value** for each MH question and enter that value in the TOTAL SCORE box for that section. There is no response value for the questions that were annotated with a "D" for declined to answer; therefore, total only the amounts for the questions that were answered.

NOTE: Be aware that the points assigned to some of the MH questions have changed (refer to section IV.A.9.c.i of this directive).

- vi. Ask MH question number 8, if the participant scores between 0-4 points. If the participant answers "yes," refer to CLA. If the answer is "no," do not refer to MH CLA.
- vii. **Return to page 1 of the revised GN 6140A** and read the paragraph under the bullet that states, "Please read the following paragraph before asking the substance abuse questions."
- viii. **Ask the five Substance Abuse Questions** on page 2 of the revised GN 6140A and mark the circle next to the appropriate answer selection for each of the five questions.
- ix. **Total the score** for questions 1-3 separately from questions 4-5 and record each score in the appropriate designated box. There is no response value for the questions that were annotated with a "D" for declined to answer; therefore, total only the amounts for the questions that were answered. A SA CLA is mandated if a male participant scores 5 or more points or a female participant scores 4 or more points on questions 1-3; or if either a male or female participant answers "Yes" to either question 4 or 5.
- x. **Return to page 1 of the revised GN 6140A** and read the last paragraph, which provides the closing statement.
- xi. **If a "no" or zero response is obtained** for each question or if the participant declined to respond to all questions and if the participant did not self-declare a need for MH/SA, or there are no observable indications that the participant may have a need for MH/SA services, process the case according to the regular GAIN flow, per existing procedures.

IV. PROCEDURES (Cont.)

A. Screening for MH/SA Services and the Revised GN 6140A (Cont.)

7. The Case-Carrying GSW/CCM/RCM shall: (Cont.)

- xii. **If the participant score mandates MH and/or SA CLA** or the participant has self-declared a need for MH and/or SA services, forward the case to the GSS for transferring to the SSS Unit immediately, within 30 minutes, if possible.
- xiii. **File the revised GN 6140A** on the left side of the Documentation/Activity folder.
- xiv. **Flag the physical case file** to identify it as SSS. This will ensure special attention and confidentiality when the services are provided to the participant. Each Region/Contracted Office may establish its own method for flagging SSS cases. For example, different color labels may be used on the case file.
- xv. **Inform the applicant/participant** that due to an identified/self-declared need for SSS, an SSS GSW/CCM/RCM will continue processing the case to better serve him/her.

8. The Case-Carrying GSS shall:

- a. Ensure that all cases identified with an SSS need are immediately transferred to an SSS Unit. These cases must be transferred the same day.
- b. Ensure that each of the above participants have been given the complete Appraisal packet, per existing procedures.

9. SSS GSW/CCM/RCM

The SSS GSW/CCM/RCM shall be responsible for all cases that have been identified as having an SSS need(s). A participant may be identified with an SSS need by the CalWORKs district offices or by a non-SSS GSW/CCM/RCM within the same GAIN Region.

- a. Upon receipt of a participant's case with an SSS need identified through self-declaration **OR** from a District Office, the SSS GSW/CCM/RCM shall:
 - i. Review the case information.
 - ii. Explain the availability of SSS and provide the participant with the appropriate SSS informational handouts.

IV. PROCEDURES (Cont.)

A. Screening for MH/SA Services and the Revised GN 6140A (Cont.)

9. SSS GSW/CCM/RCM (Cont.)

- iii. Administer the revised GN 6140A, as instructed in section IV.A.7.d. of this AD, if not previously completed by the case-carrying GSW/CCM/RCM.

Note: Always re-screen with the revised GN 6140A when participants have been identified at a District Office.

- b. Upon receipt of a case with an SSS need identified through the use of the revised GN 6140A, the SSS GSW/CCM/RCM shall:

- i. Review the case information and the completed revised GN 6140A.

- ii. Introduce him/herself to the participant and explain why the case was transferred to the SSS Unit.

- iii. Ensure that the participant has received the SSS informational handout, explain the process, and answer any questions the participant may have.

- c. In addition, the SSS GSW/CCM/RCM shall review the total score for each section of the revised GN 6140A, as follows:

- i. For MH, the score will determine the priority status as one of the following:

- A. **Priority Level 1:** Scores of **7 points or more** are considered urgent, requiring an immediate **mandatory** referral for an MH clinical assessment within **two days** of the referral.

Note: All participants enrolled in Linkages, Family Preservation or Family Reunification, shall be granted Priority Level 1 status, regardless of the actual score in the MH portion of the GN 6140A, if they intend to participate in MH services as a condition of the Department of Children and Family Services case plan.

- B. **Priority Level 2:** Scores of **5-6 points** are considered somewhat urgent, requiring a **mandatory** MH clinical assessment within **five to ten days** of the referral.

IV. **PROCEDURES** (Cont.)

A. **Screening for MH/SA Services and the Revised GN 6140A** (Cont.)

9. **SSS GSW/CCM/RCM** (Cont.)

C. **Priority Level 3:** Scores of **1-4 points** are considered the less urgent. Referral to CLA is **voluntary** and based on the participant's answer to question number 8. When referred, these participants should begin the clinical assessment process within **ten to 15 days** of the referral. **(In the event that CLA appointments are not available in a timely manner, participants in this Level must be referred to JCL.)**

NOTE: A score of 0 does not require a referral unless requested by the participant. In addition, DPSS staff can make referrals for MH assessments and prioritize them, regardless of the participant's score, if behavioral indicators of MH problems are observed, such as appearing depressed, sudden mood changes, agitation, poor concentration, etc.

- ii. Ensure that MH question number 8 has been asked of participants scoring between 0-4 points. If a participant has answered "no" to this question, ensure that the case is transferred back to the case-carrying GSW/CCM/RCM for processing in the regular GAIN flow.
- iii. For SA, a score of 5 or more for a male participant and a score of 4 or more for a female participant; or a "Yes" response to either question 4 or 5 for both male and female will result in a referral for a SA CLA appointment.

10. **The SSS GSS shall:**

- a. Ensure that all cases transferred to the SSS unit and participants identified as having an SSS need are assigned to an SSS GSW immediately (within 30 minutes).
- b. Provide the SSS GSW/CCM/RCM with a copy of the GN 6140 obtained from the designated SSS Coordinator at the CalWORKs district.
- c. Ensure that the SSS GSW/CCM/RCM retains a copy of the GN 6140 and the revised GN 6140A.
- d. Review the case record to ensure all information is current and complete.
- e. Ensure that cases with a request or identified need for SSS are being processed accurately and expeditiously.

IV. PROCEDURES (Cont.)

B. MH/SA CLA Referral and Re-scheduling, and MH CLA Backlog Process

Upon completion of the revised GN 6140A or upon review of a GN 6140A previously completed by an Intake/Appraisal GSW/CCM/RCM, a referral to CLA will be made if it is determined that a need exists. All participants not referred to either a MH or SA CLA shall be referred back to the case-carrying GSW/CCM/RCM for participation in the regular GAIN flow.

1. The SSS GSW/CCM/RCM shall:

- a. Make a direct referral to a MH provider. Choose a provider through GEARS inventory based on location convenience for the participant. Ensure that the participant's Priority Level is communicated to the provider, as the provider may need to schedule a MH CLA appointment based on the results of the scoring on the revised GN 6140A.
- b. Advise the participant that re-scheduled appointments need to be arranged prior to the appointment date and that failure to attend without Good Cause may result in Non-Compliance (for those mandated to CLA) or mandatory participation in the regular GAIN flow (for those who volunteer for CLA).
- c. Follow existing procedures for referring participants as having an SA need to SA CLA (refer to GAIN Online Policy Chapter 1200).
- d. Complete the GN 6372, Request For Mental Health Clinical Assessment – Part I OR Waiver Of Mental Health Clinical Assessment – PART II form (Attachment IX) for all participants who score into MH Priority Level 3 on the revised GN 6140A in order to designate whether the participant would like to accept or decline MH CLA.
- e. Document actions on the MGPA screen and file a copy of the completed revised GN 6140A in the case file.

2. In the event of a backlog for MH CLA, the SSS GSW/CCM/RCM shall:

- a. Accept an appointment for Priority Levels 2 and 3 within 30 days of the referral date. If the MH provider is not able to schedule an appointment within 30 days, request that the provider establish a call-back date in which the appointment can be scheduled. Document MGPA, set a reminder and ensure to call the provider on the given date.
- b. Attempt to obtain an appointment from another provider if the location is acceptable to the participant.
- c. Advise the participant that the MH CLA appointment notice will be mailed.

IV. PROCEDURES (Cont.)

B. MH/SA CLA Referral and Re-scheduling, and MH CLA Backlog Process (Cont.)

**2. In the event of a backlog for MH CLA, the SSS GSW/CCM/RCM shall:
(Cont.)**

- d. Advise the participant that re-scheduling needs to be done prior to the appointment date and that failure to attend without Good Cause may result in Non-Compliance (for those mandated to CLA) or mandatory participation in the regular GAIN flow (for those who volunteer for CLA).
- e. Assign Level 3 participants to Job Club or the next appropriate activity per existing procedures (refer to GAIN Online Policy Chapter 700).

3. The MH Treatment Services Provider shall:

- a. Work with the SSS GSW/CCM/RCM to schedule a MH CLA appointment based on the Priority Level annotated on the revised GN 6140A.
- b. Advise the SSS GSW/CCM/RCM of any existing backlog and provide a call-back date if unable to schedule an appointment within 30 days of the GAIN referral date.
- c. Ensure that participants who have completed MH CLA are referred to treatment services, as appropriate.
- d. Provide services to non-English/limited-English proficient participants using bilingual staff, through the use of an interpreter provided by the Department of Mental Health, or by use of the language line.
- e. Complete the second page of the GN 6006A, CalWORKs Clinical Assessment Results form (Attachment X), and return to the SSS GSW/CCM/RCM within five business days from the CLA appointment.
- f. Complete and return the second page of the GN 6006A form to advise SSS staff of an appointment that has been rescheduled, no later than two days after the change has been made.

C. Revised Role of the CASC Service Advocate

Upon completion of the SA CLA appointment:

1. The SA Clinical Assessor shall:

- a. Complete the second page of the GN 6006A form and return to the SSS GSW/CCM/RCM within five business days from the CLA appointment.

IV. **PROCEDURES** (Cont.)

C. **Revised Role of the CASC Service Advocate** (Cont.)

Upon completion of the SA CLA appointment: (Cont.)

1. The SA Clinical Assessor shall: (Cont.)

- b. Complete the Clinical Assessment Log (Attachment XI).
- c. Fax the Log to the co-located CSA, at the corresponding GAIN Region(s), by the end of the business day each Friday.

2. The SSS GSW/CCM shall:

- a. Obtain completed GN 6006A (page 2) forms from the SA clinical assessors and process per existing procedures (refer to GAIN Online Policy Chapter 1200).
- b. Identify those cases in which the participant was identified with a need for SA services, but declined, for the purpose of referral to the CSA for additional information on SA treatment services.
- c. Schedule an appointment, via the GN 6010-3, GSW Appointment Letter to Discuss Assignment/Supportive Services, for the participant to come to the Regional Office for assignment to the next appropriate activity, per existing procedures.
- d. Confirm with the CSA that he/she is informed of the pending Next Activity Appointment(s), for participants who have declined SA treatment.
- e. Contact the CSA immediately prior to bringing the participant to the cubicle on the appointment day to ensure the CSA is ready and available.

3. The CSA shall:

- a. Obtain the Clinical Assessment Log from the SA Clinical Assessor.
- b. Identify the participants on the Log who were identified as having a need for SA Services. If the Log is incomplete, contact the clinical assessor for additional information.
- c. Check the MGPA screen for case comments and the SPNF screen to view the GN 6010-3 appointment letter on GEARS to obtain the participant's Next Activity Appointment date/time with the SSS GSW/CCM.

IV. PROCEDURES (Cont.)

C. Revised Role of the CASC Service Advocate (Cont.)

Upon completion of the SA CLA appointment: (Cont.)

3. **The CSA shall: (Cont.)**

- d. Contact the participants via telephone 1-2 days prior to the scheduled Next Activity Appointment date to remind them about their appointment.
- e. Confirm the outcome of the call and appointment details with the SSS GSW/CCM.

During the Next Activity Appointment:

1. **The SSS GSW/CCM shall:**

- a. Offer SA treatment services to the participant.
- b. Complete Part I of the revised GN 6135, Request for Specialized Supportive Services – Part I OR Waiver of Specialized Supportive Services – Part II (Attachment XII) and refer participant to SA services per existing procedures, **if the participant accepts SA treatment services** (refer to GAIN Online Policy Chapter 1200).
- c. Inform the participant that they will be referred to the co-located CSA for an educational session, **if the participant declines SA treatment services**.
- d. Contact the CSA immediately to ensure that the CSA is prepared to meet with the participant.
- e. Assign the participant to the next appropriate non-SSS activity, **if he/she declines to meet with the CSA, declines SA treatment services after meeting with the CSA, or if the CSA is not available to meet**.

NOTE: If the CSA is not available to meet with the participant during the pre-scheduled appointment, the SSS GSW/CCM shall ensure that the CSA follows up with a phone call to the participant.

2. **The CSA shall:**

- a. Conduct the CSA session, ensuring the session time is approximately 15 minutes (this timeframe may be expanded if needed). Provide the participant with information and education on the benefits of accepting SA treatment services.

IV. **PROCEDURES** (Cont.)

C. **Revised Role of the CASC Service Advocate** (Cont.)

During the Next Activity Appointment: (Cont.)

2. The CSA shall: (Cont.)

- b. Complete Part I of the revised GN 6135, **if the participant accepts SA treatment services.**
- c. Contact the SSS GSW/CCM upon completion of the CSA session to ensure that he/she is ready to complete the Next Activity Appointment with the participant.
- d. Provide the SSS GSW/CCM with the completed GN 6135.
- e. Complete Part II of the revised GN 6135, **if the participant declines SA treatment services.**
- f. Contact the SSS GSW/CCM upon completion of the CSA session to ensure that he/she is ready to complete the Next Activity Appointment with the participant.
- g. Provide the SSS GSW/CCM with the completed GN 6135.
- h. Conduct a follow-up phone call for any participant not seen during the pre-scheduled appointment.

Following the Next Activity Appointment:

1. The CSA shall:

- a. Maintain a case file as appropriate, with copies of forms and case comments.
- b. Conduct any necessary case management, such as documentation, record keeping, and follow-up contact.
- c. Make follow-up telephone calls to participants who have accepted SA treatment services to ensure that they have accessed services.

2. The SSS GSW/CCM shall:

- a. Work with the CSA to exchange any information necessary for either the GAIN or CSA case file.
- b. Transfer the cases of participants who decline SA treatment services to non-SSS GSWs/CCMs, per existing procedures (refer to GAIN Online Policy Chapter 1200).

IV. PROCEDURES (Cont.)

D. Initial 90-Day Good Cause Period

1. Upon referral of the participant to treatment services, MH/SA Treatment Service Provider shall:

- a. Utilize the second page of the revised GN 6006B, CalWORKs Specialized Supportive Services Results form (Attachment XIII), to inform the SSS GSW/CCM/RCM of the recommended treatment and participation hours based on his/her determination of the participant's ability. Return the completed second page to the SSS GSW/CCM/RCM within five workdays of initial treatment appointment.
- b. Utilize the GN 6007A, Notification of Change From Specialized Supportive Service Provider form (Attachment XIV), in between the quarterly progress reports, GN 6008, Mental Health/Substance Abuse/Domestic Violence/Family Preservation Program Service Provider Progress Report form (Attachment XV), to report changes such as the number of hours per week a participant is able to participate in WtW activities, the participant's ability to participate in concurrent activities, and/or the need for supportive services such as child care, transportation, and/or ancillary.
- c. Utilize the GN 6007B, CalWORKs Supportive Services Enrollment Termination Notice (Attachment XVI); to inform the SSS GSW/CCM/RCM that the participant is no longer receiving CalWORKs treatment services and that treatment case has been closed.

2. Upon receipt of the revised GN 6006B, for new MH/SA participants, the SSS GSW/CCM/RCM shall:

- a. Allow a participant enrolled in MH/SA to participate in treatment services for any number of hours per week; as indicated by the provider on the revised GN 6006B, for the first three months of treatment. If the hours of participation are less than the required 32/35-hours-per-week, grant the participant Good Cause for a 90-day period. (Please refer to GAIN Program Handbook, Chapter 400, Section 412.9.)
- b. Update the Maintain Good Cause Reason (MGCR) Screen with the Good Cause Reason, "Participant's Physical/Mental Disability Impairs Participation," and the start and end dates of the 90-day period.
- c. Document action on the MGPA Screen.
- d. Continue to process the revised GN 6006B, per existing procedures.

IV. PROCEDURES (Cont.)

D. Initial 90-Day Good Cause Period (Cont.)

2. Upon receipt of the revised GN 6006B, for new MH/SA participants, the SSS GSW/CCM/RCM shall: (Cont.)

- e. Complete the revised GN 6138, Identification of Participant with Specialized Supportive Services Needs form (Attachment XVII) and send to the EW or SSS Unit at the District Office per form instructions.
- f. Control for the receipt of the revised GN 6008.

E. Full-Time vs. Part-Time Participation, Exemptions, and the CW 61 Automation Process

1. Upon receipt of the GN 6008, the SSS GSW/CCM/RCM shall:

- a. Update the MH/SA (003/004) Participant Component Assignment Maintenance screen (MCAT) and Maintain Progress Report Information (MPRI) screen based on the provider's recommendations on the GN 6008 per existing procedures (refer to GAIN Online Policy Chapter 1200).
- b. Update the new "Able to participate 32/35 hours per week? (Y/N)" field on MCAT, based on the provider's determination on the GN 6008. An "N" entry will result in the processing of a Code 5 Exemption due to Incapacity and the auto-generation of the CW 61 form. This field must be updated anytime the participant's ability to participate has changed per the provider's recommendation on subsequent progress reports or on the GN 6007A.
- c. Check the Participant Notice File Selection (SPNF) screen no later than two days after updating the "Able to participate 32/35 hours per week (Y/N)" field to ensure that the CW 61 has been sent to the treatment services provider. Document on the MGPA screen.

2. MH/SA treatment service providers shall:

- a. Allow sufficient time for receipt of the CW 61 form.
- b. Contact the SSS GSW/CCM/RCM if the CW 61 has not been received within approximately two weeks of the completed GN 6008 identifying the participant as not being able to participate for at least 32/35 hours per week.
- c. Obtain the participant's authorization in Section 1 of the CW 61.
- d. Complete and return the CW 61 to the SSS GSW/CCM/RCM within 10 business days from the date of receipt.

IV. PROCEDURES (Cont.)

E. Full-Time vs. Part-Time Participation, Exemptions, and the CW 61 Automation Process (Cont.)

2. MH/SA treatment service providers shall: (Cont.)

- e. Review the benefits of being an Exempt Volunteer, including:
 - i. The ability to continue to access SSS for as many hours as he/she is capable and participate in other concurrent activities, such as vocational training;
 - ii. The ability to obtain supportive services (child care, transportation, and ancillary expenses);
 - iii. No sanction for failure to participate in an assigned activity or for participating less than the agreed-upon number of hours; and
 - iv. Continuation of the Clock Stopper due to medical exemption.

F. Status Determination Appointment and the Revised GN 6368

The SSS GSW/CCM/RCM shall:

1. Manually schedule the SD appointment via the GN 6010-3 as follows:
 - a. Schedule the SD appointment immediately upon receipt of the GN 6008 for participants who have been determined by the provider to be able to participate full-time for at least 32/35 hours per week.
 - b. Schedule the SD appointment immediately upon receipt of the completed CW 61 for participants who have been determined by the provider to be able to participate only part-time for any amount of hours less than 32/35 hours per week.

If the provider fails to submit the CW 61, call the provider to remind him/her that failure to return the form will result in the expectation that the participant is able to participate full-time. Send a GN 6010-3 to the participant to discuss the delinquent CW 61 (supply the participant with another CW 61 if necessary) or to assign the next appropriate activity. If the participant fails to show for the appointment and the CW 61 is still not returned, follow existing Non-Compliance procedures. (Please refer to GAIN Online Policy, Chapter 1300.)

2. Follow existing temporary procedures for MH/SA participants who have been granted a Code 20, 21, or 22 Exemption (refer to AD No. 4820, dated 10/08/09). Code 5 Exemptions shall be processed for all MH/SA participants who are only able to participate part-time, even if one of the New Exemptions has already been granted.

NOTE: Utilization of the New Exemption and Good Cause Codes 20, 21, and 22 is scheduled to end on June 30, 2011.

IV. PROCEDURES (Cont.)

F. Status Determination Appointment and the Revised GN 6368 (Cont.)

The SSS GSW/CCM/RCM shall: (Cont.)

3. Conduct the SD appointment as follows:

Full-Time Participants

Per the provider's recommendation on the GN 6008, participants may participate in concurrent activities and are able to participate in a total of 32/35 hours of WtW activities per week. Hours of participation may include treatment and any combination of other WtW activities that total the required 32/35 hours per week of participation.

- a. Assign the Up-Front Mandatory VOC ASM, if the participants have not completed a VOC ASM within the past two years.
- b. Advise the participant that if he/she disagrees with the MH/SA service provider's recommendation, as reflected on the GN 6008, he/she must provide third-party documentation from a physician that verifies his/her inability to participate in a mandatory vocational assessment.

Written third-party documentation shall be on appropriate letterhead and include:

- The date the documentation was prepared;
- The name, address, and telephone number of the person who prepared the documentation;
- The reason for the participant's inability to comply; and
- The expected time period during which the participant will be unable to comply.

Note: An ABCDM 228, Applicant's Authorization for the Release of Information, shall be obtained from the participant, in instances where the above information may have to be shared with other entities.

IV. PROCEDURES (Cont.)

F. Status Determination Appointment and the Revised GN 6368 (Cont.)

The SSS GSW/CCM/RCM shall: (Cont.)

3. Conduct the SD appointment as follows: (Cont.)

Part-Time Participants

Per the provider's recommendation on the GN 6008, the participant **may or may not** be able to participate in concurrent activities and **is not** able to participate in 32/35 hours of WtW activities per week (thereby in need of a Code 5 Exemption due to Incapacity).

- a. Ensure the completed CW 61 form is on file.
- b. Explain the Full-Time Participation Requirement to part-time participants in order for the participant to understand why he/she is being exempted. Ask the participant to complete a CW 2186A, CalWORKs Time Limit and Welfare-to-Work Participation Exemption Request form (Attachment XVIII). Complete and provide the participant with a CW 2186B, CalWORKs and Welfare-to-Work Time Limit Exemption Determination form (Attachment XIX).
- c. Grant a Code 5 Exemption, based on the CW 61, per existing procedures (please refer to GAIN Online Policy, Chapter 400).
- d. Review the benefits of being an Exempt Volunteer, including:
 - i. The ability to continue to access SSS for as many hours as he/she is capable and participate in other concurrent activities, such as vocational training;
 - ii. The ability to obtain supportive services (child care, transportation, and ancillary expenses);
 - iii. No sanction for failure to participate in an assigned activity or for participating less than the agreed-upon number of hours; and
 - iv. Continuation of the Clock Stopper due to medical exemption.
- e. Inform the participant that if he/she chooses not to become an Exempt Volunteer, CalWORKs MH/SA services, as well as other supportive services, will not be accessible to him/her; however, the Exemption with a Clock Stopper would be granted, as recommended on the CW 61.
- f. Offer the SSI/SSP advocacy program if the participant is willing to disclose the fact that he/she has applied for SSI, per existing procedures (refer to AD No. 4712, dated 02/26/08). If the participant wants to apply for SSI, refer him/her to the provider, as the provider will initiate the application.

IV. PROCEDURES (Cont.)

F. Status Determination Appointment and the Revised GN 6368 (Cont.)

The SSS GSW/CCM/RCM shall: (Cont.)

3. Conduct the SD appointment as follows: (Cont.)

Part-Time Participants (Cont.)

- g. Inform the participant that he/she will be allowed to participate as an Exempt Volunteer for the duration of the exemption, as indicated on the CW 61, as long as he/she is actively seeking treatment for the disability annotated on the CW61.
 - h. Determine whether or not the part-time participant will participate as an Exempt Volunteer.
 - i. Update the Maintain Participant Record Screen (MPRS) with a "Yes" in the Exempt Volunteer Field **for a participant who has decided to participate as an Exempt Volunteer.**
 - j. Assign the participant, **who has chosen to participate as an Exempt Volunteer and is able to participate in concurrent activities**, to an Up-Front Mandatory VOC ASM, if the participant has not completed a VOC ASM within the past six months.
 - k. Follow existing procedures to deregister cases for Part-Time participants who do not wish to participate as Exempt Volunteers.
 - l. Follow existing non-compliance procedures for participants who fail to attend the SD appointment (refer to GAIN Online Policy Chapter 1300).
 - m. Evaluate the participant's ability to participate full-time upon the receipt of every GN 6008.
4. Utilize the GN 6368 as follows:
- a. Complete the GN 6368 for **all** participants who have been granted a Code 20 or 21 Exemption or Code 22 Good Cause **anytime** during the SSS GAIN Flow.
 - b. Complete the GN 6368 for **all** part-time participants.
 - c. Complete the GN 6368 **anytime** a full-time participant has been granted an exemption for **any** reason. This includes exemptions granted for physical/medical impairment.
 - d. Mail the GN 6368 to the provider within five business days of the participant's decision to either participate as an Exempt Volunteer **OR** to **not** participate as an Exempt Volunteer.

IV. PROCEDURES (Cont.)

G. Up-Front Mandatory VOC ASM

When the MH/SA service provider indicates that a participant is able to participate in a WtW activity for 32/35 hours per week OR that a Part-Time participant is able to participate in concurrent activities, the SSS GSW/CCM/RCM shall utilize the SD Appointment to assign the Up-Front Mandatory VOC ASM.

1. **The SSS GSW/CCM/RCM shall:**

Refer the participant for a mandatory VOC ASM, unless the participant provides verification of good cause for not attending or claims to qualify for an exemption, as follows:

- a. Ensure that the Up-Front Mandatory VOC ASM is added to GEARS, per existing procedures (please refer to GAIN Online Policy, Chapter 800).
- b. Update the GN 6006 for the VOC ASM in the comment section to include the SSS component in which the participant is enrolled, the number of hours of participation per week in the SSS component, the start and expected completion time of the mandatory VOC ASM, and the amount of time left on the participant's time clock.
- c. Ensure that the participant signs the GN 6006 and inform him/her that by doing so, he/she is authorizing the release of the information contained on the GN 6006 to the vocational assessor.

Note: Reassure the participant that the information shared with the vocational assessor will not be a diagnosis. **A diagnosis is never discussed, as only the service provider has that information.**

- d. Ensure that supportive services, including transportation and child care, are available for the participant to attend the mandatory VOC ASM.
- e. Obtain an Authorization for Request or Use/Disclosure of Protected Health Information (PHI) from the MH service provider or a Release of Information form from the SA service provider, which informs the participant that by signing the form, he/she is authorizing the service provider to share non-diagnostic information with the vocational assessor.
- f. Obtain a copy of the GN 6013 and the GN 6014 from the vocational assessor.
- g. Update GEARS, per existing procedures (please refer to GAIN Program Handbook, Chapter 800).

IV. PROCEDURES (Cont.)

G. Up-Front Mandatory VOC ASM (Cont.)

1. The SSS GSW/CCM/RCM shall: (Cont.)

- h. Provide a copy of the GN 6013, GAIN Vocational/Career Assessment Disposition and GN 6014, GAIN Vocational/Career Assessment Summary Employment Career Plan, for each SSS participant to the MH/SA service provider within 5 workdays of receipt from the vocational assessor.

2. MH/SA treatment service providers shall:

- a. Upon the request of the SSS GSW/CCM/RCM, discuss the participant's ability to participate in a WtW activity for 32/35 hours per week.
- b. Complete an Authorization for Request or Use/Disclosure of PHI (for MH) or a Release of Information form (for SA), which informs the participant that by signing the form, he/she is authorizing the service provider to share non-diagnostic information with the vocational assessor.
- c. Obtain a copy of the GN 6013 and GN 6014 from the SSS GSW/CCM/RCM.
- d. Discuss and develop a concurrent WtW plan with SSS participants and the SSS GSW/CCM/RCM, using input from the GN 6013 and GN 6014.
- e. Discuss Exempt Volunteer participation requirements with all participants who qualify for an exemption, and encourage 20 or more hours of participation per week in WtW activities. For those who cannot do the 20 or more hours per week based on treatment providers' recommendations, accept any number of hours of participation.

H. Participation in Treatment and Concurrent Activities

1. To assign a concurrent activity, upon receipt of the GN 6013/ GN 6014, the SSS GSW/CCM/RCM shall:

- a. Schedule an appointment for the participant to come to the regional office and assign the concurrent activity, per existing procedures (please refer to GAIN Online Policy, Chapter 900).
- b. Ensure that an Exempt Volunteer signs a new WtW Plan, for treatment services, designating the Exempt Volunteer status.

IV. PROCEDURES (Cont.)

H. Participation in Treatment and Concurrent Activities (Cont.)

2. To ensure proper treatment and concurrent activity maintenance, the SSS GSW/CCM/RCM shall:
 - a. Ensure child care, transportation, and ancillary services are explained and offered for all activities, per existing procedures (please refer to GAIN Online Policy, Chapter 1200).
 - b. Ensure that GEARS has been updated with activity and supportive services information, including documentation on the MGPA screen.
 - c. Control for the timely receipt of any activity progress reports.
 - d. Remind Exempt Volunteers who choose to reduce their participation hours with the MH and/or SA activity, that treatment service providers may make enrollment contingent upon participant adherence to the treatment plan.
 - e. Encourage Exempt Volunteers to participate for the number of hours recommended in the treatment plan and to work with the treatment provider to find a resolution.
 - f. Re-assign Exempt Volunteers who do not wish to adhere to the treatment plan and as a result have been dropped by the treatment provider. The Participant may have to be assigned to a non-SSS activity. Close the MH/SA (003/004) component on GEARS per existing procedures.
 - g. Deregister Exempt Volunteers who do not wish to be re-assigned.
 - h. Complete the GN 6138 and send to the SSS EW anytime a MH/SA activity has ended and the treatment case and GAIN component have been closed.
 - i. Document all actions on the MGPA screen.

IV. PROCEDURES (Cont.)

H. Participation in Treatment and Concurrent Activities (Cont.)

3. To maintain compliance, the SSS GSW/CCM/RCM shall:

Ensure that non-Exempt Volunteer and Exempt Volunteer participants complete the activities on the WtW Plan. If Exempt Volunteer participants stop participating without good cause, they will not be subject to the compliance process, but may be subject to exclusion from participation. **The 20-hour core activity and the 32/35-hour-per-week rules do not apply to Exempt Volunteers.**

a. Non-Compliance

- i. Follow existing procedures for participants assigned to a WtW activity at least 32/35 hours per week, excluding exempt volunteer participants who are participating full-time (please refer to GAIN Online Policy, Chapter 1300).
- ii. Consult with the MH/SA provider to determine whether the existing WtW Plan needs to be modified to meet the needs of Exempt Volunteer participants who fail to comply with their WtW Plan. **Non-compliance will not be initiated for Exempt Volunteers.** If the WtW Plan needs to be modified, send a GN 6010-3 for an appointment.
- iii. Send a GN 6010-6, GSW Appointment Letter to discuss a Participation Problem, to Exempt Volunteer participants who have been determined by the provider to be able to participate, as annotated on the WtW Plan. Utilize this appointment to discuss and encourage the participant to comply. If after attempting to resolve an Exempt Volunteer participant's failure to comply, consult with the MH/SA provider to determine whether non-compliance and possible program exclusion (deregistration without sanction) from GAIN would be appropriate.

Note: Final determination of good cause for non-compliance shall be based on the service provider's recommendation. However, when all compliance efforts fail, sanctions will be applied if there is no good cause and the participant does not meet participation requirements.

IV. PROCEDURES (Cont.)

H. Participation in Treatment and Concurrent Activities (Cont.)

3. To maintain compliance, the SSS GSW/CCM/RCM shall: (Cont.)

b. Compliance Plan

- i. Utilize the Compliance Plan as a step in the Compliance/Sanction process whereby a participant, whom the County determined as not having good cause, is given the opportunity to correct a compliance issue(s) before a sanction is imposed.
- ii. Apply the provision for a compliance plan if a participant does not have good cause for not participating in his/her SSS component (please refer to GAIN Online Policy, Chapter 1300, Exhibits III and IV).

c. Imposing GAIN Sanctions

- i. Consult with the MH/SA treatment provider and the SSS GSS prior to imposing any sanctions.
- ii. Ensure every effort is made so that the participant has access to MH/SA services.
- iii. Impose a GAIN sanction only if the participant fails to make satisfactory progress in the SSS component, attend the mandatory VOC ASM or WtW activity, and/or cure his/her non-compliance, and the MH/SA service provider verifies that the participant is able to participate in the above activities and agrees that a MH/SA barrier is not preventing participation.

I. MSTR Screen

The SSS GSW/CCM/RCM shall:

1. Update the MSTR screen at the following points in the SSS Flow:
 - a. Update the SSS Screening Results section immediately upon the completion of screening a new SSS participant, with the revised GN 6140A, whose case has been expedited from the District Office OR anytime a participant has been screened for MH/SA.
 - b. Update the Clinical Assessment Results section immediately upon receipt of the completed GN 6006A page 2.

NOTE: An alert, "Complete the SSS Screening Results and Clinical Assessment Results sections of the MSTR screen," will prompt the SSS GSW/CCM/RCM to complete both a. and b. above, seven calendar days after the CLA (001) component Start Date.

IV. PROCEDURES (Cont.)

I. MSTR Screen (Cont.)

The SSS GSW/CCM/RCM shall: (Cont.)

1. Update the MSTR screen at the following points in the SSS Flow: (Cont.)

- c. Update the SD Results section immediately following the SD appointment and **anytime** the following case information changes:

NOTE: Anytime the terms of a current WtW Plan change, a new WtW 2, Welfare-to-Work Plan Activity Assignment form must be completed (refer to GAIN Online Policy Chapter 900.7).

- i. The number of hours per week a participant is able to participate;
- ii. A new exemption has been granted;
- iii. An exemption has ended;
- iv. Participant's decision to be an Exempt Volunteer;
- v. Participant's ability to participate concurrently; and
- vi. The date a subsequent GN 6368 was mailed to a provider.

NOTE: An alert, "Complete the SD Results section of the MSTR screen," will prompt the SSS GSW/CCM/RCM to complete above section 120 days after the 003/004 component Start Date.

2. Update the SSS Screening Results section as follows:

- a. Enter the date in which the GN 6140A was administered.
- b. Select a score result from the drop down menu in the "Mental Health Screening" field (Level 1, Level 2, Level 3, No Score, or Decline).
- c. Answer "Y/N" in the "Level 3/No Score, referred to CLA?" field.

3. Update the Clinical Assessment Results section as follows:

- a. Select a score result from the drop down menu in the "Clinical Assessment" field (Completed, No Show, or Re-schedule).
- b. Answer "Y/N" in the "Referral to Treatment Services?" field.
- c. Enter the date of referral.

I. **MSTR Screen** (Cont.)

The SSS GSW/CCM/RCM shall: (Cont.)

4. Update the SD Results section as follows:
 - a. Answer "Y/N" in the "Able to participate at least 32/35 hours?" field.
 - b. Enter the number of hours per week a part-time participant is able to participate.
 - c. Answer "Y/N" in the Exemption Code 5 granted?" field. If "Y," enter the Start Date.
 - d. Answer "Y/N" in the "Other Exemption Code granted?" field. If "Y," enter the exemption code number, the exemption Start Date, and End Date.
 - e. Answer "Y/N" in the "If unable to participate at least 32/35 hours, is participant an Exempt Volunteer?" field.
 - f. Answer "Y/N" in the "Able to participate concurrently?" field. If "Y," enter the number of hours per week the participant is able to participate concurrently.
 - g. Answer "Y/N" in the "WtW Plan signed?" field. If "Y," enter the date the plan was signed.
 - h. Enter the date the GN 6368 was mailed to the provider.

Questions regarding this release may be directed by administrative staff to the Specialized Supportive Section at (562) 908-6780.



PHIL ANSELL, DIRECTOR
BUREAU OF PROGRAM AND POLICY

PA:LE:NM
MR:lm

CLEARANCE/APPROVAL:
 BAS BSO BCTS BPP BWS

Attachments

Lists I, II, III & IV

COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC SOCIAL SERVICES

**SCREENING FOR MENTAL HEALTH AND SUBSTANCE ABUSE
- FOR ELIGIBILITY WORKER (EW) USE ONLY-**

EW INSTRUCTIONS: Ask the following questions of the participant. A "Yes" response to any of the following questions warrants expedition into GAIN for further screening and possible referral for a clinical assessment.

Begin the questions with an **introductory statement** such as:

"As part of the CalWORKs services available to you, I will ask you some questions about mental health and substance abuse to find out if you could benefit from receiving services in these areas.

Before we start the questions, I just want you to know that we ask these questions of everybody because we all have fears, worries or troubles that may lead to unwanted drug use, alcohol abuse, medical or social problems. Since problems like these make it hard for people to get or keep a job, these questions will help us decide whether a counselor should talk with you.

You may request to speak with a counselor even if we don't find a referral necessary"

Mental Health Questions

YES NO

- 1. Do you have any feelings, fears or worries that interfere with your daily tasks and ability to work? _____
- 2. Do you have problems in getting along with others that make it hard for you to work? _____
- 3. Have you had thoughts of seriously hurting yourself or other people within the last 6 months? _____
- 4. Have you experienced any severe traumas such as the sudden death of a loved one, witnessed a violent crime, or been personally victimized within the last year that continues to bother or upset you? _____

Substance Abuse Questions

YES NO

- 5. Have you ever felt you should cut down on your drinking or drug use? _____
- 6. Have people annoyed you by criticizing your drinking or drug use? _____
- 7. Have you felt bad or guilty about your drinking or drug use? _____
- 8. Have you ever had a drink or used drugs first thing in the morning to steady your nerves? _____

Participant's Name: _____		Case Number: _____	
Did the participant answer yes to one or more questions? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide the date that the participant was expedited into GAIN: _____			
Service needed: <input type="checkbox"/> Mental Health <input type="checkbox"/> Substance Abuse			
Eligibility Worker Name:	File Number:	Date:	

COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC SOCIAL SERVICES

**SCREENING FOR MENTAL HEALTH AND SUBSTANCE ABUSE INSTRUCTIONS
FOR GAIN STAFF USE ONLY**

STAFF INSTRUCTIONS:

Please begin the screening process by reading the following three paragraphs to the participant and emphasize the following points:

- We ask everybody these questions.
- If the participant answer "yes" to a question, he/she may be referred to a professional for a clinical assessment.
- Sometimes people have problems with their nerves or their feelings or with drugs and alcohol.
- The answers provided will not be told to anyone outside of DPSS, unless the participant tells you that he/she wants to hurt him/herself or someone else or if it is learned that a child or elderly person is being hurt or not being cared for.
- Needing help with feelings or alcohol or drug use is not enough to show that children are being hurt or not being cared for.
- If he/she needs help with his/her feelings or alcohol or drug use, CalWORKs will pay for the services.
- If he/she decides to accept treatment services, his/her CalWORKs money will not be cut.

"I am going to ask you some questions that will help us figure out if you might need help with your feelings or with alcohol or drug use. If you need such help, you may get it free of charge from CalWORKs. Some of the questions may sound odd or strange, but please answer them as best you can. If any of the questions make you uncomfortable, you do not have to answer. If you do not answer the questions, we may not be able to help you with your problems; but you **will still** be able to get a cash grant.

If you answer 'Yes' to a question, we may refer you to a professional to talk more about these problems. Even if we do not give you a referral, you can ask to talk to a professional if you want to, and we will refer you.

Because some of the questions are about private things, your answers will not be told to anyone outside of DPSS. By this, we mean that what you say will be confidential, **unless** you tell me you want to hurt yourself or someone else, or if we learn that a child or elderly person is being hurt or not being cared for. The law says we have to report things like that to the appropriate authorities. Needing help with feelings or with alcohol or drug use is **enough** to show that your children are being hurt or not being cared for."

- **After you finish reading the three paragraphs, ask the seven Mental Health (MH) questions on the following page. Then, assign a score point based on the response by the participant to each question. Enter 'D' for each question the participant declined to answer.**
- **Total the MH scores. If the score is 4 points or less, ask question 8.**
- **Please read the following paragraph before asking the Substance Abuse (SA) questions.**

"Thank you for answering these questions. Now the next questions are about alcohol and drug use. We want to remind you we are talking about these things and asking these questions to figure out how and if CalWORKs can help you with problems that might make it hard for you to get or keep a job. I will be asking general questions that can help us help you. Again, please answer them as best as you can."

- **Please assign a score point based on the SA response by the participant to each question.**
- **Please read the following paragraph after you finish the screening process as your closing statement.**

"Again, thank you, for answering these questions. If you want to know more about how CalWORKs can help you or someone you know with feelings, alcohol or drugs, we do have some written information. If you need to talk to someone who can help, you may call the toll-free MH Access Center Hotline (1-800-854-7771)."

Please review the ancillary checklist below with the participant to determine if the participant needs assistance in attending a clinical assessment (CLA) appointment.

If we ask you to talk to someone about these problems, will you need help with transportation or childcare to go to your appointment?

No Yes If yes, what type(s) of help?

- Transportation Explanation on further treatment options Childcare Understand the program rules
- Gathering verification documents (Birth certificate, social security card, proof of California residency, resident alien card)
- Other (specify) _____

COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC SOCIAL SERVICES

Participant's Name: _____

Case Number: _____

GSW/CCM/RCM Name _____

File Number _____

Date _____

Mental Health (MH) Questions

(Please ensure that you have read the first bullet point on the prior page to the participant before asking the following questions)

1. In the past 30 days, have you felt nervous, afraid or on edge to the point that you weren't able to take part in everyday, usual activities? 1 - YES 0 - NO
2. In the past three months, has anything happened to you that was so frightening or upsetting that you currently are unable to stop thinking about it? 1 - YES 0 - NO
3. In the last 30 days, have you frequently felt sad, blue, worthless, or "down in the dumps" to the point that you weren't able to take part in everyday, usual activities? 1 - YES 0 - NO
4. In the past 30 days, have you had trouble sleeping, eating, or experiencing less enjoyment in your everyday activities? 1 - YES 0 - NO
5. In the past 30 days, have you had trouble paying attention and focusing on tasks? 1 - YES 0 - NO
6. In the past 30 days, have you had any thoughts of hurting yourself or other people? 7 - YES 0 - NO
7. In the past 30 days, have you heard or seen things other people don't see or hear? 3 - YES 0 - NO

Only ask if participant scores 4 points or less

8. Based on your answers, would you like to talk to a MH professional? YES NO

TOTAL SCORE

<input type="checkbox"/> Priority Level 1	If participant scores 7 points or more, refer to a MH provider for a mandatory clinical assessment appointment within 2 working days.
<input type="checkbox"/> Priority Level 2	If participant scores 5 points, refer to a MH provider for a mandatory clinical assessment appointment within 5-10 working days.
<input type="checkbox"/> Priority Level 3	If participant scores 4 points or less and answered YES to question 8, refer to a MH provider for a voluntary clinical assessment appointment within 10-15 working days.
MH Provider: _____	Date Referred: _____ <input type="checkbox"/> Participant refused to answer one or more questions.

Substance Abuse (SA) Questions

(Please ensure that you have read the fifth bullet point on the prior page to the participant before asking the following questions)

1. How often did you have a drink containing alcohol in the past year? (MARK ONE)
 - Never (0 points)
 - 2 to 4 times a month (1 point)
 - 4 to 5 times a week (4 points)
 - Monthly or less (1 point)
 - 2 to 3 times a week (3 points)
 - 6 or more times a week (6 points)
2. How many drinks did you have on a typical day when you were drinking in the past year? (MARK ONE)
 - 0 drinks (0 points)
 - 3 to 4 drinks (1 point)
 - 7 to 9 drinks (3 points)
 - 1 to 2 drinks (1 point)
 - 5 to 6 drinks (2 points)
 - 10 or more drinks (4 points)
3. How often did you have 5 or more drinks on one occasion in the past year? (MARK ONE)
 - Never (0 points)
 - Monthly (2 points)
 - Daily, or almost daily (4 points)
 - Less than Monthly (1 point)
 - Weekly (3 points)
4. Have you used any drug in the past year that was not prescribed by a doctor (for example, marijuana, hash, cocaine, heroin, speed, diet pills, ecstasy, valium, LSD, acid, mushrooms, codeine, or others)?
 - Yes (5 points)
 - No (0 points)
5. In your lifetime, have you ever injected a drug for non-medical purposes?
 - Yes (5 points)
 - No (0 points)

Questions 1-3

TOTAL SCORE:

Questions 4-5

Refer to CASC for a **mandatory** clinical assessment appointment within 5 working days if:

- A male participant scores 5 points or more, or a female participant scores 4 points or more on Questions 1-3, or
- Either a male or female participant answers "YES" to either Question 4 or Question 5.

CASC Provider: _____

Date Referred: _____

DEAR HEALTH CARE PROVIDER:

The California Work Opportunity and Responsibility to Kids (CalWORKs) program requires that non-exempt individuals participate in work, training, or educational activities for 32 or 35 hours (for one or two-parent households, respectively) per week. CalWORKs participants must make "satisfactory progress" in their activities.

We ask your help in evaluating this individual by providing us with information regarding how his/her mental or physical condition will affect the ability to participate in a work/training program. With this information, we can better assign the participant to an appropriate activity. It will also help us to determine if the participant's condition will enable him/her to participate or successfully complete 32 or 35 hours per week of work and/or training requirements.

Please complete Section 2 of the attached form and sign (or have your authorized representative sign) the Certification in Section 3. Please also complete the Physical Capacities and/or Mental Capacities form(s), as appropriate.

Thank you for your assistance.

WORKER NAME

WORKER PHONE NUMBER

FAX NUMBER

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

PHYSICAL CAPACITIES		CASE NAME	DATE
PATIENT NAME:	CASE NUMBER	SSN:	

This form is intended to determine the extent, if any, that this person's current physical condition would interfere with his/her ability to work or participate in a CalWORKs activity. Please address specific functional issues that are relevant to this person's assigned activity, if an assignment is indicated below. Attach additional documentation, if necessary.

This person is assigned to: _____

(Description of nature and hours of assigned CalWORKs activity)

1. In an 8-hour workday, patient can stand/walk: (Check) No Restrictions

Hours at one time: 0-2 2-4 4-6 6-8 Total hours during day: 0-2 2-4 4-6 6-8

Comments: _____

2. In an 8-hour workday, patient can sit: (Check) No Restrictions

Hours at one time: 0-2 2-4 4-6 6-8 Total hours during day: 0-2 2-4 4-6 6-8

Comments: _____

3. Is patient restricted in using hands/fingers for repetitive motions? (Check) No Restrictions

Yes - please explain _____

4. Is patient restricted in using feet for repetitive movements, such as in operating foot controls? (Check) No Restrictions

Yes - please explain _____

5. Is patient restricted by environmental factors, such as heat/cold, dust, dampness, height, etc.? (Check) No Restrictions

Yes - please explain _____

PHYSICAL CAPACITIES (CONTINUED)

6. Patient can lift/carry: (Check) No Restrictions

Maximum lbs:	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80+
Never:	<input type="checkbox"/>														
Occasionally (0 - 2.5 hrs/8-hr day)	<input type="checkbox"/>														
Frequently: (2.5 - 5.5 hrs/8-hr day)	<input type="checkbox"/>														
Constantly: (5.5+ hrs/8-hr day)	<input type="checkbox"/>														

Comments: _____

7. Patient is able to: (Check) No Restrictions

	Never	Occasionally (0 - 2.5 hrs/8-hr day)	Frequently (2.5 - 5.5 hrs/8-hr day)	Constantly (5.5+ hrs/8-hr day)
--	-------	--	--	-----------------------------------

Climb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stoop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crouch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Below knees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waist to knees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waist to chest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chest to shoulders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Above shoulders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

8. Is patient involved with treatment and/or medications that might affect his/her ability to work? (Check) YES NO

If Yes, please explain the limitations/affect: _____

9. Please describe any other limitations on the individual's ability to work and/or participate in an education/training assignment and accommodations needed: _____

HEALTH CARE PROVIDER (OR DESIGNEE) SIGNATURE

PHONE NUMBER

DATE

HEALTH CARE PROVIDER NAME AND ADDRESS: _____

MENTAL CAPACITIES

CASE NAME		DATE
PATIENT NAME:	CASE NUMBER	SSN:

Please indicate the extent, if any, that this person's current mental condition would interfere with his/her ability to work or participate in a CalWORKs activity. Please address those specific issues that are relevant to this person's assigned activity, if an assignment is indicated below. Attach additional documentation, if necessary.

This person is assigned to: _____

(Description of nature and hours of assigned CalWORKs activity)

- 1. Present Daily Activities:** Describe the degree of assistance or direction this person needs to properly care for his/her work, training and/or educational affairs. Describe the ways, if any, that the patient's daily work, training and/or educational activities are affected as a result of the patient's mental condition.

- 2. Social functioning:** Describe the patient's capacity to interact appropriately and communicate effectively with co-workers, instructors, other students, and members of the public, etc. Describe the way, if any, that this is affected as a result of the patient's condition.

- 3. Task Completion:** Describe the patient's ability to: complete everyday workplace, training, and/or educational routines; follow and understand simple written or oral instructions, sustain focused attention, etc. Describe the way, if any, that this ability is affected as a result of the patient's condition.

- 4. Adaptation to Work or Work-like Situations:** Describe the patient's ability to adapt to stresses common to the work, training, or educational environment, including decision making, attendance, schedules, and interaction with supervisors or instructors. Describe the way, if any, that this ability is affected as a result of the patient's condition.

PROVIDER/EVALUATOR (OR DESIGNEE) SIGNATURE	PHONE NUMBER	DATE
--	--------------	------

PROVIDER/EVALUATOR NAME AND ADDRESS: _____

PARTICIPANT EXEMPT VOLUNTEER STATUS NOTIFICATION

[TO: (SERVICE PROVIDER NAME & ADDRESS)] [FROM: GAIN Region/REP Office]

[] []

Participant Name:	Case No.:
-------------------	-----------

EFFECTIVE ___/___/___, EXEMPTION CODE ___ HAS BEEN GRANTED FOR THE ABOVE PARTICIPANT. THE EXEMPTION IS SCHEDULED TO END ON ___/___/___.

THE EXEMPTION GRANTED IS RELATED TO THE PARTICIPANT'S MENTAL HEALTH AND/OR SUBSTANCE ABUSE BARRIER: YES NO

AFTER RECEIVING INSTRUCTIONS/INFORMATION REGARDING EXEMPTIONS AND EXEMPT VOLUNTEER STATUS, THE PARTICIPANT HAS CHOSEN TO:

BECOME AN EXEMPT VOLUNTEER, GEARS HAS BEEN UPDATED TO REFLECT THE PARTICIPANT AS AN EXEMPT VOLUNTEER.

Mental Health (MH) Substance Abuse (SA)

Domestic Violence (DV) Case Management

DV Family Law DV Immigration Law

OR

DECLINED EXEMPT VOLUNTEER STATUS, AND

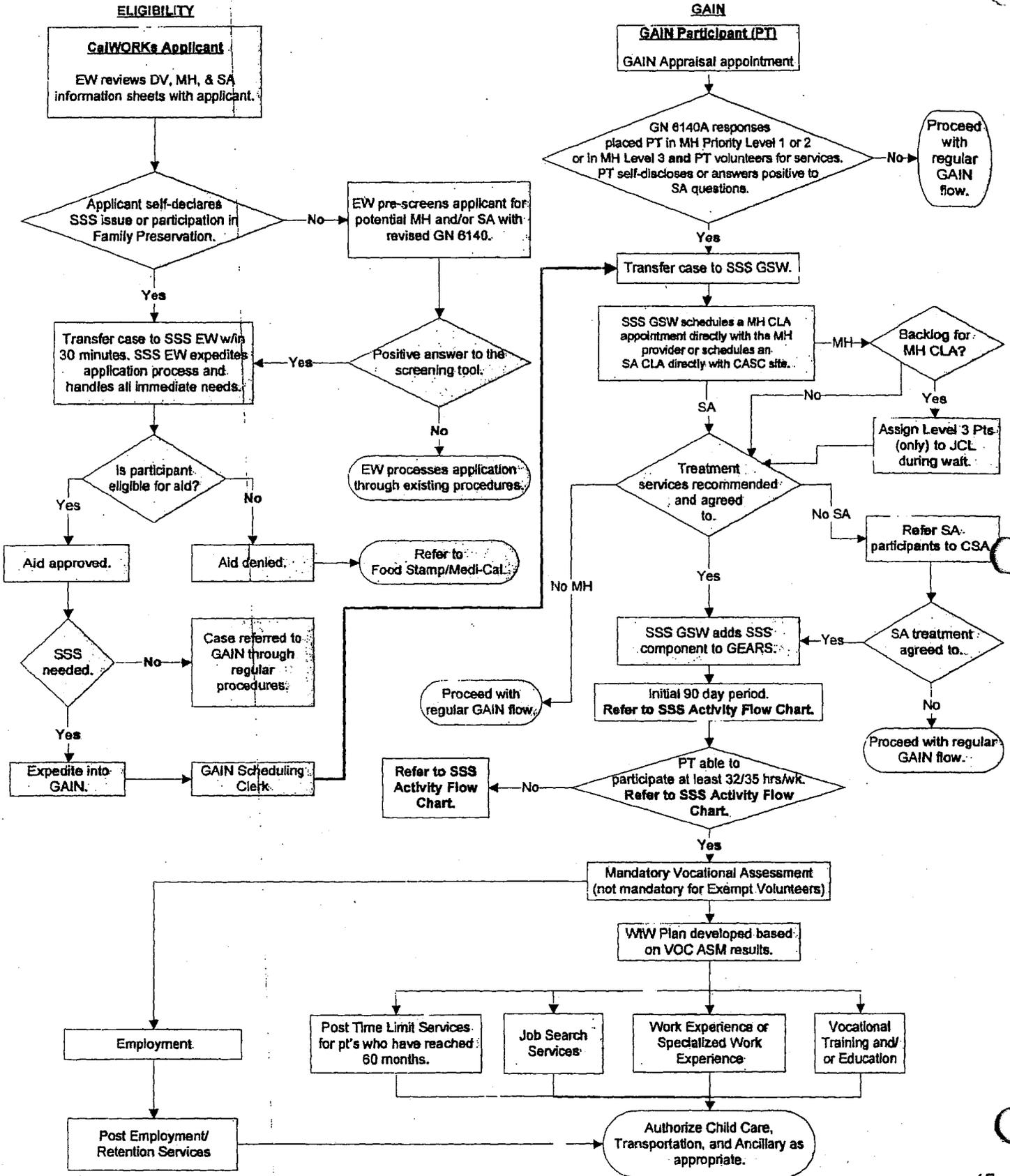
THE DV/MH/SA COMPONENT WAS CLOSED ON ___/___/___.

THE GAIN CASE HAS BEEN DEREGISTERED UNTIL ___/___/___.

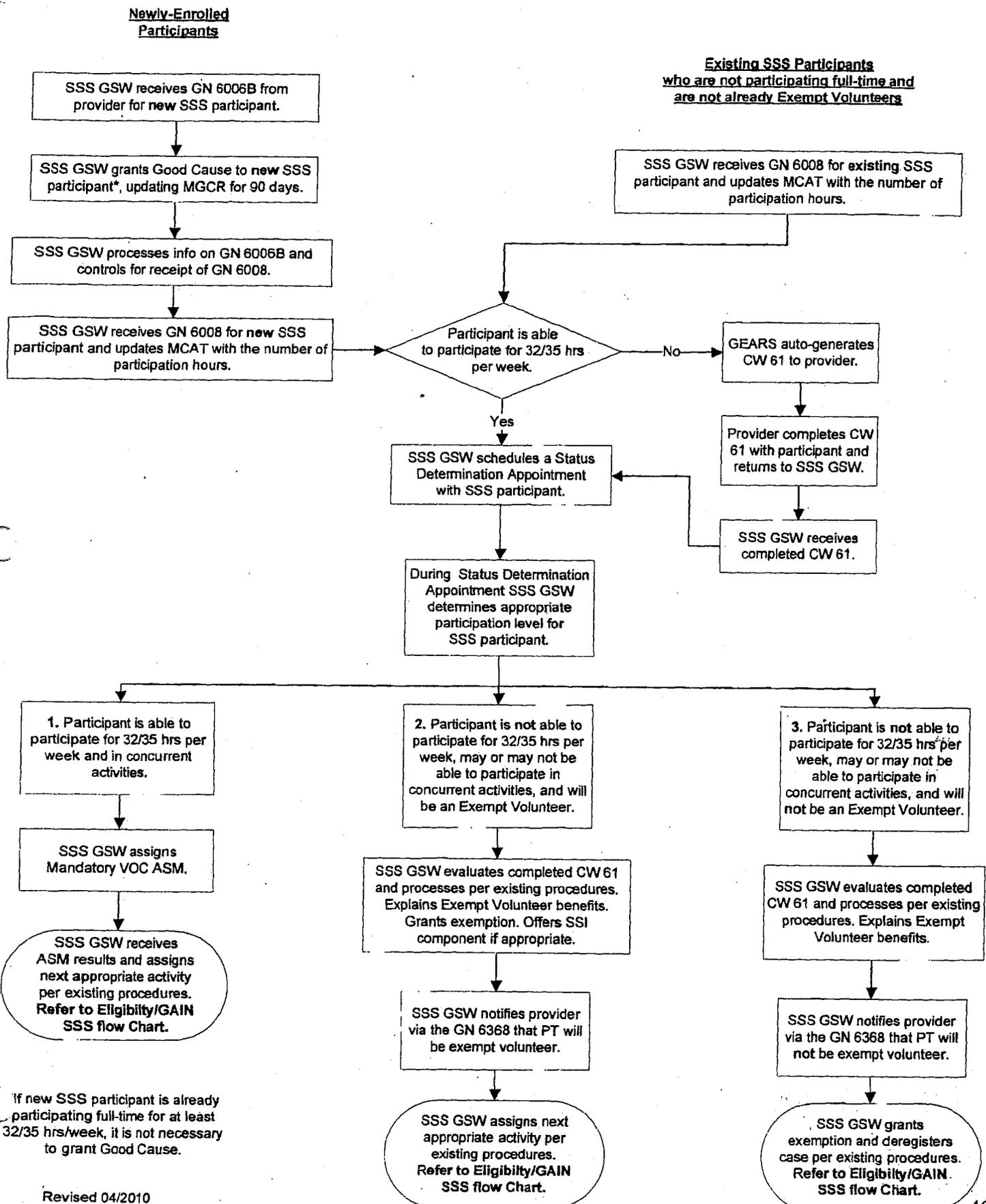
IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE GAIN SERVICES WORKER/CONTRACTED CASE MANAGER/REP CASE MANAGER AT THE PHONE NUMBER POSTED AT THE BOTTOM OF THIS FORM.

Service Provider:	Staff Person's Name:	Phone No.:		
GSW/CCM/RCM:	File No.:	Phone No.:	Fax No.:	Date:

Eligibility/GAIN Specialized Supportive Services (SSS) Flow Chart



Specialized Supportive Services (SSS) Activity Flow Chart



COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC SOCIAL SERVICES

**REQUEST FOR MENTAL HEALTH CLINICAL ASSESSMENT – PART I
OR
WAIVER OF MENTAL HEALTH CLINICAL ASSESSMENT – PART II**

This form is only to be used for participants who have scored into Priority Level 3 on the GN 6140A.

Part I

REQUEST FOR CLINICAL ASSESSMENT

Case Number: _____

Although my screening for mental health barriers did not result in a mandatory clinical assessment,

I, _____, would like to attend a mental health clinical assessment
(Participant's name)

in order to talk to a mental health professional.

(Participant's signature)

(Date)

Part II

WAIVER OF CLINICAL ASSESSMENT

Case Number: _____

I, _____, have been informed that I can receive mental health
(Participant's name)

clinical assessment services. Although I have been determined to have a non-urgent need to talk to a mental health professional, I choose not to be referred to mental health clinical assessment.

I understand that I am still required to participate and comply with the Welfare-to-Work Plan that I sign. If I do not comply and do not have good cause, I understand that my grant may be lowered.

However, this does not prevent me from declaring at a later date that domestic violence,

mental health and/or substance abuse issues may be interfering with my Welfare-to-Work Plan.

(Participant's signature)

(Date)

GSW/CCM/RCM Name:

File Number:

Date:

COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC SOCIAL SERVICES

CalWORKs CLINICAL ASSESSMENT RESULTS

[To: (GAIN Regional/REP Office)] [From: (Name & Address of Facility)]

Attention: _____
GSW/CCM/RCM Name/File Number

Fax No.: _____

Section A - Completed by GSW/CCM/RCM

Participant Name:		CalWORKs Case Number:	
Residence Address: (Do not use for domestic violence if confidential address is requested.)		Mailing Address:	
Primary Language:	Birth Date:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Phone No.: (Confidential for DV) ()

Section B - Completed by Clinical Assessor (Complete and return to the GAIN Services Worker within 5 workdays.)

Results of the assessment appointment:		IMMEDIATE NEED <input type="checkbox"/>	
<input type="checkbox"/> Participant did not appear/complete the assessment. <input type="checkbox"/> Participant completed the assessment, but does not need a referral for treatment. <input type="checkbox"/> Participant completed assessment & needs a referral, but does <u>not</u> agree to treatment for <input type="checkbox"/> Participant completed assessment and agrees to recommended treatment for <input type="checkbox"/> Participant completed assessment and does not agree; requests third party assessment.		<input type="checkbox"/> MH <input type="checkbox"/> SA <input type="checkbox"/> MH <input type="checkbox"/> SA <input type="checkbox"/> MH <input type="checkbox"/> SA	
REFERRAL MADE FOR:		<input type="checkbox"/> MH and/or <input type="checkbox"/> SA	
<i>Referred to:</i>		On: ____/____/____ at ____ Time	
Name of Provider: _____			
Address: _____			
Phone No.: _____			
Fax No.: _____			
Contact Person: _____			
Name of Assessor:		Facility Name:	
		Phone No.: ()	

Section C - Completed by GAIN Participant

I authorize the release of information to DPSS regarding the results of my assessment and possible need for treatment services and recommended service plan.	
_____	_____
GAIN Participant's Signature	Date

COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC SOCIAL SERVICES

**REQUEST FOR SPECIALIZED SUPPORTIVE SERVICES – PART I
OR
WAIVER OF SPECIALIZED SUPPORTIVE SERVICES – PART II**

This form is to be used for treatment services only and not as a request for or waiver of Clinical Assessment.

Part I

REQUEST FOR SERVICES

Case Number: _____

I, _____, declare or have been determined to be in need
(Participant's name)

of _____ treatment and/or services. This problem requires immediate
(domestic violence/mental health/substance abuse)

attention in order to prepare myself to seek employment.

(Participant's signature)

(Date)

Part II

WAIVER OF SERVICES

Case Number: _____

I, _____, have been informed that I can receive treatment and/or
(Participant's name)

services for _____ as part of my Welfare-to-Work Plan. Although I have or
(domestic violence/mental health/substance abuse)

have been determined to have a _____ issue, I choose not to be referred to
(domestic violence/mental health/substance abuse)

treatment services and receive specialized supportive services for that barrier as part of my Welfare-to-Work Plan. I understand that I am still required to participate and comply with the Welfare-to-Work Plan that I sign. If I do not comply and do not have good cause, I understand that my grant may be lowered. However, this does not prevent me from declaring at a later date that domestic violence, mental health and/or substance abuse issues may be interfering with my Welfare-to-Work plan.

(Participant's signature)

(Date)

GSW/CCM/RCM Name: _____

File Number: _____

Date: _____

COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC SOCIAL SERVICES

CalWORKs SPECIALIZED SUPPORTIVE SERVICES RESULTS

[To: (GAIN Regional/REP Office)] [From: Name & Address of Facility/Provider]

Attention: _____
GSW/CCM/RCM Name/Number

[Fax No.: _____] [_____]

A - Completed by GSW/CCM/RCM

Participant Name:		CalWORKs Case No.:		
Residence Address (Do not use for DV if confidential address is requested):		Mailing Address: (DV only)		
Primary Language:	Birth Date:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Is there an existing exemption? <input type="checkbox"/> Y <input type="checkbox"/> N	Telephone No. (Confidential for DV) ()

B - Completed by Service Provider (Complete as applicable and return to the GSW/CCM/RCM within 5 workdays from the appointment date)

I. <input type="checkbox"/> SUBSTANCE USE DISORDER OR <input type="checkbox"/> MENTAL HEALTH <input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential 1. <input type="checkbox"/> Participant <i>failed</i> to appear for treatment services. Reschedule an appointment on: ___/___/___ 2. <input type="checkbox"/> Participant <i>began</i> treatment services on: ___/___/___ for ___ hours per week. Expected duration of needed treatment services ___ months. 3. <input type="checkbox"/> Participant is able to participate in <i>another</i> WtW activity in addition to treatment services for ___ hrs. per week. Note: MH/SUD participants may participate less than 32/35 hours-per-week with Good Cause for a 90-day period.				
II. <input type="checkbox"/> DOMESTIC VIOLENCE CASE MANAGEMENT <input type="checkbox"/> DV FAMILY LAW <input type="checkbox"/> DV IMMIGRATION LAW (<input type="checkbox"/> VAWA <input type="checkbox"/> U VISA) <input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential 1. <input type="checkbox"/> Participant <i>failed</i> to appear for appointment. Rescheduled appointment on: ___/___/___. 2. <input type="checkbox"/> Participant <i>began</i> DV services as of: ___/___/___ for ___ hours per week. Expected duration ___ months. 2.a. <input type="checkbox"/> Participant is <i>able</i> to participate in <i>another</i> WtW activity in addition to DV services for ___ hours per week. Note. Participant shall be granted a waiver of CalWORKs/WtW requirements with a clock stopper/extender. Please issue/review the CW 2199-LA, CalWORKs/Welfare-to-Work Domestic Violence Waiver Request. 3. <input type="checkbox"/> Participant <i>attended</i> DV Assessment <i>only</i> on: ___/___/___ 3.a. <input type="checkbox"/> Participant's DV situation impairs his/her ability to participate in WtW, he/she shall be granted DV good cause for not participating in WtW. 3.b. <input type="checkbox"/> Participant <i>declined</i> DV services at this time, however, is able to participate in WtW activities.				
III. OTHER SUPPORTIVE SERVICES NEEDS Participant needs the following supportive services: <input type="checkbox"/> Child care <input type="checkbox"/> Public Transportation <input type="checkbox"/> Mileage: ___ per month <input type="checkbox"/> Work Related/Ancillary Expenses such as: <input type="checkbox"/> Books <input type="checkbox"/> Fees <input type="checkbox"/> Uniforms or <input type="checkbox"/> Other:				
IV. OTHER - Court ordered treatment services: <input type="checkbox"/> DV Counseling <input type="checkbox"/> Substance Use Disorder <input type="checkbox"/> Mental Health				
V. Name of Person Completing this form: (Print Name)		Title:	Telephone No.: ()	Date:

C - Completed by GAIN Participant: (Complete as applicable)

I authorize the Department of Public Social Services and the above service provider to verify information regarding the status of my CalWORKs, GAIN case and/or continuing eligibility to receive CalWORKs Specialized Supportive Services. <input type="checkbox"/> I am aware that my Mental Health or Substance Use Disorder treatment will be incorporated in my CalWORKs Welfare-to-Work plan, and my Domestic Violence services may be incorporated now, or eventually, in a CalWORKs Welfare-to-Work plan. The determination will be made by my GAIN Services Worker/Contracted Case Manager/REP Case Manager in consultation with the service provider.	
Participant's Signature:	Date:

County of Los Angeles

Department of Public Social Services

NOTIFICATION OF CHANGE FROM SPECIALIZED SUPPORTIVE SERVICES PROVIDER

TO:	GSW/CCM/RCM:	File Number:	GAIN Regional/REP Office:
	Address:		
FROM:	Treatment Services Provider:		
	Address:		
	Provider Staff Person:	Telephone Number:	Date:
PARTICIPANT INFORMATION			
Participant Name:	Case Number:	GAIN Activity:	

SECTION A – PARTICIPANT ABILITY TO PARTICIPATE IN WtW ACTIVITIES/EMPLOYMENT

- Number of participation hours per week has increased to _____ hrs per week.
- Number of participation hours per week has decreased to _____ hrs per week.

SECTION B – CONCURRENT PARTICIPATION IN OTHER WtW ACTIVITIES/EMPLOYMENT

- Participant is now able to participate in other WtW activities in addition to treatment services for _____ hrs per week.
- Participant is no longer able to participate in other WtW activities in addition to treatment services.

SECTION C - SUPPORTIVE SERVICES NEEDS

Participant needs assistance with: Child Care Transportation

Work Related/Ancillary Expenses. Explain: _____

SECTION D - COMMENTS

COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC SOCIAL SERVICES

**MENTAL HEALTH/SUBSTANCE ABUSE/DOMESTIC VIOLENCE/
FAMILY PRESERVATION PROGRAM SERVICE PROVIDER PROGRESS REPORT**

[(Provider's Name and Address)]

Reply To: (GAIN Regional/REP Office)
Attention: _____

OUR RECORDS INDICATE THAT THE FOLLOWING PARTICIPANT IS RECEIVING SERVICES IN YOUR PROGRAM. VERIFICATION OF PROGRESS IS NEEDED FOR HIS/HER CONTINUING ELIGIBILITY TO CalWORKs. PLEASE COMPLETE THIS FORM AND RETURN IT TO THE ABOVE ADDRESS WITHIN FIFTEEN (15) CALENDAR DAYS FROM THE POST DATE. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE GAIN SERVICES WORKER AT THE TELEPHONE NUMBER POSTED IN SECTION A BELOW.

A. Completed by GAIN SERVICES WORKER / CONTRACTED / REFUGEE EMPLOYMENT PROGRAM CASE MANAGER

Participant:	Date of Birth:	Case No.:	Exempt Volunteer Status <input type="checkbox"/> Y <input type="checkbox"/> N	
GSW/CCM/RCM:	File No.:	Telephone No.:	Fax No.:	Date:
	()	()	()	

B. Completed by Service Provider (Complete and return within 15 calendar days from the post date)

I. TYPE OF SERVICE			
<input type="checkbox"/> Mental Health (MH)	<input type="checkbox"/> MH HCFP	<input type="checkbox"/> Family Preservation (FP)	<input type="checkbox"/> Family Reunification (FR)
<input type="checkbox"/> Substance Abuse (SA) Non-Residential	<input type="checkbox"/> SA Residential Services	<input type="checkbox"/> SA Daycare Rehab Services	<input type="checkbox"/> SA HCFP
<input type="checkbox"/> Domestic Violence (DV) Case Management	<input type="checkbox"/> DV Family Law	<input type="checkbox"/> DV Immigration Law	
II. DUAL DIAGNOSIS (if applicable) <input type="checkbox"/> MH <input type="checkbox"/> SA		Please check if referral is needed <input type="checkbox"/>	
III. PROGRESS (Complete as applicable) The above-referenced CalWORKs participant:			
1. <input type="checkbox"/> is able to participate in the above DV/MH/SA treatment activity or FP/FR activity for _____ hrs/week.			
2. <input type="checkbox"/> is maintaining progress consistent with the above DV/ MH/SA treatment activity or FP/FR activity.			
3. <input type="checkbox"/> has dropped-out of treatment services effective ____/____/____.			
4. <input type="checkbox"/> has completed treatment services on ____/____/____.			
5. <input type="checkbox"/> is expected to complete above DV/MH/SA treatment services or FP/FR activity on ____/____/____.			
6. <input type="checkbox"/> is recommended for an extension of the DV/MH/SA/FP activity until ____/____/____.			
IV. CONCURRENT ACTIVITY (Evaluate participant's ability to participate in a concurrent activity every three (3) months from start date of treatment services. (Does not apply to FP/FR Providers)			
<input type="checkbox"/> DV participant is able to participate in another WtW activity in addition to above treatment services for _____ hours per week with a DV waiver of the Welfare-to-Work (WtW) program rules.			
<input type="checkbox"/> MH/SA participant is able to participate in another WtW activity in addition to above treatment services for _____ hours per week*.			
<i>*If the MH/SA participant is not able to participate for a total of 32/35 hours per week in WtW activities, he/she may be eligible for a medical exemption via the CW 61 and receive treatment services as an Exempt Volunteer.</i>			
Service Provider/Staff Person's Name:	Title:	Telephone No.:	Date:
		()	

COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC SOCIAL SERVICES

CalWORKs SUPPORTIVE SERVICES ENROLLMENT TERMINATION NOTICE

[To: (GAIN Regional/REP Office)

] [From: Service Provider Name & Address]

Attention: _____
[GSW/CCM/RCM Name/Number] []

Provider Certification

Participant Name:	Participant Address:
Case No.:	
GAIN Activity:	

This is to inform you that the above-named participant has:

Successfully completed his/her services/treatment activity on: _____

Dropped-out of services with good cause on: _____

Dropped-out of services without good cause on: _____

Reason: _____

Services not completed; participant entered employment on: _____

Services not completed; participant transferred to other WtW activity: _____

Terminated his/her services; participant transferred to another provider on: _____

Other: _____

Service Provider Representative:	Title:	Phone No.: ()	Date:
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GN 6007B (Rev. 04/10)

COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC SOCIAL SERVICES

Identification of Participant with Specialized Supportive Services Needs

TO:
DISTRICT:

FROM:
GSW/CCMRCM: _____
File No.: _____
Phone No.: _____
District/Region: _____
Date: _____

**CalWORKs SPECIALIZED
SUPPORTIVE SERVICES UNIT**

ACTION NEEDED:

- The following participant has been identified with a Specialized Supportive Services (SSS), Domestic Violence, Substance Abuse, and/or Mental Health, or is participating in the family preservation program and is receiving treatment services from the provider identified below. Please ensure that the case is transferred to an SSS file **within two (2) workdays**.
- The following participant was initially identified with a mental health need at the District Office. Upon re-screening the participant has scored into Priority Level 3 on the GN 6140A and declined Mental Health Clinical Assessment. Please ensure that the case record is transferred out of the SSS file within two (2) workdays.
- Effective ____/____/____ the following participant is no longer receiving SSS and the substance abuse, mental health and/or family preservation activity has been closed. Please ensure that the case record is transferred out of the SSS file within two (2) workdays

I. CASE IDENTIFYING INFORMATION:

Participant Name:	CalWORKs Case No.:
Residence Address:	Mailing Address: (Confidential address for DV only)
Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (Specify)	Telephone No. (Confidential for DV) ()

II. SPECIALIZED SUPPORTIVE SERVICES: (Check all that apply)

The participant began receiving below treatment services on ____/____/____

Substance Abuse Mental Health Family Preservation Family Reunification
 Domestic Violence (DV) Case Management DV Family Law DV Immigration Law
 (Attach PA 1913)

Service Provider Agency:	Contact Person:
Service Provider Address:	Telephone No.: ()
	Fax No.: ()

III. SPECIALIZED SUPPORTIVE SERVICES UNIT:

Date case record assigned to SSS file:	Eligibility Supervisor:	Date:
Date case received:	SSS EW File No.:	

NOTE: Confidential Processing Required for Domestic Violence Cases. Do Not fax this form. This form must be sent to the SSS Liaison or SSS Unit in the CalWORKs District Office, via County mail in a sealed envelope marked "Confidential" and "Rush".

CalWORKs TIME LIMIT and WELFARE-TO-WORK PARTICIPATION EXEMPTION REQUEST FORM

PLEASE PRINT

YOUR NAME		COUNTY USE ONLY	
ADDRESS	STREET	COUNTY	
CITY	ZIP	CASE NAME	
PHONE ()		CASE NO.	OTHER ID NO.
QUESTIONS? ASK YOUR WORKER.		WORKER NAME	WORKER PHONE NO. ()

Most adults can only receive 60 months (5 years) of cash aid from the CalWORKs program. Unless exempt, an individual is required to participate in CalWORKs Welfare-to-Work activities as a condition for receiving aid.

INSTRUCTIONS TO THE CLIENT:

If you answer "Yes" to any of these questions, you may be exempt for a month or longer from the CalWORKs 60-month time limit and Welfare-to-Work participation. You may need to give information to help the county decide if you should be exempt. Please answer all of the questions. **The county cannot answer these questions for you. Please be sure to sign and date the back of this form.**

YES NO Welfare-to-Work Participation

- 1. Are you pregnant and does a doctor state that you cannot work or participate in Welfare-to-Work activities for 32 hours per week if you are a one-parent assistance unit or for 35 hours per week if you are a two-parent assistance unit?
- 2. Are you the parent or caretaker of a child age _____ or under? (Depending on the County, you may be exempt if your child is 12 weeks old or under, six (6) months old or under, or 12 months old or under.) This exemption is available only once.
- 3. If you have used exemption #2, have you recently become the parent or caretaker of another infant? (Depending on the County, you may be exempt for 12 weeks to 6 months.)
- 4. Are you a full time volunteer in the Volunteers in Service to America (VISTA) Program?

YES NO CalWORKs 60-Month Time Limit and Welfare-to-Work Participation Exemptions

- 5. Are you a 16-or 17-year old who has a high school diploma or its equivalent and is enrolled or planning to enroll in a educational, vocational or technical school training program?
- 6. Are you physically or mentally unable to work or participate in a Welfare-to-Work activity for 32 hours per week if you are a one-parent assistance unit or for 35 hours per week if you are a two-parent assistance unit on a regular basis for at least 30 calendar days? Please provide any medical proof of your disability.
- 7. Are you the nonparent caretaker of a child who is a dependent or ward of the court, or at risk of being placed in foster care?
- 8. Do you need to stay home to take care of someone in the household who cannot take care of him/herself, which makes it hard for you to work or participate in a Welfare-to-Work activity?
- 9. Are you eligible for, participating in, or exempt from Cal-Learn? You are not eligible for this exemption if you are 19 years old but are not participating in Cal-Learn as a volunteer.
- 10. Are you living in Indian Country, as defined by federal law, in which 50 percent of the adults are unemployed? (This exemption applies only to the 60-month time limit, not the Welfare-to-Work participation exemption.)

PLEASE READ THE BACK OF THIS FORM TO FIND OUT ABOUT MORE EXEMPTIONS.

CalWORKs TIME LIMIT and WELFARE-TO-WORK PARTICIPATION EXEMPTION REQUEST FORM (BACK)

Welfare-to-Work Participation Exemptions - You do **NOT** have to return this form for these exemptions.

You will not be required to participate in the Welfare-to-Work program if any of the reasons apply to you.

- You are under 16 years old.
- You are 16, 17, or 18 years old and in high school or adult school.
- You are 60 years or older.

CalWORKs 60-Month Time Limit Exemptions - You do **NOT** have to request these exemptions, on this form. You may contact your worker if any of these reasons apply to you.

A month of aid will not count against your 60-month time limit if any of the reasons listed below apply to you.

- You did not receive CalWORKs cash aid because your grant was less than \$10.
- Your cash grant is fully repaid by child support collection.
- You are only receiving supportive services such as child care, transportation, and case management.
- You are 60 years or older.

CalWORKs 60-Month Time Limit and Welfare-to-Work Participation Waivers

If you or a family member are a past or present victim of domestic abuse and the county determines that your condition or situation prevents or impairs your ability to be regularly employed or to participate in Welfare-to-Work activities, the county may waive the CalWORKs 60-month time limit and/or the Welfare-to-Work participation requirements. You do not have to complete this form to get a waiver to the time limits. You may contact your worker to request a domestic abuse waiver.

- You will be informed in writing whether or not you are exempt from the CalWORKs time limit and/or Welfare-to-Work participation and the reason why.
- You may be asked to give the county proof of your reason for requesting an exemption.
- If you do not agree with the county, you may ask for a State hearing.
- Depending on your situation, you may be evaluated each month to determine if you continue to be exempt.

YOUR SIGNATURE

DATE

CalWORKs and WELFARE TO WORK TIME LIMIT EXEMPTION DETERMINATION

COUNTY	
CASE NAME	
CASE NO.	OTHER ID NO.
WORKER NAME	

Questions? Ask your worker.

Date _____

On _____ (DATE) _____ (NAME) requested an exemption, and the county made the following determination:

A. WELFARE TO WORK PARTICIPATION (WTW) EXEMPTIONS

1. The exemption is APPROVED.

He/she will not be required to participate in Welfare to Work. His/her exemption will end on _____ (DATE). If his/her exemption should continue, he/she must provide information to show that it should continue, before the ending date above, or he/she will be expected to participate in Welfare to Work.

He/she can ask to volunteer to participate in Welfare to Work and will be told what activities and/or services are available.

Reason for exemption from Welfare to Work participation: _____

His/her condition may be looked at again to see if he/she continues to be exempt. If he/she is no longer exempt, he/she will be expected to participate in Welfare to Work.

2. The exemption is DENIED.

He/she is required to participate in Welfare to Work. He/she will get a notice from the county telling him/her when to attend the Welfare to Work activities and/or services.

Reason for Denial: _____

B. CalWORKs 60-MONTH TIME LIMIT EXEMPTIONS

1. The exemption is APPROVED.

Each month of aid for the period that his/her condition or circumstance lasts will not count toward the CalWORKs 60-month time limit. His/her exemption will end on _____ (DATE). If his/her exemption should continue, he/she must provide information to show that it should continue, before the ending date above, or he/she will be expected to participate in Welfare to Work.

Reason for exemption: _____

His/her condition may be looked at again to see if he/she continues to be exempt. If he/she is no longer exempt, each month of aid will count toward the 60-month time limit.

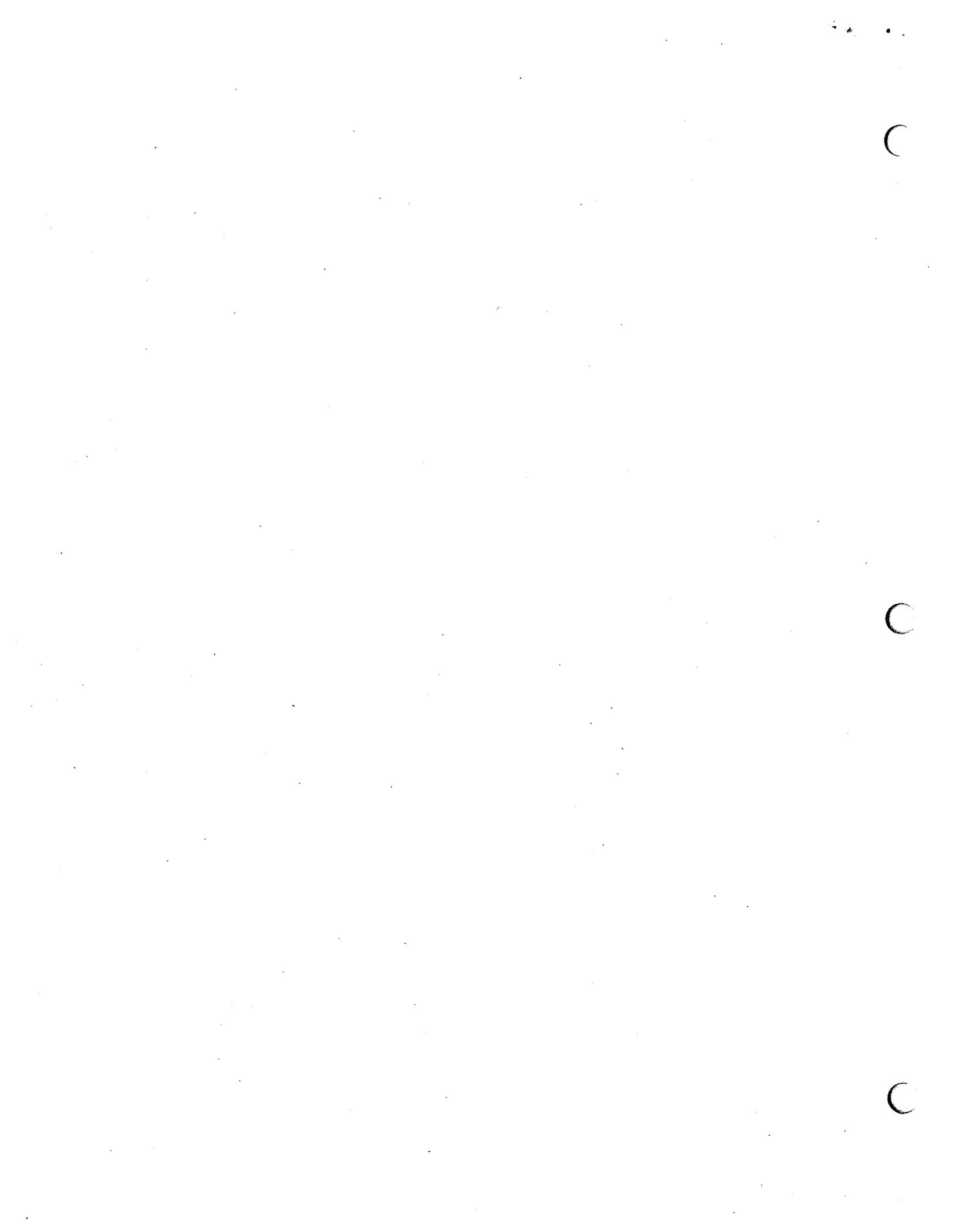
2. The exemption is DENIED.

Each month of aid will continue to count toward the CalWORKs 60-month time limit.

Reason for Denial: _____

CONTACT YOUR WORKER IF YOU THINK THIS NOTICE IS WRONG. YOU MAY ALSO ASK FOR A STATE HEARING. "YOUR HEARING RIGHTS" FORM ON THE BACK SIDE OF THIS PAGE TELLS YOU HOW TO ASK FOR A STATE HEARING.

Rules: These rules apply; you may review them at your welfare office: MPP 42-302.1, 42-302.2, 42-302.21, 42-302.3 - .34, 42-710, and 42-712.



CalWORKs TREATMENT/SERVICES VERIFICATION

[To: **Central County GAIN Region IV**] [From:]
3833 S. Vermont Ave
Los Angeles, CA. 90037

[FAX Number: (323) 731-9092] []

A. PROVIDER CERTIFICATION

As an authorized employee of the treatment/service provider agency named above, I certify that the individual named below is receiving:
 DOMESTIC VIOLENCE (DV) CASE MANAGEMENT **DOMESTIC VIOLENCE (DV) LEGAL SERVICES** **SUBSTANCE ABUSE SERVICES** **MENTAL HEALTH SERVICES** to help him/her overcome a barrier to employment. I understand that payment to contracted service provider is contingent on the CalWORKs participant maintaining eligibility to CalWORKs and complying with all requirements, assuming that the provider has been notified of the non-compliance by DPSS. In instances of substance abuse or mental health problems, this includes signing a Welfare-to-Work (WtW) plan which includes the appropriate treatment or services. For domestic violence victims, certain requirements can be waived, including a WtW plan. This form must be submitted within 10 workdays of client's signature, but not to exceed 30 days. In addition, the service provider must have received the GN 6008, Mental Health/Substance Abuse/Domestic Violence/Family Preservation Program Services Provider Progress Report, 90 days from service start date, to confirm participant's continued eligibility to CalWORKs.

Print Name/Title of Authorized Person _____ Date Signed _____ Phone Number _____ Fax Number _____

B. PARTICIPANT IDENTIFICATION

1. Name (first/last): _____
2. Social Security No. _____ and/or DPSS Case No.: _____
3. Participant began/will begin services: ____/____/____. Services are: Residential Non-Residential

C. SUBSTANCE ABUSE AND/OR MENTAL HEALTH (Complete when applicable)

4. Expected duration of needed treatment/services: _____ months.
5. Participant is receiving treatment/services 32 or more hrs/week. Yes No If no, number of hrs/week: _____ (Participant may be considered full-time or may be eligible for a medical exemption and receive services as an exempt volunteer).
6. Participant is able to participate in other WtW activities? Yes No If yes, how many hrs/week: _____ (Participant may be eligible for an exemption and still participate in GAIN as an exempt volunteer).
7. Participant may be eligible to medical exemption. Please issue GN 6051, Verification of GAIN Exemption/Deferral, form*.
* A medical exemption may be granted if a participant, due to a physical/mental disability, is unable to fully participate at least 30 days.
8. Participant is eligible for an exemption and will participate in GAIN as an exempt volunteer.

D. DOMESTIC VIOLENCE CASE MANAGEMENT AND/OR LEGAL SERVICES (Complete when applicable)

9. Expected duration of needed services: _____ months.
10. Participant is participating in DV services: _____ hrs./week and is able to do other WtW activities: _____ hrs/week **within** a WtW plan. To allow for successful participation, the following requirements shall be waived:
 32 hour/week GAIN participation requirement.
 Core hours of participation.
 Regular GAIN flow.
 Mandatory participation in GAIN/WtW activities, which are subject to financial sanction.
 Other, specify: _____
11. Participant shall be granted a DV Waiver from the mandatory WW activities and received DV services outside a WtW Plan.
12. Participant is participating in DV services: _____ hrs/week and other WtW activities: _____ hrs/week **outside** of a WtW plan. (Participant may be eligible for an exemption and still participate in GAIN as an exempt volunteer).

E. OTHER SUPPORTIVE SERVICE NEEDS (Complete when applicable)

Participant needs the following supportive services:
 Child care Public Transportation or Mileage: _____ per month Other: _____
 Ancillary work/related expenses such as: Books Fees Uniforms, and/or Tools/Supplies

F. OTHER Recommended services ordered by the court system? DV Counseling Substance Abuse Mental Health

G. PARTICIPANT AUTHORIZATION

I authorize the Department of Public Social Services and the above treatment/services provider to verify information regarding the status of my CalWORKs application/case and/or continuing eligibility to receive CalWORKs Specialized Supportive Services. I am aware that my Mental Health and/or Substance Abuses services will be incorporated in my CalWORKs Welfare-to-Work Plan. I am aware that my Domestic Violence services may be incorporated now or eventually in my CalWORKs Welfare-to-Work Plan.

Participant's Signature _____

Date _____

H. COUNTY ACTION: DATE: _____ ACCEPTED REJECTED PENDING CONDITIONAL ACCEPTANCE

