

CalWORKs Technical Training

(PROPOSED AGENDA) December 2008

- 8:30 *Sign-In*
- 9:00 1. INTRODUCTIONS & PURPOSE OF TRAINING D. Daniel
- 9:15 2. OVERVIEW (Phase II of CalWORKs)..... D. Daniel
- 9:30 3. PROGRAM REQUIREMENTS & MONITORING E. Gross
- 10:00 4. THE REFERRAL PROCESS and CLIENT ENGAGEMENT..... S. Braswell
- 10:30 *Break*
- 10:45 5. CalWORKs Supportive Services Forms (DMH & GAIN)E. Gross
- 12:00 *Lunch*
- 1:00 6. TREATMENT PLANNING S. Donner
- 2:30 *Break*
- 2:45 7. PROGRESS NOTE DOCUMENTATION L. Bennett
- 3:15 8. Community Outreach Services (COS) I. Hawkins
- 3:45 9. BILLING & RECONCILIATION D. Daniel
- 4:00 10. QUESTIONS & ANSWERS CalWORKs Staff
- 4:15 11. POST-TEST & EVALUATION D. Daniel
- 4:30 *Adjourn*

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
CALWORKS MENTAL HEALTH SUPPORTIVE SERVICES
Technical Training Manual**

TABLE OF CONTENTS

| | |
|--|------|
| 1. INTRODUCTION AND PURPOSE OF TRAINING | |
| • Purpose of Training..... | 1-1 |
| • CalWORKs Staff Listing..... | 1-2 |
| • CalWORKs Technical Training Pre-Test..... | 1-4 |
| 2. OVERVIEW OF CALWORKS MENTAL HEALTH SUPPORTIVE SERVICES | |
| • Overview of CalWORKs..... | 2-1 |
| • CalWORKs and Welfare-to-Work Exemptions – Clock Stoppers..... | 2-13 |
| • Limited Participation..... | 2-14 |
| • CalWORKs Mental Health Supportive Services..... | 2-15 |
| • CalWORKs Quick Facts..... | 2-24 |
| 3. PROGRAM REQUIREMENTS & MONITORING | |
| • CalWORKs Program Standards..... | 3-1 |
| • DMH CalWORKs Bulletin No. 05-06—Provider Compliance with DPSS CalWORKs Program Requirements..... | 3-3 |
| • Provider Report Card..... | 3-9 |
| • DMH Policy No. 104.8 Clinical Record Guidelines: Contents and General Documentation Requirements..... | 3-13 |
| 4. REFERRALS | |
| • Community Assessment Service Centers..... | 4-1 |
| • DMH CalWORKs Bulletin No. 04-04 – Notice of Temporary Unavailability..... | 4-5 |
| • DMH CalWORKs Bulletin No. 05-05 - DPSS Direct Referrals to Mental Health Providers..... | 4-11 |
| 5. CLINICAL ASSESSMENTS AND INTAKE | |
| • Clinical Assessment and Intake..... | 5-1 |
| • Sample Authorization for Request or Use/Disclosure of Protected Health Information (PHI)..... | 5-5 |
| • Sample CalWORKs Letter of Agreement – English version..... | 5-7 |
| • Sample CalWORKs Letter of Agreement – Spanish version..... | 5-8 |
| • CalWORKs Protocol No. 3—Referrals of CalWORKs Participants to Self-Help Groups..... | 5-9 |
| 6. TREATMENT PLAN | |
| • Treatment Planning..... | 6-1 |
| • Be Specific!..... | 6-3 |
| • Creating S.M.A.R.T. Goals..... | 6-4 |
| • DMH Form: Client Care Coordination Plan..... | 6-8 |
| • DMH CalWORKs Bulletin No. 05-01 – Form MH641 CalWORKs Client Employment Plan..... | 6-12 |

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
CALWORKS MENTAL HEALTH SUPPORTIVE SERVICES
Technical Training Manual**

TABLE OF CONTENTS

7. CATEGORIES OF PARTICIPATION

- Categories of Participation..... 7-1
- CalWORKs and Welfare-to-Work Exemptions – Clock Stoppers.....7-3
- Limited Participation, Clock Stoppers/Exemptions and Extenders.....7-4
- CalWORKs Protocol No. 1: Expediting Services to the CalWORKs Time-Limited Population 7-5

8. GAIN DOCUMENTATION

- DMH CalWORKs Bulletin No. 07-01—Completion of GAIN Forms 8-1
- GAIN Required Progress Reports and Notices 8-23
- GAIN Offices 8-24
- DMH CalWORKs Bulletin No. 07-02—Completion of Authorization to Release Medical Information and Mental Capacities Forms 8-26

9. BILLING

- CalWORKs Billing 9-1
- Tips to Avoid Billing Disallowances for CalWORKs Mental Health Services 9-2
- DMH CalWORKs Bulletin No. 04-01 - Procedure Codes for CalWORKs Services.... 9-4
- DMH CalWORKs Bulletin No. 05-02 - New Approved CalWORKs Procedure Codes.....9-8
- DMH CalWORKs Bulletin No. 04-03 – Billing for CalWORKs Community Outreach Services.....9-11
- DMH CalWORKs Bulletin No. 05-03 - CalWORKs Billing Reconciliation..... 9-19
- DMH Cal Works Bulletin No. 05-04 - Guidelines To Avoid DPSS Billing Exceptions.....9-24

10. SUMMARY AND EVALUATION

- Frequently Asked Questions 10-1
- CalWORKs Technical Training Post-Test10-9

11. ADDITIONAL RESOURCES

- CalWORKs Mental Health Provider List with Language Capabilities..... 11-1
- CalWORKs & GAIN Specialized Supportive Services Contact Listing11-5
- Time Limit Liaison Roster11-13

County Of Los Angeles - Department Of Mental Health CalWORKs Mental Health Supportive Services

PURPOSE OF TRAINING

Purpose: To provide CalWORKs staff with an operating knowledge of CalWORKs and DMH regulations in providing services to CalWORKs participants. Special attention is given to documentation requirements for client charts and developing service plans that address mental health barriers to employment.

Participants: Staff in DMH directly operated and DMH contracted agencies providing CalWORKs mental health supportive services.

Training Objectives: As a result of attending this training, participants should be able to:

1. Identify and discuss CalWORKs objectives, exemptions, and time limits.
2. Develop family focused, integrated services for CalWORKs participants.
3. Develop SMART mental health objectives and employment goals.
4. Integrate vocational and employment needs while identifying and removing the participant's mental health barriers to work.
5. Develop collaborative efforts with services traditionally outside the mental health system of care.

Topics: The CalWORKs Technical Training Workshop will cover the following:

- Overview of CalWORKs Mental Health Supportive Services. History, range of services, flow of services, role of collaborating agencies.
- Documentation. Review of DMH and GAIN documents required in charts.
- Screening and Referrals. Role of DPSS/GAIN workers in screening, role of the CASC Service Advocates, and GAIN reports.
- Intake and Assessment. Scope of practice, intake process, HIPAA, confidentiality, adult assessment.
- Client Care Coordination Plan. Coordination of services, timelines, importance of SFPR, medical exams. Developing SMART mental health objectives and employment goals, reviewing and revising goals and objectives, when to grant exemptions.
- CalWORKs Client Employment Plan. Develop employment services and/or refer to employment resources.
- Progress Reports to GAIN. Purpose of reports, failure to appear for services.
- Performance Standards/Outcomes. Tracking participant's progress in treatment. DPSS reporting requirements.
- Billing and Using the IS. Documenting services, scope of practice, billing, termination notices, trouble shooting.

NOTE: CalWORKs Technical Training is targeted for persons who have basic knowledge about DMH and IS. This training is not intended to replace agency or other DMH training/orientation.

**County of Los Angeles - Department of Mental Health
Emergency Outreach Bureau
CalWORKs Mental Health Supportive Services**

550 S. Vermont Avenue, 11th Floor
Los Angeles, CA 90020
Fax: (213) 738-4979

STAFF LISTING

Dolores Daniel, LCSW
District Chief
CalWORKs, GROW & DPSS Co-Located Programs
(213) 738-2819
ddaniel@dmh.lacounty.gov

Elizabeth Gross, Ph.D.
Mental Health Clinical Program Head, CalWORKs
(213) 738-4253
egross@dmh.lacounty.gov

Service Area 2 Liaison

Elizabeth Duran, LCSW
Clinical Consultant
(213) 738-4438
eduran@dmh.lacounty.gov

Service Areas 1 & 7 Liaison

Susan Donner, LCSW
Psychiatric Social Worker
(213) 738-2534
sdonner@dmh.lacounty.gov

Service Area 3 Liaison

Lonna Bennett, LCSW
Supervising Psychiatric Social Worker
(213) 738-3103
labennett@dmh.lacounty.gov

Service Area 4 Liaison

Bing Lau, LCSW
Mental Health Analyst III
(213) 738-4770
blau@dmh.lacounty.gov

Service Area 5 Liaison

STAFF LISTING

(Continued)

Sylvia Braswell, LCSW, Ph.D.
Mental Health Analyst II/ HCFP Manager
(213) 639-6771
sbraswell@dmh.lacounty.gov

Service Area 6 Liaison

Ioma Hawkins, Ph.D.
Clinical Psychologist
(213) 739-7339
lhawkins@dmh.lacounty.gov

Service Area 8 Liaison

Gloria Rios, LCSW
Clinical Consultant
(213) 738-4399
grios@dmh.lacounty.gov

CalWORKs Technical Training Pre-Test

Directions: Please complete the following pre-test; you are not expected to know everything and the pre-test is meant to orient you to some of what we will be covering today. Circle the correct answer.

1. Which of the following are CalWORKs supportive services (circle all that apply)
 - A. Mental Health Services
 - B. Domestic Violence Treatment
 - C. Substance Abuse Treatment
 - D. Cash Aid

2. Mental Health Supportive Services are available to CalWORKs participants in most cases for
 - A. As long as there are dependent children in the house
 - B. As long as the participant requests the services
 - C. 60 months
 - D. 18-24 months
 - E. A & B

3. When designing service plan objectives, remember to write objectives
 - A. That are open ended and global in nature
 - B. That your treatment staff specifies
 - C. That are highly specific and measurable
 - D. That employers will like

4. On the Client Care Coordination Plan, Mental Health Services (MHS) are approved
 - A. In standard 6 month increments
 - B. For one year
 - C. In three month increments
 - D. Indefinitely

5. T or F Participants unable to participate 32 hours weekly in GAIN must be made medically exempt within 30 days of the CalWORKs clinical assessment.

6. T or F The focus of CalWORKs Mental Health Services is to remove mental health barriers to employment.

7. T or F A Case Manager with two years of mental health experience does not need a co-signature on his/her progress notes.

8. T or F The SFPR has the responsibility for maintaining the CCCP and coordinating and authorizing services to clients who are receiving ongoing mental health services.

9. T or F The goal on the CCCP must be related to employment when developing a treatment plan with a CalWORKs participant.

10. T or F On the Client Care/Coordination Plan (CCCP), the treatment regimen should be developed in collaboration with the client.

County of Los Angeles - Department of Mental Health CalWORKs Mental Health Supportive Services

OVERVIEW OF CalWORKs

A. INTRODUCTION TO CalWORKs

FEDERAL WELFARE REFORM

On August 22, 1996, President Clinton signed The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) (H.R. 3734). This federal welfare reform legislation eliminated the Aid to Families with Dependent Children (AFDC) program and related programs such as the Job Opportunities and Basic Skills Training (JOBS) program and the Emergency Assistance (EA), and replaced it with the Temporary Assistance for Needy Families (TANF) program.

The Act emphasized the need for individuals to take personal responsibility for their move toward self-sufficiency. The law underscored the importance of work and imposed strict deadlines for most able-bodied individuals to find work within 18-24 months after collecting welfare.

Under the previous AFDC program, the federal government paid a share of each dollar spent by the states on eligible programs, and federal law governed most aspects of the program's structure. In California, the state

received one federal dollar for each state and

county dollar spent. Under TANF, states must spend a minimum amount of their own funds – the maintenance of effort requirement—in exchange for a fixed block grant of federal TANF funds and increased flexibility with respect to program design.

The federal law made several changes to the nation's welfare system. The most important changes under the TANF program include the following:

- The individual entitlement to a grant is eliminated.
- Federal funding for the program is provided as a block.
- Recipients are subject to a five-year time limit for receipt of federally funded aid.
- States are subject to various penalties for failing to meet specific objectives, including work participation rates.

AFDC was an entitlement, which ensured that all who were eligible received benefits even when the economy faltered and welfare caseloads increased. Federal funding increased proportionately with state's costs. Now, however, the TANF program provides states with a fixed amount of funding that does not increase, even if demand for benefits rises or falls when caseloads decline. As a result, states must carry the full burden of financing

any increases in caseloads. But when caseloads fall, states can use the savings generated from lower assistance payments to fund additional services for poor families.

CALIFORNIA WELFARE REFORM

On August 11, 1997, Governor Wilson signed the Welfare to Work Act of 1997 (AB 1542), which established welfare reform in California. The previous program that entitled recipients to aid with few limits, including Aid to Families with Dependent Children (AFDC), was replaced effective January 1, 1998.

California's former AFDC program provided cash aid to needy children and families. Working in conjunction with the AFDC program were programs such as employment and training services under the Greater Avenues for Independence (GAIN) program. Although AFDC was a program that was intended to help children, over time it evolved into a program fostering dependency and a greater focus of cash assistance than the welfare of children.

The program is intended to ensure that welfare is a temporary support in times of crisis, rather than a way of life, to encourage and reward personal responsibility and accountability by recipients, and to foster a "Work First" attitude by strict work requirements. California also provides an extensive range of services to enable participants to obtain and maintain employment, which are well above the federal requirements.

California provides a safety net for children. This means California will continue to support children, even when their parents fail to comply with welfare-to-work requirements and even after the five-year lifetime limit on aid is reached. In sharp contrast, under federal law, states may cut off aid to children under such circumstances.

In 2004, California Senate Bill 1104 (SB 1104) was enacted. This bill made major changes to the Welfare-to-Work (WtW) provisions of the CalWORKs Program. The effective date of the program changes was December 1, 2004.

■ **CalWORKs Program**

In California, AFDC was replaced by California Work Opportunity and Responsibility to Kids (CalWORKs), a welfare program that provides temporary financial assistance and employment services to families with minor children. TANF is the federal block grant welfare funding source replacing AFDC. California's Temporary Assistance Program (CalTAP) is the welfare funding source for families in California. CalWORKs sets statewide eligibility standards, but gives counties flexibility to design programs to meet local needs.

The program serves all 58 counties in the state and is operated locally by county welfare departments. If a family has little or no cash and needs housing, food, utilities, clothing or medical, they may be eligible to receive immediate short-term help.

Families that apply and qualify for ongoing assistance receive money each month to help pay for housing, food, and other necessary expenses. Eligible families receive cash aid, Medi-Cal and Food Stamps. Most aided parents are required to participate in the welfare-to-work program.

In addition to cash assistance, there are other benefits and programs for which a CalWORKs participant may qualify and/or is required to participate. These include food stamps, medical coverage, child support, welfare-to-work program, family planning, child health and disability prevention, social services, and

childcare.

■ **Welfare-to-Work (WTW)**

California's Welfare-to-Work program is designed to assist individuals who are receiving assistance through the CalWORKs Program to transition as rapidly as possible from dependency on public assistance into unsubsidized employment and self-sufficiency. The WtW program serves all of California and is locally operated by each county welfare department or its contractors.

All welfare-to-work participants receive an orientation to the program and appraisal of their education and employment background. Program participants may be eligible for help with child care, transportation, work-related or training-related expenses, and certain personal counseling related to problems that affect the outcomes of the individual's participation in welfare-to-work activities.

The welfare-to-work program helps family members acquire the skills to get a job. Unless exempt, applicants/recipients of CalWORKs are required to participate in welfare-to-work activities as a condition of receiving aid.

Parents or caretakers in families on welfare, unless exempted, are required to meet work requirements by participating in welfare-to-work activities such as unsubsidized employment, subsidized employment, work experience; community service; vocational training; mental health, substance abuse treatment, and domestic violence services; and educational services. Supportive services (childcare, transportation, and work related expenses) are provided to help individuals participate in their required program activities or accept work.

■ **Supportive Services**

All CalWORKs applicants and participants are advised of the availability of Supportive Services for domestic violence, mental health, and substance abuse. Most CalWORKs aided adults must work or participate in welfare-to-work activities for at least 32-35 hours per week, and the hours designated for Supportive Services are counted towards their weekly hour requirement.

CalWORKs supportive services are specifically designed to help individuals overcome barriers hindering them from obtaining and retaining employment. Significant barriers to employment are problems related to domestic violence, drug abuse and/or mental health. The range of available services is as follows:

- Domestic Violence -- individual and peer group counseling, legal services and court advocacy, household establishment and independent living skills, financial planning, and parenting education.
- Mental Health -- pre-crisis and crisis intervention, evaluation and assessment, individual service plans, individual and family counseling, group counseling, medication support, education and management, 24-hour treatment services, rehabilitation and support services, vocational rehabilitation, pre-employment preparation and support services, socialization, on-the-job supportive employment services, case management and brokerage, and other services under the Mental Health Rehabilitation Option.
- Substance Abuse - outpatient counseling, residential detoxification, day treatment services, satellite housing and perinatal outpatient counseling.

LOS ANGELES COUNTY CALWORKS PROGRAM

The lead agency for administration of Los Angeles County's CalWORKs Welfare-to-Work Program is the Department of Public Social Services (DPSS). The overall goal of the Los Angeles County CalWORKs program is to improve the lives of children and families by assisting adults/caretakers to become economically self-sufficient. Pursuant to this goal, the major objectives include:

1. Helping participants secure employment.
2. Helping participants retain employment.
3. Helping participants secure employment with sufficiently high earnings to no longer qualify for cash assistance.

In Los Angeles County, the CalWORKs program includes specialized supportive services for mental health, substance abuse and domestic violence to assist participants in overcoming barriers to employment, job maintenance and job advancement.

Since the fall of 1997, the County Department of Mental Health, Department of Public Health—Alcohol and Drug Program Administration, and Department of Community and Senior Services have been actively involved in planning with DPSS and appropriate constituencies to develop these services.

■ **Greater Avenues for Independence (GAIN)**

CalWORKs Welfare-to-Work services are provided by L.A. GAIN (Greater Avenues for Independence), which is Los Angeles County's comprehensive WTW program for families receiving TANF CalWORKs.

In 1997 DPSS determined that the tradition of referring to individuals and families who requested the services of DPSS as "recipients", communicated a passive role and dependent relationship to the department. The term "participant" reflects the more equal and active role parents will play in CalWORKs by taking control of their own lives and working toward full economic independence. In response to this recommendation, DPSS adopted the term "participant", not only for CalWORKs, but also for all programs.

The primary objective of L.A. GAIN is to help CalWORKs participants develop financial self-sufficiency through employment. After aid is approved, nonexempt participants are required to participate in WTW activities. GAIN provides motivational and goal setting workshops, intensive job finding workshops, and short-term job-focused training and education. It pays for childcare and transportation. It partners with local school and community college districts, job search provider sites, vocational assessors, child care resources, referral agencies, and adolescent and family life agencies.

Mental health and substance abuse treatment, and domestic violence services are available to participants as a supportive service activity to assist in overcoming barriers to employment. Supportive Services also include childcare, transportation, and work related expenses to enable participation in WTW activities. Parents are also required to cooperate with the District Attorney to obtain child support, and verify immunization and

school attendance for their children.

There are seven GAIN regional offices and 24 district offices in L.A. County, serving approximately 80,000 participants annually. The GAIN Services Worker (GSW), together with the CalWORKs participant, develops the WTW plan to include treatment services in any and all supportive services.

B. KEY PROVISIONS OF CalWORKs

GENERAL ELIGIBILITY

CalWORKs is a welfare program for people who have children under 19 years of age. To qualify for aid, one must either have children living at home or be pregnant.

CalWORKs payments are issued in the form of a debit card. The amount of a family's monthly assistance payment depends on a number of factors, including the number of people who are eligible and the special needs of any of those family members. The income of the family is considered in calculating the amount of cash aid the family receives.

Specific eligibility requirements take into account an applicant's citizenship, age, income, resources, assets and other factors. Generally, services are available to:

- Families that have a child(ren) in the home who has been deprived of parental support or care because of the absence, disability or death of either parent.
- Families with a child(ren) when both parents are in the home but the principal wage earner is unemployed or working less than 100 hours a month.
- Needy caretaker relatives of a foster

child(ren).

Children 18 years or older qualify for aid only if they are in high school or training full-time and expect to graduate on or before their 19th birthday. A pregnant woman with no other children may qualify for aid during her third trimester.

Under the 1996 federal welfare reform law, most legal immigrants or legal non-citizens are ineligible for food stamps and SSI. Exceptions to the new restrictions include refugees and asylees for their first 5 years in the US. Active duty military and veterans of US armed forces and their spouses and children under age 21 are exempted.

Also exempted are persons who have worked 40 qualifying quarters (ten years) and their spouses; if they have 40 work quarters, they qualify for their legal non-citizen children as well. Although legal immigrants are not barred from receiving TANF monies, receipt of such public benefits can adversely affect their immigrant status if they are deemed a public charge when the cash welfare is for their own use. Receipt of cash welfare by the legal immigrant's children or family members will not affect his/her immigration status unless such benefits are the family's only income.

In California, immigrant eligibility has not changed for CalWORKs, Medi-Cal, or General Relief. That is, legal immigrants may qualify for CalWORKs and other public benefits if they meet the eligibility requirements. Undocumented persons and illegal immigrants cannot receive CalWORKs. However, their children who are U.S. citizens may qualify for CalWORKs and Medi-Cal.

OTHER PROGRAMS AND BENEFITS

There are many other programs and benefits

for which a CalWORKs family may qualify:

- **Food Stamps:** In most cases, eligible CalWORKs families qualify for food stamps to help meet their nutritional needs. Often, the CalWORKs application is automatically used by the County to assess the family's food stamp eligibility.
- **Medical Coverage:** In most cases, each member of the family receiving CalWORKs will also qualify for Medi-Cal, which will pay for most medical costs.
- **Child Support:** If the family includes a child aided by CalWORKs whose parent is not living with the caretaker, the County will automatically notify the County District Attorney's (D.A.'s) Office. The DA will provide all necessary child support services, including establishing paternity, establishing and enforcing a support obligation, and collecting support payments.

If the child's paternity has not been previously established, the adult caretaker is required to help the county child support agency do so. This may mean participating in an interview and submitting the child to blood testing if the alleged parent, once contacted, refuses to acknowledge paternity.

- **Welfare-To-Work Program:** The Welfare-To-Work Program helps family members acquire the skills needed to get a job. Unless exempt, all CalWORKs participants are registered to participate in Welfare-To-Work activities as a requirement for CalWORKs. Exempt participants may also volunteer to participate.
- **Family Planning:** Any member of the

family can get information about methods for planning family size, deciding when to have children and preventing unwanted pregnancies. The County will provide information when a person asks for it.

- **Child Health and Disability Prevention (CHDP):** Regular, preventative medical check-ups are available to help protect those members of the CalWORKs family who are under the age of 21. The County will provide the family with information about this benefit.
- **Social Services:** If the family needs help with an issue, such as drug abuse or legal problems, a social worker is available to help. The family may request that the County provide a telephone number that can be called 24 hours a day.
- **Child Care:** Families that receive CalWORKs may also be eligible for childcare services, such as help in paying for childcare costs. The County will explain to the family what services are available.

SUPPORTIVE SERVICES AVAILABLE TO PARTICIPANTS

Welfare reform provided funding for a range of supportive services that are intended to enable CalWORKs participants to obtain and maintain employment.

- **Child Care and Development Services.** Subsidized childcare is provided for a child age ten or under, disabled or under court supervision. This is a direct payment system where providers are paid directly by the county. Referral is made to the local child care resource and referral program, which must provide at least four referrals and can made referrals to both

licensed and license exempt providers. The participant has a choice of a provider, including a provider exempt from licensing. Before and after school programs are authorized.

- **Transportation.** Cost of transportation to and from work activities, including supportive services that are part of the participant's welfare-to-work plan and screening/ assessment, are provided. Transportation costs are also available for the participant and child(ren) to travel to and from childcare.
- **Ancillary Expenses.** Work or training related costs, such as books, protective clothing, tools, etc. are also covered.
- **Mental Health.** The Department of Mental Health is required to provide mental health assessment and treatment services to CalWORKs participants who have mental health barriers to employment. Mental health services can be part of the WTW plan when necessary for employment and are voluntary.
- **Domestic Violence.** Applicants and participants who are past or present victims of domestic abuse cannot be placed at further risk or unfairly penalized by CalWORKs requirements and procedures. The county can waive on a case-by-case basis any program requirement or activity that would impede escape from abuse, for as long as necessary.
- **Substance Abuse.** The GAIN Services Worker may refer a participant for evaluation and treatment services for substance abuse where warranted. Substance abuse services are part of the WTW plan when necessary for employment. When substance abuse is

demonstrated and is a barrier to employment, the participant is required to attend a substance abuse assessment, but treatment is voluntary.

CALWORKS/GAIN PROCEDURES

Once a person is determined eligible for CalWORKs assistance, he or she will have to meet certain work requirements (unless exempt). Penalties (sanctions) are imposed if these requirements are not fulfilled. Participants must engage in welfare-to-work activities during the time they are aided.

The following is a brief overview of the major CalWORKs/GAIN stages that a participant undergoes.

Intake

DPSS sets up an interview with an Eligibility Worker at a DPSS CalWORKs district office to obtain facts and verify eligibility. Applicants must have an eligible child (prove they have a child). They also must provide the County with proof of income and property, citizenship status, age, social security number, residence, shelter costs, work or school status and other information. Similar information may be requested for all of the people in the home.

At the interview, the County will advise applicants of the rules that must be met to be eligible for CalWORKs. If the County determines that the applicants are eligible for CalWORKs, the family will receive monthly payments from the county welfare department until determined ineligible. On-site orientation for mental health, substance abuse, and domestic violence services available to participants may also occur at this time.

Orientation and Appraisal

Participants who are not exempt from welfare-to-work activities are referred to GAIN, where they receive an orientation to the GAIN program and an appraisal. At the initial appraisal, information on employment history, skills, need for supportive services, and other information are obtained to determine what the appropriate welfare-to-work activities might be.

The appraisal is not required of participants who indicated they have an immediate need and are receiving expedited GAIN services for domestic violence, mental health, or substance abuse services.

Job Club/Job Search

A CalWORKs participant is enrolled in GAIN and subsequently is assigned to a job search and job club for a minimum of three weeks. The jobs search skills workshops are offered in several languages. After the workshop, participants are aided in looking for a job.

Vocational Assessment

If a participant does not find a job during the job search/job club phase, then the GSW refers the participant to a vocational assessment to develop welfare-to-work activities customized for that particular participant. The vocational assessment entails a review of work history, skills, education, testing and screening, need for supportive services, and physical or mental conditions impairing the participant's ability to get a job. If the participant disagrees with the assessment, he or she can request a third party assessment. The participant's employment plan is developed by the assessor at this point or a referral back to the GSW is made if a need for mental health, substance abuse, or domestic violence services is identified.

Clinical Assessment

CalWORKs participants are screened for mental health and substance abuse issues at various stages in the process. If the participant acknowledges having a mental health concern or appears to have a mental health problem that interferes with job search or employment, the GSW will refer the participant for a mental health clinical assessment. Similarly, if the participant self-discloses a substance abuse problem, the GSW will make a referral for a substance abuse assessment. Attendance to the assessment appointment is required; however, subsequent treatment is voluntary. If a treatment component is opened, mental health and/or substance abuse treatment becomes part of the participant's Welfare-to-Work plan.

Welfare-to-Work (WTW) Plan

The welfare-to-work (WTW) plan, which is mutually developed by the participant and GSW, outlines the activities to move the participant from welfare-to-work. The plan lists the assigned activities and supportive services the participant will receive.

If a clinical assessment indicates mental health or substance abuse treatment is needed, the results of the treatment referral will be included in the plan. The GSW and participant must agree on the plan and sign it; the participant has one opportunity to change the plan within 30 days of the program start date.

Approved Welfare-to-Work Activities

- Unsubsidized employment.
- Subsidized public sector employment (job in which a county, state or federal government subsidizes a portion).
- Subsidized private sector employment (job where the county gives the CalWORKs check to the employer to offset the participant's wages).
- Public or private work experience (unpaid work experience limited to 12 months unless the county extends it).
- On-the-job training.
- Work-study.
- Self-employment.
- Community service.
- Adult basic education (including English as a Second Language if needed for employment).
- Job skills training leading directly to employment.
- Vocational education and training, including college, community college, and regional occupation centers, if necessary for employment.
- Education directly related to employment.
- Job search and job readiness assistance.
- Secondary school or studying for a GED if the education is necessary for employment.
- Treatment services related to mental health, substance abuse, and domestic violence and family preservation services that are necessary to obtain employment.
- Other activities necessary to help get a job.

Welfare-to-Work Activities

It is mandatory for participants to be engaged in allowable work activities to continue receiving cash aid. Although there used to be an 18-24 month time limit to participate in approved GAIN activities, such as training, education and supportive services, effective December 1, 2004, Senate Bill 1104 eliminated the 18-24 month cumulative time limit for CalWORKs participants. Now a participant may receive these services for all 60 months. The table on this page lists the approved welfare-to-work activities. A single

parent must work or participate in WTW activities for 32 hours a week. Two parent families must work or participate in WTW activities for 35 hours a week.

Post-Employment Services

Post-employment services (PES) are available to help participants stay employed and promote the attainment of wages that enable self-sufficiency.

EXEMPTIONS

Certain persons are exempt from WTW activities, but the exemption may not apply if the status of the individual changes. The list of exemptions from WTW activities may be found on Page 2-13. Any exempt person may volunteer to participate in welfare-to-work activities and must have an open GAIN component in order for the treatment provider to bill CalWORKs.

NON-COMPLIANCE AND SANCTION

Welfare-to-Work (GAIN) participation is mandatory for all able-bodied CalWORKs participants, unless exempted. A CalWORKs participant can be sanctioned (penalized) for non-compliance with mandated WTW activities.

Sanctions do not apply to WTW volunteers. The sanction for failure to participate in work activities or community service is removal of the adult portion of the grant.

The financial sanction results in a reduction of the cash grant. Vouchers or vendor payments for rent and utilities must be issued where the parent or caretaker is sanctioned for three months or more, and is stopped when the sanction ends.

C. TIME LIMITS

60-Month or 5 Year Time Limit – Starts when aid is approved

The federal government imposed a cumulative 60-month (5-year) time limit on receipt of TANF received in any state. The 60 months need not be 60 months in a row. The five-year limit took effect on January 1, 1998. Time

limits are imposed to move recipients off aid as quickly as possible and into self-sufficiency.

Time limits do not apply under certain circumstances, including when the parent(s) is age 60 or older, disabled, 16 or 17 years of age, or the assistance unit is headed by non-needy relative caretakers.

CalWORKs has a cumulative five-year life time limit on receipt of cash aid, including TANF aid from other states, and requires recipients to meet strict work participation requirements. Families receiving cash aid are required to obtain immunizations for all pre-school children and all school-age children are required to attend school regularly. After five years on aid, a safety net will provide aid to children.

CONTINUING BENEFITS FOR CHILDREN

After 60 cumulative months of aid, any parent or caretaker relative who is not exempt from time limits will be removed the assistance unit. His or her countable income is deducted from the family's maximum grant to calculate the amount of benefits given to the children remaining in the assistance unit. Such "safety net" benefits are given in cash or vouchers at county option.

WTW participants terminated under time limits are ineligible for General Relief assistance until all children on whose behalf aid was received reach age 18.

DOMESTIC VIOLENCE

California has adopted the federal option of permitting the exemption of recipients who have been “battered or subjected to extreme cruelty.” The state intends that past or present victims of abuse not be placed at further risk or unfairly penalized by CalWORKs requirements and procedures.

The family violence option requires the waiving of any program requirement – including time limits – if a connection exists between the abuse and the need for the waiver.

D. TANF REAUTHORIZATION

On February 8, 2006, President Bush signed the Deficit Reduction Act (DRA) of 2005. It includes provisions to reauthorize TANF through fiscal year 2010 and build on this program’s success in transitioning families to self-sufficiency. The DRA of 2005 maintains state flexibility and many provisions of PRWORA, but it includes some changes to improve the effectiveness of the program such as strengthening work participation requirements. As a result of the DRA, on June 29, 2006, the Department of Health and Human Services (HHS) issued regulations regarding the Temporary Assistance for Needy Families program. These regulations define the activities that may be counted toward the work participation rate requirements, describe how the states must monitor and verify the hours that TANF recipients participate, and add to the participation rate calculation some categories of parents who only receive benefits on behalf of their children.

The TANF work participation rate is a measure of the proportion of TANF recipients

that are engaged in a specified set of work activities for at least a minimum number of hours weekly. Work activities are defined in two categories: Core activities and non-core activities. Core activities can count toward all hours of participation, while non-core activities can only count for some of the required hours.

- **Core Activities:** Of the 32/35 required weekly participation hours, at least 20 hours must be in core WtW activities, with some exceptions. Core activities include unsubsidized employment, subsidized employment, work experience, on-the-job training, supported work or transitional employment, work-study, self-employment, community service, vocational education and training, job search and job readiness assistance (with limitations on duration). Study time counts toward participation hours in education-related activities. Participation in vocational education/training as a WtW activity is limited to a cumulative total of 12 months during a participant’s time on CalWORKs cash aid.

- **Non-Core Activities:** If the participant is participating in 20 hours of core activities, the remaining 12/15 hours of participation may be in either core or non-core activities. Non-core activities include adult basic education, general education development (GED), English as a second language (ESL), job skills training directly related to employment, education directly related to employment, mental health, substance abuse, and domestic violence services, vocational education/training beyond the limitation of 12 months, and other activities necessary to assist the participant in obtaining unsubsidized employment.

The new federal definitions limit the set of work activities for which states can get credit toward their participation rate. The

regulations include limits on the extent to which activities designed to address barriers to employment—such as mental health and substance abuse treatment—can count toward the participation rates and impose significant limitations on education and training. As a result, only 6 weeks of mental health treatment count toward this participation rate; thereafter, if the participant does not participate in concurrent GAIN activities that total 32 hours per week, the county loses federal dollars for that participant.

Still, the position of the Los Angeles County DPSS has been to provide specialized supportive services to participants while limiting the participant's hours of concurrent activities as needed on a case-by-case basis. The mental health provider, using his or her clinical judgment, determines the ability of his or her client to participate in additional activities and provides a recommendation for hours of participation in GAIN activities. The provider then re-assesses the participant at 3-month intervals—or any time the participant demonstrates a significant change in his or her functioning and motivation—and provides updates to GAIN regarding that participant's ability to increase hours of participation in additional welfare-to-work activities.

CalWORKs mental health services are not intended to be long-term; rather, the focus of treatment should be those mental health barriers that prevent the individual from getting and keeping a job. Within three months of the participant entering mental health treatment, if the provider determines that the participant is not able to participate a total of 32/35 hours per week in GAIN activities (including mental health services), the provider may be asked by GAIN to complete a Medical Exemption form (CW61 and CW61B) attesting to the participant's current inability to participate full-time in GAIN, thereby exempting the client from

participation. The clinician may determine that because of severe symptoms of mental illness and low functioning the client is unlikely to be able to work in the near future and may be more appropriate for SSI. At that point, the clinician may discuss the SSI application process with the client and assist in completing the necessary forms. Services may continue to be billed to CalWORKs until the determination by Social Security Administration to approve or deny the SSI application; documentation should reflect ongoing treatment interventions and client responses.

CalWORKs AND WELFARE-TO-WORK EXEMPTIONS – “CLOCK STOPPERS”

EXEMPTED MONTHS FROM THE 60-MONTH TIME LIMIT

Participant is not enrolled in GAIN; no CalWORKs supportive services unless volunteer; continue to get cash aid, Medi-Cal, and food stamps. Stops the 60-month clock, but clock starts again once reason for exemption no longer exists. Can volunteer for GAIN without losing exemption and get supportive services. Certain persons are exempt from WTW activities. The exemption may no longer apply if the status of the individual changes. The following lists the exemptions from WTW activities. Any exempt person may volunteer to participate in welfare-to-work activities. Must bill Medi-Cal for mental health supportive services, unless the client volunteers. Otherwise, cannot bill CalWORKs.

Months in which a participant is:

- 60 years or older.
- Under 16 years.
- Age 16 or 17 and attending school full-time.
- Receiving disability (SSI, IHSS, Workers compensation, or State disability insurance) benefits and the disability impairs ability to work.
- Nonparent caretakers who are caring for a child who is a dependent or ward of the court or at-risk of foster care, if the county determines that caretaking responsibilities make it impossible for the caretaker to be regularly employed or from participating in welfare-to-work activities.
- Caring for ill or incapacitated household member, and the caretaking responsibilities prevents the caretaker from being regularly employed or to participate in welfare-to-work activities.
- Participant is eligible for Cal Learn.
- An abuse victim or survivor, where imposition of the time limit would make it difficult to escape abuse, or would otherwise be detrimental or unfairly penalize the recipient.
- The cost of the cash aid provided to the participant is fully reimbursed by child support.
- **Incapable of maintaining employment or participating in work activities, as determined by the county.**
- Not included in the assistance unit (child-only cases).
- **Disabled over 30 days and not receiving SSI, etc. (need medical proof of disability).**

EXEMPTIONS FROM WELFARE-TO-WORK ACTIVITIES

Participant is not enrolled in GAIN; no CalWORKs supportive services unless volunteer; continue to get cash aid, Medi-Cal, and food stamps. Stops the 60-month clock, but clock starts again once reason for exemption no longer exists. Can volunteer for GAIN & WTW activities without losing exemption and get supportive services.

Must bill Medi-Cal for mental health supportive services, unless the client volunteers. Otherwise, cannot bill CalWORKs.

Months in which a participant is:

- 60 years of age or older.
- Under 16 years of age.
- Age 16 or 17 and attending school full time.
- **Disabled for 30 days or more (need medical proof of disability).**
- Caring for a child under 12 months old or subsequent child under six months old.
- Pregnant, with medical verification that the pregnancy hinders the participant's ability to participate or work.
- Nonparent caretakers who are caring for a child who is a dependent or ward of the court or at-risk of foster care, if the county determines that caretaking responsibilities make it impossible for the caretaker to be regularly employed or from participating in welfare-to-work activities.
- Caring for ill or incapacitated household member, and the caretaking responsibilities prevents the caretaker from being regularly employed or to participate in welfare-to-work activities.

LIMITED PARTICIPATION, CLOCK-STOPPERS/EXEMPTIONS, & EXTENDERS

| | LIMITED PARTICIPATION | WTW MEDICAL OR TIME-LIMITED EXEMPTIONS – “CLOCK-STOPPERS” | EXCEPTIONS/ EXTENDERS |
|---|---|---|--|
| How is the 60-month time limit affected? | “The clock still ticks,” but the participant is excused from full-time Welfare-to-Work activities. | “Clock-stopper” – stops the TANF 60-month time limit. | No time clock – the 60-months have been reached. “Over- time services” |
| How long can this last? | Maximum 3 months. Must be renewed if needed. | Maximum 1 year. If necessary to renew, strongly consider SSI application. | Until child reaches age 18. |
| What supportive services are available? | All supportive services, including mental health, substance abuse, domestic violence, childcare and transportation. | Supportive services are available as long as the participant volunteers for GAIN. | Supportive mental health services, provided the participant is involved in community services or need for ongoing services determined. |
| Who can request this service? | M.D. (Psychiatrist) or LMHP (Licensed Mental Health Professional) | M.D. (Psychiatrist) or LMHP (Licensed Mental Health Professional) | Participant informs GSW, who applies the extender. Mental health provider provides supporting documentation. |
| What form is used to request this? | GN6006B (page 2) and/or PA1923 | The participant can apply for an exemption using the California State form CW2186A or apply for a WiW medical exemption using the CW61 form along with the CW61A and/or CW61B form, or using the CW61 form and attaching a letter from an MD/LMHP. To volunteer for GAIN, participant must inform their EW or GSW and should present a supporting letter indicating their mental health provider. See sample letter to volunteer for GAIN | DPSS form. GSW has responsibility to determine. |
| How are services billed? | Bill CalWORKs by entering services in the CalWORKs plan. | 1. If volunteered for GAIN (Exempt Volunteer), then bill CalWORKs. 2. If not CalWORKs, bill Medi-Cal (Note: to bill Medi-Cal the client must meet medical necessity criteria). | Bill CalWORKs if extension for mental health reason. |

**County of Los Angeles - Department of Mental Health
CalWORKs Mental Health Supportive Services**

**CALWORKS MENTAL HEALTH
SUPPORTIVE SERVICES**

All mental health supportive services provided to CalWORKs participants must be directed toward the removal of mental health barriers to employment.

These services must be incorporated into the participant's GAIN Welfare-to-Work Plan that is developed in collaboration with the GAIN case manager.

**A. OVERVIEW OF CalWORKs
MENTAL HEALTH SERVICES**

MISSION STATEMENT

The overall goal of the Department of Mental Health's CalWORKs Supportive Mental Health program is to assist individuals to achieve long-term self-sufficiency for themselves and their families. With the advent of welfare reform, the Department is now able to offer mental health services at no charge to CalWORKs participants whose emotional condition presents a barrier to employment.

LACDMH strongly believes that CalWORKs participants can overcome their emotional or mental health barriers to employment through individualized, comprehensive, family-centered supportive services. It is the Department's philosophy to provide culturally appropriate, geographically accessible and integrated services to CalWORKs participants.

PROGRAM GOALS AND OBJECTIVES

DMH's CalWORKs Supportive Mental Health program provides a broad array of mental health supportive services to adult CalWORKs/GAIN participants whose clinical assessments have determined that they have a mental health related barrier to employment. Most studies indicate a higher prevalence of mental health disorders among welfare recipients than the general population.

These mental health services are family focused and include:

1. Comprehensive individual and family assessments and treatment planning;
2. Treatment and vocational services in coordination with an individual's GAIN welfare-to-work plan;

3. In cases where a secondary diagnosis of substance abuse is made in a person referred for mental or emotional disorders, the treatment and welfare-to-work plans shall also address the substance abuse treatment needs of the participant;
4. Providing services to victims of domestic violence; and lastly,
5. Assisting individuals identified as having severe and persistent mental disabilities to obtain appropriate benefits and aid, such as SSI.

To assist in this effort, LACDMH has authorized contracted and directly operated children and family agencies to provide CalWORKs related mental health supportive services to eligible adult CalWORKs participants.

B. TARGET POPULATION

LACDMH is responsible for providing systems of care that include State licensed and regulated mental health services for children, adolescents, adults, and older adults.

Traditionally, these services have been used primarily by residents with severe mental illnesses who do not have resources to access mental health services from other service providers.

In general, the CalWORKs target population is different from the traditional mental health population served by LACDMH. CalWORKs participants can range from individuals with severe and persistent mental disabilities to individuals with mild to acute emotional problems that present barriers to employment.

This population includes persons whose symptoms may not meet LACDMH's target population criteria for severe and persistent

mental illness. CalWORKs creates an opportunity to treat a broader range of mental illnesses. Services will include all DSM IV included diagnostic categories if they create a barrier to a participant's employment. These participants often have multiple needs and barriers, substance abuse problems, and have experienced domestic violence.

The expectation that participants will work in the near term is different from the long-term goals of persons with serious mental illness. Rather than long-term therapeutic efforts associated with psychiatric rehabilitation, the shift is toward more episodic treatment efforts, the goal of which is the stabilization of situations that impede participants from obtaining or maintaining employment. Treatment is short-term and time limited.

The targeted individuals include:

- Participants who upon entering GAIN, self-declare they have a substance abuse and/or mental health problem.
- Participants who upon entering GAIN, self-declare and are already in a mental health/substance abuse treatment program.
- GAIN participants who after Job Club/Job Search are unable to find employment and are identified during assessment as having a substance abuse and/or mental health problem.
- Participants who self-declare they have a substance abuse and/or mental health problem once they are already employed.

MENTAL HEALTH SERVICES TARGET POPULATION

| TRADITIONAL LACDMH TARGET POPULATION | CalWORKs LACDMH TARGET POPULATION |
|---|--|
| <ul style="list-style-type: none"> • Adults with severe and persistent serious mental illnesses • Adults with psychological and substance abuse problems • Incarcerated mentally ill • Homeless mentally ill • Diagnosis and level of functioning must meet medical necessity criteria | <ul style="list-style-type: none"> • Adults with anxiety, situational depression, problems with getting along with others that are mental health barriers to employment • Adults with multiple barriers or co-occurring situations, substance abuse, domestic violence, limited literacy/ illiteracy, child care problems, lack of transportation • Homeless CalWORKs families • Any DSM-IV-TR diagnosis (including V-Codes) |
| <ul style="list-style-type: none"> • Children with serious emotional disturbances (SED) • Parents seen as collateral | <ul style="list-style-type: none"> • Parents whose child has an emotional disturbance or physical illness that makes it a barrier to their employment • Parents with parenting, stress and anger management, and communications issues • Non-custodial and temporarily absent parents • CalWORKs participants (adults) can be treated by children agencies |

C. SCOPE OF SERVICES

SCOPE OF SERVICES

GAIN participants with mental health problems will be provided individualized services. Some participants have mental health problems that make it difficult to obtain and sustain employment. Others have children who have physical or mental health problems that make it difficult for them to cope with responsibilities on the job and at home.

Depression is another problem that has been identified for GAIN participants who have

found employment. The change in identity, while perhaps boosting self-esteem, also can lead to increased strain in the participant's life, leading to feelings of being overwhelmed by all the problems of balancing home and work.

The LACDMH CalWORKs program provides traditional and nontraditional mental health services to CalWORKs participants and their families. The County operated and private sector community based mental health agencies will incorporate a holistic systems approach to the provision of services to CalWORKs participants. Treatment models will include intensive outreach and case management with family focused treatment services.

MENTAL HEALTH PROBLEMS AND ISSUES

The level of mental health problems will range from serious and persistent mental illness, to disorders that impair work stability but can be treated, to serious but short-term problems resulting from stress or trauma. CalWORKs participants may present with problems in the following areas:

- Emotional/Behavioral problems
- Substance Abuse
- Unstable living arrangement
- Family Disruption
- Child with SED that presents (or does not present) an obstacle to work
- Medical Problems
- Domestic Violence and Sexual Battery
- Other issues or concerns

CalWORKs mental health issues may include skills related to:

- Stress Reduction
- Communication
- Socialization
- Conflict Resolution
- Anger Management
- Time Management
- Money Management
- Decision Making
- Literacy
- Employment Preparation
- Job Development & Placement
- Post-employment
- Appropriate Grooming
- Medication Management

EXISTING AND CalWORKs MENTAL HEALTH SERVICES

| REGULAR OUTPATIENT MENTAL HEALTH SERVICES | CalWORKs MENTAL HEALTH SERVICES |
|--|--|
| <ul style="list-style-type: none"> • Long-term ongoing treatment • Individual focused • Clinic based • Case management support | <ul style="list-style-type: none"> • Short-term • Individual and family-focused services • Clinic and community based services • Community outreach services |

MENTAL HEALTH SERVICES

Agencies may provide a range of supportive mental health services to CalWORKs/GAIN participants that are designed to eliminate mental health barriers to employment:

1. Outpatient Mental Health Services.

- Crisis Intervention
- Individual and Family Assessments
- Individual, Group and Collateral visits
- Specialized Vocational Assessments

- Life Skills Support Groups
- Parenting Effectiveness
- Medication Support
- Case Management Brokerage, Linkage and Advocacy
- Rehabilitation & Support, Vocational Rehabilitation and Employment Services
- Home Visits, Follow-up calls
- Community Outreach

2. Pre- And Post-Employment Emotional Supportive Services, including Life Skills group support, individual and group therapy to prepare for transition to work and to help manage anxiety and stress related to adjustment to work.
3. Community Outreach Services
Community outreach services include Mental Health Promotion and Community Client Services. Mental Health Promotion includes outreach presentations and consultation at local DPSS offices and other locations where potential CalWORKs clients may be present. Community Client Services include contacting CalWORKs participants prior to their intake appointments or after they missed their initial clinical appointments, conducting groups where CalWORKs participants are present but no case is open for the CalWORKs attendee, and Child Watch services while the parent is in a session.

Regardless of where the individual receives services -- from an Adult or Children's CalWORKs agency -- these services will be "Family focused". LACDMH defines "Family focused" services as

- Assessing the functioning of individuals and their families as a whole, and
- Assisting these individuals and their family members to achieve self-sufficiency.

D. COORDINATION

LACDMH collaborates with the County Department of Public Social Services as well as the Department of Children and Family

Services, Family Preservation providers, school districts, alcohol and drug treatment providers, and other agencies as appropriate. Ongoing interagency collaboration is crucial for creative program development.

LACDMH's collaboration activities are as follows:

- Department of Public Social Services (DPSS and GAIN) — coordinating and approving services in the CalWORKs Welfare-to-Work plans
- Department of Public Health programs – implementing appropriate substance abuse treatment and collaborating with substance abuse providers
- Department of Children and Family Services and Probation Department - regarding children under their supervision
- Family Preservation agencies that also serve TANF parents
- Agencies that provide employment and vocational services for participants
- Los Angeles County Community and Senior Services (CSS) and providers of domestic violence programs
- Child Care providers

E. TREATMENT

PROVISION OF SERVICES

The recent federal and state welfare reform legislation mandates that GAIN participants with mental health problems that create a barrier to employment be offered mental health treatment services as a welfare-to-work supportive service. Mental health treatment services are designed to assist a participant's transition from welfare to work and to retain long-term employment.

Mental health treatment services include

evaluation; case management; individual, family, and group therapy; rehabilitation services; employment counseling; provision of community service jobs; or other appropriate services. Participants may receive supportive services such as childcare payments, transportation funds, and ancillary/work-related expenses for treatment.

Most participants receiving mental health services are expected to require more intensive services during the job preparation and job search phases. Once they are employed, many clients are likely to need less intensive services and are able to transition to support groups to help them maintain their new jobs.

A child and family agency may open adult cases for eligible CalWORKs participants. This requires agencies to establish a separate adult case (IS episode). If the participant already has a child in the program, the participant has the option to go to the children's agency or can go to an adults-only agency. If a participant is assessed as having a mental health or emotional problem, but refuses mental health treatment, he/she still can choose to be referred for mental health treatment anytime thereafter.

The needs of the CalWORKs participant require that the GSW and mental health treatment provider communicate in a timely and consistent manner. The signed Authorization for Request or Use/Disclosure of Protected Health Information allows the sharing of information regarding hours of participation in treatment, attendance, recommendations for hours of participation in GAIN, and other needs identified by the GSW and provider.

The exchange of information is necessary to effectively and successfully support the participant in both the DPSS and DMH

systems.

Significant changes, even if they do not result in an out-of-compliance determination, must be communicated in writing or by phone call to the GSW within 5 days of the event.

- *Form: PA 1923 – Treatment Services Verification*

The Treatment Services Verification, PA 1923, is used by the Treatment Provider to notify the CalWORKs district office that the participant has started treatment independent of being referred by GAIN. The mental health provider must complete sections A, B, and C, and the participant must sign and date Section G. Upon receipt of this form, DPSS verifies eligibility and transfers the participant's case to the Specialized Supportive Services Worker who will initiate an expedited referral to GAIN. The PA 1923 is due to the CalWORKs district office within fourteen (14) calendar days from the provider's identification of a CalWORKs participant.

- *Form: GN 6149 — CalWORKs Welfare-to-Work Notification*

The CalWORKs Welfare-to-Work Notification, GN 6149, is used by the GSW to acknowledge receipt of the PA 1923 and to inform the service provider whether or not the participant signed the Welfare-to-Work plan or was granted an exemption. When DPSS receives the PA 1923 from the provider, the form is reviewed and the participant's eligibility for CalWORKs is verified. The PA 1923 is then forwarded to the appropriate district and regional office where the Specialized Supportive Services eligibility worker reviews the case and updates the information on LEADER. The information is

then forwarded to the appropriate SSS GAIN Services Worker. The GSW is required to contact the participant to schedule an appointment to discuss adding the mental health supportive services to the WtW plan. The GSW is required to contact the service provider via the GN 6149 within three business days of this scheduled appointment with the participant to inform the provider of the outcome.

- *Form: GN 6006A—CalWORKs Clinical Assessment Results*

The CalWORKs Clinical Assessment Results form, GN 6006A Page 2, provides information about the participant and the scheduled clinical assessment. This form must be completed by the provider within 5 days after the clinical assessment appointment to inform GAIN of the participant's attendance and whether or not the participant will continue in treatment at that provider location.

- *Form: GN 6006B – CalWORKs Supportive Service Results*

The CalWORKs Supportive Services Results form, GN 6006B Page 2, is used to provide participant information to the provider and to communicate initial treatment results to the GSW. This information includes (1) the date treatment began; (2) the expected duration of treatment; (3) whether the treatment is considered full time; and (4) confirmation of whether or not the participant appeared for treatment. The provider must complete Section B of the GN 6006B. This report is due within five (5) workdays from the start of treatment.

- **PARTICIPANT'S RIGHT TO REFUSE SERVICES**

Mental health services after the clinical assessment are not mandatory for CalWORKs participants and, consequently, participants have the right to refuse any mental health treatment services, even if the provider feels treatment is essential. Participants have the right to request a third party clinical assessment if they do not agree with the results of the first clinical assessment.

If a participant agrees to the recommended treatment, satisfactory participation is required by DPSS unless good cause for failure to participate is established. Mental health treatment services based upon a professional evaluation are part of a participant's welfare-to-work plan, and mental health treatment hours are counted toward the work participation requirements.

The mental health provider must verify that the participant does not have a current open episode or an assigned Coordinator by reviewing the Episode Overview Screen and the Client Identification Screen.

1. Intake: The provider opens a CalWORKs episode in the IS by enrolling the client in the CalWORKs Plan. The provider is expected to complete an Adult Initial Assessment and to assign a Coordinator on the Client Identification Screen. If the client declines treatment services during the clinical assessment, the case may be opened and closed, and the assessment is billable to CalWORKs.
2. Client Care Coordination Plan (CCCP): A Client Care Coordination Plan is developed with the Coordination Cycle Date being the Initial Contact Date. CalWORKs services are authorized on the CCCP by adding the Start and End Date of the three-month period. The Client Care Coordination Plan is updated every three months on the service grid. The CCCP will expire one year from the

Coordination Cycle date.

3. CalWORKs Client Employment Plan: A separate CalWORKs Client Employment Plan is developed at the same time as the CCCP. The Employment Plan must be updated every three months and will expire with the Coordination Plan. It can be updated four times during the year and ends at the end date of the Coordination Plan.

- **Existing Client With Client Care Coordination Plan**

The mental health provider will transition the CalWORKs participant by first verifying the current open episode(s) by reviewing the Episode Overview Screen and verifying that there is a Coordinator assigned on the Client Identification Screen. If the CalWORKs Provider is not the current Coordinator, negotiations must be made to transfer the Coordination responsibilities to the CalWORKs provider.

1. Client Care Coordination Plan: The existing Client Care Coordination Plan (or the Coordination Plan, if a new CCCP has not been completed) will continue with the same Coordination Cycle. All SD/MC services currently authorized on the Client Care Coordination Plan will be given an End Date, which will be the date the client begins the CalWORKs program. The CalWORKs services are authorized on the existing CCCP by adding the Start and End Date of the three-month period.
2. CalWORKs Client Employment Plan: A CalWORKs Client Employment Plan is developed with the client to identify appropriate employment and vocational services. The Employment Plan will be updated every three months along with the CCCP.

- **CalWORKs Referral to SD/MC Services**

CalWORKs clients being referred for ongoing SD/MC Services are transitioned by ensuring the Coordinator assigned on the Client Identification Screen is the appropriate Coordinator. If not, negotiations must be made to transfer the Coordination responsibilities to the current service provider. CalWORKs episodes must also be closed on the Episode Overview Screen.

1. Client Care Coordination Plan: The existing CCCP will continue with the same Coordination Cycle. Services will be authorized on the Coordinated Plan by adding the Start and End Dates of each type of service. Mental Health Services are authorized for six months, while Medication Support and Targeted Case Management Services are authorized for one year.

REGULAR REPORTING OF PROGRESS

Regular communication with the participant's GSW is important to report compliance with the recommended program of treatment and to report changes that could affect the participant's ancillary supports such as transportation and child care. In the event that the participant is not attending the treatment appointments, he or she may be responsible for the resulting overpayment of transportation funds. In addition, when a participant is ready to participate in additional activities, the GSW may not enroll the participant in these activities until the provider indicates that additional hours are appropriate.

- *Form: GN 6008 – Progress Report*

The Service Provider Progress Report, GN 6008, is used by the provider to communicate the participant's attendance to treatment appointments as well as recommendations for hours of participation in concurrent GAIN activities. These Progress Reports are due every 3 months or whenever there are changes in the client's participation in treatment and/or his/her ability to participate in concurrent GAIN activities.

- *Form CW 61—Authorization to Release Medical Information (Medical Exemption)*

Some participants may present for treatment with severe psychiatric symptoms and poor functioning in multiple areas. In these cases, it may be appropriate to limit their participation in GAIN activities until their functioning improves. Unless the participant is exempt, GAIN requires 32 hours of weekly participation in approved activities. The participant may request an exemption from the GSW, who will then send the CW 61 form to the provider for completion; the provider may determine that the client should be exempt from the welfare-to-work requirements for a period of time or may determine that an exemption is not warranted. Once the exemption is received by the GSW, the client must volunteer for GAIN and request MHS as an exempt volunteer in order to continue to receive mental health services billable to CalWORKs.

NON-COMPLIANCE OR TERMINATION OF MENTAL HEALTH SERVICES

Participants evaluated as having a mental health problem are required to participate in a

treatment program, if that is part of their WTW plan. Failure to do so, without good cause, may result in an out of compliance determination by the GSW in consultation with the mental health treatment provider.

When a participant's WTW plan includes mental health treatment and employment services, the participant may be out of compliance with his GAIN employment service requirement if he or she terminates treatment. The GSW, in consultation with the mental health provider, must consider whether mental health or emotional problems caused or contributed to the failure or refusal to comply with the WTW plan. If so, a good cause determination can be made. Prior to imposing a sanction, the GSW must contact and consult with the last known mental health provider.

- *Form: GN 6007B - Enrollment Termination Notice*

The CalWORKs Supportive Services Enrollment Termination Notice, GN 6007B, is used by the provider to communicate treatment termination information to the GSW. The provider must complete all appropriate sections. The GN 6007B is due within three (3) workdays of a determination to terminate treatment.

CalWORKs QUICK FACTS

Things all CalWORKs Applicants/Participants Need to Know:

1. Time Limits:

- Cash aid is limited to 60 months total in a lifetime for most adults.

2. Welfare-to-Work Requirements:

- Adults must accept any legal job, unless otherwise exempted.
- Recipients must participate in an initial 4-week period of job search.
- Following job search, single parents will be required to work or participate in work activities a minimum of 32 hours per week.
- In two-parent families, one or both parents must work a combined total of 35 hours per week.

3. Importance of finding and keeping a job:

- Cash aid to participants who do not meet their work participation requirements is reduced by the adult's portion of the cash grant.

4. Supportive Services for persons to overcome employment barriers:

- Domestic violence services including counseling, medical and public health information, parenting skills training, financial planning and relocation activities.
- Substance Abuse services including evaluation and treatment.
- Mental Health services including assessment, case management, individual and group therapy, and rehabilitation.

5. Other support services for persons employed or in WTW activities:

- Help finding child care services.
- Money to pay for child care while working or in WTW activities.
- Money for transportation costs to and from employment or WTW activities.

6. The benefits of working:

- More spending money.
- Economic self-sufficiency and independence from welfare.

7. Once off cash assistance, participants may still be eligible for services:

- Child care services for 2 years.
- Continuing Medi-Cal coverage.
- Specialized supportive services (Post-time limited services or Post-employment services for up to 1 year).

County of Los Angeles - Department of Mental Health CalWORKs Mental Health Supportive Services

CalWORKs PROGRAM STANDARDS

Although the providers throughout the county are a diverse group and include directly operated clinics as well as private agencies, there are uniform standards by which CalWORKs mental health programs are evaluated. DMH CalWORKs Mental Health Supportive Services Program Administration is responsible for monitoring all CalWORKs mental health programs throughout the county. This monitoring occurs in several forms: annual site reviews, monthly Service Report Cards, and informal visits to provider agencies by the Service Area Coordinator. Monitoring entails an assessment of the providers' adherence to DPSS requirements as well as to DMH and Medi-Cal clinical standards for treatment and documentation.

A. CALWORKs SITE REVIEW

A site review is an on-site review of the agency's CalWORKs program that generally takes 6-8 hours. The review team consists of clinical/administrative staff from DMH CalWORKs Program Administration. During the visit, the CalWORKs program at that agency is discussed and a small sample of client charts is selected by the team for formal chart review. The review team assesses the overall functioning of the program based upon the agency's description of the program's operations, and the team assesses the quality

of care and compliance with clinical documentation standards on the basis of the chart review. In addition, any problems with staff providing services that are outside the scope of practice for their discipline or with non-clinical staff providing clinical services are addressed.

The review team rates the agency's compliance with DPSS requirements, which are delineated in the *DMH CalWORKs Bulletin No. 05-06, Provider Compliance with DPSS CalWORKs Program Requirements*, and include twelve performance standards. The team provides feedback to the agency staff at the end of the review, acknowledging strengths and weaknesses about the program, and makes recommendations for improvements to the program. A written report is generated and the agency is asked to respond to either a Quality Improvement Plan or a Corrective Action Plan. Each provider's District Chief will be responsible for ensuring compliance with the Corrective Action Plan.

B. SERVICE REPORT CARD

The Service Report Card was implemented in September 2006 as a way of encouraging providers to track and report important information about how their CalWORKs programs operate. Emphasis is on the aspects

of the program that reflect the ability to comply with the CalWORKs focus on engagement and short-term, intensive treatment, such as availability for assessment within 10 days, the frequency of contact for individual and group sessions, and clients' participation in concurrent GAIN activities. By reviewing the Report Cards regularly, DMH administrative staff may recognize patterns or problems early in order to make remedial recommendations.

informal site visits to address problems or concerns and to provide administrative support as needed. Problems identified and shared with administration at this more informal level may allow the program to rectify areas of concern early rather than wait until they are identified at a formal site review.

C. SERVICE AREA COORDINATORS

Each Service Planning Area (SPA) has a DMH CalWORKs Coordinator assigned to it. For any questions or concerns, a provider may contact the Coordinator for their SPA. The role of the Service Area Coordinator is to:

- 1) Provide leadership and technical support to the CalWORKs providers in the Service Area;
- 2) Provide information to providers about CalWORKs policies and procedures to promote compliance with CalWORKs program requirements and regulations;
- 3) Investigate problems and complaints by, about, and from participants, CalWORKs providers, DPSS and other County departments, DMH staff, and the general public;
- 4) Offer technical assistance and training to improve program and staff performance;
- 5) Promote and coordinate the CalWORKs programs in the Service Area;
- 6) Work with individual providers to create, support, and highlight successful CalWORKs programs; and
- 7) Link providers with appropriate resources to enhance services.

In addition, the Coordinator may make



COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
ADULT SYSTEMS OF CARE
CALWORKS MENTAL HEALTH SUPPORTIVE SERVICES

**DMH CALWORKS BULLETIN No. 05-06
PROVIDER COMPLIANCE WITH
DPSS CALWORKS PROGRAM REQUIREMENTS**

September 15, 2005

TO: All DMH CalWORKs Mental Health Supportive Services Providers

FROM: Dolores Daniel, Program Head
CalWORKs Program

SUBJECT: Provider Compliance with DPSS CalWORKs Program Requirements

-
1. Purpose
 2. Background
 3. DPSS Program Requirements
 4. Explanation of Requirements

1. PURPOSE

The purpose of this Bulletin No. 05-06 is to provide an overview of the DPSS program standards required of CalWORKs mental health providers as outlined the Memorandum of Understanding between DPSS and DMH.

2. BACKGROUND

In 2000 DMH signed a Memorandum of Understanding (MOU) with DPSS to provide mental health services to CalWORKs participants. The MOU required DPSS and DMH to monitor actual utilization of CalWORKs mental health services and related

expenditures. Additionally, the MOU contained a provision that DMH provide case specific information on each participant for whom payment was requested, i.e., name, social security number, case number, effective date of service, type of service provided, and effective termination date. See DMH CalWORKs Bulletin No. 05-03 CalWORKs Billing Reconciliation for more information about the reconciliation process.

In 2003 the MOU was amended to add additional monitoring requirements, including a review of the fiscal, service delivery and administrative aspects of contract agencies. The MOU required that DMH include the monitoring results in its Monthly Management Report (MMR).

In 2004 the MOU was further amended to include provider program requirements. DMH must ensure that the standards listed in the Performance Requirements Summary (PRS) are included in its contracts with CalWORKs mental health providers. DMH must also conduct monitoring to ensure performance of these standards.

3. DPSS PROGRAM REQUIREMENTS

The chart of DPSS Performance Requirements on the next page identifies the major services and standards of performance DPSS expects from DMH CalWORKs mental health supportive services providers. Compliance with these requirements is monitored at the same site visits conducted by DMH. Each requirement is scored on a scale of 0 (zero compliance) to 5 (full compliance).

It is important to note that the DPSS Performance Requirements are not an inclusive listing of all service requirements monitored DMH. While the DPSS Performance Requirements often address the delivery of services, DMH has program requirements that address quality of mental health services.

DPSS mandates that each agency's score must be at a minimum at least 75.0%, to reflect compliance with performance requirements. In the event that an agency's score is lower than 75.0%, DPSS requires that corrective action be taken. The agency will be required to develop a Corrective Action Plan, and DMH will schedule a follow-up site visit within 3-6 months to confirm that the corrective actions have been implemented.

| DPSS PERFORMANCE REQUIREMENTS | |
|--------------------------------------|---|
| 1 | Agency provides assessment/treatment services within 10 days of CASC/DPSS referral or within 2 days in cases of emergent needs. |
| 2 | Agency has bilingual staff available to provide services to CalWORKs participants. |
| 3 | Licensed and/or waived clinical staff provides mental health services. |
| 4 | Staff receive training and updates of CalWORKs, i.e., attends CW 101, CW Quarterly Providers and Service Area meetings. |
| 5 | The agency has a Quality Assurance protocol/procedure in place. |
| 6 | The agency has procedures in place to receive, investigate and respond to a CalWORKs participant's complaint. |
| 7 | Agency complies with confidentiality provisions. |
| 8 | Staff tracks and reports to GAIN CalWORKs participants' progress towards employment. |
| 9 | Staff sends required GAIN documents to the GSW in a timely basis. |
| 10 | Staff terminates clients from the CalWORKs mental health supportive services program when the client has failed to attend treatment for 30 days and has failed to contact the provider. |
| 11 | The agency conducts community outreach activities targeted to potential CalWORKs supportive services clients. |
| 12 | The agency bills for CalWORKs services on a timely basis. |

4. EXPLANATION OF REQUIREMENTS

Below is a brief explanation of the DPSS program requirements. These are not intended to be all inclusive or exhaustive explanations of the requirements, but rather the same as the guidelines.

1. Agency provides assessment/treatment services within 10 days of CASC/DPSS referral or within 2 days in cases of emergent needs.

CalWORKs providers must have sufficient mental health treatment staff available to see CalWORKs participants within ten (10) days of a referral from GAIN or CASC. The timeframe for attending the clinical assessment was relaxed in 2007 from five days to ten. In the case of emergent needs, providers must be able to

see the participant within two days. This mandate is listed in the Performance Requirements identified by DPSS for CalWORKs mental health supportive services. When a provider cannot schedule an Intake/ Assessment appointment for a CalWORKs participant within 5 days, the provider must immediately complete the “Notice of Temporary Unavailability” form) and fax it to DMH.

2. Agency has bilingual staff available to provide services to CalWORKs participants.

Agencies should have bilingual staff and/or backup procedures to provide translators for non-English speaking CalWORKs participants. In the event these services are not available in-house, the agency should be able to provide an appropriate referral and assist in linking the participant with an appropriate resource.

3. Licensed and/or waived clinical staff provides mental health services.

DMH checks clinical staff licenses to confirm that the clinicians are in good standing with the appropriate professional licensing agency and that the license has not expired. If the license has expired or the therapist is not licensed or waived, DMH requires the agency THERAPIST cease providing clinical services immediately. In the event the therapist continues to provide the unauthorized services, the situation will be reported to the appropriate licensing authorities.

4. Staff receive training and updates of CalWORKs information, i.e., attends CalWORKs trainings, CalWORKs Quarterly Providers meetings, and Service Area meetings.

Agencies that are out of compliance with DPSS requirements are often the agencies that fail to send staff to attend CalWORKs meetings or trainings. DMH and DPSS provide current information on the CalWORKs programs requirements at the service area meetings and quarterly provider meetings. DMH submits the sign-in lists from each of these meetings to DPSS on a monthly basis. DMH staff also provides specialized training through its CalWORKs documentation and CalWORKs 101 trainings.

5. The agency has a Quality Assurance protocol/procedure in place.

Agencies must have an established, written policy describing the procedures to ensure quality of services and compliance with all local, state, and federal laws.

6. The agency has procedures in place to receive, investigate and respond to a CalWORKs participant’s complaint.

Agencies must have an established, written policy regarding responses to client complaints.

7. Agency complies with confidentiality provisions.

DMH must ensure that adequate provisions to keep DPSS participant records confidential are implemented and maintained. Providers must follow the State and DMH policies and procedures mandated for confidentiality. CalWORKs participant files must be kept in locked file cabinets in secured rooms accessible only to authorized personnel.

Agencies must obtain the participant's signed consent to release information authorizing disclosure of information to DPSS/GAIN and any other organization before any information is released. Such consents to release information must be updated on a yearly basis or sooner, according to the terms of the signed consent. Providers can disclose only the minimum information to DPSS/GAIN (i.e., number of hours of treatment, expected duration, ability to participate in other Welfare-to-Work activities) on the GN 6006B, GN 6008, or any other GAIN forms. Providers cannot disclose any other information, e.g. diagnosis, participant's health or mental status, etc.

8. Staff tracks and reports to GAIN CalWORKs participants' progress towards employment.

Agency staff must assess the participant's progress to determine if he/she can participate in a concurrent Welfare-to-Work activity and/or employment within six (6) months from start of treatment. Results must be documented on the GN 6008 under Section IV, Progress "Other."

9. Staff sends required GAIN documents to the GSW in a timely basis.

The agency must communicate the status of the participant's progress and treatment/service to GAIN staff using the appropriate form as follows:

Agencies must follow-up on CalWORKs, post-employment services (PES) and PTL participants who fail to comply with their scheduled mental health treatment appointments or drop out of mental health treatment. Additionally, PES and PTL participants must be placed in these components by GAIN.

10. Staff terminates clients from the CalWORKs mental health supportive services program when the client has failed to attend treatment for 30 days and has failed to contact the provider.

When a client has failed to attend treatment for over 30 days and the clinician has not been notified of a valid reason for the absence and attempts to contact

the client have been made the Therapist must terminate the client from the Mental Health program and notify GAIN.

11. The agency conducts community outreach activities targeted to potential CalWORKs supportive services clients.

The agency participates in on-site orientation at CalWORKs/GAIN offices, Job Services sites, or Refugee Immigrant and Training Employment (RITE) agencies to disseminate information on available mental health services. This includes outreach information and education to potential CalWORKs, PES and PTL participants at DPSS or other locations as designated by DPSS to provide awareness of available mental health service and to correct misconceptions about the CalWORKs WtW and supportive services programs. In reviewing an agency's COS activity, DMH takes into consideration the agency's CalWORKs COS allocation. For many agencies, outreach services to increase referrals are not applicable as there may already be a waiting list to begin services.

12. The agency bills for CalWORKs services on a timely basis.

The agency must submit its CalWORKs claims to DMH on a monthly basis, because the DMH submits these claims to DPSS on a monthly basis. The DMH site visit includes a review of the agency's billing, and when claims are few or not entered at all for a month, then the billing procedures are questioned. In addition, when no billing or low billing is indicated, the question is raised as to why the agency is providing few or no services to CalWORKs participants.

DMH MENTAL HEALTH CLINIC SERVICE REPORT CARD

Name of Provider:

Date:

Contact Person:

Phone #:

Total # of Open CalWORKs Cases:

of DPSS & CASC Service Advocate referrals:

of clients that started treatment:

checked for CalWORKs eligibility using PA1923:

Rating Period: Month of

clients that showed for assessment:

of referrals from other referral sources:

of new clients with co-occurring Substance Abuse:

| DMH PERFORMANCE REQUIREMENTS | | | | Comments |
|------------------------------|--|---------------------------------|--------------------------------|----------|
| 1 | Agency provides assessment/treatment services within 10 days of CASC/DPSS referral or within 2 days in cases of emergent needs. | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| 2 | Client starts treatment the week after assessment. If not, when may the client begin treatment? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| 3 | # of clients seen for treatment for 1-5 hrs each week: <input type="text"/> # of clients seen for treatment for 1-2 hrs every 2 weeks: <input type="text"/> # of clients seen once each month: <input type="text"/> | | | |
| 4 | Specify # of clients currently participating in concurrent GAIN activities: (as indicated by your recommendation on GN6006B or GN6008). <input type="text"/> | | | |
| 5 | 70% of CW mental health clients are required to be in concurrent GAIN activities after 6 months. Specify # of your clients unable to participate in concurrent GAIN activities after 6 months: <input type="text"/> | | | |
| 6 | CalWORKs clients not able to engage in additional GAIN activities within 6 months are identified as SSI appropriate. Specify # of cases that applied for SSI this month: <input type="text"/> | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| 7 | Staff terminates clients from the CalWORKs mental health supportive services program when the client has failed to attend treatment for 30 days and engagement attempt have been unsuccessful. Number of cases closed in this period due to lack of c <input type="text"/> | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| 8 | Agency has CalWORKs-specific groups to accommodate more clients (If applicable based on treatment slots and clinical staff). | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |

Specify the number of CalWORKs cases closed during this rating period that successfully completed treatment:

Additional Agency Information about CalWORKs operation:

CalWORKs staff dedicate 100% of time to CalWORKs service. YES NO

If no, please indicate % of time devoted to CalWORKs service for each CalWORKs staff member below:

Clinical team at the agency: (# of staff providing service to CalWORKs clients; indicate team configuration below)

- Psychiatric Social Worker II (licensed)
- Psychiatric Social Worker I (MSW, waived, not yet licensed)
- Registered Nurse
- Marriage & Family Therapist I (Waivered, not yet licensed)
- Marriage & Family Therapist II (licensed)
- Clinical Psychologist
- Medical Case Worker (Case Manager)
- Psychiatric Technician
- Mental Health Services Coordinator
- Community Worker
- Interns (specify discipline)
- Student worker
- Employment Specialist
- Occupational Therapist
- Other:

Describe any Problems with GAIN this Month:

OTHER COMMENTS:

DMH MENTAL HEALTH CONTRACT AGENCY SERVICE REPORT CARD

Name of Provider:

Contact Person:

Date:

Phone #:

Total # of Open CalWORKs Cases:

Rating Period: Month of

of DPSS & CASC Service Advocate referrals:

clients that showed for assessment:

of clients that started treatment:

of referrals from other referral sources:

checked for CalWORKs eligibility using PA1923:

of new clients with co-occurring Substance Abuse:

| DMH PERFORMANCE REQUIREMENTS | | | | Comments |
|------------------------------|--|--------------------------|--------------------------|----------|
| 1 | Agency provides assessment/treatment services within 10 days of CASC/DPSS referral or within 2 days in cases of emergent needs. | YES | NO | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2 | Client starts treatment the week after assessment. If not, when may the client begin treatment? | YES | NO | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3 | # of clients seen for treatment for 1-5 hrs each week: <input style="width: 50px; height: 25px;" type="text"/> # of clients seen for treatment for 1-2 hrs every 2 weeks: <input style="width: 50px; height: 25px;" type="text"/> # of clients seen once each month: <input style="width: 50px; height: 25px;" type="text"/> | | | |
| 4 | Specify # of clients currently participating in concurrent GAIN activities: (as indicated by your recommendation on GN6006B or GN6008) <input style="width: 50px; height: 25px;" type="text"/> | | | |
| 5 | 70% of CW mental health clients are required to be in concurrent GAIN activities after 6 months. Specify # of your clients unable to participate in concurrent GAIN activities after 6 months: <input style="width: 50px; height: 25px;" type="text"/> | | | |
| 6 | CalWORKs clients not able to engage in additional GAIN activities within 6 months are identified as SSI appropriate. Specify # of cases that applied for SSI this <input style="width: 50px; height: 25px;" type="text"/> | YES | NO | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7 | Staff terminates clients from the CalWORKs mental health supportive services program when the client has failed to attend treatment for 30 days and engagement attempt have been unsuccessful . Number of cases closed in this period due to lack of c <input style="width: 50px; height: 25px;" type="text"/> | YES | NO | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8 | Agency has CalWORKs-specific groups to accommodate more clients (If applicable based on treatment slots and clinical staff). | YES | NO | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | |

Specify the number of CalWORKs cases closed during this rating period that successfully completed treatment:

Additional Agency Information about CalWORKs operation:

Negotiation Package Amount: \$ Additional Funding (If applicable) # of Treatment Slots

CalWORKs staff dedicate 100% of time to CalWORKs service. YES NO

If no, please indicate % of time devoted to CalWORKs service for each CalWORKs staff member below:

Clinical team at the agency: (# of staff providing service to CalWORKs clients; indicate team configuration below)

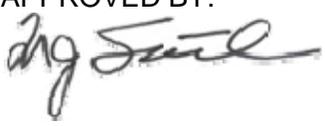
- Psychiatric Social Worker II (licensed)
- Psychiatric Social Worker I (MSW, waived, not yet licensed)
- Registered Nurse
- Marriage & Family Therapist I (Waivered, not yet licensed)
- Marriage & Family Therapist II (licensed)
- Clinical Psychologist
- Medical Case Worker (Case Manager)
- Psychiatric Technician
- Mental Health Services Coordinator
- Community Worker
- Interns (specify discipline)
- Student worker
- Employment Specialist
- Occupational Therapist
- Other:

Describe any Problems with GAIN this Month:

OTHER COMMENTS:



DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

| | | | |
|--|-----------------------------------|--|---|
| SUBJECT CLINICAL RECORD GUIDELINES: CONTENTS AND GENERAL DOCUMENTATION REQUIREMENTS | POLICY NO. 104.8 | EFFECTIVE DATE 04/15/05 | PAGE 1 of 5 |
| APPROVED BY:  <div style="text-align: right;">Director</div> | SUPERSEDES 104.8 | ORIGINAL ISSUE DATE 09/01/04 | DISTRIBUTION LEVEL(S) 2 |

PURPOSE

- 1.1 To provide general guidelines related to the organization and contents of the clinical record.
- 1.2 To provide minimum documentation guidelines applicable to all mental health services provided by the Department of Mental Health (DMH) regardless of payor source.

POLICY

- 2.1 Employees of DMH must adhere to established guidelines related to the organization and contents of the clinical record (Sections 4.1 and 4.2).
- 2.2 Employees of DMH must adhere to general documentation guidelines as set forth in this policy (Sections 4.3, 4.4 and 4.5).

PROCEDURE

3.1 GENERAL GUIDELINES APPLICABLE TO THE CLINICAL RECORD

- 3.1.1 A paper copy clinical record of all services provided shall be maintained in all facilities with the exception of Jail Mental Health Services.
 - 3.1.1.1 Protected Health Information (PHI), which includes all clinical documentation, shall not be saved on any disk or any other electronic medium until such time as the Department implements its electronic record.
- 3.1.2 The contents of charts must be firmly attached to the folder in which the documents are maintained.
- 3.1.3 All direct services must be documented in the Clinical Record by the end of the next scheduled work day following the delivery of service and prior to submission of claims for reimbursement.



DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

| | | | |
|---|----------------------------------|--|------------------------|
| SUBJECT: CLINICAL RECORD GUIDELINES: CONTENTS AND GENERAL DOCUMENTATION REQUIREMENTS | POLICY NO. 104.8 | EFFECTIVE DATE 04/15/05 | PAGE 2 of 5 |
|---|----------------------------------|--|------------------------|

3.1.3.1 All other documents related to a client must be filed in his/her clinical record within five (5) working days in accordance with the Department's chart order format.

3.1.4 The client's name and number must be on all documents in the chart.

4.1 CONTENTS OF CLINICAL RECORD

4.1.1 All clinical records shall contain:

- ♦ an acknowledgement of receipt of the Health Insurance Portability and Accountability Act (HIPAA) "Notice of Privacy" form signed by the client;
- ♦ a Consent of Services and when required, a Consent for Minor;
- ♦ all applicable release and access documents, including the Accounting Tracking Sheet;
- ♦ administrative forms, i.e., Integrated System Face Sheet; UMDAP;
- ♦ an Initial and Annual Assessment update, and when seen for medications, a Physician Evaluation;
- ♦ Psychological Testing reports;
- ♦ Client Care/Coordination Plan;
- ♦ correspondence;
- ♦ progress notes, including case conferences/team consultations;
- ♦ Discharge Summary;
- ♦ Outpatient Medication Review form(s), in accordance with Department procedures;
- ♦ physician orders;
- ♦ laboratory test results;
- ♦ prescriptions;
- ♦ administration of meds; and
- ♦ documentation indicating whether or not the client has executed an Advanced Directive.

4.2 DIAGNOSIS GENERAL GUIDELINES

4.2.1 The Five Axis DSM diagnosis on the assessment shall be consistent with the assessment information and all other documentation in the clinical record, including any co-occurring diagnosis.

4.2.2 The Principal Diagnosis must be one of the diagnoses identified by the State Specialty Mental Health codes as a diagnosis eligible for Medi-Cal reimbursement through the mental health system of care, otherwise known as an "included diagnosis."



DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

| | | | |
|---|----------------------------------|--|------------------------|
| SUBJECT: CLINICAL RECORD GUIDELINES: CONTENTS AND GENERAL DOCUMENTATION REQUIREMENTS | POLICY NO. 104.8 | EFFECTIVE DATE 04/15/05 | PAGE 3 of 5 |
|---|----------------------------------|--|------------------------|

4.2.3 Diagnoses that support medical necessity under Medicare, according to National Heritage Insurance Company (NHIC) are:

4.2.3.1 Any diagnosis consistent with those specified in **Indications and Limitations of Coverage and/or Medical Necessity**, or the ICD-9-CD descriptors in the list of **ICD-9-CM Codes that Support Medical Necessity**.

4.2.4 If the diagnosis is changed during the course of treatment, a “Change of Diagnosis” form shall be filed in the chart (with the exception of Jail Mental Health) and the information entered into the DMH Integrated System (IS).

4.3 DOCUMENTATION GENERAL GUIDELINES

4.3.1 Documentation must be complete and legible.

4.3.2 DMH Programs shall use only those forms approved by the Department.

4.3.3 Progress notes must include:

- ♦ date, including the day, month and year of service delivery;
- ♦ type of service delivered, as indicated by a pertinent procedure code/description of service;
- ♦ location of service;
- ♦ time spent by the rendering provider in the delivery of the service, which for some services must be broken out into face-to-face and other time;
 (“Face-to-face time” is defined literally as the actual time a client is visually in the presence of and interacting in some way with staff. “Other time” includes non-face-to-face contacts with the client, documentation, and travel time. “Total time” is a combination of “face-to-face time” and “other time”.)
- ♦ names of all staff participating in the service and each of those staff’s “total time”;
- ♦ for groups, the number of the clients for which claims will be submitted (clients present or represented in the group);
- ♦ each entry must contain a description of what was attempted and/or accomplished during the contact toward the attainment of a treatment goal;
- ♦ a description of changes in medical necessity, when appropriate;
- ♦ signature of the service provider, including full name, license/payroll title; and
- ♦ co-signatures when required:
 - ♦ Mental Health Services – no Bachelor’s Degree and less than two (2) years; and students;



DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

| | | | |
|---|----------------------------------|--|------------------------|
| SUBJECT: CLINICAL RECORD GUIDELINES: CONTENTS AND GENERAL DOCUMENTATION REQUIREMENTS | POLICY NO. 104.8 | EFFECTIVE DATE 04/15/05 | PAGE 4 of 5 |
|---|----------------------------------|--|------------------------|

- ♦ Day Treatment Intensive, daily progress notes – MH related BA; two (2) years experience in MH, no BA or two (2) years experience; and students.
- ♦ Day Treatment Intensive, weekly summary – Licensed Vocational Nurse; Psychiatric Technician; MH Rehabilitation Specialist; MH related BA; two (2) years experience; and students.
- ♦ Day Rehabilitation – MH related BA; two (2) years experience in MH, no BA or two (2) years experience; and students.
- ♦ Targeted Case Management – No BA or two (2) years experience and students.

4.3.4 If abbreviations are used, they should be standard, industry-accepted abbreviations.

4.3.5 The use of correction fluid or correction tape is not permitted. If a documentation error is made, it should be lined-through with a single line, the word “error” noted next to the line-through, initialed and dated and, when appropriate, the correct information charted.

4.3.6 In situations where documentation of services does not occur on the day the service was provided:

4.3.6.1 The service date is to placed in the left column of the note; and

4.3.6.2 The date on which the note was written should appear at the beginning of the note followed by the appropriate documentation for the service provided.

4.4 OTHER DOCUMENTATION ISSUES

4.4.1 Interventions to accommodate the needs of the visually and hearing impaired, as well as those with limited English proficiency, must be documented.

4.4.2 When the client’s primary language is not English, there is to be documentation to show that services were offered in the client’s primary language and/or that interpretive services were offered. Clients should not be expected to provide interpretive services through friends or family members. **(See DMH Policy #202.21 Language Interpreters for further information.)**

4.4.3 When cultural or linguistic issues are present, they must be documented along with the actions to link the client to culturally and/or linguistically specific services.



**DEPARTMENT OF MENTAL HEALTH
POLICY/PROCEDURE**

| | | | |
|---|----------------------------------|--|------------------------|
| SUBJECT: CLINICAL RECORD GUIDELINES: CONTENTS AND GENERAL DOCUMENTATION REQUIREMENTS | POLICY NO. 104.8 | EFFECTIVE DATE 04/15/05 | PAGE 5 of 5 |
|---|----------------------------------|--|------------------------|

4.4.4 In order to obtain culturally and linguistically accurate information from clients who do not speak English as a first language, the Department has translated some of its forms into other languages. Whenever non-English forms are used, the English translation version must be printed on the back of the same page. If that is not possible, the English version must be placed immediately adjacent to the non-English version in the clinical record.

AUTHORITY

California Code of Regulations, Title IX, Chapter 11, Medi-Cal Specialty Mental Health Services National Heritage Insurance Company, Final Local Medical Review Policies, Psychopharmacology and Psychotherapy, effective 10/1/2003

RELATED POLICIES

DMH Policy No. 104.10 Medicare Clinical Documentation

DMH Policy No.104.9 Clinical Documentation for Medi-Cal and non-Medi-Cal/non-Medicare Services.

REVIEW DATE

This policy shall be reviewed on or before April 2010.

County of Los Angeles - Department of Mental Health CalWORKs Mental Health Supportive Services

COMMUNITY ASSESSMENT SERVICE CENTERS (CASCs)

INTRODUCTION TO CASC

The concept of a Community Assessment Service Center (CASC) program involves a collaborative approach between mental health and substance abuse organizations for providing standardized substance abuse assessments and short-term case management and referral to a mental health provider for eligible CalWORKs participants. The CASC also provides substance abuse assessment and referral services for General Relief (GR) recipients and walk-in self-referrals, as well as HIV testing and Prop 36 services. CASC services are provided in each of the eight Service Planning Areas through a partnership of substance abuse and mental health community based organizations. Each partnership is accountable for providing services within a designated SPA. Each SPA has identified a Mental Health or Substance Abuse treatment provider as the lead agency in the Service Area. The lead agency of each partnership is the designated CASC contractor.

For those participants assessed for a substance abuse problem, CASC staff recommends an appropriate level of service and refers the participant to a residential or nonresidential substance abuse treatment provider that can meet the individual's needs.

On July 1, 2006, the CASC discontinued conducting the CalWORKs mental health

clinical assessment before referring the participant to the mental health provider.

A. SERVICE ADVOCATES

DPSS Administrative Directive 4590 describes the enhanced role of the CASC in GAIN offices and was signed into effect on 12/7/06. Beginning February 1, 2007, CASC staff called "Service Advocates" formally began their co-location in each of the GAIN offices. Their role is to link a CalWORKs participant with an appropriate mental health provider—and maintain contact with the participant until he/she has been connected with a mental health provider—when a mental health issue is identified by the GAIN worker or by other staff during GAIN orientation, Job Club or regular appointments at the GAIN or DPSS offices. The problem may be identified by self-report, through a positive response on the screening form when the participant is screened by the GAIN Services Worker (GSW), or by observation, such as the LACOE staff noticing that the participant is crying or panicky during the Job Club activities. Upon identification of a mental health problem, the GSW informs the participant that a referral for clinical assessment will be made to further evaluate the participant's mental health service need and refers a participant to the Service Advocate for referral and linkage to a mental

health provider for a clinical assessment. In the event that the Service Advocate is unavailable to assist in the referral process, the GSW may make a direct referral to a mental health provider for clinical assessment.

In the event that a participant identifies BOTH a mental health and a substance abuse problem (co-occurring disorders), the CASC Service Advocate will arrange two clinical assessment appointments for the participant—one for a mental health assessment at a mental health provider site and one for a substance abuse assessment at one of the CASC locations.

The GSW or the Service Advocate contacts the provider to schedule an appointment for a mental health clinical assessment as soon as possible, but no later than 5 workdays from the date of the call. The provider is selected based on facility location, language capacity, and participant's preference. Once the mental health assessment appointment is arranged, the Service Advocate completes Section 1 of Page 2 of the GN6006A and faxes it to the mental health treatment provider. There may be a more immediate availability for the substance abuse assessment at the CASC; if so, the participant may attend that appointment and the Service Advocate will maintain contact with the participant to ensure that s/he attends the mental health appointment. If the waiting period for a mental health appointment is longer than 5-10 days, the Service Advocate may check in periodically to provide short-term case management services such as assessing additional service needs and assisting with linkages to appropriate resources.

- A clinical assessment is a **mandatory** activity for participants identified with a mental health/substance abuse service need. However, treatment is **voluntary**.

The following are appropriate CASC Service Advocate functions:

- Coordinating and securing mental health and substance abuse appointments;
- Bridging communication gaps and providing overall coordination between GSW, mental health and substance abuse providers, and other ancillary service providers;
- Dispelling myths, fears, and misconceptions regarding mental health treatment. For example, participation in mental health services is not automatic cause to “take the children away”;
- Educating participants about the purpose and types of services, their rights and responsibilities, how to make use of services and the benefits and value of services;
- Educating participants about the goal of CalWORKs specialized supportive services: Removing barriers to employment;
- Educating participants about the relationship between CalWORKs and mental health services, reinforcing the importance of keeping appointments as well as potential consequences of not attending a scheduled appointment;
- Assisting participants in preparing for the appointment, such as advising participants about necessary paperwork they will need to take to the appointment, such as Medi-Cal card, identification, social security card, encouraging the participant to take with him/her any bottles of current medications or list of past/current medication, and following up with participants to ensure that they attended the scheduled appointment(s).

Participants already accessing mental health or substance abuse services through a

CalWORKs contracted service provider will not be referred for a clinical assessment through the CASC. If a participant is receiving mental health or substance abuse treatment services from a provider that is not contracted with the County for CalWORKs mental health services, a referral for clinical assessment must be made to a County contracted provider.

B. OTHER FUNCTIONS OF COMMUNITY ASSESSMENT SERVICE CENTERS

The CASCs currently provide advocacy services in each Service Planning Area (SPA) through a partnership of substance abuse and mental health community based organizations either contracted with or directly operated by the Departments of Mental Health and/or Public Health.

In addition to the Service Advocacy functions, each CASC is responsible for the following:

1. Screening, comprehensive assessment and referral services for DPSS clients (General relief and CalWORKs) and the general public. These services include:
 - Initial screening, both in-person and by phone.
 - Face-to-face comprehensive substance abuse assessments, and in some cases assessments for a co-occurring mental health problem, employing a computerized/automated assessment instrument, utilizing the Addiction Severity Index (ASI), Behavioral Services Assessment Program (BSAP), or other approved assessment instrument.

- Provision of referrals to county funded or private substance abuse and mental health providers primarily within the CASC's geographical area of responsibility.
- Provision of ancillary services referrals that include, but are not limited to, vocational rehabilitation, public social services, housing, health, legal, and mental health referrals.

2. The scheduling and coordination of on-site provider orientations to CalWORKs applicants and participants and DPSS District Offices located within the geographical area of responsibility.
3. The development and maintenance of resource directories including but not limited to all mental health and substance abuse providers in Los Angeles County, Info Line service agencies, and HIV/AIDS service providers.
4. The maintenance of collaborative and cooperative linkages with public, private, and other social, economic, health, legal, vocational, and mental health service providers.
5. Receiving and managing calls from the County's Drug Abuse Hotline.
6. Provision of medical screening, including the screening for infectious disease at a minimum of sixteen (16) hours per week.
7. Convening regular meetings with alcohol and drug agencies, mental health programs, and other human service agencies located within the geographical area of responsibility.
8. Training contracted alcohol and drug agency staff, within the CASC's

geographical target area, on the use of the automated assessment and referral system. This includes being the first level of contact if an agency is having a problem with the system.

9. Coordination of substance abuse and mental health service orientations for CalWORKs applicants and participants within the SPA of responsibility.

10. Provide screening, assessment, and referrals in the participant's primary language. Maintain community and other resources to manage special needs as they arise.



COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
ADULT SYSTEMS OF CARE
CALWORKS MENTAL HEALTH SUPPORTIVE SERVICES

DMH CALWORKS BULLETIN No. 04-04
NOTICE OF TEMPORARY UNAVAILABILITY

December 4, 2008

TO: All DMH CalWORKs Mental Health Supportive Services Providers

FROM: Dolores Daniel, Mental Health District Chief
CalWORKs Program

SUBJECT: **NOTICE OF TEMPORARY UNAVAILABILITY**

1. Purpose
2. Background
3. Procedure to Notify DMH
4. Form – “Notice of Temporary Unavailability”

1. PURPOSE

This Bulletin 04-01 provides instructions on utilizing the “Notice of Temporary Unavailability” form that is required when a CalWORKs provider is unable to schedule an appointment for a CalWORKs participant within ten (10) work days from the DPSS/GAIN or CASC referral date for an assessment/treatment services.

2. BACKGROUND

DPSS requires that CalWORKs providers have sufficient mental health treatment staff available to see CalWORKs participants within five-to-ten (5 - 10) days of a referral from GAIN or CASC. This mandate is listed in the Performance Requirements identified by DPSS for CalWORKs mental health supportive services.

3. PROCEDURE TO NOTIFY DMH

When a CALWORKS mental health clinical assessor assesses a participant, he/she is expected to provide the participant with an Intake/Assessment appointment with an identified CALWORKS provider prior to the end of the interview. This appointment must be within the five-to-ten day time frame agreed upon by LACDMH and DPSS. Providers are required to inform DMH when they are no longer able to keep the 5-10 day timeframe for an Intake/ Assessment for CalWORKs participants.

When a provider cannot schedule an Intake/ Assessment appointment for a CalWORKs participant within 5-10 days, the provider must immediately complete the "Notice of Temporary Unavailability" form (see attached sample) and fax it to DMH.

The provider must indicate either:

1. The effective date when the provider is temporary unable to accept CalWORKs referrals. An estimated re-start date must be given when the provider will be able to start to accept CalWORKs participants again. In addition, the reason for the temporary suspension of service must be stated.
OR
2. A statement is that provider is unable to accept referrals until further notice. The reason for suspension of service of further notice must be given.

The appropriate CASC and/or mental health clinical assessor will be notified of the agency's temporary suspension of Intake/Assessments.

An agency's ability to provide services to CalWORKs participants in a timely manner is an important factor in evaluating the agency's performance as required by DPSS.

**COUNTY OF LOS ANGELES
DEPARTMENT OF MENTAL HEALTH
CalWORKs Mental Health Supportive Services Program**

NOTICE OF TEMPORARY UNAVAILABILITY

When a CALWORKS mental health clinical assessor assesses a participant, he/she is expected to provide the participant with an Intake/Assessment appointment with an identified CALWORKS provider prior to the end of the interview. This appointment must be within the five to ten (5-10) day time frame agreed upon by LACDMH and DPSS. Providers are required to inform DMH when they are no longer able to keep the **5-10 day timeframe** for an Intake/ Assessment for CalWORKs participants. When a provider cannot schedule an Intake/ Assessment appointment for a CalWORKs participant within 5-10 days, the provider must immediately complete this form and fax it to DMH. The appropriate CASC and/or mental health clinical assessor will be notified of the agency's temporary suspension of Intake/Assessments.

Agency Name: _____ Reporting Unit # _____

Address: _____

_____ Fax # _____

CalWORKs Contact Person: _____

Phone # _____

Check one of the following and complete information:

Effective _____ (date), we are temporarily unable to accept CalWORKs referrals.

We will be able to accept CalWORKs beginning on _____ (date). *An estimated re-start date must be given.*

Reason for temporary suspension of service:

We are unable to accept referrals until further notice.

Reason for suspension of service until further notice:

Fax form to: (213) 738-4979
ATTN: CalWORKs Program, Department of Mental Health
If you have any questions, please contact Malik Nasution at (213) 738-3713

4. FORM – “NOTICE OF TEMPORARY UNAVAILABILITY”

The “Notice of Temporary Unavailability” form (see preceding page) is to be faxed to DMH at (213) 738-4979 – Attention CalWORKs Program. The form is faxed when an agency is temporarily unable to provide intake/assessment services CalWORKs participants.

DM/dd/lb



COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
ADULT SYSTEMS OF CARE
CALWORKS MENTAL HEALTH SUPPORTIVE SERVICES

DMH CALWORKS BULLETIN No. 05-05
DPSS DIRECT REFERRALS TO MENTAL HEALTH PROVIDERS

May 25, 2005

NOTE: EFFECTIVE JULY 1, 2006 THE CASC WILL NO LONGER PROVIDE MENTAL HEALTH CLINICAL ASSESSMENTS. THE GSW MAY REFER TO THE CASC STAFF FOR REFERRAL AND LINKAGE TO A PROVIDER OR THEY MAY REFER DIRECTLY.

TO: All DMH CalWORKs Mental Health Supportive Services Providers

FROM: Dolores Daniel, Program Head
CalWORKs Program

SUBJECT: **DPSS DIRECT REFERRALS TO MENTAL HEALTH PROVIDERS**

1. Purpose
2. Background
3. Policy
4. Notification to DMH of Provider Changes
5. Copy of DPSS Administrative Directive 4132, Supp 1 Attached

1. PURPOSE

The purpose of this Bulletin No. 05-05 is to provide information regarding the DPSS Administrative Directive 4132, Supp 1, which contains instructions for GAIN, RITE, and Contracted Case Manager (CCM) staff on direct referrals to CalWORKs directly operated clinics and contract agencies when the Community Assessment Service Centers (CASC) has a backlog of more than two (2) workdays for an emergent assessment or five (5) workdays for a non-emergent clinical assessment appointment.

2. BACKGROUND

DPSS requires that the CASC provide CalWORKs participants with a mental health clinical assessment upon referral. When a GSW contacts a CASC, the CalWORKs participants must be given a clinical assessment appointment within two (2) workdays for emergency or critical mental health issues or within five (5) days for non-emergency mental health issues.

With the enactment of SB 1104 in 2004, DPSS must ensure that CalWORKs participants sign a Welfare-to-Work plan within 90 days after the date of eligibility determination. With participants now being expedited into GAIN, assessments for mental health issues are also expected to be expedited. Further, increasing numbers of CalWORKs participants are being identified with mental health issues and referrals for assessments are likewise increasing.

3. POLICY

DPSS Administrative Directive, Supp 1 details instructions for the GSW when a backlog for mental health clinical assessments by the CASCs exists. If no backlog exists, the GSW will continue to make the appointment directly with CASC staff. The GSW will only contact a mental health provider after contacting the CASC. The GSW is required to maintain documentation of his/her contact with CASC.

4. NOTIFICATION TO DMH OF PROVIDER CHANGES

DMH has provided DPSS with a listing of its CalWORKs directly operated and contract agencies (see Attachment 1 to DPSS Administrative Directive). The list identifies the direct contact person/unit for CalWORKs referrals. DPSS GAIN, RITE, and CCM staff will utilize this list when necessary to make a direct referral to a DMH CalWORKs mental health providers. This list was updated as of April 26, 2005 by telephone contact to each and every DMH CalWORKs mental health providers.

Because DPSS is relying on this list to contact providers, it is important that providers notify DMH of any updates and/or changes to the information on the list. Notification of such changes should be directed to Malik Nasution at (213) 738-4606 or by e-mail at mnasution@dmh.co.la.ca.us.

County of Los Angeles - Department of Mental Health CalWORKs Mental Health Supportive Services

CLINICAL ASSESSMENT AND INTAKE

A. THE CalWORKs MENTAL HEALTH ASSESSMENT

CalWORKs participants may come to the mental health assessment appointment through different referral sources: the CASC Service Advocate, their GAIN Services Worker, another agency, or self-referred. When the participant is referred by the CASC Service Advocate or by their GSW, the assessment is mandatory, and the GSW opens a clinical assessment component (CLA) for the participant to complete. If the participant is already receiving services at a mental health agency that does not have a contract for CalWORKs, the participant must still attend a clinical assessment appointment at a CalWORKs contracted agency in order to fulfill the GAIN requirement and avoid sanction. It is expected that the contracted provider will complete the assessment.

After the assessment, the participant may or may not agree to continue in treatment. Treatment is voluntary, but once the participant agrees to continue in treatment, the treatment sessions become part of the participant's Welfare-to-Work contract. The assessment/intake is an important session that is used to begin establishing a therapeutic relationship, to gather information, and to formulate a preliminary case

conceptualization and treatment plan. It is also an opportunity for the clinician to explain the commitment that is required for the client to continue to receive CalWORKs mental health services.

Although the information gathered during the CalWORKs intake/assessment is similar to that of other new client intakes, this first meeting is an opportunity to emphasize the focus of services to assist the client in overcoming mental health barriers to employment. Greater focus on client strengths, beginning at the initial assessment, sets the stage for treatment that empowers the client to move toward self-sufficiency. Since CalWORKs mental health services will become part of the client's Welfare-to-Work contract, consistent attendance to mental health appointments is a requirement in order to continue in treatment; this is an important point to emphasize with the client at the initial meeting. In order to open the case under CalWORKs mental health services, the client must agree to have MHS be part of their Welfare-to-Work plan and sign an Authorization to Release Information form to allow the agency to share limited information with the client's GAIN worker.

B. CONFIDENTIALITY OF CalWORKs CASE INFORMATION

Providers shall continue to maintain the confidentiality of all records and information relating to CalWORKs participants referred for a mental health clinical assessment, treatment, and services. This is in accordance with Welfare and Institutions Code Sections 1706 and 10850, as well as all other applicable state and county laws, ordinances, regulations, and directives relating to confidentiality. LACDMH's rules and regulations regarding confidentiality apply to all participants receiving CalWORKs aid.

LACDMH providers are prohibited from sharing information about clients, including CalWORKs participants, without a release of information. If the provider has a signed, valid release of information, they will cooperate by sharing appropriate information and coordinating services for mutual clients. Release of information can allow the sharing of information regarding attendance to mental health appointments, recommendations for hours of participation in other GAIN activities, placement of children, status of CalWORKs case, and disposition of assessment. To permit this communication with GAIN, the client must sign an Authorization to Release Information form; if the client refuses, the case cannot be opened in the CalWORKs plan. The participant may not be aware of CalWORKs supportive services and its relationship with DPSS; the provider may need to help the client understand this relationship in order to obtain the authorization to communicate with GAIN.

Disclosure about Mental Health Treatment

If a CalWORKs participant is receiving mental health services and does not want DPSS to know that he/she is receiving treatment, the provider cannot notify the GSW or DPSS. In this circumstance, mental health services may not be billed to CalWORKs, and to bill regular Medi-Cal the client must meet medical necessity criteria. This situation may occur when a participant is receiving CalWORKs funds, but has not yet been referred to GAIN. However, at some point the participant's DPSS worker will mandate that individual's involvement in GAIN, at which time the issue of mental health barriers to employment and the need for mental health services may arise.

Disclosure about Diagnosis

It should be emphasized that information about a participant's diagnosis cannot be given to the GSW or any other person without the participant's consent. Only limited information can be given on the GN 6006B and GN 6008 forms. If more extensive information is required, then the provider must obtain a signed authorization form to permit the release of specific additional information.

If a CalWORKs participant has been referred to an assessment by the GSW or through the CASC Service Advocate, providers are required to notify GAIN whether a participant did or did not appear for the assessment appointment.

Substance Abuse

If a CalWORKs participant discloses that he/she has a substance abuse problem and/or

has a history of substance abuse, the provider cannot disclose this information to the GSW

without the participant's written consent.

Although the provider may not disclose the substance abuse to DPSS/GAIN without the participant's consent, a mental health service provider may refer a CalWORKs client to substance abuse treatment as part of his/her service plan.

However, once it is determined by another source, whether through self-disclosure or discovery by another source (e.g., the GSW or employer), that a participant is abusing alcohol or drugs, CalWORKs requires the participant to attend a mandatory substance abuse assessment. After attending the mandatory substance abuse assessment, the participation in substance abuse treatment is voluntary.

C. DOMESTIC VIOLENCE CASES

When a participant is also receiving domestic violence supportive services, confidential domestic violence documents are never to be faxed. This can increase the potential of putting the CalWORKs participant at risk.

Persons screened for non-custodial parent (NCP) status should never be given any information about a CalWORKs case, including whether or not their children are receiving CalWORKs. It is especially critical that providers are aware that disclosing any CalWORKs case information to an NCP is a violation of confidentiality and could potentially endanger a CalWORKs participant who has left an abusive relationship.

In no case shall records or information pertaining to an individual receiving CalWORKs aid be disclosed to any person

except designated DPSS employees without the prior written permission of the DPSS Director or her authorized representative. The DPSS Director shall be advised of any requests for such records or information.

D. REQUIRED CLINICAL FORMS

A full clinical assessment must be completed, using the Adult Initial Assessment (AIA). In addition to collecting information about the client's presenting problems and, more specifically how those problems impair the participant's ability to obtain and sustain employment, the assessment provides an opportunity to begin to focus on client strengths and to integrate employment goals.

The focus of treatment for clients referred for mental health treatment through the CalWORKs program is to assist them in overcoming their mental health barriers to employment. Clinicians should clearly state this goal and emphasize the short-term nature of the treatment as well as the importance of attendance—and the requirement to report to their GAIN worker the client's attendance—so the client is fully informed about the treatment. Some agencies have developed an agreement letter for the client to sign, indicating that he or she understands the expectation for his/her participation in the treatment process and agrees; the client should keep a copy of this agreement letter. A sample of such an agreement (in English and in Spanish) is included in this packet.

The assessment also includes a thorough evaluation of the client's use/abuse of drugs and/or alcohol using the Adult Substance Use Self Evaluation and the Supplemental Co-Occurring Disorders Assessment Checklist. For those clients that identify a substance

abuse problem, the clinician may take the opportunity to encourage concurrent substance abuse treatment.

In the event a client's case is open for a year or more, an Annual Assessment Update is required along with the completion of a new Client Care Coordination Plan (discussed in the next section of the manual).

AUTHORIZATION FOR REQUEST OR USE/DISCLOSURE OF PROTECTED HEALTH INFORMATION (PHI)

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH ("LACDMH")

CLIENT:

| | | |
|--|---------------------------|---------------------|
| Jane Doe | 01/01/1975 | 1234567 |
| _____ Name of Client/Previous Names | _____ Birth Date | _____ MIS Number |
| 1212 Mockingbird Lane | Arcadia, CA 91006 | |
| _____ Street Address | _____ City, State, Zip | |

AUTHORIZES:

Arcadia MHC

Name of Agency

330 E. Live Oak Ave.

Street Address

Arcadia, CA 91006

City, State, Zip Code

**DISCLOSURE OF PROTECTED HEALTH
INFORMATION TO:**

Ray Guerrero/El Monte GAIN

Name of Health Care Provider/Plan/Other

3216 Rosemead Blvd.

Street Address

El Monte, CA 91731

City, State, Zip Code

INFORMATION TO BE RELEASED:

- | | | |
|--|---|------------------------------------|
| <input type="checkbox"/> Assessment/Evaluation | <input type="checkbox"/> Results of Psychological Tests | <input type="checkbox"/> Diagnosis |
| <input type="checkbox"/> Laboratory Results | <input type="checkbox"/> Medication History/ | <input type="checkbox"/> Treatment |
| <input type="checkbox"/> Entire Record (Justify) | <input type="checkbox"/> Current Medications | |
| <input checked="" type="checkbox"/> Other (Specify): Attendance & recommendations for hours of participation in GAIN | | |

PURPOSE OF DISCLOSURE: (Check applicable categories)

- Client's Request
- Other (Specify):

Requirement for CalWORKs mental health supportive services

Will the agency receive any benefits for the disclosure of this information? Yes No

I understand that PHI used or disclosed as a result of my signing this Authorization may not be further used or disclosed by the recipient unless such use or disclosure is specifically required or permitted by law.

EXPIRATION DATE: This authorization is valid until the following date: 02 / 20 / 2008
Month Day Year

AUTHORIZATION FOR REQUEST OR USE/DISCLOSURE OF PROTECTED HEALTH INFORMATION (PHI)

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH ("LACDMH")

YOUR RIGHTS WITH RESPECT TO THIS AUTHORIZATION:

Right to Receive a Copy of This Authorization - I understand that if I agree to sign this authorization, which I am not required to do, I must be provided with a signed copy of the form.

Right to Revoke This Authorization - I understand that I have the right to revoke this Authorization at any time by telling DMH in writing. I may use the Revocation of Authorization at the bottom of this form, mail or deliver the revocation to:

| | |
|-----------------------------|--------------------------|
| <u>R. Henderson, LCSW</u> | <u>Arcadia MHC</u> |
| Contact person | Agency Name |
| <u>330 E. Live Oak Ave.</u> | <u>Arcadia, CA 91006</u> |
| Street Address | City, State, Zip |

I also understand that a revocation will not affect the ability of DMH or any health care provider to use or disclose the health information for reasons related to the prior reliance on this Authorization.

Conditions. I understand that I may refuse to sign this Authorization without affecting my ability to obtain treatment. However, DMH may condition the provision of research-related treatment on obtaining an authorization to use or disclose protected health information created for that research-related treatment. (In other words, if this authorization is related to research that includes treatment, you will not receive that treatment unless this authorization form is signed.)

I have had an opportunity to review and understand the content of this authorization form. By signing this authorization, I am confirming that it accurately reflects my wishes.

Jane Doe 2/21/07
 Signature of Client / Personal Representative Date

If signed by other than the client, state relationship and authority to do so: _____

| |
|--|
| REVOCATION OF AUTHORIZATION |
| SIGNATURE OF CLIENT/LEGAL REP: _____ |
| If signed by other than client, state relationship and authority to do so: _____ |
| DATE: ____/____/____ Month Day Year |

Policies for Treatment Continuity for CalWORKs Clients

Dear CalWORKs Participant:

Welcome to our clinic! You have been referred to our clinic for assistance in overcoming emotional barriers to employment. Toward that end, we encourage your commitment to the treatment process and hope that you will take advantage of the resources available to you at our clinic.

Your Mental Health Services at _____ are part of your GAIN contract. It is important for you to keep all scheduled appointments. **Your attendance is reported to your GAIN Services Worker**, and if you miss appointments, sanctions may be initiated by GAIN. In the event you are unable to keep an appointment, please call to inform your therapist or case manager to cancel and reschedule the appointment as soon as possible. **If you miss 3 appointments, your case may be closed.** In addition, if you do not have any contact with the clinic for 30 days or more, your case may be closed. Regular and consistent treatment is important in order for you to reach your goals. If you identify certain obstacles, such as transportation or childcare problems, which make it difficult to attend your scheduled appointments, please discuss these with your therapist and/or GAIN worker so a solution might be arranged.

You may contact the clinic at _____; Regular clinic hours are from 8 a.m. until 5 p.m. In the event of an emergency after normal business hours, you may call the 24-hour Crisis Line at (800) 854-7771 for assistance.

I understand the policies described above and consent and agree to participate in mental health services at _____.

Signature of Client

Date

Pólizas para la Continuidad de Tratamiento para Clientes de CalWORKs en Nuestra Clínica

Estimado Participante del Programa CalWORKs:

¡Bienvenidos a nuestra clínica! Usted ha sido enviado a nuestra clínica por asistencia para superar los obstáculos emocionales que le impiden trabajar. Hacia esta meta, nosotros le animamos hacer el compromiso de participar en el proceso de tratamiento. Esperamos que usted aproveche los recursos disponibles para ayudarle en nuestra clínica.

Su tratamiento en _____ es parte
Nombre de la Clínica

de su contrato de GAIN. Es importante que usted asista a todas sus citas. **Su asistencia va a ser comunicada a su trabajador de GAIN.** Si usted faltara a sus citas, habría consecuencias por GAIN. Si no puede asistir a una cita, por favor llame a su terapeuta o a su trabajador aquí en la clínica para cancelar la cita y hacer una nueva lo mas pronto posible. **Si usted falta a 3 citas, su caso aquí en la clínica puede ser cerrado.** Además, si usted no tiene contacto con la clínica por 30 días o más, su caso puede ser cerrado. Tratamiento regular es importante para ayudarle en alcanzar sus metas. Si usted identifica obstáculos específicos--por ejemplo, problemas con la transportación o con el cuidado de sus hijos—favor de hablar con su terapeuta y/o a su trabajador de GAIN para llegar a una solución.

Usted puede llamar a la clínica a _____ desde las
Numero de Teléfono de la Clínica
_____ por la mañana hasta las _____ por la tarde. Si tiene una emergencia después de las horas regulares, puede llamar a la línea de crisis del Condado a (800) 854-7771.

Yo entiendo las pólizas descritas aquí y estoy de acuerdo. Quiero participar en tratamiento en _____.
Nombre de la Clínica

Firma de Cliente

Fecha



**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
COUNTYWIDE COMMUNITY-BASED SERVICES
CALWORKS MENTAL HEALTH SUPPORTIVE SERVICES**

| | |
|--|---|
| CalWORKs Protocol No. 3 01/15/2003 | REFERRALS OF CALWORKS PARTICIPANTS TO SELF-HELP GROUPS |
|--|---|

1. Purpose
2. SHARE!
3. Procedure for Adding Self-Help Groups to Mental Health Treatment
4. Reporting Self-Help Group Participation to GAIN
Self-Help Group Verification Form

1. PURPOSE

This protocol was prepared to assist mental health providers to identify and refer CalWORKs participants to appropriate self-help groups. CalWORKs families need long-term support to truly become self-sufficient. The focus is on integrating them into the community, supporting their career and educational goals, and seeing that their mental health and other social service needs are met. Self-help groups are one mechanism of long-term support for families and a means for expanding services to CalWORKs families. Self-help groups can provide CalWORKs participants and their families with opportunities to modify behaviors through group participation.

Studies indicate that individuals who attend self-help support groups are healthier, require less hospitalization and medication, live longer, and are successful in stopping damaging behaviors. For years, consumers have reported the many benefits of self-help groups, and scientific research demonstrates that self-help groups help consumers by:

- Lessening feelings of isolation
- Increasing practical knowledge
- Sustaining coping efforts
- Replacing self-defeating thoughts and actions with wellness-promoting activities
- Providing respite in times of crisis
- Contributing greatly to empowerment

- Offering realistic hope for the future
- Improving self-esteem
- Decreasing hospitalizations

See *Mental Health: A Report of the Surgeon General* (1999), pp. 289-90.

In appropriate situations, mental health providers may wish to refer CalWORKs participants to self-help groups as a means of providing additional assistance and in instances where mental health resources are limited. Participation in self-help groups can be part of a CalWORKs participant's mental health treatment and be counted in the number of hours in the required Welfare-to-Work plan. The process for referral, verification of participation, and inclusion in the mental health treatment plan are discussed in this protocol.

2. **SHARE!**

The Department of Mental Health has funded SHARE! (Self-Help And Recovery Exchange) to provide information and referral about self-help groups to CalWORKs mental health agencies and CalWORKs participants. The self-help groups identified by SHARE! are intended to help people adopt healthier lifestyles and pursue personal growth.

The mission of SHARE! is to help people adopt healthier lifestyles and pursue personal growth. SHARE! empowers people to change their lives and provides a loving, safe, non-judgmental place where people can find community, information and support. SHARE! has eight years of experience providing self-help support group services in the diverse communities of Los Angeles. Sixty (60) self-help groups currently meet at SHARE! each week, including groups for smoking cessation, depression, couples, anger management, incest survivors, mental health problems, substance abuse, relationship problems and reaching various other personal goals.

SHARE! provides:

- ◆ Referrals to more than 9000 self-help meetings in Los Angeles County representing 400 different programs.
- ◆ Technical assistance for new and ongoing self-help support groups, including establishing and improving self-help groups
- ◆ A community center in Mar Vista where people gather to attend free support groups. SHARE! has five meeting rooms where more than sixty support groups convene weekly.

Additional information regarding SHARE! may be obtained by contacting:

SHARE! the Self-Help and Recovery Exchange
 5521 Grosvenor Boulevard
 Los Angeles, CA 90066
 Phone: (310) 827-1744
 Fax: (310) 305-2671

SHARE!'S RECOMMENDED PROCEDURES FOR REFERRING CLIENTS TO PEER SUPPORT SELF-HELP GROUPS

SHARE! recommends the following procedures for determining whether a CalWORKs participant may benefit from a self-help group, finding out information from SHARE! about an appropriate referral, connecting the participant to a self-help group, and follow-up and evaluation of the self-help group.

Please note that the following are suggestions from SHARE!

1. Assess the appropriateness of a self-help support group for the client.

A self-help group is appropriate if you answer YES to one or more of the following questions and the client can sit with a group of people for at least 20 minutes.

- A. Would the client benefit from having new friends or a mentor?
- B. Does the client experience shame or stigma about their self, their diagnosis or anything else?
- C. Is the client having difficulty adapting to the lifestyle changes necessary to manage their illness?
- D. Is the client reluctant to follow professional advice or always challenging authority?
- E. Does the client feel overwhelmed, helpless or hopeless?
- F. Are mental health or other problems frequent excuses for the client not taking action to better their situation?
- G. Does the client have low self-esteem?
- H. Does the client use or demand excessive professional time?
- I. Is the client in denial about their condition?
- J. Is the client not responding to treatment?

2. Call SHARE! about peer self-help groups appropriate for the CalWORKs client.

After a determination is made that a peer support group would be beneficial to the client, the clinician or case manager should call SHARE! to consult with a Self-Help Specialist about support groups that might be helpful for the client. Although Los Angeles County has 10,000 self-help groups, each region has different support groups. The Self-Help Specialists can help to find appropriate groups in the client's neighborhood.

The SHARE! Self-Help Specialists have been trained in determining the appropriate referrals for participants seeking self-help groups. Each Self-Help Specialist has utilized and greatly benefited from self-help groups, often participating in multiple types of self-help groups. The Self-Help Specialist utilizes his/her expertise to find the best fit for the CalWORKs participant, as the mental health diagnosis may not necessarily correspond with a single self-help group.

SHARE!'S RECOMMENDED PROCEDURES FOR REFERRING CLIENTS TO PEER SUPPORT SELF-HELP GROUPS

For example, a CalWORKs participant may be diagnosed with depression. If the depression was the result of a parent dying, the participant would be referred to a bereavement support group. If she is a transition-aged youth, she would go to a different group than if she were 57 years old. If the depression was precipitated by alcoholism, the participant would be referred to an alcoholics support group. The participant's religion or lack thereof, race, ethnicity, gender and education, as well as any co-occurring conditions help determine which particular self-help program would be best. Depression caused by loss of a job or money problems would lead the client to be referred to another set of support group programs. If a divorce or breakup is the cause of the depression, the Self-Help Specialist would refer the client to support groups dealing with relationship issues. Survivors of childhood abuse or neglect would go to get another set of support groups to deal with their depression. Those with a chemical imbalance would find support in other self-help groups.

3. The clinician schedules a time to talk to the Self-Help Specialist with the participant present.

Studies have shown that a client is more likely to attend the first meeting of a self-help group if he/she actually talks first with an individual who has experience with the self-help group, rather than if he/she just gets a referral to a self-help group.

4. The clinician talks to the client about self-help groups and why the clinician thinks the group would be helpful to the participant.

Suggested points to discuss with the CalWORKs participant about self-help groups include:

- Self-help groups cut in half one's chances of being hospitalized.
- Individuals who see clinicians and go to self-help groups achieve better outcomes sooner, than those who only go to clinicians, or only go to self-help groups.
- Self-help groups have the highest consumer satisfaction rate of any mental health intervention.
- It is important to attend a meeting six times before deciding whether it is helping or not, as self-help groups are not like a class or group therapy, but work in a very different way. After six times individuals begin to see the difference the support group has made in their lives.
- Almost 20% of the population has attended a support group at one time or another, so it is not a stigma-producing activity.
- There are groups only for mental health consumers, and groups for the general public that welcome mental health consumers, just as they welcome everyone else. The client can pick the group that is right for them or take the clinician's suggestion.

**SHARE!'S RECOMMENDED PROCEDURES
FOR REFERRING CLIENTS TO PEER SUPPORT SELF-HELP GROUPS**

- Most of the groups ask for a small donation. People in the group usually give \$1 or \$2, but no one is turned away for lack of funds.
- Nothing is lost in trying a self-help group and there is a lot to be gained.

5. While the client is in the room, the clinician calls the Self-Help Specialist and hands the phone over to the client.

The clinician may stay in the room or leave.

6. The clinician asks how the call went and encourages the client to go to the -help support group(s) recommended.

The clinician asks the participant, "Let me know how it went."

7. At the next contact with the client, the clinician talks to the client about the -help support group.

Suggested questions to ask the participant about his/her experience with the self-help group include:

- Did you go to the self-help group? If not, why not? Then repeat some of benefits of attending the support group. Address the various concerns obstacles.
- What did you like about it?
- Did you hear anything that was helpful?
- Did the other people have concerns similar to yours?
- Was it hard to find?
- Do they recommend that you do anything in particular (E.g., getting a sponsor, reading a book, call people everyday, going to self-help meetings regularly, keeping a journal)?

If the CalWORKs participant is disappointed or thought it should be different, the mental health provider may ask, "What would have made it better for you?" Or "Now that you know that, do you think you can be OK with it when you go back?"

8. Encourage the client to keep going back.

Remember it takes six times before people can tell whether it is helping them or not.

9. Continue asking about the self-help group in subsequent client contacts.

10. If the CalWORKs participant runs into problems at a self-help meeting, contact SHARE! as soon as possible.

SHARE!'s Self-Help Specialist can help the participant and the members resolve issues, as well as answer any provider's questions.

**SHARE!'S RECOMMENDED PROCEDURES
FOR REFERRING CLIENTS TO PEER SUPPORT SELF-HELP GROUPS**

11. If the mental health provider has any concerns about a self-help group or SHARE!, contact DMH CalWORKs staff at (213) 738-2819 to discuss the issues.

3. PROCEDURE FOR ADDING SELF-HELP GROUPS TO MENTAL HEALTH TREATMENT

The mental health provider may determine that attendance at a self-help group would be beneficial for a CalWORKs participant and consequently may wish to facilitate and encourage continued attendance at the self-help meetings. The provider may add the hours at the self-help group (including travel to the meetings) to the CalWORKs participant's mental health treatment plan and Welfare-to-Work Plan. Although the provider, cannot bill for the participant's attendance, the participant can have his/her attendance credited as part of his/her mental health treatment plan.

SHARE! can implement a procedure to verify the participant's attendance at the self-help group meeting. The steps for verifying attendance are as follows:

1. Determine whether the participant wants attendance as part of his mental health services and the hours added as part of his Welfare-to-Work plan.
2. Contact a SHARE! Self-Help Specialist about implementing the attendance process to verify the participant's attendance.
3. The Self-Help Specialist will arrange for an attendance card to be issued to the CalWORKs participant.
4. At each meeting, a group facilitator will sign the participant's attendance card.
5. The participant should bring to the mental health provider as needed.

Attached is a sample form that can be used to verify attendance at a self-help group meeting.

4. REPORTING SELF-HELP GROUP PARTICIPATION TO GAIN

The mental health provider adds CalWORKs participant's attendance at a self-help group as part of his/her mental health treatment plan, which is reported to GAIN. The mental health provider reports only the number of hours of attendance, not the specifics of treatment, such as the type of self-help attended or even that the participant is attending a self-help group.

County Of Los Angeles - Department Of Mental Health CalWORKs Mental Health Supportive Services

TREATMENT PLANNING

A. PURPOSE

A well-conceptualized treatment plan provides a map for the clinician to follow in his/her treatment interventions with the client. It also holds both client and clinician accountable for treatment outcomes. Without a treatment plan—or with a poorly conceptualized plan—there is likely to be little focus from session to session on the problems that prevent the client from working. The overall, ultimate goal of CalWORKs mental health services is employment; therefore, the objectives in the treatment plan should target the mental health barriers to employment that the client has identified and emphasize the benefits of employment and subsequent self-sufficiency.

The Client Care Coordination Plan (CCCP) is the document used by DMH directly operated and contracted providers for treatment planning and coordination of services. For CalWORKs mental health supportive services, the long-term goal must be employment related; this means that the long-term goal at the top of the CCCP must identify an employment related goal. For example, instead of “I want to feel less depressed” an appropriate long-term goal for a CalWORKs client would be “I want to feel

less depressed so I can return to work full-time.” The objectives are small steps toward achieving the identified long-term goal.

B. SMART OBJECTIVES

Vague objectives make it difficult to focus treatment and tend to yield little progress toward the ultimate goal. The use of the SMART format for developing objectives helps to ensure improved focus and to allow for easier assessment of progress. The SMART format encourages that objectives be described in terms that are Specific, Measurable, Attainable, Realistic, and Time-limited. For example, rather than “decrease depression”, which is vague and difficult to measure, describing the behavioral manifestation of the depressed mood in terms such as “decrease crying from daily to only once a week” or “will express interest in and engage in one outside activity each week” provides the clinician and the client with a specific target that allows for measurement of progress and outcomes. At each 3-month re-evaluation, the clinician and client together may reassess which interventions were successful and which were not in order to modify the treatment approach appropriately.

Each type of service requires its own specific objective, and each objective requires its own box on the Care Plan.

C. FOLLOWING THE TREATMENT PLAN

Although clients may present with different issues at each session and may have difficulty staying focused on the identified goal, it is the clinician's responsibility to help the client refocus his or her efforts during the session to address the objectives spelled out in the Client Care Coordination Plan. The progress notes should support the original treatment plan, documenting the interventions made to assist the client in reaching his/her objectives.

CalWORKs mental health services are intended to be brief and focused on overcoming the identified mental health barriers to employment. Through the treatment process and quarterly reassessments the clinician may identify those clients that appear to have more severe and persistent psychological symptoms and greater functional impairment, and they may determine that it is more appropriate to discuss the possibility of applying for SSI.

For those clients that have SSI applications pending, treatment should continue to focus on mental health barriers to employment, while maintaining treatment to support the client's SSI approval. This may include documentation specifying the client's mental health problems and how they continue to prevent the client from working. One option for clients who exhibit severe symptoms and functional limitations would be to provide a medical exemption based upon their psychiatric impairment while awaiting an SSI decision.

BE SPECIFIC!

DESCRIBE PROBLEMS IN SPECIFIC TERMS

| INSTEAD OF: | USE: |
|------------------------------------|---|
| Sleep Disturbance | Complains of difficulty falling asleep and of having nightmares 5 nights out of 7. |
| Appetite disturbance | Complains of loss of appetite with a 10 lb. weight loss during the past two weeks. |
| Physically aggressive | Struck mother in the forehead, leaving a bruise. |
| Destructive of property | Punched holes in the wall, broke two windows. |
| Escalating out of control behavior | In addition to breaking curfew, has recently been caught shoplifting and using parents' car without permission. |

STATE OBJECTIVES IN SPECIFIC TERMS

INSTEAD OF:

1. Increase socialization
2. Will dress appropriately.
3. Will improve personal hygiene.
4. Will improve attitude
5. Increased Independence
6. Reduced hostility
7. Improved marital status
8. Improved self-esteem
9. Improved depression
10. Reduced suspiciousness

USE:

1. Will attend one social function a week for four weeks.
2. Will put on a coat or jacket when going outside in cold weather for one week.
3. Will brush teeth daily without being reminded for three days.
4. Will discuss problems or concerns with clinician instead of fighting or throwing things for three days.
5. Will report to assignments on time and without supervision for one week.
6. Will respond when spoken to in a friendly manner for five days.
7. Will talk to wife about differences without losing temper for three visits.
8. Will spend one day without self-criticism.
9. Will express interest in one outside activity this week.
10. Will eat three meals without expressing fear of being poisoned.

Top Achievement Articles

*If a man knows not what harbor he seeks,
any wind is the right wind.*

-Seneca

Creating S.M.A.R.T. Goals

From Paul J. Meyer's "Attitude Is Everything."

Specific
Measurable
Attainable
Realistic
Tangible

Specific - A specific goal has a much greater chance of being accomplished than a general goal. To set a specific goal you must answer the six "W" questions:

- *Who: Who is involved?
- *What: What do I want to accomplish?
- *Where: Identify a location.
- *When: Establish a time frame.
- *Which: Identify requirements and constraints.
- *Why: Specific reasons, purpose or benefits of accomplishing the goal.

EXAMPLE: A general goal would be, "Get in shape." But a specific goal would say, "Join a health club and workout 3 days a week."

Measurable - Establish concrete criteria for measuring progress toward the attainment of each goal you set. When you measure your progress, you stay on track, reach your target dates, and experience the exhilaration of achievement that spurs you on to continued effort required to reach your goal.

To determine if your goal is measurable, ask questions such as.....How much? How many? How will I know when it is accomplished?

Attainable - When you identify goals that are most important to you, you begin to figure out ways you can make them come true. You develop the attitudes, abilities, skills, and financial capacity to reach them. You begin seeing previously overlooked opportunities to bring yourself closer to the achievement of your goals.

You can attain most any goal you set when you plan your steps wisely and establish a time frame that allows you to carry out those steps. Goals that may have seemed far away and out of reach eventually move closer and become attainable, not because your goals shrink, but because you grow and expand to match them. When you list your goals you build your self-image. You see yourself as worthy of these goals, and develop the traits and personality that allow you to possess them.

Realistic - To be realistic, a goal must represent an objective toward which you are both *willing* and *able* to work. A goal can be both high and realistic; you are the only one who can decide just how high your goal should be. But be sure that every goal represents substantial progress. A high goal is frequently easier to reach than a low one because a low goal exerts low motivational force. Some of the hardest jobs you ever accomplished actually seem easy simply because they were a labor of love.

Your goal is probably realistic if you truly *believe* that it can be accomplished. Additional ways to know if your goal is realistic is to determine if you have accomplished anything similar in the past or ask yourself what conditions would have to exist to accomplish this goal.

Tangible - A goal is tangible when you can experience it with one of the senses, that is, taste, touch, smell, sight or hearing. When your goal is tangible, or when you tie an intangible goal to a tangible goal, you have a better chance of making it specific and measurable and thus attainable.

Intangible goals are your goals for the internal changes required to reach more tangible goals. They are the personality characteristics and the behavior patterns you must develop to pave the way to success in your career or for reaching some other long-term goal. Since intangible goals are vital for improving your effectiveness, give close attention to *tangible* ways for measuring them.

CLIENT CARE/COORDINATION PLAN (To Be Used For MHS, TCM, Med. Supp., Res., Soc., and Voc. Svcs.)

DTI, DR and TBS will use the on-line treatment plan format in lieu of pages one / two. The third page must be completed.

| | | | | |
|---|--|--|--|--|
| DESIRED OUTCOME/LONG TERM GOALS: | | | | |
| Barriers to Reaching Goals: | | | | |
| Presenting Problems/Symptoms: (Based on DSM or client's presentation. Must be related to information from Initial Assessment or Annual Assessment.) | | | Functional Impairment(s) Caused by Problem(s)/Symptom(s) [Work, School, Home, Community, Living Arrangements, etc]: (Based on DSM or client's presentation. Must be related to information from Initial Assessment or Annual Assessment.) | |
| Do cultural/linguistic, co-occurring, and/or health factors impact on Presenting Problems? If yes, please describe: | | | | |
| Describe client's strengths: (As related to problems and objective in client plan) | | | | |
| OBJECTIVES: (Must be specific, measurable/quantifiable, attainable, realistic, time bound. Must relate to assessment, presenting problems/symptoms and functional impairment. Include cultural/linguistic, co-occurring factors, if appropriate. Include Med Support and Targeted Case Management, if appropriate) | | CLINICAL INTERVENTIONS: (Must be related to objective. List clinical interventions for each group/individual service. Includes Med Support and Targeted Case Management, if appropriate.) | | Type/Frequency of Services to meet objectives: (MHS - Ind and Grp); Med Sup; TCM; Soc; Residential; Voc; etc. |
| | | | | OUTCOMES/Date/Initials: To be completed at the end of the Care Plan Review timeframe, 30 days, 3, 6, 12 months or more frequently as appropriate. |
| Date | | | | |
| Client agrees to participate by: | | | Staff Signature/Title: | |
| Family Involvement | | Planned Family Involvement | | Outcome Family Involvement |
| Does client consent to family involvement? Y ___ N ___ N/A ___ | | Input for Initial Assessment/Annual Update Development of Treatment Plan Support for Life Domain Issues Psychoeducational/Support Group | | Collateral Family Therapy Crisis Management |
| Does family agree to participate? Y ___ N ___ | | | | Input for Initial Assessment/Annual Update Development of Treatment Plan Support for Life Domain Issues Psychoeducational/Support Group |
| | | | | Collateral Family Therapy Crisis Management |
| Frequency of Care Plan Review | 30 Days (Crisis Residential / other residential requirements) | 3 Months (CaIWORKs) | 6 Months (All services except Med Sup and CM) | 12 Months (All services) |
| This confidential information is provided to you in accordance with State and Federal laws and regulations, including but not limited to applicable Welfare and Institution Code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without the prior written authorization of the client/authorized representative to whom it pertains unless otherwise permitted by law. | | | Name: _____ | MIS#: _____ |
| | | | Agency: _____ | Prov#: _____ |
| Los Angeles County - Department of Mental Health | | | | |

SIGNATURES * Document Reason For Lack Of Signature In Progress Note. Signature Must Be Obtained At Next Face To Face Contact.

| | | | |
|---|--|------|---|
| * Client | | Date | Client received a copy of the care plan. Client's Initials: Date: |
| Licensed Mental Health Professional | | Date | |
| Family/Conservator/Significant Other | | Date | |
| M.D. Medication, Medicare/Private Insurance | | Date | |

| | | | |
|---|--|------|---|
| * Client | | Date | Client received a copy of the care plan. Client's Initials: Date: |
| Licensed Mental Health Professional | | Date | |
| Family/Conservator/Significant Other | | Date | |
| M.D. Medication, Medicare/Private Insurance | | Date | |

| | | | |
|---|--|------|---|
| * Client | | Date | Client received a copy of the care plan. Client's Initials: Date: |
| Licensed Mental Health Professional | | Date | |
| Family/Conservator/Significant Other | | Date | |
| M.D. Medication, Medicare/Private Insurance | | Date | |

| | | | |
|---|--|------|---|
| * Client | | Date | Client received a copy of the care plan. Client's Initials: Date: |
| Licensed Mental Health Professional | | Date | |
| Family/Conservator/Significant Other | | Date | |
| M.D. Medication, Medicare/Private Insurance | | Date | |

| | | | |
|---|--|------|---|
| * Client | | Date | Client received a copy of the care plan. Client's Initials: Date: |
| Licensed Mental Health Professional | | Date | |
| Family/Conservator/Significant Other | | Date | |
| M.D. Medication, Medicare/Private Insurance | | Date | |

| | | | |
|---|--|------|---|
| * Client | | Date | Client received a copy of the care plan. Client's Initials: Date: |
| Licensed Mental Health Professional | | Date | |
| Family/Conservator/Significant Other | | Date | |
| M.D. Medication, Medicare/Private Insurance | | Date | |

| | | |
|---|----------------------|---------------------|
| This confidential information is provided to you in accordance with State and Federal laws and regulations, including but not limited to applicable Welfare and Institution Code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without the prior written authorization of the client/authorized representative to whom it pertains unless otherwise permitted by law. | Name: _____ | MIS#: _____ |
| | Agency: _____ | Prov#: _____ |
| Los Angeles County - Department of Mental Health | | |

Client Care Plan Continuation Page

Revision Date: 01/23/2006

| | OBJECTIVES: (Must be specific, measurable/quantifiable, attainable, realistic, time bound. Must relate to assessment, presenting problems/symptoms and functional impairment. Include cultural/linguistic, co-occurring factors, if appropriate. Include Med Support and Targeted Case Management, if appropriate) | CLINICAL INTERVENTIONS: (Must be related to objective. List clinical interventions for each group/individual service. Includes Med Support and Targeted Case Management, if appropriate.) | Type/Frequency of Services to meet objectives: <small>(MHS - Ind and Grp); Med Sup; TCM; Soc; Residential; Voc; etc.</small> | OUTCOMES/Date/Initials: To be completed at the end of the Care Plan Review timeframe, 30 days, 3, 6, 12 months or more frequently as appropriate. |
|---|---|--|--|--|
| Date | | | | |
| Client agrees to participate by: | | | Staff Signature/Title: | |
| Date | | | | |
| Client agrees to participate by: | | | Staff Signature/Title: | |
| Date | | | | |
| Client agrees to participate by: | | | Staff Signature/Title: | |
| Date | | | | |
| Client agrees to participate by: | | | Staff Signature/Title: | |
| Date | | | | |
| Client agrees to participate by: | | | Staff Signature/Title: | |
| Date | | | | |
| Client agrees to participate by: | | | Staff Signature/Title: | |

This confidential information is provided to you in accordance with State and Federal laws and regulations, including but not limited to applicable Welfare and Institution Code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without the prior written authorization of the client/authorized representative to whom it pertains unless otherwise permitted by law.

Name: _____ **MIS#:** _____
Agency: _____ **Prov#:** _____

Los Angeles County - Department of Mental Health

Client Care Plan Continuation Page

Revision Date: 01/23/2006

| | OBJECTIVES: (Must be specific, measurable/quantifiable, attainable, realistic, time bound. Must relate to assessment, presenting problems/symptoms and functional impairment. Include cultural/linguistic, co-occurring factors, if appropriate. Include Med Support and Targeted Case Management, if appropriate) | CLINICAL INTERVENTIONS: (Must be related to objective. List clinical interventions for each group/individual service. Includes Med Support and Targeted Case Management, if appropriate.) | Type/Frequency of Services to meet objectives: <small>(MHS - Ind and Grp); Med Sup; TCM; Soc; Residential; Voc; etc.</small> | OUTCOMES/Date/Initials: To be completed at the end of the Care Plan Review timeframe, 30 days, 3, 6, 12 months or more frequently as appropriate. |
|---|---|--|--|--|
| Date | | | | |
| Client agrees to participate by: | | | Staff Signature/Title: | |
| Date | | | | |
| Client agrees to participate by: | | | Staff Signature/Title: | |
| Date | | | | |
| Client agrees to participate by: | | | Staff Signature/Title: | |
| Date | | | | |
| Client agrees to participate by: | | | Staff Signature/Title: | |
| Date | | | | |
| Client agrees to participate by: | | | Staff Signature/Title: | |
| Date | | | | |
| Client agrees to participate by: | | | Staff Signature/Title: | |

This confidential information is provided to you in accordance with State and Federal laws and regulations, including but not limited to applicable Welfare and Institution Code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without the prior written authorization of the client/authorized representative to whom it pertains unless otherwise permitted by law.

Name: _____ **MIS#:** _____
Agency: _____ **Prov#:** _____

Los Angeles County - Department of Mental Health



COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
ADULT SYSTEMS OF CARE
CALWORKS MENTAL HEALTH SUPPORTIVE SERVICES

DMH CALWORKS BULLETIN No. 05-01
FORM MH 641 – CALWORKS CLIENT EMPLOYMENT PLAN

April 15, 2005

TO: All DMH CalWORKs Mental Health Supportive Services Providers

FROM: Dolores Daniel, Program Head
CalWORKs Program

SUBJECT: **Form MH 641 – CalWORKs Client Employment Plan**

-
1. Purpose
 2. Background
 3. Policy/Procedures
 4. Information Required
 5. Employment Terms
 6. Form MH 641 Attached

1. PURPOSE

This Directive 05-01 provides information on completing DMH form MH 641 – CalWORKs Client Employment Plan. Form MH 641 replaces the CalWORKs Service Plan (form MH (form MH 544) and CalWORKs Service Plan Review (form MH 545)

2. BACKGROUND

As a result of the enactment of Senate Bill 1104, the 18-24-month time clock has been eliminated. This requires mental health providers to focus more attention to their CalWORKs participants pre-employment, employment, and post-employment issues.

DPSS now requires stricter monitoring of CalWORKs progress towards removing mental health barriers to employment. Providers should solicit information regarding their client's employment status and assist them in their employment plans. It is no longer necessary to complete the CalWORKs Services Plan Review (MH 545).

3. POLICY/PROCEDURES

Providers must complete a Client Employment Plan on a quarterly basis (every three months) for all CalWORKs participants.

- A. New Clients: The CalWORKs Client Employment Plan must be completed at the time that the DMH Client Care/Coordination Plan (CCCP) is completed and must be reviewed at least once every three months of service. It should also be reviewed when employment goals are attained, changed, or the client's status changes.
- B. Existing/Continuing Clients: For clients who already have a CCCP in place, the CalWORKs Client Employment Plan must be completed every three months – at the time that the CalWORKs Service Plan Review would have been completed.

It is not required that licensed staff (LPHA) completes and signs this form. A case manager with knowledge about the client may complete and sign the form.

4. INFORMATION REQUIRED

In order to complete the form, the following information is required and must be updated on a quarterly basis:

- Barriers to employment
- Skills Needed
- Planned Services/Activities to Eliminate Barriers
- Referrals for a medical evaluation, substance abuse assessment, or domestic violence assessment
- Estimated time left on Participant's 60-month time clock
- Exemption status
- Current employment
- School enrollment
- Summary of progress toward employment

5. EMPLOYMENT TERMS

The following explanation is provided for terms identified in Section 1 - "Skills Needed" and Section 2 - "Employment Services":

- **Pre-Employment** – Activities such as transitional employment or volunteer work that occur prior to competitive employment.
- **Employment Preparation** – Helping the participant prepare to enter the work force. Activities include how to seek jobs, how to fill out job applications, how to dress appropriately, how to interview.
- **Job Development** – Finding appropriate job leads for participants and assisting participants in learning how to search for job leads. Can also include networking with community businesses to seek potential employment opportunities for participants.
- **Job Placement** – Assisting participants with job offers, including disclosure, accommodations, benefits planning, etc. Also, assisting participants with on-the-job needs in order to maximize job retention. This may include telephone consults, after-work meetings, peer support groups or other strategies to decrease the stresses of returning to the workplace.
- **Work Adjustment** – A transitional, time-limited program that uses real or simulated work to help participants to understand the meaning, value, and demands of work; and to learn/reestablish skills, attitudes, and work behaviors.
- **Vocational Support Groups** – Groups created to offer support to participants who are contemplating a return to work or who have returned to work and require additional services in order to maintain employment. Provides an opportunity to troubleshoot issues, conflicts, and challenges that may compromise job retention.

In general, the majority of the employment-related services described above may not be provided by CalWORKs mental health agencies, and further, cannot be billed to CalWORKs. Rather, it is expected that providers will refer and collaborate with agencies to ensure linkages to vocational training and/or employment skills and services.

6. FORM ATTACHED

A copy of the form MH 641 – CalWORKs Client Employment Plan is attached.

DM/dd/lb

CALWORKS CLIENT EMPLOYMENT PLAN

This Plan must be completed at the time the CCCP is completed and reviewed at least once every 3 months of service. It should also be reviewed when employment goals are attained or need to be changed or Client's status changes.

1. Identified Barriers to Employment (check all that apply):

Mental Health Issue: Emotional/Behavior Problems Substance Abuse Unstable Living Arrangement
 Family Disruption Medical Problems Other (specify) _____

Skills Needed: Medication/Symptom Management Appropriate Grooming/Hygiene Communication
 Use of Transportation Socialization Literacy Pre-Employment Employment Preparation
 Job Development Job Placement Other (specify) _____

2. Planned Services/Activities to Eliminate Barriers: Employment services related to the development of a plan to attain employment. May include any single or combination of services.

Employment Services: On-Site Referred to _____ at _____
 Pre-Employment Work Adjustment Training/Education Employment Preparation
 Job Development/Placement Vocational Support Groups

Other Services: _____

3. Referrals:

Has the Participant been referred for a medical evaluation? Yes No
Has the Participant been referred for a substance abuse assessment? Yes No
Has the Participant been referred for a domestic violence assessment? Yes No

4. Estimated time left on Participant's 60-month Welfare-to-Work time clock :
_____ (Number of Months)

5. Is the Participant exempt? Yes No
If yes, has the Participant volunteered for GAIN? Yes No

6. Is the Participant currently employed? Yes No
____ Employed full-time - Number of Hours _____
____ Employed part-time - Number of Hours _____
If yes, type of work: _____

7. Is the Participant in school? Yes No
____ Enrolled in school: ____ GED ____ ESL ____ College
Number of Hours _____
____ Enrolled in vocational training program: Number of Hours _____
Topic of Study: _____

8. Summary of progress toward employment (brief description):

Participant's Signature _____ Date _____ Signature & Discipline _____ Date _____

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to who it pertains unless otherwise permitted by law.

Name: _____ **MIS#:** _____
Agency: _____ **Provider #:** _____
Los Angeles County – Department of Mental Health

File Original in Clinical Record
Copy to Data Entry

CALWORKS CLIENT EMPLOYMENT PLAN

County Of Los Angeles - Department Of Mental Health CalWORKs Mental Health Supportive Services

CATEGORIES OF PARTICIPATION

There are several different circumstances under which a CalWORKs participant might present for mental health services. Each circumstance requires that the clinician be mindful of the time left on the client's CalWORKs time clock in order to maximize the benefit of services and facilitate the client's progress in treatment.

A. WITHIN THE 60-MONTH TIME LIMIT

The participant may be referred for mental health services within the 60-month period of CalWORKs assistance. As a result of Senate Bill 1104 (Chapter 229, Statutes of 2004), Welfare-to-Work participation—and consequently participation in mental health services—is no longer limited to 18 or 24 months. DPSS now requires more stringent monitoring of clients' progress toward employment; as a consequence, mental health providers must focus more attention on CalWORKs participants' pre-employment, employment, and post-employment issues.

B. EXEMPT STATUS

There are certain circumstances that excuse a CalWORKs participant from the normal Welfare-to-Works requirements. Although not required to participate fully in GAIN, the participant may still receive CalWORKs mental health services if he or she volunteers for GAIN and the GSW opens a mental health component.

CalWORKs participants are expected to participate in welfare-to-work activities that total 32 hours each week. If their psychological symptoms are such that they are unable to participate for the required number of hours, the provider may exempt the client from participation by completing the Statement of Provider on the CW 61 form, *Authorization to Release Medical Information*, and the optional CW 61B form, *Mental Capacities*. Since the exemption excuses the participant from required participation in ANY welfare-to-work activities—including mental health treatment—it is recommended that the initial exemption period be limited to 3 months to allow the provider to assess the participant's level of engagement in treatment. The provider may also recommend limited participation as part of the exemption, but

the participant must volunteer to participate in GAIN activities. To do this, the participant returns to the GAIN office and requests to become an exempt volunteer, at which time the GSW will open a new component for participation in MHS and/or any other activity.

C. POST-EMPLOYMENT SERVICES

CalWORKs participants who are employed fulltime (minimum 32/35 hours per week) may continue to receive supportive and certain ancillary services for up to 12 months from the date their cash aid was terminated. The goal of ongoing supportive services is to ease the transition into full-time work and to assist the client in coping with the added stressors of balancing work with other demands in order to maintain employment and achieve self-sufficiency. In order to continue receiving CalWORKs mental health services, the participant needs to be enrolled in a PES component by GAIN and have an open mental health component.

D. POST TIME-LIMITED SERVICES

CalWORKs participants who have reached their 60-month time limit for cash aid may continue to receive supportive services. At present, there is not a time limit to these services. Participants who have timed out but continue to have a need for mental health services may continue to receive treatment under PTL services. The client must volunteer for GAIN and have an open mental health component in order for the provider to continue to bill CalWORKs.

CalWORKs AND WELFARE-TO-WORK EXEMPTIONS – “CLOCK STOPPERS”

EXEMPTED MONTHS FROM THE 60-MONTH TIME LIMIT

Participant is not enrolled in GAIN; no CalWORKs supportive services unless volunteer; continue to get cash aid, Medi-Cal, and food stamps. Stops the 60-month clock, but clock starts again once reason for exemption no longer exists. Can volunteer for GAIN without losing exemption and get supportive services. Certain persons are exempt from WTW activities. The exemption may no longer apply if the status of the individual changes. The following lists the exemptions from WTW activities. Any exempt person may volunteer to participate in welfare-to-work activities. Must bill Medi-Cal for mental health supportive services, unless the client volunteers. Otherwise, cannot bill CalWORKs.

Months in which a participant is:

- 60 years or older.
- Under 16 years.
- Age 16 or 17 and attending school full-time.
- Receiving disability (SSI, IHSS, Workers compensation, or State disability insurance) benefits and the disability impairs ability to work.
- Nonparent caretakers who are caring for a child who is a dependent or ward of the court or at-risk of foster care, if the county determines that caretaking responsibilities make it impossible for the caretaker to be regularly employed or from participating in welfare-to-work activities.
- Caring for ill or incapacitated household member, and the caretaking responsibilities prevents the caretaker from being regularly employed or to participate in welfare-to-work activities.
- Participant is eligible for Cal Learn.
- An abuse victim or survivor, where imposition of the time limit would make it difficult to escape abuse, or would otherwise be detrimental or unfairly penalize the recipient.
- The cost of the cash aid provided to the participant is fully reimbursed by child support.
- **Incapable of maintaining employment or participating in work activities, as determined by the county.**
- Not included in the assistance unit (child-only cases).
- **Disabled over 30 days and not receiving SSI, etc. (need medical proof of disability).**

EXEMPTIONS FROM WELFARE-TO-WORK ACTIVITIES

Participant is not enrolled in GAIN; no CalWORKs supportive services unless volunteer; continue to get cash aid, Medi-Cal, and food stamps. Stops the 60-month clock, but clock starts again once reason for exemption no longer exists. Can volunteer for GAIN & WTW activities without losing exemption and get supportive services.

Must bill Medi-Cal for mental health supportive services, unless the client volunteers. Otherwise, cannot bill CalWORKs.

Months in which a participant is:

- 60 years of age or older.
- Under 16 years of age.
- Age 16 or 17 and attending school full time.
- **Disabled for 30 days or more (need medical proof of disability).**
- Caring for a child under 12 months old or subsequent child under six months old.
- Pregnant, with medical verification that the pregnancy hinders the participant's ability to participate or work.
- Nonparent caretakers who are caring for a child who is a dependent or ward of the court or at-risk of foster care, if the county determines that caretaking responsibilities make it impossible for the caretaker to be regularly employed or from participating in welfare-to-work activities.
- Caring for ill or incapacitated household member, and the caretaking responsibilities prevents the caretaker from being regularly employed or to participate in welfare-to-work activities.

LIMITED PARTICIPATION, CLOCK-STOPPERS/EXEMPTIONS, & EXTENDERS

| | LIMITED PARTICIPATION | WTW MEDICAL OR TIME-LIMITED EXEMPTIONS – “CLOCK-STOPPERS” | EXCEPTIONS/ EXTENDERS |
|---|---|---|--|
| How is the 60-month time limit affected? | “The clock still ticks,” but the participant is excused from full-time Welfare-to-Work activities. | “Clock-stopper” – stops the TANF 60-month time limit. | No time clock – the 60-months have been reached. “Over- time services” |
| How long can this last? | Maximum 3 months. Must be renewed if needed. | Maximum 1 year. If necessary to renew, strongly consider SSI application. | Until child reaches age 18. |
| What supportive services are available? | All supportive services, including mental health, substance abuse, domestic violence, childcare and transportation. | Supportive services are available as long as the participant volunteers for GAIN. | Supportive mental health services, provided the participant is involved in community services or need for ongoing services determined. |
| Who can request this service? | M.D. (Psychiatrist) or LMHP (Licensed Mental Health Professional) | M.D. (Psychiatrist) or LMHP (Licensed Mental Health Professional) | Participant informs GSW, who applies the extender. Mental health provider provides supporting documentation. |
| What form is used to request this? | GN6006B (page 2) and/or PA1923 | The participant can apply for an exemption using the California State form CW2186A or apply for a WiW medical exemption using the CW61 form along with the CW61A and/or CW61B form, or using the CW61 form and attaching a letter from an MD/LMHP. To volunteer for GAIN, participant must inform their EW or GSW and should present a supporting letter indicating their mental health provider. See sample letter to volunteer for GAIN | DPSS form. GSW has responsibility to determine. |
| How are services billed? | Bill CalWORKs by entering services in the CalWORKs plan. | 1. If volunteered for GAIN (Exempt Volunteer), then bill CalWORKs. 2. If not CalWORKs, bill Medi-Cal (Note: to bill Medi-Cal the client must meet medical necessity criteria). | Bill CalWORKs if extension for mental health reason. |



COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
COUNTYWIDE COMMUNITY-BASED SERVICES
CALWORKS MENTAL HEALTH SUPPORTIVE SERVICES

CalWORKs
Protocol No. 1

Rev. 3/6/07
(12/18/2002)

**EXPEDITING SERVICES TO THE CalWORKs TIME-
LIMITED POPULATION**

1. Purpose
2. Background
3. Impact of Time Limits on CalWORKs Participants Receiving Mental Health Services
4. The Difference Between a Time Limit *Exemption* and *Extender*
5. 60-Month Time Limit Exceptions – “Time Extenders”
6. Identifying Time-Limited CalWORKs Participants
7. Referrals for Time-Limited Participants and Expedited Assessments
8. Treatment for the Time Limited Population

1. PURPOSE

The purpose of this protocol statement is to assist CalWORKs mental health providers to develop an internal system to expedite mental health supportive services to the CalWORKs participants who will “time-out” beginning January 1, 2003 and monthly thereafter. CalWORKs mental health providers are now required to prioritize their services to assist those individuals who have been on CalWORKs for 54-months or longer and will be approaching their 60-month (5-year) lifetime limit for cash aid beginning in January 2003.

2. BACKGROUND

The 1996 Federal Personal Responsibility and Work Opportunity Reconciliation Act eliminated the Aid to Families with Dependent Children (AFDC) program and replaced it with the Temporary Assistance for Needy Families (TANF) program. The Act emphasized the need for individuals to take personal responsibility for their move toward self-sufficiency. In California, the TANF program, known as CalWORKs, was

started in January 1, 1998, and the first wave of participants reached their 60-month limit on January 1, 2003.

Under this law, adults can receive TANF funds for only 60 months. Once an adult (parent, aided stepparent, and/or caretaker relative) has received 60 months of cash aid from the CalWORKs program, the cash aid is terminated. The 60-month time limit is a lifetime limit; that is, the adult can no longer receive CalWORKs cash aid during his/her lifetime, unless he/she qualifies for an extender. In California, the 60-month time limit does not apply to children under 18 years, who will still continue to receive cash aid even if the adult no longer qualifies for cash aid. The adult can also continue to receive Medi-Cal benefits and food stamp benefits.

3. IMPACT OF TIME LIMITS ON CALWORKS PARTICIPANTS RECEIVING MENTAL HEALTH SERVICES

Termination of cash aid benefits means that the participant can no longer receive supportive services, namely mental health, substance abuse, domestic violence, childcare, and transportation services. The County of Los Angeles has identified certain circumstances under which supportive services can continue after a participant has become employed and/or the 60-month time limit has been reached, as described below.

CalWORKs mental health supportive services are provided only to those individuals who are enrolled in GAIN with a Welfare-to-Work plan or who have been exempted from Welfare-to-Work (WtW) requirements but have volunteered for GAIN. Those CalWORKs participants that have “timed out” may request to have their mental health services continued under “Post Time Limit” (PTL) services. To do so, they must speak to their GAIN worker to have a mental health component opened under PTL services.

For those participants that no longer qualify for CalWORKs mental health supportive services, they can receive mental health services through their HMO or a Medi-Cal provider. In 2002, the Department of Mental Health instituted a policy regarding its “Target Population,” and based on the algorithm, some CalWORKs participants may not qualify for services through County mental health providers based on their diagnosis and lack of “medical necessity.” Although some CalWORKs participants gained access to mental health supportive services by having any DSM diagnosis (including “V” codes), these individuals may now be ineligible for mental health treatment based on their diagnosis.

4. THE DIFFERENCE BETWEEN A TIME LIMIT EXEMPTION (A “CLOCK-STOPPER”) AND EXTENDER

The State of California has determined that, under certain circumstances, time limits may not be appropriate for some CalWORKs participants and has identified categories

that prevent cutting off all aid to a family based on a time limit. The State can **exempt** an aided adult for a month or more from CalWORKs time limits or **extend** the period for which an aided adult can receive assistance once the time limit has been reached.

An **exemption** stops the time limit clock from running by establishing circumstances under which an adult's receipt of aid for a month will not count toward the 60-month time limit. A participant may claim "clock-stoppers" for any period of aid during their 60-month period on aid, and can be based on past or current circumstances.

An **extender** does not stop the clock – instead, it continues assistance cash assistance for the adult beyond 60 months even though the participant has reached the 60-month time limit. Extenders are based upon current circumstances.

Mental health providers should be aware of both their clients' mental health treatment status and the categories that will either stop the CalWORKs time clock or extend services past the 5-year time limit.

5. **60-MONTH TIME LIMIT EXCEPTIONS – "TIME EXTENDERS"**

The CalWORKs statute provides for both categorical and discretionary exemptions from the time limit. Conditions under which categorical exemptions shall be granted include age (60 or older), certain care-taking responsibilities, and disabilities with income linked to the disability. In addition to these categorical exemptions, counties have the discretion to extend the time limit for individuals who are unable to maintain employment. This determination is based in part on the individual's history of participation and cooperation. Additionally, victims of domestic violence are eligible for extenders.

In Los Angeles County, when a CalWORKs participant has been aided for 60 months, cash aid may continue past the 60 months, provided the participant and all parents, aided stepparents, and/or caretaker relatives in the home are in **one** of the following situations. These situations are **exceptions** from the 60-month time limit and **extend** cash aid beyond the 60-month time limit:

- Caring for an ill or incapacitated person living in the home, which stops the participant from working or participating in Welfare-to-Work activities.
- 60 years or older.
- Caring for a dependent child of the court, or a child at risk of placement in foster care, which stops the participant from working or participating in Welfare-to-Work activities.
- Evaluated by the County and found to be unable to work or take part in Welfare-to-Work activities. This exception only applies when the participant

has a history of cooperating with Welfare-to-Work rules. [*Note: This is the category in which a mental health client would most likely qualify.*]

- Not in the assistance unit (AU) for any reason other than reaching the 60-month time limit.
- Disabled and receiving certain types of disability benefits (State Disability Insurance, Workers Compensation Temporary Disability Insurance, In-Home Supportive Services, or State Supplementary Program Benefits). This exception only applies if the disability stops the participant from working or participating in Welfare-to-Work activities.

The GAIN Services Worker determines whether a participant qualifies for an extender.

6. IDENTIFYING TIME-LIMITED CALWORKS PARTICIPANTS

Unless participants can qualify for one of the above time limit “clock-stoppers” or extenders, their cash aid will be terminated. However, timed-off participants remain eligible for Medi-Cal. In addition, the timed-off participant is eligible for Post Time Limited services as long as their CalWORKs case remains open (i.e., the children are aided). To access supportive services, the participant must be enrolled in GAIN and request services.

A. *Who Can Continue to Receive CalWORKs Mental Health Supportive Services After the 60-Month Time Limit is Reached?*

Not all time-limited and “timed-out” (individuals who have reached and exceeded their 60-month limit) will qualify for CalWORKs mental health supportive services. The following chart identifies who can receive these services.

**WHO CAN CONTINUE TO RECEIVE
CALWORKS MENTAL HEALTH SUPPORTIVE SERVICES AFTER THE 60-MONTH
TIME LIMIT IS REACHED?**

| WHO IS THE TARGET GROUP? | WHEN DID THE PARTICIPANT REACH THE 60-MONTH LIMIT? | CAN THE PARTICIPANT RECEIVE CalWORKs MENTAL HEALTH SUPPORTIVE SERVICES? | HOW CAN SERVICES BE PROVIDED? | WHAT SERVICES CAN BE PROVIDED? | HOW LONG CAN SERVICES BE PROVIDED? |
|---|---|---|---|---|---|
| "Timed-Off" Unemployed Participant | 60-month time limit reached and was receiving cash aid. | YES | Participant qualifies for Time Limit Extender "Unable to Maintain Employment" | CalWORKs mental health supportive services. | As long as qualified for extender. |
| "Timed-Off" Unemployed Participant | 60-month time limit reached and was receiving cash aid. | YES | Participant qualifies for Time Limit Extender because he/she has a history of cooperation with Welfare-to-Work | CalWORKs mental health supportive services. | As long as qualified for extender. |
| "Timed-Off" Unemployed Participant | 60-month time limit reached and was receiving cash aid. | YES | Extender not available – participant does not qualify for an exception, but agrees to work in Community Service/Job Intern Program (or JI requirement may be waived if the provider states that participation in JI is not beneficial). The participant need only do mental health services as appropriate or do employment and supportive services if capable. | CalWORKs mental health supportive services. | As long as the CalWORKs case remains open (i.e., the children are aided). |
| "Timed-Off" Unemployed Participant | 60-month time limit reached and was receiving cash aid. | NO | Extender not available – participant does not qualify for an exception and does not volunteer for services for timed-off participants. | Mental health services billable to Medi-Cal. | As long as qualified for Medi-Cal. |
| "Timed-Off" Employed participant | 60-month time limit reached – was still receiving cash aid at the time of termination. | NO | Extender not applicable because the participant is employed. Post-employment CalWORKs mental health supportive services available only if participant terminates before reaching 60-month time limit or is terminated for excess income prior to reaching the 60-month time. | Mental health services billable to Medi-Cal. | As long as qualified for Medi-Cal. |
| Employed participant Who Terminates Voluntarily Before Timing Out | 60-month time limit has not been reached - went off cash aid before he/she reached the time limit or in the 60 th month. | YES | Participant can receive CalWORKs supportive mental health services up to 12 months after termination, if the termination is based on client's request or excess income). Extender not applicable because the case was terminated for other reasons. | Post-employment CalWORKs mental health supportive services. | Up to one year after termination. |

B. How to Identify Time-Limited Participants

Providers can initiate several strategies to identify the time-limited participants, such as:

- DPSS and GAIN/Job Club Orientations – Inquire whether the participant is aware of their time limits.
- Case finding – Review current cases for time limits.
- MIS & DPSS data match – Upon notification from the Department of Mental Health of time-limited participants on an agency's caseload, contact the client to review status. (DMH is working with DPSS to cross-match CalWORKs participants who are in GAIN and receiving mental health supportive services. DMH will distribute this information to providers.)
- Case management - ensure that staff are tracking the time limits for the 18-24 month and 60-months.

Current Clients: Clients who are currently receiving CalWORKs mental health supportive services from a CalWORKs provider and have reached, or soon will reach, their 60-month time limit. Providers may elicit this information by asking the participant when he/she began receiving cash benefits and whether he/she has received a "54-Month Notice" from his/her GSW. If the client is unsure of his/her time limits, the provider should encourage the participant to contact the GSW to confirm his/her status. Mental health staff may also assist the participant to document the amount of time that he/she has been receiving aid, periods of time that may not be counted towards the 60-month cycle, and other extenuating circumstances. The participant should also be encouraged to attend a time-limit workshop to have a review of their time. See attached liaison listing for workshops.

In preparation for the priority treatment of time-limited participants, the following steps should be implemented in order to maximize services and resources to the time-limited population:

- Review ongoing CalWORKs caseloads. If there has been no direct contact with a client for 30-days, i.e., FACE-to-FACE, CalWORKs staff should attempt to reach client by:
 - a. Telephone.
 - b. Written communication
 - c. Home visit (depending on presenting problem and if there is a serious impairment and participant consents.)
- If there has been no further contact for 30 days, the agency should send the client a letter advising him/her that the case will be closed as well as notice to the GAIN worker that this step is being initiated. If there is no response from the client within 10-14 days, the case will then be closed on the IS within 10 working days. (These steps allow the agency to maintain an active caseload and to accept more clients on an ongoing basis.)

- The GAIN worker should be advised when a participant establishes a pattern of missed appointments. Appointment failure indicates is a disruption in the WtW contract. GAIN staff must be informed of the client's participation status, even if it requires contact in addition to the quarterly report.

New Clients: The CalWORKs 60-month time limit should be ascertained for each and every new CalWORKs client. Again, the CalWORKs participants may be the best resource for this information, and providers should ask their clients when they started receiving CalWORKs and whether they have received a 54-month notice.

Potential Mental Health Clients Who are Timing Out. The GAIN Service Workers (GSWs) will identify participants who have reached their 54-month limit and send them a notice inviting him/her to a workshop designed to provide information on time limits. The workshop will provide the participant an opportunity to disclose a need for CalWORKs supportive services and to determine whether the participant qualifies for any time-limit exemptions "clock-stoppers" or extender. The GSW will refer participants for an initial mental health clinical assessment. Service providers must expedite services to these identified individuals.

7. REFERRALS FOR TIME-LIMITED PARTICIPANTS AND EXPEDITED ASSESSMENTS

Recognizing that time-limited CalWORKs participants represent a specialized population with unique needs, the Department of Mental Health has developed protocols to expedite their access to treatment. An expedited comprehensive assessment and initial treatment period will allow CalWORKs clinical staff an opportunity to assess whether the CalWORKs participant has a mental health barrier to employment, and if so, to begin treatment as soon as possible. If the barrier is severe enough, a medical exemption, which would stop the 60-month clock, can be issued by a medical doctor or licensed clinician.

DPSS will identify those CalWORKs participants who have reached their 54-month. The GSW will then meet with the participant to determine whether there are mental health issues and accordingly, refer the participant for a mental health clinical assessment. The mental health provider will be informed that the participant is subject to the time limits, and **the provider must schedule an appointment within five (5) days**. If after the assessment, it is determined that there is a mental health issue and the client is motivated for treatment, the GSW will open a mental health component.

Mental health providers must schedule an appointment for the initial adult assessment within five (5) days of the referral from the CASC Service Advocate or the GSW. The mental health provider may have to prioritize their current waiting list for assessments in order to adhere to the 5-day requirement for time-limited participants. An expedited assessment is important because:

- It will determine whether a Welfare-to-Work exemption is necessary based on the participant's current mental health status. An exemption will stop the 60-month time clock.
- If an exemption is not immediately needed, the clinician can determine whether expedited treatment is needed.
- If the participant's mental health barriers to employment do not warrant either an exemption or expedited treatment, the clinician can then identify the mental health resources for the participant once he/she has reached the 60-month time limit.

8. TREATMENT FOR THE TIME-LIMITED POPULATION

Clients accessing treatment under time-limited guidelines will generally fall into two categories: new or existing clients. It is recommended that all clients who meet the 54-month time frame be accommodated in the following ways:

A. *New Time-Limited Clients*

New clients who meet the time-limited definition should be immediately scheduled for an assessment and treatment, if indicated, to determine the expected duration of the mental health barrier to employment. In general, exemptions from GAIN requirements generally should **not** be granted on the first visit. An initial exemption from GAIN should be given for only a short period (30 to 90 days). Exemptions for longer periods are not encouraged, as it generally takes a period of time to assess the client's vocational skills, aptitude, and potential for learning or training. In the interim, the client may be referred for further psychiatric evaluation and may be deemed unable to participate in GAIN activities for a greater period of time.

B. *New Time-Limited Clients Who May Be Eligible for SSI*

If it is medically determined that client is unable to participate in GAIN activities for at least one year, then the case manager/clinician has the responsibility to complete and file an SSI application on behalf of the client. An aggressive approach should be made to expedite the participant's case through the Social Security Disability process. During this period, the client should be encouraged to remain in treatment if he/she is a good candidate for SSI but may not have established a history of chronicity to support the disability. Staff should follow clinic protocols already in place for the application of benefits, regarding the utilization of various consumer groups to assist with the application and advocacy process. The participant should participate in GAIN as an exempt volunteer in order to continue to receive CalWORKs mental health supportive services.

C. Current CalWORKs Clients Who are Time-Limited

Mental health providers should review the status of their time-limited CalWORKs participants to determine whether an exemption is necessary.

Ineligible for Exemption or Extender. Time-limited clients will receive expedited treatment as indicated. It is recommended that these participants be placed in short-term groups designed to focus on the removal of mental health barriers to employment, vocational services, or other needs. Participants who are not eligible for an exemption should be encouraged to volunteer for the community services/Job Intern Program in order to maximize the benefits of treatment. However, if it is the provider's professional opinion that participation would interfere with treatment, the requirement may be waived. Post Time Limited services are available to timed-off participants as long as the CalWORKs case remains open.

Eligible for Welfare-to-Work Medical Exemption. CalWORKs clients who are exempted from GAIN activities, but do not volunteer for GAIN, will not be able to receive treatment unless they meet medical necessity criteria for mental health treatment. The issue of the Department's target population is also a factor in the treatment of these individuals. Staff may need to re-assess a client's diagnosis and history in order to maintain the exempt client's accessibility to services.



COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
ADULT SYSTEMS OF CARE
CALWORKS MENTAL HEALTH SUPPORTIVE SERVICES

**DMH CALWORKS BULLETIN No. 07-01
COMPLETION OF GAIN FORMS**

October 1, 2007 (Revised 5-28-08)

TO: All DMH CalWORKs Mental Health Supportive Services Providers

FROM: Elizabeth Gross, Mental Health Clinical Program Head
CalWORKs Program

SUBJECT: Completion of GAIN forms

-
1. Purpose
 2. Background
 3. DPSS Program Requirements
 4. Specific Forms
 5. Explanation of forms

1. PURPOSE

The purpose of this Bulletin, No. 07-01, is to provide an explanation of the most commonly used GAIN forms and to provide instructions to providers for completing them. These forms (GN 6006A, GN 6006B, GN 6008, PA 1923, *Notification Letter*, PA 1132, GN 6149, GN 6007B, and GN 6011) are required to verify eligibility and to report the attendance of CalWORKs clients to their mental health appointments.

2. BACKGROUND

Forms are used by CalWORKs eligibility staff, GAIN Services Workers (GSWs) and Contract Case Managers (CCMs) when processing participants who have been identified as having a need for specialized supportive services such as Clinical

Assessment, Substance Abuse, Mental Health, Domestic Violence, and Family Preservation. In order for a mental health provider to be reimbursed for CalWORKs mental health services, the client must be eligible for these services and the provider must have documentation to support that eligibility for the period that services are rendered. DPSS has created specific forms to address the eligibility, referral, assessment, and treatment progress of the CalWORKs participant. The client's GSW uses these forms to verify a CalWORKs participant's attendance and participation in the identified specialized supportive service activity. In addition, the service provider uses the form to communicate recommendations for hours of participation in treatment and for the client's participation in additional welfare-to-work activities. The GSW uses these recommendations as a basis for planning with the participant his/her welfare-to-work plan.

3. DPSS PROGRAM REQUIREMENTS

Two of the DPSS Performance Requirements (described in DMH CalWORKs Bulletin No. 05-06, Provider Compliance with DPSS CalWORKs Program Requirements) address the use of required forms and timely communication with GAIN. One performance requirement is that the provider track and report to GAIN the CalWORKs participant's progress towards employment; the other is that staff sends required GAIN documents to the GSW on a timely basis. This communication is necessary for GAIN to credit the participant for his/her compliance with the GAIN contract and to manage the CalWORKs participant's case appropriately.

DPSS Manual Letter Number 4687 (6/15/06) provides guidelines for GSWs and CCMs regarding the completion of the forms routinely used to communicate with specialized supportive service providers at different stages of the referral or treatment process. Providers must accurately and thoroughly complete the Provider section of the required forms to ensure that the participant is properly credited for the identified activity.

4. SPECIFIC FORMS

GN 6006A – Page 1, *CalWORKs Clinical Assessment Provider Referral*; and
Page 2, *CalWORKs Clinical Assessment Results*

These forms are used by the GSW or CASC Service Advocate when referring a participant to Clinical Assessment for substance abuse and/or mental health; Page 2 must be completed and returned by the provider after the assessment.

GN 6006B – Page 1, *CalWORKs Supportive Services Provider Referral*; and
Page 2, *CalWORKs Supportive Services Results*

These forms are used by the mental health service provider after the clinical assessment to communicate the participant's decision regarding continuing in treatment.

GN 6008 – *Mental Health/Substance Abuse/Domestic Violence/Family Preservation Program Service Provider Progress Report*

This form is automatically generated by GEARS—the DPSS computer data system—every 90 days and mailed to the treatment provider. Mental health treatment providers are required to complete this form every 90 days for as long as the client continues to receive services billed to CalWORKs.

PA 1923 – *CalWORKs Treatment/Services Verification*

This form is used by the mental health service provider to identify those CalWORKs participants who are already receiving services at their facility prior to entry into GAIN to verify their eligibility for CalWORKs mental health services.

DPSS' responses to the PA 1923 – There are several different forms used by DPSS to respond to the PA 1923. These include the ***Notification Letter*** to the treatment provider to inform them of the participant's eligibility for CalWORKs; the ***PA 1132 (CalWORKs Eligibility Worker/GAIN Services Worker Notification to Service Providers)*** which confirms receipt of the PA 1923 and provides GAIN worker information; and the ***GN 6149 (CalWORKs Welfare-to-Work Notification)***, which is used by the GSW to confirm receipt of the PA 1923 for participants receiving supportive services and to notify the treatment services provider whether or not a Welfare-to-Work plan has been signed.

GN 6007B – *CalWORKs Supportive Services Enrollment Termination Notice*

This form is used by the mental health service provider to inform the GSW that the CalWORKs participant will no longer receive CalWORKs mental health services at that agency.

GN 6011 – *Service Provider Cancellation/Stop Notice*

This form is used by the GSW to notify the treatment provider to stop services.

5. EXPLANATION OF FORMS

GN 6006A – Page 1, CalWORKs Clinical Assessment Provider Referral

This form is completed manually by the GSW, the CCM or the co-located Service Advocate when the participant is referred for a clinical assessment for substance abuse and/or mental health. The form is given to the participant to take to his/her clinical assessment appointment; the GSW or the CASC Service Advocate may also fax the form to the provider. The mental health provider does not complete any portion of this form. This form ensures that the participant is CalWORKs eligible at the time of referral, and the form serves as back-up documentation in the billing reconciliation process in the event of a rejected billing claim.

GN 6006A – Page 2, CalWORKs Clinical Assessment Results

This form should contain the GAIN Region name and address, the GSW/CCM name and fax number, and Section A should have been completed. This form should also bear the signature of the GAIN participant in Section C.

The mental health provider should complete Section B and return the form to the GSW within 5 workdays of the scheduled Clinical Assessment appointment. The provider must check the appropriate boxes to indicate if the participant appeared for the assessment and agrees to continue in treatment. If the participant agrees to participate in treatment, the mental health provider must complete the “Referred to” section to indicate the name, address and contact information of the treatment provider. In most cases, this will be the same provider that completed the clinical assessment. The provider must also indicate the date and time of the appointment for the start of treatment, which must be different than the date of the assessment.

CalWORKs CLINICAL ASSESSMENT RESULTS

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

Attention: _____
GSW/CCM Name/File Number

[Fax No.: _____] [_____]

Section A - Completed by Referring Individual

| | | | |
|---|-------------|---|---|
| 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 | Social Security Number: (Confidential for DV) () |
| | | 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"/> MH <input type="checkbox"/> SA <input type="checkbox"/> Participant completed assessment and agrees to recommended treatment for <input type="checkbox"/> MH <input type="checkbox"/> SA <input type="checkbox"/> Participant completed assessment and does not agree; requests third party assessment. <input type="checkbox"/> MH <input type="checkbox"/> SA | | |
| REFERRAL MADE FOR: <input type="checkbox"/> MH and/or <input type="checkbox"/> SA | | |
| <u>Referred to:</u> | | 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 |

GN 6006B – Page 1, CalWORKs Service Provider Referral

This form is completed by the clinical assessor when referring the participant to treatment services after the clinical assessment. It is the appointment notice for the participant with information about his/her appointment for the start of treatment. Your local GAIN office may or may not require this form to be submitted to the GSW.

GN 6006B – Page 2, CalWORKs Supportive Services Results

The GSW should fax this form to the treatment provider with Section A filled in and Section C signed by the participant. **The provider must complete Section B and return the form to DPSS within 5 workdays from the appointment date.** Upon receipt of this form, the GSW reviews the information and updates the component on GEARS. The GSW also uses the information on the form to authorize other supportive services such as child care, transportation and other ancillary services, as appropriate.

The Mental Health provider should complete subsections I, III, IV, and V of Section B (Subsection II is for DV only). In Subsection I, the provider must indicate the date the participant began services; this date must be different than the date of the clinical assessment appointment by at least one day. It is also helpful for the GSW to know if the number of hours in treatment at your facility is distributed over more than one day, as this will affect transportation and childcare arrangements. Do not include travel time in your hours of participation in mental health services.

CalWORKs SUPPORTIVE SERVICES RESULTS

[To: (GAIN Regional Office)

]

[From: Name & Address of Facility

]

Attention: _____

 GSW Name/Number

[Fax No.: _____]

[

]

A - Completed by GSW/CCM/CalWORKs Eligibility Staff or Co-located staff

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

B - Completed by Service Provider (Complete and return to the GSW/CCM within 5 workdays)

I. SUBSTANCE ABUSE **AND/OR MENTAL HEALTH** (Complete as applicable)

- Participant failed to appear for services.
- Participant began services on: ____/____/____. Services are: Residential Non-Residential
- Expected duration of needed services: _____ months.
- 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 to medical exemption and receive services as an exempt volunteer).
- Participant is able to participate in other Welfare-to-Work (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).
- Participant may be eligible to medical exemption. Please issue a GN 6051, Verification of GAIN Exemption/Deferral, form*
 *A medical exemption may be granted if a participant, due to a physical or mental disability, is unable to fully participate for 32/35 hours for at least 30 days.

II. DOMESTIC VIOLENCE CASE MANAGEMENT **AND/OR LEGAL SERVICES** (Complete as applicable)

- Participant failed to appear for services.
- Participant began services on: ____/____/____. Services are: Residential Non-Residential
- Expected duration of needed services: _____ months.
- Participant can participate 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 hrs/week GAIN participation requirement.
 Core hours of participation.
 Regular GAIN flow.
 Mandatory participation in GAIN WtW activities and possibly subject to financial sanction.
 Child Support Cooperation or Other: _____
- Participant shall be granted Waiver from the WtW program requirements and receive DV services **outside** of a WtW Plan.
- Participant can participate in DV services: _____ hrs/week and/or other WtW activities: _____ hrs/week **outside** of a WtW plan and be granted a waiver. (Participant may be eligible for an exemption and still participate in GAIN as an exempt volunteer).

III. OTHER SUPPORTIVE SERVICES NEEDS (Complete as 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

IV. OTHER – The following services are ordered by the court system: DV Counseling Substance Abuse Mental Health

V. Signature/Print Name of Person Completing this form: _____ Title: _____ Phone No.: _____ Date: _____
 ()

C - Completed by GAIN Participant:

I authorize the Department of Public Social Services and the above service 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 abuse 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 a CalWORKs Welfare-to-Work plan.

The determination will be made by my GAIN Services Worker/Contracted Case Manager in consultation with the service provider.

 Participant's Signature

 Date

**GN 6008 - Mental Health/Substance Abuse/Domestic Violence/Family
Preservation Program Service Provider Progress Report**

This form is completed by the treatment provider to notify the GSW of the participant's progress, completion, termination, and/or any other significant changes. This form is automatically generated by GEARS every 90 days and mailed to the CalWORKs mental health treatment providers to be completed and returned within 14 days of receipt. In some cases this form may be completed manually and mailed by the GSW/CCM every 90 days. The form will typically have the provider name, "Reply To" information, Section A and Section B completed, as well as the GAIN Services Worker information at the bottom of the form. In the event that the provider does not receive this form from the GAIN office, it is the provider's responsibility to complete a blank form and mail or fax it to the GSW. Hours of participation in mental health services should not include travel time to and from the mental health appointment.

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

| | |
|---|------------------|
| [| Reply To: |
| [| 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 14 CALENDAR DAYS FROM THE POST DATE. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE GAIN SERVICES WORKER AT THE PHONE NUMBER POSTED AT THE BOTTOM OF THIS FORM.

A - Completed by GSW/CCM

| | |
|----------------------|----------------|
| Participant: | Case No.: |
| Social Security No.: | Date of Birth: |

B - Completed by Service Provider (Complete and return to the GSW/CCM within 14 calendar days from the post date)

| | | | | | |
|---|---------------------------------------|----------------------|----------------------|----------|-------|
| <p>I. TYPE OF SERVICE</p> <p> <input type="checkbox"/> Mental Health <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Family Preservation <input type="checkbox"/> Domestic Violence (DV) Case Management <input type="checkbox"/> Domestic Violence (DV) Legal Services </p> | | | | | |
| <p>II. DUAL DIAGNOSIS/CONCURRENT SERVICES (if applicable)</p> <p> <input type="checkbox"/> Mental Health <input type="checkbox"/> Substance Abuse <input type="checkbox"/> DV Case Management <input type="checkbox"/> DV Legal Services </p> | | | | | |
| <p>III. PROGRESS (Complete as applicable)</p> <p>The above-referenced CalWORKs participant:</p> <p>1. <input type="checkbox"/> is participating and maintaining progress consistent with the above Supportive Services activity.</p> <p>2. <input type="checkbox"/> is currently attending/receiving treatment/services 32 hrs/week. If no, number of hrs/week _____</p> <p style="margin-left: 40px;"><input type="checkbox"/> Mental Health <input type="checkbox"/> Substance Abuse <input type="checkbox"/> DV Case Management <input type="checkbox"/> DV Legal Services</p> <p>3. <input type="checkbox"/> is now able to include DV activity within the WTW Plan.</p> <p>4. <input type="checkbox"/> is expected to complete services on ____/____/____ (if less than 90 days).</p> <p style="margin-left: 40px;"><input type="checkbox"/> Mental Health <input type="checkbox"/> Substance Abuse <input type="checkbox"/> DV Case Management <input type="checkbox"/> DV Legal Services</p> <p>5. <input type="checkbox"/> is no longer receiving services under this contract effective ____/____/____ for:</p> <p style="margin-left: 40px;"><input type="checkbox"/> Mental Health <input type="checkbox"/> Substance Abuse <input type="checkbox"/> DV Case Management <input type="checkbox"/> DV Legal Services</p> <p>6. <input type="checkbox"/> has dropped-out of services effective ____/____/____.</p> <p>7. <input type="checkbox"/> successfully completed services on ____/____/____.</p> <p>8. <input type="checkbox"/> requests an extension of the Supportive Services activity until ____/____/____ (more than 90 days).</p> | | | | | |
| <p>IV. CONCURRENT ACTIVITY (Evaluate concurrent activity within six (6) months from start date of services)</p> <p>The above referenced CalWORKs participant:</p> <p><input type="checkbox"/> DV only, is able to participate in another WtW activity: _____ hours/week _____ days/week _____ outside of a WtW Plan and be granted a waiver. (Participant shall granted an exemption and still participate in GAIN as an exempt volunteer.)</p> <p><input type="checkbox"/> is able to participate in another WtW activity: _____ hours/week _____, days/week _____ within the WtW plan.</p> | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;">Service Provider/Staff Person's Name:</td> <td style="width: 20%; padding: 5px;">Title:</td> <td style="width: 20%; padding: 5px;">Phone No.: ()</td> <td style="width: 30%; padding: 5px;">Date:</td> </tr> </table> | Service Provider/Staff Person's Name: | Title: | Phone No.: () | Date: | |
| Service Provider/Staff Person's Name: | Title: | Phone No.: () | Date: | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px;">GAIN Services Worker:</td> <td style="width: 15%; padding: 5px;">File No.:</td> <td style="width: 20%; padding: 5px;">Telephone No.:</td> <td style="width: 20%; padding: 5px;">Fax No.:</td> <td style="width: 20%; padding: 5px;">Date:</td> </tr> </table> | GAIN Services Worker: | File No.: | Telephone No.: | Fax No.: | Date: |
| GAIN Services Worker: | File No.: | Telephone No.: | Fax No.: | Date: | |

GN 6008 (Rev. 12/05)

PA 1923 – CalWORKs Treatment/Services Verification

The PA 1923 form (CalWORKs Treatment/Services Verification) is completed by the service provider 1) to identify CalWORKs participants who are already receiving treatment services at their facility prior to entry into GAIN, or 2) to verify eligibility for CalWORKs mental health services of clients that are self-referred or referred by sources other than GAIN and the CASC Service Advocates. **The service provider should mail or fax this form to Tina Williams at DPSS Central County GAIN Region IV (information pre-printed on the form) within ten (10) workdays—not to exceed thirty (30) days—of initial contact with the participant (or identification of the client as possibly CalWORKs eligible).**

CaWORKs TREATMENT/SERVICES VERIFICATION

[To: **Central County GAIN Region IV**] [From:]
3833 S. Vermont Ave
Los Angeles, CA. 90037
FAX Number: (323) 730-5881

[**Attention: Tina Williams**] []

| | | | |
|--|-------------|--------------|------------|
| A. PROVIDER CERTIFICATION | | | |
| As an authorized employee of the treatment/service provider agency named above, I certify that the individual named below is receiving: <input type="checkbox"/> DOMESTIC VIOLENCE (DV) CASE MANAGEMENT <input type="checkbox"/> DOMESTIC VIOLENCE (DV) LEGAL SERVICES <input type="checkbox"/> SUBSTANCE ABUSE SERVICES <input type="checkbox"/> MENTAL HEALTH SERVICES to help him/her overcome a barrier to employment. I understand that payment to contracted service provider is contingent on the CaWORKs participant maintaining eligibility to CaWORKs 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 CaWORKs. | | | |
| 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: <input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential | | | |
| C. SUBSTANCE ABUSE <input type="checkbox"/> AND/OR MENTAL HEALTH <input type="checkbox"/> (Complete when applicable) | | | |
| 4. <input type="checkbox"/> Expected duration of needed treatment/services: _____ months. | | | |
| 5. <input type="checkbox"/> Participant is receiving treatment/services 32 or more hrs/week. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Participant is able to participate in other WtW activities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many hrs/week: _____ (Participant may be eligible for an exemption and still participate in GAIN as an exempt volunteer). | | | |
| 7. <input type="checkbox"/> 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. <input type="checkbox"/> Participant is eligible for an exemption and will participate in GAIN as an exempt volunteer. | | | |
| D. DOMESTIC VIOLENCE <input type="checkbox"/> CASE MANAGEMENT AND/OR <input type="checkbox"/> LEGAL SERVICES (Complete when applicable) | | | |
| 9. <input type="checkbox"/> Expected duration of needed services: _____ months. | | | |
| 10. <input type="checkbox"/> 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: <input type="checkbox"/> 32 hour/week GAIN participation requirement. <input type="checkbox"/> Core hours of participation. <input type="checkbox"/> Regular GAIN flow. <input type="checkbox"/> Mandatory participation in GAIN/WtW activities, which are subject to financial sanction. <input type="checkbox"/> Other, specify: _____ | | | |
| 11. <input type="checkbox"/> Participant shall be granted a DV Waiver from the mandatory WW activities and received DV services outside a WtW Plan. | | | |
| 12. <input type="checkbox"/> 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: <input type="checkbox"/> Child care <input type="checkbox"/> Public Transportation or <input type="checkbox"/> Mileage: _____ per month <input type="checkbox"/> Other: _____ <input type="checkbox"/> Ancillary work/related expenses such as: <input type="checkbox"/> Books <input type="checkbox"/> Fees <input type="checkbox"/> Uniforms, and/or <input type="checkbox"/> Tools/Supplies | | | |
| F. OTHER Recommended services ordered by the court system? <input type="checkbox"/> DV Counseling <input type="checkbox"/> Substance Abuse <input type="checkbox"/> 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 CaWORKs application/case and/or continuing eligibility to receive CaWORKs Specialized Supportive Services. I am aware that my Mental Health and/or Substance Abuses services will be incorporated in my CaWORKs Welfare-to-Work Plan. I am aware that my Domestic Violence services may be incorporated now or eventually in my CaWORKs Welfare-to-Work Plan. | | | |
| Participant's Signature | | Date | |
| H. COUNTY ACTION: DATE: _____ <input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED <input type="checkbox"/> PENDING <input type="checkbox"/> CONDITIONAL ACCEPTANCE | | | |

PA 1923 (Rev. 04/2008)

DPSS' response to the PA 1923:

Notification Letter

Upon receipt of the PA 1923, Ms. Williams reviews the form for completeness, checks the LEADER system to confirm whether or not the individual is CalWORKs eligible, and sends a *Notification Letter* (approved or rejected) to the treatment provider at the address listed on the PA 1923 within 3 workdays of receipt of the form. If the PA 1923 is accepted—that is, the individual is found to be eligible for CalWORKs—it is then forwarded to the appropriate District and Region.

PA 1132

The SSS eligibility worker then reviews the case, updates the information on LEADER, and sends the PA 1132 (*CalWORKs Eligibility Worker/GAIN Services Worker Notification to Service Providers*) to the appropriate service provider to confirm receipt of the PA 1923 and provide worker information within three (3) workdays of receipt of the PA 1923.

GN 6149

The SSS GSW reviews the PA 1923 and checks their GEARS system to verify whether the participant has an open specialized supportive services component and is in an authorized specialized supportive service. If not, the GSW contacts the participant within two (2) workdays of receipt of the PA 1923 to schedule an appointment to interview the participant and open a file. The participant may agree or decline to have the mental health supportive service as part of his/her welfare-to-work plan.

The GSW sends the GN 6149 (*CalWORKs Welfare-to-Work Notification*) to the service provider within 3 workdays of his/her appointment with the participant to inform them that the participant signed the WtW plan, failed to attend the GAIN appointment, or was granted an exemption or waiver of the WtW program requirement. If the participant agreed to sign the WtW plan that includes services for mental health, the GN 6149 will reflect that, and the provider should retain the completed GN 6149 form in the client's chart as supporting documentation of eligibility for CalWORKs mental health supportive services. In the event the participant fails to sign the WtW plan or elects not to include mental health supportive services, the provider should not open the case under CalWORKs mental health supportive services.



County of Los Angeles
DEPARTMENT OF PUBLIC SOCIAL SERVICES

12860 CROSSROADS PARKWAY SOUTH · CITY OF INDUSTRY, CALIFORNIA 91746
 Tel (562) 908-8400 · Fax (562) 908-0459



Board of Supervisors
 GLORIA MOLINA
 First District
 YVONNE B. BURKE
 Second District
 ZEV YAROSLAVSKY
 Third District
 DON KNABE
 Fourth District
 MICHAEL D. ANTONOVICH
 Fifth District

PHILIP L. BROWNING
 Director
 SHERYL L. SPILLER
 Chief Deputy

Reference: [] PA 1923 [] PA 1206
 RE:
 SSN/CASE NO.:

Dear Provider:

This is to inform you that the above referenced form:

- A. [] is **accepted**, the participant is receiving CalWORKs.
- B. [] is **rejected** for the following reason(s):
 - [] **PA 1923 - CalWORKs Treatment/Services Verification** (Use with CalWORKs eligible participants only).
 - [] The individual is not aided on the CalWORKs case, not related to GAIN sanction/time limit.
 - [] Information is incomplete / Insufficient information, unable to verify.
 - [] No active case / No case record found.
 - [] Terminated (exceeding 90-days) effective: _____.
 - [] Case denied effective: _____.
 - [] Other: Client is an SSI recipient.
 - [] **PA 1206 - Screening for Potential CalWORKs Eligibility** (Use with Non-Custodial Parents only).
 - [] Individual has no CalWORKs-eligible child(ren) in Los Angeles County.
 - [] The individual named is receiving CalWORKs (a PA 1923 should be sent instead).
 - [] Information is incomplete.
 - [] No record found.
- C. [] is **pending**, the CalWORKs application was opened on____, and a determination of eligibility is still pending.
- D. [] is **conditionally accepted** (pending resolution of participant's CalWORKs eligibility), the participant is not receiving CalWORKs due to the following reason(s):
 - [] GAIN sanction, the participant failed to comply with the WtW program requirements.
 - [] Time Limit, the participant has exhausted the 60-month time limit clock.
 - [] DA sanction, the participant failed to cooperate with Child Support Enforcement.

Note: Please assist the participant to immediately contact DPSS as follows: 1) GAIN sanction, contact the corresponding GAIN office, Scheduling Clerk, to schedule an appointment to request to remove the sanction and open an SSS component; 2) Time-Limit, contact the corresponding GAIN office, Post Time Limit Services Liaison, to schedule an appointment to request an evaluation for Post Time Limit Services or a time limit extender; and 3) DA sanction, contact his/her CalWORKs Eligibility Worker to request an evaluation of the child support exemption.

Any questions regarding this letter should be directed to Colleen Cunningham at (562) 908-6324.

Very truly yours,

Nadia Mirzayans, HSA III
 Specialized Supportive Services Section

Enclosure(s)

"To Enrich Lives Through Effective And Caring Service"

**CalWORKs Eligibility Worker/GAIN Services Worker
Notification to Service Providers**

[Provider's Name and Address] [CalWORKs District or GAIN Regional Office]

[] []

Date: _____

This is to confirm receipt of form PA 1923, CalWORKs Treatment/Services Verification, and to provide worker information for the participant listed below for whom you are providing services at your facility.

I. PARTICIPANT INFORMATION

Case Name: _____

Participant Name (if different): _____

LEADER Case Number: _____ - ____ - ____ and/or

Social Security Number: _____ - ____ - _____

The above-named participant has been assigned to a specialized supportive services file.
The specialized supportive services worker information is as follows:

II. ELIGIBILITY/GAIN SERVICES WORKER INFORMATION

Eligibility/GAIN Services Worker Name: _____

Worker File Number: _____
Eligibility/GAIN Services Worker (circle one)

Phone Number: (____) _____

Fax Number: (____) _____

III. APPOINTMENT INFORMATION

The above-named participant has an appointment on ____/____/____ to discuss his/her supportive services activity/need at the above location. If he/she is unable to attend, please call me by ____/____/____ to reschedule.

Please see above for CalWORKs District or GAIN Region location.

Please note that unless previously notified, you should receive this form from both the Specialized Supportive Services Eligibility Worker and the Specialized Supportive Services GAIN Services Worker.

CaIWORKs WELFARE-TO-WORK NOTIFICATION

[Provider's Name and Address] [GAIN Regional Office]

[] []

| | |
|--------------------|-------------------------|
| Participant Name: | CaIWORKs Case No. |
| Residence Address: | Mailing Address: |
| Birthdate: | Social Security Number: |

Dear Provider:

This is to confirm the following information regarding the participant listed above for whom you began providing CaIWORKs Supportive Services prior to entry into GAIN and have submitted a PA 1923 for verification.

| | | | |
|--|-----------|------------|-------|
| <p>I. GAIN Activity</p> <p>1. <input type="checkbox"/> Participant signed a Welfare-to-Work (WtW) plan as of ____/____/____. The plan includes services for: <input type="checkbox"/> Mental Health <input type="checkbox"/> Substance Abuse <input type="checkbox"/> DV Case Management <input type="checkbox"/> DV Legal Services</p> <p>2. <input type="checkbox"/> Participant signed a WtW plan as of ____/____/____. However, the participant elected not to include the below services in his/her plan: <input type="checkbox"/> Mental Health <input type="checkbox"/> Substance Abuse <input type="checkbox"/> DV Case Management <input type="checkbox"/> DV Legal Services</p> <p>3. <input type="checkbox"/> Participant was granted DV Waiver, decided to access DV services outside of a WtW plan as of: ____/____/____.</p> <p>4. <input type="checkbox"/> Participant has not signed a WtW plan as of ____/____/____ and the following applies: <input type="checkbox"/> Participant requested and qualifies for an exemption effective: ____/____/____. <input type="checkbox"/> Participant requested to discontinue services and was deregistered. <input type="checkbox"/> Participant is an exempt volunteer. <input type="checkbox"/> Participant has been granted a DV Waiver.</p> <p>5. <input type="checkbox"/> Participant was granted Good Cause and a DV Waiver, for not participating in GAIN, decided not to access DV services. (Please discontinue CaIWORKs Domestic Violence services.)</p> <p>6. <input type="checkbox"/> Participant's time clock has been adjusted and months of aid have been added back. Participant is now in his/her _____ month on aid.</p> <p>7. <input type="checkbox"/> Other: _____.</p> | | | |
| <p>II. GAIN Activity Has Not Been Opened Because:</p> <p><input type="checkbox"/> The participant did not attend his/her GAIN appointment. I contacted the participant, but was unsuccessful, and therefore, he/she is in non-compliance for failure to sign a WtW plan. The participant must contact me by: ____/____/____ to avoid further action (i.e. compliance, sanction, deregistration).</p> | | | |
| <p>III. Subsequent Notification:</p> <p>1. <input type="checkbox"/> The participant did not attend his/her GAIN appointment. I attempted to contact the participant, but was unsuccessful. The participant did not contacted me by the date indicated above. I will begin the non-compliance process effective ____/____/____. (Please discontinue CaIWORKs DV services.)</p> <p>2. <input type="checkbox"/> We previously reported that the participant did not sign the WtW plan. As of ____/____/____, the participant has signed the WtW plan. The plan includes services for: <input type="checkbox"/> Mental Health <input type="checkbox"/> Substance Abuse <input type="checkbox"/> DV Case Management <input type="checkbox"/> DV Legal Services</p> <p>3. <input type="checkbox"/> Participant has been granted a DV Waiver, decided to access DV services outside of the WtW Plan.</p> <p>4. <input type="checkbox"/> Participant's time clock has been adjusted and months of aid have been added back. Participant is now in his/her _____ month on aid.</p> <p>5. <input type="checkbox"/> Participant has been granted Good Cause for not participating in GAIN, decided not to access DV services. (Please discontinue CaIWORKs DV services.)</p> <p>6. <input type="checkbox"/> Other: _____.</p> | | | |
| GAIN Services Worker | File No.: | Phone No.: | Date: |

GN 6007B – CalWORKs Supportive Services Enrollment Termination Notice

Providers should use this form to notify the GSW of the termination of a participant from CalWORKs mental health services. The provider may send the completed form to the GSW as soon as the provider has determined that 1) the case will be closed, or 2) the case will be transferred from the CalWORKs plan to another billing plan. Providers may indicate whether the participant successfully completed treatment and write in a final date of service or the participant dropped out of services. In the case of a participant dropping out of treatment, the provider may or may not know if there was “good cause” and may or may not have authorization from the participant to release the reason to the GSW. In either case, the provider may indicate the date that services were discontinued, and the completed form should be faxed or mailed to the GSW.

CalWORKs SUPPORTIVE SERVICES ENROLLMENT TERMINATION NOTICE

[To: (GAIN Regional Office)] [From: Service Provider Name & Address]

Attention: _____
 [GSW Name/Number] []

Provider Certification

| | |
|----------------------|----------------------|
| Participant Name: | Participant Address: |
| Social Security No.: | |
| 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: |
|----------------------------------|--------|-------------------|-------|

GN 6007B (Rev. 06/06)

GN 6011 – Service Provider Cancellation/Stop Notice

This form is used by the GSW to notify mental health providers to stop providing a particular service to the CalWORKs participant. Mental health providers will routinely receive this form after the completion of the clinical assessment, when the clinical assessment component (coded as 1) is closed on GEARS. The GSW will also send this notice to the provider when the mental health supportive services component (coded as 3) is closed. The effective date requesting that services stop may be several weeks prior to the provider's receipt of the notification. Upon receipt of this form notifying the provider to stop providing mental health services (3), the provider has until the end of that calendar month (up to 30 days) to terminate CalWORKs services with the participant, so discussion of the impending termination should begin immediately. If the provider is unsure what the form means, and the participant indicates that there has been no change in his/her status, the provider is encouraged to contact the GSW for verification of status.

GAIN REQUIRED PROGRESS REPORTS AND NOTICES

| Title of Report | Form No. | Due Date | Information Required |
|---|----------|---|---|
| Services Result Form | GN 6006B | Within 5 workdays of services from start of treatment. | Provider completes Section B. Used to provide participant information: 1) date services began or confirmation that participant failed to appear for services; 2) expected duration; 3) hours per week, and 4) whether the number of hours are considered full time. |
| CalWORKs Treatment/ Services Verification | PA 1923 | Due 14 days from identification of a CalWORKs participant in the mental health system. | Form used for CalWORKs participants who are already in treatment but not referred by GAIN. Provider completes Section A (provider certification). Information on date service began, duration of needed treatment, number of hours of treatment, whether participant able to participate in WTW activities. |
| Mental Health/ Substance Abuse/Domestic Violence Provider Progress Report | GN 6008 | Every 90 days. DPSS mails form to provider every 90 days. Response due to GSW within 14 days of receipt. | Indicate whether participant is participating and maintaining progress, has successfully completed treatment, or has dropped out of treatment. Used to communicate changes in a participant's services. |
| Enrollment Termination Notice | GN 6007B | Within 3 working days of a determination to terminate treatment. | Use to report the participant has successfully completed treatment services or that treatment services were terminated and the reason(s). |
| Notice of Change from Service Provider | GN 6007 | Within 5 working days of the date of the change | Use to report other significant changes. Use attachment F to include changes in treatment services: start date, hours, and assessment information, which include changes in circumstances that may prevent the participant from completing or progressing in the treatment. |

**COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC SOCIAL SERVICES
GAIN OFFICES**

GAIN REGION I – WEST COUNTY

5200 W. Century Blvd.
Los Angeles, CA 90045
Phone: (310) 665-7552
Fax: (310) 641-8043
Participant Help Line: (310) 665-7567

GAIN REGION II – WEST SAN FERNANDO VALLEY

21415 Plummer Street
Chatsworth, CA 91311
Phone: (818) 718-4201
Fax: (818) 576-9631
Participant Help Line: (818) 895-7838

Santa Clarita Sub-Office
27233 Camp Plenty Road
Canyon Country, CA
Phone: (661) 298-3492
Fax: (661) 298-3492, CA 91351

Palmdale Sub-Office
1050 E. Palmdale Blvd., Suite 204
Palmdale, CA 93550
Phone: (661) 575-2610
Fax: (661) 265-8520

GAIN REGION III – SAN GABRIEL VALLEY

3216 Rosemead Boulevard
El Monte, CA 91731 Phone: (626) 927-2600
Fax: (626) 569-0375
Participant Help Line
Phone: (626) 927-2818
Fax: (626) 569-0997

Pomona Sub-Office
2255 N. Garey Avenue
Pomona, CA 91767
Phone: (909) 392-3008
Fax: (909) 596-1376

GAIN Cal-Learn Branch
3220 Rosemead Boulevard
El Monte, CA 91731
Phone: (626) 927-5327
Fax: (626) 288-0075

Santa Anita Career Center Sub-Office
3629 Santa Anita Avenue
El Monte, CA 91731
Phone: (626) 927-2600

GAIN REGION IV – CENTRAL & WEST COUNTY

2910 W. Beverly Boulevard
Los Angeles, CA 90057
Phone: (213) 738-3150
Fax: (213) 480-9541
Participant Help Line: (213) 738-3834
Job Development Phone Number: (213) 738-3844

Exposition Park Sub-Office
3833 S. Vermont
Los Angeles, CA 90037
Phone: (323) 730-3050
Fax: (323) 730-3275
Participant Help Line: (323) 730-3220
Job Developers Phone Number: (323) 730-3048

GAIN REGION V – SOUTH COUNTY

2959 Victoria Street
Rancho Dominguez, CA 90221
Phone (310) 603-8000
Participant Help Line: (310) 603-8580
Fax: (310) 764-5450

GAIN REGION VI – SOUTHEAST COUNTY

5460 Bandini Boulevard
Bell, CA 90201
Phone: (213) 881-5312
Participant Help Line: (323) 260-3050
Fax: (323) 780-0190

GAIN REGION VII – EAST SAN FERNANDO VALLEY

3307 N. Glenoaks Blvd.
Burbank, CA 91504
Phone: (818) 729-8803
Fax: (818) 563-9355



COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
ADULT SYSTEMS OF CARE
CALWORKS MENTAL HEALTH SUPPORTIVE SERVICES

**DMH CALWORKS BULLETIN No. 07-02
COMPLETION OF AUTHORIZATION TO RELEASE MEDICAL
INFORMATION AND MENTAL CAPACITIES FORMS**

December 1, 2007 (Revised 04-08)

TO: All DMH CalWORKs Mental Health Supportive Services Providers

FROM: Elizabeth Gross, Mental Health Clinical Program Head
DMH CalWORKs Program Administration

SUBJECT: Completion of Authorization to Release Medical Information (CW 61) &
Mental Capacities (CW 61B) forms

-
1. Purpose
 2. Background
 3. Usage of forms
 4. Procedures

1. PURPOSE

The purpose of this Bulletin is to provide instructions to providers for completion of the Authorization to Release Medical Information (CW 61) & Mental Capacities (CW 61B) forms. These forms are to replace the GN 6051 “Verification of GAIN Exemption” form and are required to provide information to the GAIN Service Worker (GSW) when the participant’s mental condition prevents him/her from participating 32 hours weekly (35 hours for two parent families) in GAIN activities. The CW 61 is used for participants who request exemptions on the basis of a physical and/or mental condition or because they are caring for an ill household member. The CW 61B is used to elicit information on the participant’s mental condition when making decisions concerning the participant’s Welfare-to-Work participation.

2. BACKGROUND

The Welfare-to-Work (WtW) plan developed mutually by the participant and the CalWORKs GAIN Services Worker (GSW) mandates a single parent or caretakers in families on welfare to work or participate in WtW activities for 32 hours a week (35 hours for two parent families). Through self acknowledgement or when the participant appears to have a mental health problem that interferes with job search or employment, the GSW will refer the participant for a clinical assessment. If the mental health provider and the participant agree to begin treatment services, mental health treatment becomes part of the participant's Welfare-to-Work plan. CalWORKs mental health supportive services are specifically designed to assist individuals to overcome barriers hindering them from obtaining and retaining employment.

DPSS allows exemptions from participation in WtW activities to individuals 60 years of age or older, those under 16 years of age, those 16 or 17 years old and attending school full time, individuals disabled for 30 days or more with medical proof of disability, and parents caring for a child under 12 months old. A pregnant woman whose pregnancy prevents her from participating or to work can also be exempted. Non-parent caretakers who are caring for a dependent or ward of the court or at-risk of foster care may be exempted if the county determines that caretaking responsibilities make it impossible for the caretaker to be regularly employed or to participate in Welfare-to-Work activities. Also those caring for an ill or incapacitated household member may be exempted if the caretaking responsibilities prevent the caretaker from being regularly employed or from participating in WtW activities.

3. USAGE OF THE CW 61 and CW 61B

When the participant is unable to participate successfully in concurrent WtW activities due to the severity of symptoms and severe impairment in functioning, the provider may exempt the participant from WtW activities. The exemption for mental health reasons is an option to be used in cases of severe impairment and is not intended to be used routinely. DPSS Administration has indicated that exemption should not be automatically requested if the participant is not able to participate the full 32 hours weekly at the start of mental health services. Rather, the provider may complete the GN 6006B form indicating the participant's ability to participate part-time in concurrent WtW activities. The provider will have 90 days to provide treatment and to continue to assess the participant's motivation and ability to participate in additional activities. If, at the end of that first progress reporting period, the provider determines that the participant is unable to participate full time, then an exemption is appropriate. When the provider exempts the participant, the initial exemption period should be limited to 90 days. This brief exemption period allows the provider to see how the participant follows through with requesting exempt volunteer status in order to continue treatment. If the participant does not return to GAIN to request Exempt Volunteer status, the provider may not continue to provide CalWORKs mental health services for that participant.

4. **PROCEDURES**

The GSW completes the top portion of the forms and gives the two-page CW 61 (including coversheet) and CW 61B to the participant to take to his/her mental health provider. The CW 61 must be completed and returned within 10 days. The CW 61B form is optional. When the completed CW 61 form(s) is returned, the GSW shall evaluate to determine if the exemption will be approved or denied.

A **licensed** clinician must complete the form. The provider may either give the completed form to the participant for delivery to the GSW and/or mail it to the GSW. Once exempt, the participant must volunteer for GAIN as an “Exempt volunteer” and request mental health services as a volunteer in order for the provider to continue to bill CalWORKs for any services. The client may choose not to volunteer and would then not be required to participate in any WTW activities, including mental health treatment. If the participant fails to volunteer, mental health services will not be billable under CalWORKs. The participant then has an option to receive mental health services under Medi-Cal, if medical necessity is met. However, a referral to a non-CalWORKs clinician would then be required.

If the provider opts to complete the CW 61B form, s/he may complete only those sections that are applicable and write N/A in the others. The information regarding the participant’s limitations in different categories of functioning is evaluated to determine an appropriate WtW assignment. This determination is made only when the participant’s exemption is denied or the participant is an exempt volunteer. Welfare-to-Work assignments shall not conflict with the participant’s abilities or limitations. A copy of the completed CW 61 and CW 61B shall be permanently retained in the participant’s medical record.

Upon completion of the exemption form(s), the provider should discuss the benefits of becoming an exempt volunteer. If the participant indicates intent to volunteer, you may write “Volunteer GAIN Participant” on the CW 61 to alert the GSW.

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 |

CW 61 (7/01) COVERSHEET - REQUIRED FORM - SUBSTITUTE PERMITTED

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

| COUNTY USE ONLY | |
|-----------------|----------------|
| CASE NAME: | CASE NUMBER: |
| WORKER NAME: | WORKER NUMBER: |

Section 1 must be completed by the patient/client. Sections 2 and 3 are to be completed by the type of provider (or his/her authorized representative) checked below: (County worker to check appropriate box below.)

Licensed physician or certified psychologist.

Health care professional licensed or certified by a state to diagnose/treat physical or mental impairments affecting the ability to work or participate in education/training activities including, but not limited to, medical doctors, osteopaths, chiropractors, and licensed/certified psychologists.

SECTION 1. PATIENT/CLIENT INFORMATION AND AUTHORIZATION TO RELEASE INFORMATION

| | | | | |
|--|---------------------|------------|------------------------|------------------------------|
| NAME OF PATIENT/CLIENT (LAST, FIRST, MIDDLE) | SEX (CIRCLE) M F | BIRTH DATE | SOCIAL SECURITY NUMBER | AGE(S) OF CHILD(REN) IN HOME |
|--|---------------------|------------|------------------------|------------------------------|

I authorize _____ of _____
NAME OF PROVIDER CLINIC OR MEDICAL GROUP

to release information to the county welfare department from my records on the conditions checked below:

Physical Condition Mental Condition Other (Describe) _____

I know this authorization may be used by the county welfare department for up to one year to obtain medical information. I may revoke this authorization at any time, except for information that has already been given to the welfare department. This information is needed by the county welfare department to determine eligibility for cash aid or food stamps. It is also needed to decide the type of work or training activities that I can take part (participate) in, and the CalWORKs services that I need. This information will be kept in the case file and will not be disclosed without my signed consent for each disclosure unless the disclosure is specifically required or allowed by law. I have read this form (or had this form read to me) after it was completed. I know I can get a copy of this form if I ask for it.

| | | |
|--|--------------------------------------|-------------|
| PATIENT/CLIENT SIGNATURE | RELATIONSHIP TO PATIENT, IF NOT SELF | DATE SIGNED |
| SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR PERSON ACTING FOR PATIENT/CLIENT | | DATE SIGNED |

SECTION 2. STATEMENT OF PROVIDER

The information requested is needed to evaluate eligibility for public assistance for the person named above and to determine his/her work assignment. Please answer the following questions as indicated by check mark:

Questions 1 through 5 Question 6 Question 7

- Does the patient have a medically verifiable condition that would limit or prevent him/her from performing certain tasks? YES NO
 If YES, complete the rest of this form, and the Physical Capacities and/or Mental Capacities form (if attached), as appropriate. If NO, just complete the Health Care Provider Certification Section below.
- Onset Date of Condition _____. The condition is Chronic Acute, expected to last until _____
- Is the patient actively seeking treatment? YES NO Next appointment date _____
- Is this person able to work? YES NO
 If YES, how many hours per day? _____
- Does this person have any limitations that affect his/her ability to work or participate in education or training? . YES NO
- It is necessary to determine whether child care needs to be provided to enable the other parent to work. Does the patient's condition prevent him/her from providing care for the child(ren) in the home? YES NO
- Does the patient's condition require someone to be in the home to care for him/her? YES NO

SECTION 3. PROVIDER CERTIFICATION

| | |
|--|------------------------|
| SIGNATURE OF PROVIDER OR PROVIDER'S AUTHORIZED REPRESENTATIVE | DATE SIGNED |
| PRINT NAME AND TITLE/SPECIALTY | PHONE NUMBER () |
| STREET ADDRESS <small>(MAILING ADDRESS, IF DIFFERENT)</small> | CITY STATE ZIP CODE |

CW 61 (7/01) REQUIRED FORM - SUBSTITUTE PERMITTED

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: | | |

CW 61B (6/01) REQUIRED FORM - SUBSTITUTE PERMITTED

County of Los Angeles - Department of Mental Health CalWORKs Mental Health Supportive Services

CalWORKs BILLING

Providers may bill services to CalWORKs only when the participant is eligible to receive CalWORKs mental health supportive services (CWMHSS) and placed on a CalWORKs Plan in the Integrated System (IS). For payment to be authorized for clients who are not referred by the CASC Service Advocate or GAIN, DPSS must receive a PA 1923, and the participant must sign a welfare-to-work plan that includes CWMHSS.

For participants receiving services, payment can begin on either: (1) the CalWORKs approval date or (2) the date treatment services began, whichever is later. The CalWORKs approval date is most often the date the client applies for benefits. Otherwise, it is the first of the following month. Although DPSS may pay for CWMHSS for an eligible CalWORKs participant prior to his or her participation in GAIN, the participant must enroll in GAIN to receive CWMHSS.

Mental health providers cannot bill both Medi-Cal and DPSS CalWORKs for the same services. Providers who have previously billed services to Medi-Cal cannot bill these same services to CalWORKs. If the potential participant is deemed ineligible for CalWORKs by DPSS, then the mental health provider must bill LACDMH or Medi-Cal as soon as it is known and the client demonstrates a need for treatment services.

If a participant is eligible for CWMHSS but refuses to complete a welfare-to-work plan

with GAIN that includes CWMHSS, the provider will not be able to bill CalWORKs. Using the GN 6149, DPSS will notify the provider within five workdays of the scheduled appointment with the participant whether or not the participant completed the welfare-to-work plan.

Note that a child agency may open an adult record and bill CalWORKs, but may only open a child's record when the child's issues become prominent. If a child's record is opened, the child's treatment services must be billed to Medi-Cal/EPST.

CalWORKs participants also receive Medi-Cal, but, as stated above, the billing is not made to Medi-Cal, but rather to CalWORKs. There is no co-payment for CalWORKs participants to receive CWMHSS nor is there an annual deductible or liability.

During the DPSS reconciliation process, the participant's eligibility is verified. Each participant who receives CWMHSS must have a WtW plan that includes mental health services and must be registered as a GAIN participant. If a participant's eligibility is questionable, the GAIN documentation (specifically, the PA 1923, GN 6006B, and GN 6008 forms) may be used to support the billing claims for a particular billing period. It is imperative for the provider to maintain current GAIN documentation, as the provider may be asked to provide copies of the supporting documentation as part of the billing reconciliation process.

TIPS TO AVOID BILLING DISALLOWANCES FOR CALWORKS MENTAL HEALTH SERVICES

The Department of Public Social Services (DPSS) is working with the County Departments of Mental Health, Community & Senior Services and Public Health and has developed a billing reconciliation process for CalWORKs.

All CalWORKs supportive services programs (SA/MH/DV) are now being asked to reconcile billing claims that were rejected by DPSS because these participants cannot be identified as CalWORKs/GAIN eligible in their LEADER system.

> **What are billing exceptions?** *Clients that are billed to DPSS that may not have been eligible for CalWORKs mental health supportive services.*

Under the reconciliation procedures, DPSS can only reimburse providers for eligible CalWORKs participants only. These participants must be eligible for services during the month treatment services were rendered.

- Billing exceptions lists are initially created by DPSS and sent to DMH who then forwards to individual providers for reconciliation.

> **What documents can support claims to CalWORKs?**

- Each participant's chart must have at least one of the following documents to cover the timeframe of the billing claim:
 1. GN 6006 B in the record with participant's case number.
 2. PA 1923 (Verification of Treatment Services) with a response letter or form GN6149 (Welfare-to-Work Notification) form returned by DPSS.
 3. GN 6008 – Current Progress Report to GSW.

> **How are CalWORKs billing discrepancies currently being handled?**

- All billing discrepancies are being sent by DPSS to DMH Administrative staff for resolution.
- DMH will forward each CalWORKs provider a listing to investigate and provide feedback and documentation verifying CalWORKs eligibility within a designated timeframe.
- Once the CalWORKs provider returns the required GAIN documents to support billing claims, it will be resubmitted to DPSS for confirmation of eligibility.
- Once DPSS verifies eligibility the claim will not be disallowed.

- Claims that were submitted and returned as ineligible will be disallowed after the provider fails to submit substantiating documentation.
- The appropriate amount of payment received by agencies prior to DPSS' reconciliation will be adjusted by DMH's financial staff. This will affect reimbursement costs to providers.

> **What are typical reasons for inaccurate CalWORKs billing?**

1. Case was approved for SSI while on CalWORKs and billing continued to CalWORKs.
2. CalWORKs participants were billed using SSNs of 999-99-9999 or 888-88-8888. All CalWORKs participants are to be billed with official SSNs.
3. Participant never had CalWORKs mental health services as part of their Welfare to Work Plan.
4. Participant was always Medi-Cal eligible only and not enrolled in GAIN.
5. Terminated from CalWORKs - GN 6011 Termination Notification was sent to provider by DPSS.
6. Provider sent in a PA 1923 but failed to follow up to verify eligibility - never received a response (GN 6149) confirming eligibility/ineligibility.
7. GROW eligible vs. CalWORKs eligible.
8. Claim submitted for services rendered to child outpatient Services.
9. Other reasons (to be determined).

> **What actions can be taken to avoid billing exceptions?**

1. Prior to billing CalWORKs – verify that the CalWORKs participant is receiving CalWORKs services and is enrolled in GAIN. The Meds system may be used to verify Medi-Cal aid code (1930/1935). This is **not** a confirmation of CalWORKs eligibility but an indicator that the participant may be receiving CalWORKs. Eligibility must be verified with the GSW, and GAIN forms are needed as verification of eligibility and enrollment in a WtW plan.
2. If the CalWORKs participant is currently on SSI and was previously on CalWORKs, all billings are to be claimed to Medi-Cal and the participant should be disenrolled from the CalWORKs Plan.
3. At least quarterly, initiate contact with the GSW regarding eligibility status.
4. Send in the GN 6008 every (3) three months as required.

> **Corrective actions for billing disallowances**

1. DMH will send each provider a listing of claims that were disallowed by DPSS due to missing documentation and/or being ineligible for CalWORKs mental health supportive services. Providers are then expected to void all disallowed CalWORKs claims and send to DMH CalWORKs Administration supporting documentation that this action has occurred.



COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
ADULT SYSTEMS OF CARE
CALWORKS MENTAL HEALTH SUPPORTIVE SERVICES

DMH CALWORKS BULLETIN No. 04-01
PROCEDURE CODES FOR CALWORKS SERVICES

December 15, 2004 [Revised March 1, 2007]

TO: All DMH CalWORKs Mental Health Supportive Services Providers

FROM: Dolores Daniel, Program Head
CalWORKs Program

SUBJECT: **PROCEDURE CODES FOR CalWORKs SERVICES**

1. Purpose
2. Background
3. Implications for Service Delivery
4. Procedure Codes
5. Chart of CalWORKs Procedure Codes
6. Other Information

1. PURPOSE

This Bulletin No. 04-01 identifies the Procedures Codes to be utilized when billing CalWORKs mental health supportive services under the Integrated System (IS).

2. BACKGROUND

Since the inception of the Los Angeles County DMH CalWORKs Mental Health Supportive Services Program in 1999, DMH directly-operated clinics and contract agencies have reported services using the CalWORKs Activity Codes on the Management Information System (MIS). On April 14, 2003, federal law required health care providers, including mental health providers, to implement the HIPAA Privacy

rules. On October 16, 2003, all health care providers were required to implement the HIPAA Transaction and Codes Sets rule or be able to demonstrate good faith efforts to that end. These rules require that providers of health care services anywhere in the USA must use nationally recognized Procedure Codes to claim services.

3. IMPLICATIONS FOR SERVICE DELIVERY

These changes are being made in conjunction with DMH's implementation of a new Management Information System known as the Integrated System (IS). The change from Activity Codes to Procedure Codes is not about a change in services provided by DMH and is not a change in reimbursement rates for those services. All services that are currently provided are found in the HIPAA compliant coding system.

4. PROCEDURE CODES

Effective immediately upon a provider's utilization of the Integrated System (IS), providers are to use the Procedure Codes on the following pages for documenting and claiming CalWORKs mental health supportive services provided to CalWORKs participants.

5. CHART OF CALWORKS PROCEDURE CODES

See the chart on the following pages for a listing of the services and procedure codes to utilize for billing CalWORKs services.

6. OTHER INFORMATION

Additional information (such as scope of practice, description of services, reporting and documentation note, etc.) is available in "A Guide to Procedure Codes for Claiming Specialty Mental Health Services" available at http://dmh.lacounty.info/hipaa/downloads/PROCEDURE_CODES_MANUAL.pdf. This Guide, prepared by DMH, lists and defines the compliant code that DMH believes reflects the services it provides throughout the system, whether by directly-operated or contacted organizational providers or individual, group, or organizational network providers.

| Service | Procedure Code | |
|--|---|--------------------|
| <u>ASSESSMENT</u> Psychiatric diagnostic interview. | 90801 | |
| <u>PSYCHOLOGICAL TESTING</u> (Scoring time is not reimbursable) | Face-to-face administration time by psychologist or physician | 96101 |
| | Face-to-face administration time by Technician | 96102 |
| | Administered by computer | 96103 |
| | Test interpretation and report writing | 90889 |
| <u>INDIVIDUAL PSYCHOTHERAPY (NON-FAMILY)</u> | Duration of Face-to-Face | Procedure Code |
| | 0-19 min. | H2015 |
| | 20-44 min. | 90804 |
| | 45-74 min. | 90806 |
| | 75+ minutes | 90808 |
| <u>INDIVIDUAL PSYCHOTHERAPY (NON-FAMILY) WITH EVALUATION AND MANAGEMENT</u> | Duration of Face-to-Face | New Procedure Code |
| | 0-19 min. | H2015 |
| | 20-44 min. | 90811 |
| | 45-74 min. | 90813 |
| | 75+ min. | 90815 |
| <u>INDIVIDUAL REHABILITATION SERVICE (NON-FAMILY)</u> Individual Rehabilitation Service. | H2015 | |

| Service | Procedure Code |
|---|-----------------------|
| <u>INDIVIDUAL REHABILITATION SERVICE (NON-FAMILY)</u> On-going support to maintain employment. | H2025 |
| <u>FAMILY AND GROUP SERVICES (EXCEPT MED SUPPORT GROUP)</u> Collateral (one or more clients represented). | 90887 |
| <u>FAMILY AND GROUP SERVICES (EXCEPT MED SUPPORT GROUP)</u> Group Psychotherapy. | 90853 |
| <u>FAMILY AND GROUP SERVICES (EXCEPT MED SUPPORT GROUP)</u> Group Rehabilitation (Family and Non-Family). | H2015 |
| <u>MEDICATION SUPPORT</u> Individual Medication Service (Face-to-Face). | 90862 |
| <u>MEDICATION SUPPORT</u> Brief Medication Visit (Face-to-Face). | M0064 |
| <u>MEDICATION SUPPORT</u> Comprehensive Medication Service (prescription services by phone or with a collateral) | H2010 |
| <u>OTHER SERVICES</u> Targeted Case Management (TCM). | T1017 |
| <u>OTHER SERVICES</u> Team Conferences/Case Consultation (Limited to 180 minutes per quarter for an individual client). | 1-59 minutes = 99361 |
| | 60+ minutes = 99362 |
| <u>OTHER SERVICES</u> No Contact – Report Writing. | 90889 |
| <u>CRISIS INTERVENTION</u> | H2011 |
| <u>COMMUNITY OUTREACH SERVICES</u> Mental Health Promotion. | 200 |
| <u>COMMUNITY OUTREACH SERVICES</u> Community Client Services. | 231 |

DM/dd/lb(DD/eg)



COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
ADULT SYSTEMS OF CARE
CALWORKS MENTAL HEALTH SUPPORTIVE SERVICES

DMH CALWORKS BULLETIN No. 05-02
NEW APPROVED CALWORKS PROCEDURE CODES

May 3, 2005

TO: All DMH CalWORKs Mental Health Supportive Services Providers

FROM: Dolores Daniel, Program Head
CalWORKs Program

SUBJECT: **New Approved CalWORKs Procedure Codes**

-
1. Purpose
 2. Background
 3. New Approved Procedure Codes
 4. Chart – CalWORKs Procedure Codes

1. PURPOSE

This Directive 05-03 provides information about two additional procedure codes that have been approved for CalWORKs services. Providers are to continue using the existing CalWORKs procedure codes and may also bill using these two additional codes for services to CalWORKs participants as of July 1, 2004.

2. BACKGROUND

On December 15, 2004 the Los Angeles Department of Mental CalWORKs Mental Health Supportive Services Program issued its CalWORKs Bulletin No. 04-01

describing the HIPAA compliant procedure codes that were approved for CalWORKs services. The list of approved procedure codes was based on the former CalWORKs MIS activity codes. DMH has determined that two additional procedure codes, which were not available under the MIS activity codes, are applicable to services to CalWORKs participants. As a consequence, procedure codes 90847 and 90849 have been approved for CalWORKs services.

3. NEW APPROVED PROCEDURE CODES

The following procedure codes are now billable for services to CalWORKs participants. DMH CalWORKs clinics and agencies that have provided the following services as of July 1, 2004 may submit claims to CalWORKs.

- > 90847 – Family Psychotherapy with One Or More Clients Present.
- > 90849 – Multi-Family Group Psychotherapy.

For a full description of these procedure codes and all other CalWORKs approved procedure codes, go to the DMH website: <http://dmh.co.la.ca.us>.

4. CHART OF CALWORKS PROCEDURE CODES

The chart on the following page lists all of the procedure codes that are approved for CalWORKs services. If a procedure code is not listed on this chart, then the service may not be claimed to CalWORKs.

DM/dd/lb

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH - CalWORKs PROCEDURE CODES

| CR/DC MODE | SFC | PROCEDURE CODE | ACTIVITY DESCRIPTION |
|------------|-----|----------------------------|---|
| 45 | 20 | 200 | COS - Mental Health Promotion |
| 45 | 10 | 231 | COS - Community Client Services |
| 15 | 42 | 90801 | MHS - Assessment - Psychiatric Diagnostic Interview |
| 15 | 42 | H2015 | MHS - Individual Psychotherapy (Non-Family) – 0-19 min. (including telephone therapy, regardless of length of contact) |
| | | 90804 | MHS - Individual Psychotherapy (Non-Family) - 20-44 min. |
| | | 90806 | MHS - Individual Psychotherapy (Non-Family) - 45-74 min. |
| | | 90808 | MHS - Individual Psychotherapy (Non-Family) - 75+ min. |
| 15 | 42 | H2015 | MHS - Individual Psychotherapy (Non-Family) With Evaluation & Management – 0-19 min. (including telephone therapy) |
| | | 90811 | MHS - Individual Psychotherapy (Non-Family) With Evaluation & Management - 20-44 min. |
| | | 90813 | MHS - Individual Psychotherapy (Non-Family) With Evaluation & Management - 45-74 min. |
| | | 90815 | MHS - Individual Psychotherapy (Non-Family) With Evaluation & Management - 75+ min. |
| 15 | 52 | 90847 | MHS - Family Psychotherapy with One or More client(s) Present |
| 15 | 52 | 90849 | MHS - Multi-Family Group Psychotherapy |
| 15 | 52 | 90853 | MHS - Family and Group Services (Except Med Support Group) - Group Psychotherapy |
| 15 | 62 | 90862 | MED - Medication Support - Individual Medication Service (Face-to-Face) |
| 15 | 10 | 90887 | MHS - Family and Group Services (Except Med Support Group) - Collateral (one or more clients represented). |
| 15 | 42 | 90889 | MHS - Other Services - No Contact – Report Writing |
| 15 | 34 | 96101, 96102, 96103, 90889 | MHS - Psychological Testing - Psychological Testing face-to-face administration, computer administration, Test interpretation and report writing (See Procedure Codes manual for complete description and restrictions) |
| 15 | 42 | 99361 | Other Services - Team Case/Case Consultation - 1-59 min. |
| | | 99362 | Other Services - Team Conferences/Case Consultation - 60+ min. |
| 15 | 62 | H2010 | MED - Medication Support - Comprehensive Medication Service |
| 15 | 77 | H2011 | CI - Crisis Intervention |
| 15 | 52 | H2015 | MHS - Family and Group Services (Except Med Support Group) - Group Rehabilitation (Family and Non-Family) |
| 15 | 42 | H2025 | MHS - Individual Rehabilitation Service (Non-Family) - On-going support to maintain employment. |
| 15 | 62 | M0064 | MED - Medication Support - Brief Medication Visit (Usually Face-to-Face) |
| 15 | 04 | T1017 | TCM - Other Services - Targeted Case Management (TCM) |



COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
ADULT SYSTEMS OF CARE
CALWORKS MENTAL HEALTH SUPPORTIVE SERVICES

DMH CALWORKS BULLETIN No. 04-03
BILLING FOR CALWORKS COMMUNITY OUTREACH SERVICES

Updated November 28, 2007
(Original date of issue: December 15, 2004)

TO: All DMH CalWORKs Mental Health Supportive Services Providers

FROM: Dolores Daniel, LCSW, District Chief
CalWORKs Program

SUBJECT: **BILLING FOR CalWORKs COMMUNITY OUTREACH SERVICES**

-
1. Purpose
 2. Background
 3. General Definitions of COS
 4. Documenting COS Activities
 5. Billable COS Activities

1. PURPOSE

The purpose of this bulletin is to define and clarify the Community Outreach Services (COS) that are approved and billable to CalWORKs mental health supportive services.

2. BACKGROUND

The County of Los Angeles Department of Mental Health and its network of service providers believe that community outreach is a key component in providing effective mental health supportive services to CalWORKs participants. Community outreach services are needed because traditional, clinic-based and single-focused methods of mental health service delivery alone are often not effective in reaching the CalWORKs participant population, especially ethnic minority and immigrant communities.

For these communities, education about CalWORKs and supportive service needs is essential. It is well known that for many of these communities, there is a high level of

mistrust of government agencies, misinformation about the CalWORKs program requirements, and misconceptions about an individual's need for supportive services, e.g., mental health, domestic violence and substance abuse services. The Department has included in its CalWORKs mental health allocation funding for agencies to provide community based outreach services in order to educate CalWORKs participants about services to reduce the stigma of mental health and to assist participants to access CalWORKs mental health supportive services.

In the early years of the CalWORKs program, these outreach services were key to each provider's program. However, in many service areas there are now more referrals than providers can accommodate and the need for such outreach efforts has diminished. In those areas where referrals are low and/or the community need for education and engagement efforts remain high, outreach may continue to be an essential aspect of the provider's CalWORKs program. In general, due to the greater need for direct service, providers are required to limit their outreach activities.

3. GENERAL DEFINITIONS OF COS

Community Outreach Services employ techniques by which a priority or target group of potential clients are informed, identified, or referred by an individual or agency in a culturally and linguistically relevant manner, time, or setting. Community Outreach Services occur in two service sub-categories:

A. Mental Health Promotion

Activities directed toward (1) enhancing and/or expanding knowledge and skills of agencies or organizations in the mental health field for the benefits of community-at-large or special population groups and (2) providing education and/or consultation to individuals and communities regarding mental health service programs in order to prevent the onset of mental health problems.

B. Community Client Services

Activities directed toward (1) assisting individuals and families for whom there is no open case record to achieve a more adaptive level of functioning through single contact or occasional contact, and (2) enhancing or expanding the knowledge and skills of human service agency staff in meeting the needs of mental health clients.

4. DOCUMENTING COS ACTIVITIES

Staff providing COS are required to document their COS activities utilizing the DMH form "Community Outreach Services" (COS form v1 attached). Both pages of this form should be completed. A sample of this reporting form is shown on the following pages along with codes to identify language, ethnicity, age, program area, and other information requested.

5. BILLABLE COS ACTIVITIES

The following charts list examples of COS activities that providers can bill and cannot bill to CalWORKs. These include mental health promotion and community client outreach activities.

| MENTAL HEALTH PROMOTION | | |
|--------------------------------|---|--|
| ACTIVITY | | BILLABLE AS COS? |
| TRAINING | In-Service Training conducted by Agency for its own staff | NO |
| | Training conducted by DMH – offered in the CalWORKs Training Bulletin and general DMH Training Bulletin | NO |
| | CalWORKs 101 Technical Training, CalWORKs Documentation Training and CalWORKs Case Management Training conducted by DMH CalWORKs administrative staff | YES, this includes travel time to and from the training |
| | Reading the DMH CalWORKs Manual | NO |
| | Training other service providers on how to improve their CalWORKs programs | NO – only the CalWORKs Service Area Coordinator can bill for this activity |
| MEETINGS | Attending CalWORKs Service Area Meetings | YES, including travel time |
| | Attending CalWORKs Quarterly Providers Meetings | YES, including travel time |
| | Attending DPSS/GAIN/JVS/Maximus CalWORKs Meetings | YES, including travel time |
| | Attending DPSS Team Building Meetings | YES |
| | Attending agency staff meetings on CalWORKs; CalWORKs program staff meetings | NO |
| CONSULTATION | Consultation with staff and supervisor (general client issues or program review) | NO |
| | Program review by supervisor | NO |
| PREPARATION | Preparing for groups | NO |
| | Reading articles in relevant areas (therapist) | NO |
| | Research in relevant areas (resources, internet, etc.) | NO |

| MENTAL HEALTH PROMOTION | | |
|--------------------------------|--|-------------------------|
| ACTIVITY | | BILLABLE AS COS? |
| OUTREACH | Outreach to DPSS/GAIN orientation/job club meeting with CalWORKs and potential CalWORKs participants present | YES |
| | Outreach at sites where potential CalWORKs clients may be present | YES |

| COMMUNITY CLIENT SERVICES | | |
|--|--|--|
| ACTIVITY | | BILLABLE AS COS? |
| Conducting informal, non-intrusive meetings with CalWORKs participants at community centers, community colleges, etc. | | YES |
| Contacting clients referred by CASC Service Advocate or GAIN whose case has not yet been opened | | YES |
| Contacting CalWORKs participants who did not keep their initial clinical appointments including home visits or telephone calls for unopened cases. | | YES |
| Conducting initial intake and/or assessment of clients that turn out to be ineligible for CalWORKs mental health supportive services | | YES, but only if the agency does not have Short-Doyle/Medi-Cal funding |
| Conducting groups where CalWORKs participants are present, but no case or episode has been opened for a CalWORKs attendee. | | YES |
| Overseeing peer support or self-help groups for CalWORKs participants convened at either the mental health center or in the community. | | YES |
| Child Watch services while the parent is in session. | | YES |

DD/eg

Attachment



COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH

COMMUNITY OUTREACH SERVICES

CONFIDENTIAL CLIENT INFORMATION CALIFORNIA WELFARE & INSTITUTIONS CODE SEC.5238

| | | | |
|---|--|--------------------------------------|--|
| PROVIDER #: | DATE OF SERVICE: | RENDERING PROVIDER: | # OF PERSONS CONTACTED: |
| SERVICE RECIPIENT TYPE: | | | |
| SERVICE LOCATION INFORMATION ENTER AGENCY SERVICE RECIPIENT AND ACTIVITY INFORMATION BELOW SERVICE TYPE DESC. | | | |
| AGENCY NAME: | | AGENCY ADDRESS NUMBER/STREET: | |
| AGENCY CONTACT: | | PHONE #: | CITY / STATE / ZIP: |
| PLEASE ENTER CODE TO INDICATE PREDOMINANT ETHNICITY AGE RANGE AND LANGUAGE OF TARGET GROUP | | | |
| PRIMARY LANGUAGE: | ETHNICITY: | If Hispanic, indicate Origin: | If American Indian/Alaska Native, Indicate Tribe: |
| AGE CATEGORY: | DURATION: (FMI - Fifteen Min. Increment) | HANDICAP: | PROGRAM AREA: |
| FUNDING SOURCE: | | | |
| SERVICE CODE: | | | |
| ADDITIONAL PARTICIPATING STAFF: | | | |

CERTIFICATION OF CONSULTANT

I CERTIFY THAT THE ABOVE COMMUNITY OUTREACH SERVICES WERE PROVIDED AS DOCUMENTED.

SIGNATURE: _____ DATE: _____

COS Form v1
Rev. 10/23/2006 - rhd



COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
ADULT SYSTEMS OF CARE
CALWORKS MENTAL HEALTH SUPPORTIVE SERVICES

DMH CALWORKS BULLETIN No. 05-03
CALWORKS BILLING RECONCILIATION

May 18, 2005

TO: All DMH CalWORKs Mental Health Supportive Services Providers

FROM: Dolores Daniel, Program Head
CalWORKs Program

SUBJECT: **CalWORKs BILLING RECONCILIATION**

-
1. Purpose
 2. Background
 3. DPSS Invoice Reconciliation Process – 100% Reconciliation
 4. Request for Supporting Documentation
 5. DPSS Review of Submitted Documentation
 6. DMH Reconciliation of Denied Claims

1. PURPOSE

The purpose of this bulletin is to provide information on the DPSS CalWORKs billing reconciliation process that was implemented as of fiscal year 2004-2005. This process is utilized to verify that mental health services billed to DPSS were only provided to eligible CalWORKs participants.

2. BACKGROUND

DMH and DPSS entered into a new Memorandum of Understanding (MOU) for fiscal year 2004-2005 and continuing years thereafter. A major change effected by the new MOU is the implementation of a reconciliation process for all CalWORKs mental health

supportive services submitted for payment. This means that in order for a provider to be paid for services billed to CalWORKs, the client must have been enrolled in CalWORKs GAIN and/or appear on the list of eligible CalWORKs GAIN participants on the date the services were rendered. As a result, DMH CalWORKs administrative staff has impressed upon CalWORKs providers the importance of ensuring that all claims submitted for payment have been for services to eligible CalWORKs participants enrolled in GAIN.

3. DPSS INVOICE RECONCILIATION PROCESS – 100% RECONCILIATION

DPSS reconciles the invoice for each provider based on 100% of all case names on the list. The names appearing on both the DMH list and LEADER/GEARS are validated and authorized. Names on the DMH list not appearing on LEADER/GEARS must have follow-up documentation submitted by the mental health provider to justify payment of fees. Names that do not appear as eligible on LEADER/GEARS will be annotated and may be disallowed for payment.

DPSS CalWORKs staff will review the exception list against the PA 1923 and 1206 Monthly Treatment/Services Forms Log for potential validation of payment prior to requesting additional documentation from DMH.

In instances where a potential CalWORKs participant is found ineligible and the CalWORKs case is denied, the request for payment for the PA 1923 will be authorized if it is received within ten (10) working days from initial contact with the participant.

After this review has been completed, one of the following will occur:

- A. No further action needed.
The 100% Reconciliation of provider's claims has been completed and no exceptions have been identified.

or

- B. Exceptions have been identified.
DPSS will issue a memo to DMH requesting validation of case names appearing as ineligible. DPSS will send DMH a listing of ineligible individuals and require supporting documentation. Additional documents are needed for the following reasons:
 - Computation for Service Units is incorrect.
 - Participant's eligibility was not verified on LEADERS/GEARS.

4. REQUEST FOR SUPPORTING DOCUMENTATION

DMH must respond to DPSS' exception list for a mental health provider within 60 calendar days of receipt from DPSS. DMH will forward each CalWORKs provider a listing to investigate and request supporting documentation. Responses are due back

to DMH within 30 calendar days. Acceptable back-up documentation for CalWORKs is as follows:

- GN 6006 A – Clinical Provider Referral (p.1)
- GN 6006 A – Clinical Assessment Results (p.2)
- GN 6006 B – Service Provider Referral (Appt. Notice) (p.1)
- GN 6006 B – CalWORKs Services Results (p.2).
- GN 6149 – CalWORKs PA 1923 Results Notification.
- Letter from DPSS indicating that the PA 1923 has been accepted.
- GN 6008 – MH /DV/SA Service Provider Progress Report
- Other written documentation from a DPSS Eligibility Worker or GAIN Services Worker referring the participant to the provider.

DMH will review the supporting documents and identify cases for which there are no supporting documents. DMH will submit the provider's supporting documents to DPSS. Further, DMH will notify DPSS if a provider does not have supporting documents for the services provided or if a provider fails to respond within the required time.

5. DPSS REVIEW OF SUBMITTED DOCUMENTATION

DPSS will conduct a 100% review of the submitted paperwork to ensure that the agency has proper documentation for the appropriate month. After this review, one of the following will occur:

- A. Documentation is acceptable.
DPSS will notify DMH that no further action is required.
- B. Documentation is invalid.
DPSS will notify DMH that participant did not meet the criteria for payment eligibility. DPSS' payment previously issued to DMH for the specific mental health provider's services will be adjusted in its entirety or partially as applicable. DPSS will specify the amount that is being disallowed. The reasons for the disallowance are:
 - Participant did not meet the criteria for payment eligibility.
 - Back-up documentation was not acceptable.
- C. Documentation not received within 60 calendar days of request to DMH.
DPSS' payment previously issued to DMH for the specific mental health provider's services will be adjusted in its entirety or partially as applicable.

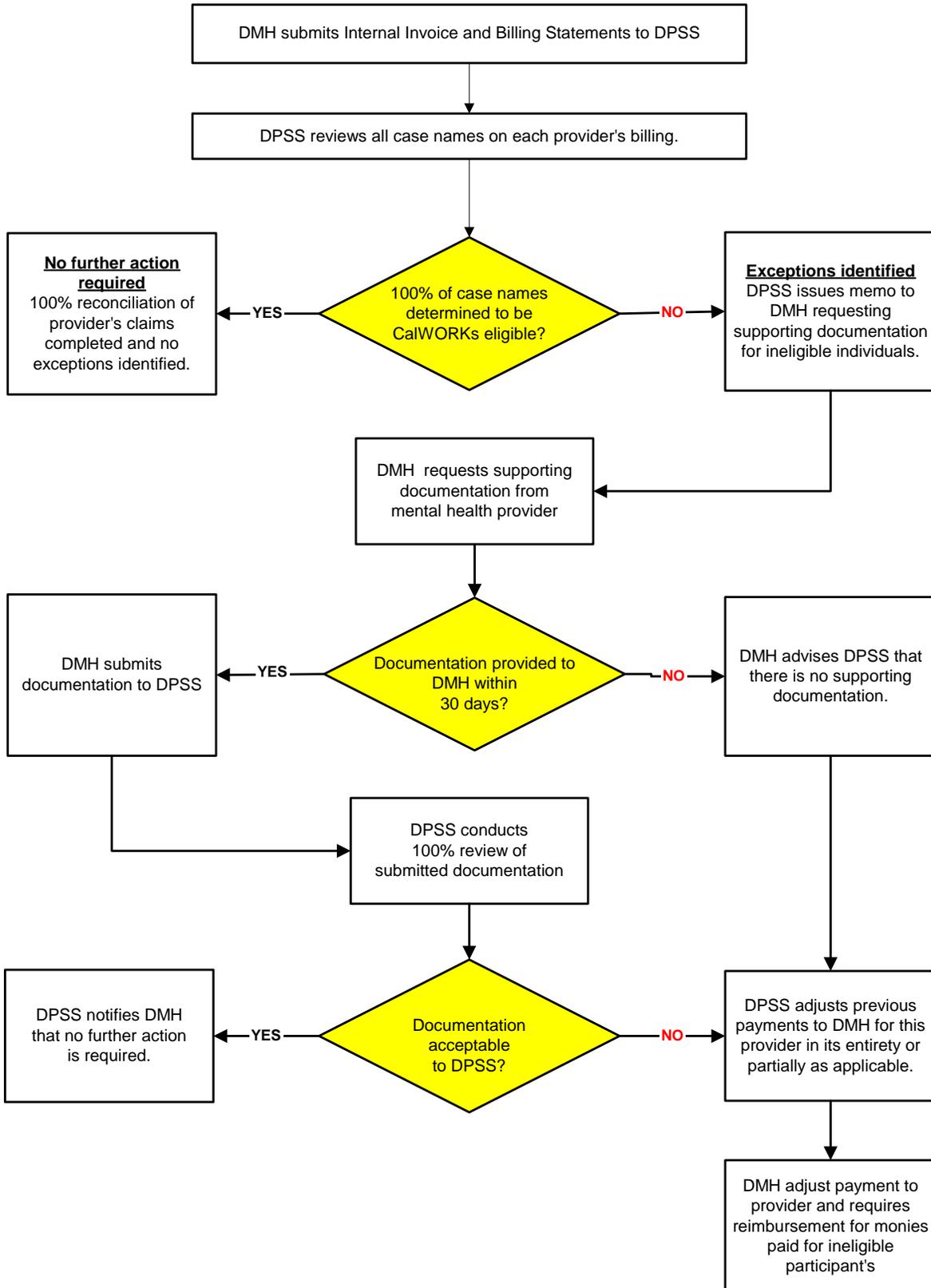
6. DMH RECONCILIATION OF DENIED CLAIMS

In response to denied claims from DPSS, DMH will adjust its payment to the mental health provider and require reimbursement of any monies paid for ineligible participants billed to the CalWORKs program and for participants for whom there was no acceptable back-up documentation. This reimbursement requirement may affect the amount of monies available for the provider for current and future CalWORKs program.

In certain situations and where appropriate, DMH will initiate the standard appeals process with DPSS to adjudicate denied claims.

DM/dd/lb

DPSS CalWORKs RECONCILIATION PROCESS





COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
ADULT SYSTEMS OF CARE
CALWORKS MENTAL HEALTH SUPPORTIVE SERVICES

DMH CALWORKS BULLETIN No. 05-04
GUIDELINES TO AVOID DPSS BILLING EXCEPTIONS

May 23, 2005 (Revised May 30, 2008)

TO: All DMH CalWORKs Mental Health Supportive Services Providers

FROM: Elizabeth Gross, Program Head
CalWORKs Program

SUBJECT: **GUIDELINES TO AVOID DPSS BILLING EXCEPTIONS**

-
1. Purpose
 2. Background
 3. Billing Exceptions
 4. Reasons for Inaccurate Billing
 5. Verification of CalWORKs Eligibility
 6. Medi-Cal Aid Codes
 7. Checking Claims on the IS
 8. Corrective Steps
 9. Reviewing IS Reports
 10. Summary

1. PURPOSE

The purpose of this bulletin is to assist providers to bill correctly for CalWORKs mental health supportive services and to avoid billing exceptions when services are delivered to non-eligible CalWORKs participants.

2. BACKGROUND

Under the DPSS reconciliation process implemented in fiscal year 2004-2005 and thereafter, DPSS is verifying that clients receiving CalWORKs mental health supportive services are on its list of eligible CalWORKs participants on the date that services were rendered. If a client is not on the DPSS listing of eligible CalWORKs participants, DPSS will disallow the claim for services and generate a billing exception.

In order to avoid billing exceptions – and the ensuing requirement to reimburse DMH for such services already paid – providers are advised to review the DPSS/GAIN documentation for their CalWORKs participants as well as to review the IS guidelines for data entry affecting CalWORKs billing.

3. BILLING EXCEPTIONS

Billing exceptions occur when services were billed to DPSS for clients who were not eligible for CalWORKs mental health supportive services. As a result of the DPSS billing reconciliation process, DPSS is checking the list of clients served by DMH mental health providers against its list of DPSS/GAIN CalWORKs participants identified on their GEARS system. All billings for CalWORKs mental health supportive services must be for CalWORKs eligible cases only.

A. ELIGIBLE CALWORKS PARTICIPANTS

CalWORKs mental health supportive services billed to DPSS must be authorized by DPSS/GAIN and a supportive services component opened on the LEADER/GEARS system by a GAIN Services Worker. Providers can bill mental health services only for those participants who are:

- (1) Enrolled in GAIN with a signed Welfare-to-Work Plan and are in compliance;
- (2) Exempt from GAIN, but have volunteered for GAIN and a supportive services component has been opened by the GSW for the participant as an Exempt Volunteer (EV);
- (3) Timed-out, but have requested continuing mental health services and a Post Time-Limited (PTL) supportive services component has been opened by the GSW for the participants; OR
- (4) Post-employment participants who are receiving services up to one year after being employed and terminated from CalWORKs, and have notified DPSS that they wish to receive post-employment supportive services (PES).

When DPSS identifies clients that do not fit into any of the above categories, DPSS generates a billing exceptions list and requests that DMH obtain written documentation to support the claim.

B. REASONS FOR BILLING EXCEPTIONS

A billing exception is generated when a DMH provider bills for a client that is not on the DPSS/GAIN list of CalWORKs participants. The reasons may be categorized as follows. The examples given are not exhaustive, and there are several possible examples why the client was not eligible.

- (1) Client may have been eligible, but DPSS/GAIN never authorized services by opening up a mental health supportive services component.

Examples:

- Provider sent in a PA 1923 (Treatment Services Verification) but never received a written response to the PA 1923 via the GN 6149 (CalWORKs PA 1923 Results Notification) or other written notice.
- Client never had a CalWORKs mental health services component added to his/her Welfare-to-Work program.
- Provider made the client exempt, but the client did not volunteer for GAIN so that a mental health supportive services component was never opened up for him/her.
- Client timed-out, but client never notified DPSS/GAIN he/she wanted to continue receiving mental health services and consequently, a supportive services component was never opened.

- (2) Client was eligible and had a mental health supportive services component open, but became ineligible during treatment.

Examples:

- Client was approved for SSI while on CalWORKs, but provider failed to stop billing CalWORKs.
- Client was sanctioned and a notice of termination (GN 6011 Termination Notice) was sent by DPSS, but provider failed to stop billing CalWORKs.
- Client became employed full-time and was terminated from CalWORKs, but post-employment services were not requested.

- (3) Client was never eligible.

Examples:

- Client was under 18 years of age.

- Client was GROW eligible, not CalWORKs eligible.
- Client was exempt from GAIN (e.g., client received CalWORKs cash aid, but never had a Welfare-to-Work Plan requirement).
- Client was always Medi-Cal eligible only (e.g., client was employed, received no cash aid, but received Medi-Cal benefits).

5. VERIFICATION OF CALWORKS ELIGIBILITY

The first step to avoid a billing exception is to check the client's eligibility for CalWORKs services the very first time the treatment provider meets with the client. This means that each CalWORKs participant must have at least one of the following documents when the case is opened, or very shortly thereafter. These forms are the provider's supporting documentation that the client is in fact a CalWORKs participant eligible for mental health supportive services.

- (1) Client referred by the CASC Service Advocate
 - GN 6006A
 - GN 6006B
- (2) Client referred by GAIN
 - GN 6006B
- (3) Existing client on provider's caseload (backdoor referral)
 - PA 1923 and GN 6149 Notification
 - PA 1923 and letter from DPSS/GAIN indicating the client is eligible for CalWORKs supportive services.
- (4) New client walk-in (backdoor referral)
 - PA 1923 and GN 6149
 - PA 1923 and letter from DPSS/GAIN indicating the client is eligible for CalWORKs supportive services

6. MEDI-CAL AID CODES

All CalWORKs participants are Medi-Cal eligible and can receive traditional Medi-Cal services. Participants that choose not to inform their GSW that they are receiving mental health services can continue to do so and will have their services paid by Medi-Cal if they meet medical necessity criteria. All CalWORKs participants have Medi-Cal aid codes assigned to them, depending on their eligibility and status during a given month. In general, Medi-Cal aid codes of 30 and 35 are a good indicator that the client is eligible for CalWORKs supportive services, but a Medi-Cal aid code of 30 or 35 does not guarantee eligibility for CalWORKs mental health supportive services. Other transitional aid codes are frequently noted. However, eligibility must be verified with the GSW.

7. CHECKING CLAIMS ON THE IS

Providers are advised to review their CalWORKs claims submitted on the IS on a monthly basis, at a minimum. This review will enable agencies to note any discrepancies in billing at an early date, so that corrective actions can be taken. Below is a list of common mistakes that occur on the IS when claiming for CalWORKs mental health supportive services.

A. DATA ENTRY

- No social security number (SSN) entered or an SSN of 888-88-8888 or 999-99-9999 entered. A valid SSN is required in order for DPSS to match the case. Without an SSN, DPSS eligibility cannot be verified for reimbursement.
- Client is under 18 years of age. Providers can bill CalWORKs only for adults age 18 years and older.

B. CLIENT ENROLLMENT IN CalWORKs PLAN

- Client not enrolled in the CalWORKs Plan. The IS requires that each client be enrolled in a plan; the default plan is CGF (County General Funds). If the client is not specifically enrolled in the CalWORKs plan, the claims will default to CGF.
- Contract agency or DMH clinic/program not authorized to bill CalWORKs. Only those CalWORKs contracted agencies and directly operated clinics/programs approved by DMH CalWORKs Administration may enroll clients in a CalWORKs plan and provide services to CalWORKs participants.
- Client no longer eligible for CalWORKs. When a client's eligibility changes, providers should also change the plan enrollment to the appropriate plan, removing CalWORKs as the payer source. The participant should be terminated from the CalWORKs plan on the IS (performed on the Administrative functional area – update enrollment). If the provider is still seeing the client, the new payer and plan must be identified.

C. BILLING PROBLEMS

- CalWORKs client services were billed to Medi-Cal. Medi-Cal is a payer, not a plan; CalWORKs is a plan and the payer is DMH.
- Non-authorized CalWORKs procedure codes were used. For example, COS case management support (procedure code 6000) is not authorized by CalWORKs. The DMH CalWORKs Bulletins No. 04-01 (Procedure Codes for CalWORKs Services) and No. 05-02 (New

Approved CalWORKs Procedure Codes) list the procedure codes that are authorized for CalWORKs participants. Only the listed procedure codes can be used to bill for CalWORKs services.

- Agency is not authorized to bill for the service. This occurs when an agency bills for mental health services that are not in its DMH contract. The provider may bill only for those services that have been approved in the provider's contract. For example, psychological testing requires special approval.
- Double billing. Data is entered twice.
- Amount of time (UOS and service time) is excessive. This may indicate an entry error.

8. CORRECTIVE STEPS

As soon as a problem with a claim is identified, providers should take corrective action to resolve the issue. Some common errors are described below:

- Claim incorrectly billed to Medi-Cal.
If a claim was incorrectly billed to Medi-Cal and the claim has not yet been approved and/or sent to Medi-Cal, the provider should:
 - (1) Void the original claim, and
 - (2) Submit a new claim by re-entering the data correctly.*
If the claim was incorrectly billed to Medi-Cal and the provider has already been paid, the provider must:
 - (1) Void each and every claim sent to Medi-Cal, and
 - (2) Submit a new claim by re-entering the data correctly.*
If a provider chooses not to void the Medi-Cal Claim and not to submit a new claim, then these services will not be reflected in the agency's CalWORKs billing and will not count against their CalWORKs allocation.
- Claim incorrectly billed to CGF or other plan.
 - (1) Void the original claim, and
 - (2) Submit a new claim by re-entering the data correctly.*
- Ineligible participant.
If a claim was submitted for an ineligible client (e.g., SSI recipient or child), the provider should
 - (1) Void the incorrect claim, and
 - (2) Reenter the claim and submit it against the correct plan.*

* *Verify with DMH's Revenue Management the timeframe for Medi-Cal claim deletion/voiding and resubmission.*

9. REVIEWING IS REPORTS

Providers are encouraged to review the IS reports for their agency on a regular basis to check that claims are being entered correctly. Some questions to ask when reviewing the IS reports include:

- Does the report list all the agency's CalWORKs clients?
- Are there clients on the list who are not CalWORKs?
- Is a valid social security number listed for each client?
- Is the Medi-Cal ID number listed?
- Is the person 18 years and older?
- Is the client receiving SSI?
- Are there double entries for the same service?

10. SUMMARY

In order to avoid billing exceptions, it is recommended that providers:

- ▶ First, check that the client is eligible for CalWORKs mental health supportive services at the time of intake, or submit a PA1923 and review the GN 6149 to verify eligibility shortly thereafter. Providers should stay in regular contact with the GSW regarding eligibility status and submit the GN 6008 (progress report) every three months as required.
- ▶ Second, follow the IS policies and procedures to input data correctly for mental health services for eligible CalWORKs participants enrolled in a Welfare to Work plan. Make sure the participant is enrolled in the CalWORKs plan.
- ▶ Third, review the IS reports on a regular basis for any errors or omissions.

DD/eg

County Of Los Angeles - Department Of Mental Health CalWORKs Mental Health Supportive Services

FREQUENTLY ASKED QUESTIONS

A. CALWORKS PROGRAM

1. What is the difference between CalWORKs and Welfare-to-Work (WTW) and GAIN?

CalWORKs is a welfare program that assists children and their parents and relative caretakers by providing cash assistance, supportive services, and other benefits. WTW is a program of CalWORKs that is mandatory for adult participants, unless they are exempt. GAIN is the Los Angeles County welfare-to-work program.

2. What is the difference between the Welfare-to-Work program and L.A. GAIN?

The Welfare-to-Work (WTW) program is statewide. In Los Angeles County, the WTW program is called L.A. GAIN.

3. What is the difference between GAIN and GROW?

The major difference is the population served. CalWORKs/GAIN serves children and their parents and caretakers, while GROW serves only adults. GROW participants have no children or are non-custodial parents. Both GAIN and GROW participants can receive mental health supportive services. GAIN is funded through federal and state funds, but GROW is funded solely through county funds. Service providers cannot identify GROW participants from existing clients. In contrast, providers can identify GAIN participants from their existing clients, and can provide services and then bill CalWORKs. Only DPSS can refer GROW clients to a provider.

4. Who must participate in the GAIN program?

Every adult CalWORKs recipient who is not exempt is required to participate in the GAIN program.

5. Who does not have to participate in GAIN?

Certain persons do not have to participate in Welfare-to-Work because of special individual and/or family circumstances. Persons are exempt from participation if they meet any of following circumstances:

- a. Under 16 years old or 60 years old or older.
- b. Sixteen (16) or 17 years old and attend school (not college) full-time, unless enrolled in school as part of the Welfare-to-Work Program.
- c. Physically or mentally unable to work or participate in a welfare-to-work activity on a regular basis for at least 30 calendar days.

- d. The nonparent relative caretaker of a child who is a dependent or ward of the court, or a child at risk of being placed in foster care.
- e. Staying at home to take care of individual(s) in the household who can't take care of themselves if that keeps the recipient from working or participating in a welfare-to-work activity on a regular basis.
- f. The parent or caretaker relative of a child six months or under (or, depending on a county, for a child 12 weeks old or under or for a child 12 months old or younger). This exemption may be applied only one time under the CalWORKs Program. A subsequent exemption for the birth of another child or adoption of another child six months old or younger will be granted for a period of 12 weeks (or, depending on the county, for a period up to six months). In addition, this exemption does not apply to individuals who are required to participate in the Cal-Learn Program.
- g. Pregnant, and the individual provides medical verification that she is unable to work or participate in a welfare-to-work activity on a regular basis for at least 30 calendar days.

6. What type of supportive services does GAIN offer?

Participants may need more than just training and job counseling to be successful in the Welfare-to-Work Program. The county helps arrange and/or pay for child care, transportation, work-related or training-related expenses, and certain personal counseling (including mental health, substance abuse, and domestic violence services) related to problems that affect the outcome of the individual's participation in welfare-to-work activities. These are in addition to mental health services, including individual, group, and medication support.

7. What are sanctions?

Sanctions are penalties imposed on adult participants for failure to comply with welfare-to-work requirements. States must reduce assistance to recipients who refuse to work and may eliminate aid and Medi-Cal for those who refuse to work.

8. What is the difference between an exemption and good cause waiver?

Exemptions are categories specified by federal and state law. Participants who fit the category, i.e., are categorically exempt, need show no further reason why they cannot participate in WTW activities. Good cause is a more flexible method for determining whether a participant should participate in WTW activities. There are certain situations that have been identified that constitute good cause. Also, a GAIN supervisor has discretion to determine what constitutes good cause for a waiver based on extenuating circumstances.

9. What is the difference between a CalWORKs office and a GAIN office?

CalWORKs and GAIN offices are DPSS offices. However, at CalWORKs offices the eligibility workers make the initial determination regarding eligibility for aid. The CalWORKs office houses one unit of GAIN. A participant gets services from CalWORKs, including any mandatory referral to the Welfare-to-Work (GAIN) program. At the GAIN regional office, only welfare-to-work (employment) services are available, and no CalWORKs service workers are present.

B. TIME LIMITS

1. Are there any exceptions to the five-year lifetime limit?

The five-year (60 months) lifetime limit for TANF is required by federal law. At the end of 60 months, counties can give employment services to adults who agree to participate in community service. But adults who exhaust their 5-year lifetime limit under CalWORKs will not be eligible for General Assistance until all their children turn 18. There are exceptions for caretakers who are:

- (1) 60 years or older;
- (2) Caring for disabled family members;
- (3) Caring for someone else's child (e.g., foster parents) and have responsibilities that interfere with their ability to participate in work-related activities;
- (4) Not receiving aid themselves;
- (5) Suffering from an impairing disability;
- (6) Assessed to be incapable of participating despite a history of participation and cooperation in welfare-to-work activities.

These exceptions include up to 20% of the statewide caseload; counties can use their own money to exempt more.

2. How are children affected by their parent(s)' lifetime limit?

The time a person received aid as a child does not count against the 5-year lifetime limit when he or she becomes an adult. When a parent hits the 5-year limit, the county must continue to help the children in the family, but can give vouchers instead of cash aid.

3. Are there any benefits that can continue after a participant is employed?

If qualified, a participant can continue to receive Medi-Cal benefits, childcare, transportation, work related payments, and food stamps. The child benefits may continue even if the parent is employed. Post-employment supportive services may continue for up to a year as long as the participant volunteers for GAIN and has an open mental health supportive services component.

4. Are CalWORKs participants eligible for Medi-Cal?

Yes, everyone who is eligible for TANF is also eligible for Medi-Cal. However, mental health services are billed to CalWORKs, not to Medi-Cal.

5. Can a participant still receive Medi-Cal after becoming employed?

In certain circumstances a former CalWORKs participant can continue receiving Medi-Cal. There is a limited period of transitional Medi-Cal available to such persons, as they transition to a higher income or resource level.

C. MENTAL HEALTH SERVICES

1. Which assessment form should the clinic providers complete – the two-page or five-page assessment form?

If the intent of the clinic staff is to conduct an initial assessment and refer the participant to another agency for ongoing supportive services, then the two-page assessment can be completed. If the participant is to be seen at the agency itself, then the five-page assessment should be completed. Children and family agencies must use either the Adult two- or five-page assessment contingent on the situation above.

2. Does the clinician have to complete the entire six-page assessment?

The Adult Initial Assessment must be completed as the clinician would for any client, regardless if he or she is a CalWORKs participant. The assessments must be conducted by licensed or waived clinical staff.

3. If a mental health provider has assessed a client for services and finds out that the client is eligible for CalWORKs, must the client be re-assessed by the CalWORKs mental health assessor?

No, the client does not have to be re-assessed.

4. What is DPSS' policy regarding clients, who are already receiving mental health services, continuing with their current treatment plan, including a job related program? Will clients have to start participating in DPSS programs (work, school, training)?

CalWORKs participants can continue with their current treatment plan, but will have to participate in other DPSS/GAIN activities to the extent they are able, based on the mental health provider's treatment plan. (See Provider Directive Number 7.) Please note: If a CalWORKs participant is engaged in mental health treatment at a private provider that is not listed as a LACDMH CalWORKs provider, he/she has the option to remain with the private provider. However, his/her hours engaged in treatment will not be counted towards his/her required 32 hours of welfare-to-work activity.

5. What happens if a person has been referred for a mental health clinical assessment, but fails to show up for the scheduled appointment? How will this affect his/her CalWORKs eligibility? Is the CASC Service Advocate or provider required to advise DPSS of the no-show?

Yes, the CASC Service Advocate or provider must advise the GSW if the participant is a no-show. The initial mental health assessment is mandatory when the participant has been referred by the GSW to a CASC Service Advocate or provider. Mental health treatment is voluntary. There are consequences for a no-show at a mental health assessment for the participant, which are based on CalWORKs guidelines.

6. What if a client fails to show up for more than one service or treatment session? What should the provider do then?

It is good practice to maintain a dialogue with the GAIN Services Worker. You must advise the GSW of the failure to show for the service. The GSW will contact the participant and may need to revise the participant's WTW plan. If, after attempts to reach the participant by phone and/or by mail to reschedule, the client fails to re-engage in treatment the provider may send a termination notice (GN6007B) to the GSW and close the case.

7. What happens if the assessment determines that a participant needs mental health services, but the participant refuses to use the services?

The individual has the right to refuse mental health treatment, even if doing so may adversely affect his/her CalWORKs benefits.

8. What if the client can't go to work due to his/her mental health problems? Will the mental incapacity terminate his/her CalWORKs benefits?

Not necessarily. As long as the client continues mental health treatment, then the participation in treatment can be counted towards the required welfare-to-work hours.

9. Does a participant have to go to a specific service provider? Can the participant go to another service area if desired?

The participant has freedom of choice for his or her mental health services, and thus may request services wherever desired. The GSW may have to arrange for transportation to another provider if the participant so indicates.

10. If a participant is determined by the mental health case manager/assessor to be in need of vocational rehabilitation services, should the participant be referred to LACDMH Vocational Services, GAIN Vocational Services, or both?

The mental health case manager should discuss the participant's need or preference with the mental health vocational worker and the GAIN Services Worker.

11. Can a participant refuse group counseling?

This is a clinical issue, but treatment should be formulated on the participant/client's needs and what the program can offer.

12. Will outside mental health hours count as meeting mental health hours (e.g., a participant referred to a parenting class, AA/NA meetings)?

Yes. The participant's attendance at other referred services is counted.

13. Can a participant dictate the sex of the therapist or whether group or individual therapy is offered?

Again, this is a clinical issue. It is suggested that the provider explore the underlying issue for such a request, e.g., is this a control issue or does it stem from a history of domestic abuse?

14. What if a CalWORKs participant decides he/she no longer wants to go for mental health services?

Mental health services are not mandatory. There may be some sanctions as a result of terminating mental health services, or the participant may be required to engage in other activities to make up the required 32/35 hours of welfare-to-work activities.

15. Can we require treatment participation of significant others? Does it have to be optional? Can we pay for their treatment when the significant other is not a CalWORKs recipient?

We cannot require treatment of a significant other; it must be optional. Treatment can be paid for out of CalWORKs funds if it is a collateral service to the CalWORKs recipient or if the treatment is documented as needed in order to permit the CalWORKs recipient to comply with work-activity requirements. Treatment of family members is an allowable use of funds if the mental health or substance abuse problem interferes with ability to participate in the welfare-to-work program.

16. What constitutes termination of treatment for a CalWORKs participant?

Termination is the same as for all consumers of mental health care. However, DPSS/GAIN notification is required when treatment is terminated.

17. What types of groups services can be provided to CalWORKs participants?

The types of group services that mental health agencies have been providing thus far include anxiety management, managing depression, addressing employment issues, addressing cognitive behavioral issues, and developing adaptive coping skills.

18. Can an adult CalWORKs participant receive services at a Children's clinic?

Yes, as a separate adult case to treat a mental health barrier to employment.

19. Can a children's service provider see an adult parent on CalWORKs, even if the child is not receiving treatment?

Yes. For example, if a parent indicates problems with a child, such as parenting or issues that interfere with that individual's employment the provider can see the adult and bill CalWORKs.

20. Is there a clear demarcation between what services LACDMH will provide and what services LACDPH (formerly LACDHS) will provide?

Yes. LACDMH provides supportive services to CalWORKs participants whose primary service needs are mental health barriers to work. LACDPH provides supportive services to CalWORKs participants whose primary service needs are substance abuse (alcohol and drugs) barriers to work.

D. CONFIDENTIALITY

1. I am uneasy about sharing information about the results of mental health assessment. Must the assessment results and recommendations for mental health services be shared with the GAIN Services Worker? What is their level of understanding? What safeguards are there for confidentiality?

The client signs an Authorization for Request or Use/Disclosure of Protected Health Information, which assures confidentiality requirements are met. GAIN Services Workers receive ongoing training; however, mental health is the provider's responsibility, and the provider is the one who must do the actual treatment and clinical reports. The provider need not, and should not, provide detailed information about the clinical assessment results; the information shared with the GSW should be limited to attendance to mental health appointments and recommendations for hours of participation in MHS and additional GAIN activities.

2. If a client is receiving mental health services, and does not want DPSS to know he/she is receiving treatment, does the provider have to notify the GSW or DPSS?

No. However, if the client does not want DPSS to know about his/her mental health treatment, then CalWORKs cannot be billed for services. In order to bill Medi-Cal for treatment, the client must meet the criteria for medical necessity. The client must consent to his/her participation in the CalWORKs/GAIN from the mental health side. At some point, the client's DPSS worker will mandate their involvement in GAIN. (See Consent forms.)

3. If a CalWORKs participant discloses that he/she is a substance abuser and/or has a history of substance abuse, must the mental health provider report this information to the GSW? Does the provider need the client's permission to disclose this information? Should we try to get the client's permission?

No, substance abuse is not a mandatory reporting requirement, although once substance abuse is self-disclosed or discovered by another source (e.g., the GSW or employer), then there is a requirement of mandatory substance abuse assessment. The client's permission is required to disclose substance abuse to DPSS/GAIN. A mental health service provider may also refer a CalWORKs client to substance abuse treatment as part of his/her service plan.

E. BILLING

1. What aid code do you use to bill for services provided to children aided under the CalWORKs program – DPSS CalWORKs or Medi-Cal?

The "Aid Code" determines the client's Medi-Cal aid type. A CalWORKs aided child with his/her own mental health need for treatment must be claimed to Medi-Cal. DPSS CalWORKs can only be billed for services to adults in the GAIN Welfare-to-Work program with mental health barriers to employment. Collateral visits to the Adult case that may include children can be billed to DPSS CalWORKs.

2. Does the billing have to meet Short-Doyle requirements? If not, can we utilize the services of an unlicensed clinician to open cases?

CalWORKs reporting must adhere to Short-Doyle/Medi-Cal and DMH standards and guidelines. Unlicensed clinicians may open episodes but only for the services that they are qualified to provide, either directly or under clinical supervision.

CalWORKs Technical Training Post-Test

Directions: Please circle the correct answer.

1. Which of the following are CalWORKs supportive services (circle all that apply)
 - A. Mental Health Services
 - B. Domestic Violence Treatment
 - C. Substance Abuse Treatment
 - D. Cash Aid

2. Mental Health Supportive Services are available to CalWORKs participants in most cases for
 - A. As long as there are dependent children in the house
 - B. As long as the participant requests the services
 - C. 60 months
 - D. 18-24 months
 - E. A & B

3. When designing service plan objectives, remember to write objectives
 - A. That are open ended and global in nature
 - B. That your treatment staff specifies
 - C. That are highly specific and measurable
 - D. That employers will like

4. On the Client Care Coordination Plan, Mental Health Services (MHS) are approved
 - A. In standard 6 month increments
 - B. For one year
 - C. In three month increments
 - D. Indefinitely

5. T or F Participants unable to participate 32 hours weekly in GAIN must be made medically exempt within 30 days of the CalWORKs clinical assessment.

6. T or F The focus of CalWORKs Mental Health Services is to remove mental health barriers to employment.

7. T or F A Case Manager with two years of mental health experience does not need a co-signature on his/her progress notes.

8. T or F The SFPR has the responsibility for maintaining the CCCP and coordinating and authorizing services to clients who are receiving ongoing mental health services.

9. T or F The goal on the CCCP must be related to employment when developing a treatment plan with a CalWORKs participant.

10. T or F On the Client Care/Coordination Plan (CCCP), the treatment regimen should be developed in collaboration with the client.

**CalWORKs & GAIN
SPECIALIZED SUPPORTIVE SERVICES CONTACT LISTING
APRIL 2008**

| | District/Region | Contact Person | Title | Phone | Fax |
|-----------|---------------------------------|--------------------------|----------------|-----------------------|-----------------------|
| | DIVISION I | | | | |
| 02 | Glendale | Kimberly Fung | DDD | (818) 546-6463 | (818) 546-1244 |
| | | Greta Setian | DDD-B/U | (818) 546-6548 | (818) 546-1244 |
| | | Maria Gomez | ES-I | (818) 546-6224 | (818) 546-1244 |
| | | Fred Ohanesian | ES-I | (818) 546-6233 | (818) 546-1244 |
| | | Edward Safarian | ES-A | (818) 546-6251 | (818) 546-1244 |
| | | Marion Genie | EW-I | (818) 546-6226 | (818) 546-1244 |
| | | Dalisay Gutierrez | EW-I | (818) 546-6214 | (818) 546-1244 |
| | | Akyanush Keshisyan | EW-A | (818) 546-6252 | (818) 546-1244 |
| | | Loussin Kotcharian | EW | (818) 546-6297 | (818) 546-1244 |
| | | Patricia Rodriguez | EW | (818) 546-6293 | (818) 546-1244 |
| 03 | Pasadena | Rosalva Arredondo | DDD | (626) 791-6304 | (626) 797-5562 |
| | | Gabriela Cordova | ES-A | (626) 791-6377 | (626) 797-5562 |
| | | Alejandra Lugo | ES-I | (626) 791-6378 | (626) 797-5562 |
| | | Stephen Nazly | ES-I | (626) 791-6435 | (626) 797-5562 |
| | | Cecilia Canadas | EW-I | (626) 791-6375 | (626) 797-5562 |
| | | Sibely Morales | EW-A | (626) 791-6415 | (626) 797-5562 |
| | | Gayane Nalbandian | EW-I | (626) 791-6384 | (626) 797-5562 |
| 11 | East Valley | Lucy Cerda | DDD | (818) 901-4371 | (818) 785-9578 |
| | | Jose Juarez | ES-A | (818) 901-4293 | (818) 785-9578 |
| | | Shogik Begeyan | EW-A | (818) 901-4496 | (818) 785-9578 |
| | | Celia Garcia | EW-A | (818) 901-4364 | (818) 785-9578 |
| | | Sonia Mendoza | EW-A | (818) 901-4302 | (818) 785-9578 |
| 51 | Santa Clarita Sub-Office | Lucy Cerda | DDD | (818) 901-4371 | (818) 785-9578 |
| | | Miguel Becerra | ES-I | (818) 901-3078 | (818) 785-9578 |
| | | Cynthia Birch | ES-A | (818) 901-3484 | (818) 785-9578 |
| | | Elizabeth Chavez | EW-I | (818) 901-4322 | (818) 785-9578 |
| | | Gabriela Sandoval | EW-A | (661) 298-3429 | (818) 250-2924 |
| 34 | Lancaster | Teresa Armour | DDD | (661) 723-4004 | (661) 723-4017 |
| | | Sanaa Ibrahim | ES-I | (661) 723-4133 | (661) 723-4017 |
| | | Christina Ruffins | EW-I | (661) 723-4144 | (661) 723-4017 |
| 36 | Pomona | David Medina | DDD | (909) 397-7906 | (909) 623-0184 |
| | | Nora Jimenez | ES-A | (909) 397-3860 | (909) 623-0184 |
| | | Veronica Hernandez | EW-A | (909) 397-3783 | (909) 623-0184 |
| | | Bernice Lett | EW-A | (909) 397-3786 | (909) 623-0184 |
| | | Pat Lynch | EW-A | (909) 397-3811 | (909) 623-0184 |
| | | Alexandra Rosas | EW-A | (909) 397-3787 | (909) 623-0184 |
| | | Natalia Sperling | EW-A | (909) 397-3853 | (909) 623-0184 |
| | | Lizette Tirado | EW-A | (909) 397-3854 | (909) 623-0184 |
| | | Zandra Varnado | EW-A | (909) 397-5357 | (909) 623-0184 |
| 38 | Metro North | Gohar Katrdzhyan | DDD-A | (213) 639-5407 | (213) 368-7911 |
| | | Beth Sexton | DDD-I | (213) 639-5404 | |
| | | Anahit Ambaryan | ES-A | (213) 639-5312 | (213) 368-7911 |
| | | Barry Barton | ES-I | (213) 639-5287 | (213) 368-7911 |
| | | Reginald Blow | ES-A | (213) 639-5312 | (213) 368-7911 |
| | | Ernesto Castillo | ES-I | (213) 639-5286 | (213) 368-7911 |
| | | Linda Hernandez | EW-I | (213) 639-5291 | (213) 368-7911 |
| | | Theresa Hernandez | EW-I | (213) 639-5276 | (213) 368-7911 |
| | | Karine Martirosyan | EW-A | (213) 639-5431 | (213) 368-7911 |
| | | Jessie Tapia | EW-A | (213) 639-5430 | (213) 368-7911 |
| 66 | Lincoln Heights | Kathleen Turner | DDD | (323) 342-8143 | (323) 222-8176 |
| | | Josie Fierro | ES-A | (323) 342-8114 | (323) 222-8176 |

**CalWORKs & GAIN
SPECIALIZED SUPPORTIVE SERVICES CONTACT LISTING
APRIL 2008**

| | District/Region | Contact Person | Title | Phone | Fax |
|----|-----------------------|---------------------------------------|----------------|----------------------------------|----------------|
| | Lincoln Heights cont. | Mabel Olvera | EW-A | (323) 342-8234 | (323) 222-8176 |
| 82 | West Valley | Mary Jane Garza Juan Lozano | DDD-A DDD-I | (818) 718-5205 (818) 718-5206 | (818) 576-9537 |
| | | Francisco Magallanes | ES-I | (818) 718-5084 | (818) 576-9537 |
| | | Julia Nazano | ES-A | (818) 718-5355 | (818) 576-9537 |
| | | Karine Tioufentkchian | ES-I | (818) 718-5084 | (818) 576-9537 |
| | | Delana Trotter | ES-I | (818) 718-5352 | (818) 576-9537 |
| | | Astkhik Asaryan | EW-I | (818) 718-5089 | (818) 576-9537 |
| | | Nelly Azatyan | EW-I | (818) 718-5087 | (818) 576-9537 |
| | | Maria Bermudez | EW-A | (818) 718-5353 | (818) 576-9537 |
| | | Giovanna Lawrence | EW-I | (818) 718-5088 | (818) 576-9537 |
| | | Estonia Leon | EW-I | (818) 718-5085 | (818) 576-9537 |
| | | Elvira Lopez | EW-A | (818) 718-5354 | (818) 576-9537 |
| | | Claudia Salazar | EW-I | (818) 718-5115 | (818) 576-9537 |
| | | Maria Sirri | EW-I | (818) 718-5113 | (818) 576-9537 |
| | | Lan Truong | EW-I | (818) 718-5114 | (818) 576-9537 |
| | | Armenui Zargaryan | EW-I | (818) 718-5093 | (818) 576-9537 |
| | DIVISION II | | | | |
| 05 | Belvedere | Ana Magallanes | DDD | (323) 727-4322 | (323) 728-6540 |
| | | Nellie Avila | ES-A | (323) 727-4365 | (323) 728-6540 |
| | | Edilia Lopez | EW-A | (323) 727-4366 | (323) 728-6540 |
| | | Lupe Rhodes | EW-A | (323) 727-4369 | (323) 728-6540 |
| 06 | Cudahy | Carmen Lopez | DDD | (323) 560-5007 | (323) 560-0575 |
| | | Richard Huerta | ES-I | (323) 560-5092 | (323) 560-0575 |
| | | Yvette Tadeo | ES-A | (323) 560-5150 | (323) 560-0575 |
| | | Martha Vasquez | ES-I | (323) 560-5081 | (323) 560-0575 |
| | | Rosa Blas | EW-A | (323) 562-5388 | (323) 560-0575 |
| | | Luciana Rivera | EW-A | (323) 560-5146 | (323) 560-0575 |
| | | Rosemary Shepard | EW-A | (323) 560-5245 | (323) 560-0575 |
| | | Alejandra Solis | EW-I | (323) 560-5101 | (323) 560-0575 |
| 09 | West Los Angeles | Cheryl Broyard | DDD | (310) 312-5111 | (310) 473-3871 |
| | | Pamela Holmes | ES-A | (310) 312-6213 | (310) 473-3871 |
| | | Hattie Jiles | ES-I | (310) 312-5259 | (310) 473-3871 |
| | | Maria Gentry | EW-A | (310) 312-5268 | (310) 473-3871 |
| | | Azniv Khrlobyanyan | EW-I | (310) 312-5194 | (310) 473-3871 |
| | | Lionel Lopez | EW-A | (310) 312-5115 | (310) 473-3871 |
| | | Evangaline Martin | EW-A | (310) 312-5151 | (310) 473-3871 |
| | | Bridget Smallwood | EW-A | (310) 312-5288 | (310) 473-3871 |
| | | Christian Strohmeier | EW-A | (310) 312-5129 | (310) 473-3871 |
| 12 | Exposition Park | Andrea Flowers – I Vicky Short – A | DDD DDD | (323) 730-6106 (323) 730-6105 | (323) 730-5101 |
| | | Melanie Jackson | ES-I | (323) 730-6129 | (323) 730-5101 |
| | | Alexander Mont | ES-I | (323) 730-6137 | (323) 730-5101 |
| | | Glendena Stephens | ES-A | (323) 730-6233 | (323) 730-5101 |
| | | Shavonna Adams | EW-I | (323) 730-6281 | (323) 730-5101 |
| | | Georgina Barefield | EW-I | (323) 730-6133 | (323) 730-5101 |
| | | Yanira Cruz | EW-I | (323) 730-6139 | (323) 730-5101 |
| | | Brenda Estrada | EW-I | (323) 730-6131 | (323) 730-5101 |
| | | Veronica Estrada | EW-I | (323) 730-6144 | (323) 730-5101 |
| | | Maritza Gomez | EW-I | (323) 730-6136 | (323) 730-5101 |
| | | Melissa Houston | EW-I | (323) 730-6143 | (323) 730-5101 |
| | | Grigor Kazaryan | EW-I | (323) 730-6135 | (323) 730-5101 |

**CalWORKs & GAIN
SPECIALIZED SUPPORTIVE SERVICES CONTACT LISTING
APRIL 2008**

| | District/Region | Contact Person | Title | Phone | Fax |
|-----------|------------------------------|---------------------------|--------------|-----------------------|-----------------------|
| | Exposition Park cont. | Bretza Mardiroussian | EW-I | (323) 730-6134 | (323) 730-5101 |
| | | Ripsime Menedjian | EW-I | (323) 730-6130 | (323) 730-5101 |
| | | Silvia Navas | EW-I | (323) 730-6138 | (323) 730-5101 |
| | | Rosalie Ontiveros | EW-A | (323) 730-6232 | (323) 730-5101 |
| | | Alejandro Ramirez | EW-I | (323) 730-6142 | (323) 730-5101 |
| | | Ileana Reyes | EW-I | (323) 730-6132 | (323) 730-5101 |
| | | Dahlia Rios | EW-A | (323) 730-6236 | (323) 730-5101 |
| | | Juan Rodriguez | EW-I | (323) 730-6282 | (323) 730-5101 |
| | | Erika Solis | EW-I | (323) 730-6285 | (323) 730-5101 |
| | | Carmela Vega | EW-I | (323) 730-6140 | (323) 730-5101 |
| 13 | Metro Family | Spring McCalman | DDD | (213) 744-6606 | (213) 763-9587 |
| | | Doreen Allen | ES-I | (213) 744-3236 | (213) 763-9587 |
| | | Norma King | ES-A | (213) 744-6818 | (213) 763-9587 |
| | | Adrianette Anderson | EW-A | (213) 744-3090 | (213) 763-9587 |
| | | Ana Castillo | EW-A | (213) 744-3848 | (213) 763-9587 |
| | | Doreth Coleman | EW-I | (213) 744-5250 | (213) 763-9587 |
| 15 | Metro East | Angel Ductoc – I | DDD | (323) 260-3505 | (323) 780-6149 |
| | | Arnola Lewis – A | DDD | (323) 260-3507 | |
| | | Eva Jimenez | ES-I | (323) 260-3610 | (323) 780-6149 |
| | | Rosanne Pallan | ES-I | (323) 260-3617 | (323) 780-6149 |
| | | Haydee Sarmiento | ES-A | (323) 260-3341 | (323) 780-6149 |
| | | Sandra Chavez | EW-I | (323) 260-2108 | (323) 780-6149 |
| | | Maria Del Carmen Gonzales | EW-A | (323) 260-3385 | (323) 780-6149 |
| | | Maria Flores | EW-A | (323) 260-3771 | (323) 780-6149 |
| | | Catina Hernandez | EW-I | (323) 260-3364 | (323) 780-6149 |
| | | Rita Ramirez | EW-A | (323) 260-3695 | (323) 780-6149 |
| | | Blanca Torres | EW-A | (323) 260-3378 | (323) 780-6149 |
| 40 | Norwalk | Luis Morales | DDD | (562) 807-7816 | (562) 864-9621 |
| | | Ofelia Acosta | ES-A | (562) 807-7771 | (562) 864-9621 |
| | | Sonia Boeck | ES-I | (562) 807-7612 | (562) 864-9621 |
| | | Raquel Carlos | EW-I | (562) 807-7617 | (562) 864-9621 |
| | | Yolanda De Baca | EW-A | (562) 807-7747 | (562) 864-9621 |
| | | Maria Landero | EW-I | (562) 807-7605 | (562) 864-9621 |
| | | America Munoz | EW-A | (562) 807-7737 | (562) 864-9621 |
| | | Gudelia Scott | EW-A | (562) 807-7704 | (562) 864-9621 |
| | DIVISION III | | | | |
| 17 | Florence | Monica Gonzalez | DDD | (323) 586-7005 | (323) 589-1457 |
| | | Alonzo Enriquez | ES-I | (323) 586-7099 | (323) 589-1457 |
| | | Agripina Limon | ES-I | (323) 586-7305 | (323) 589-1457 |
| | | Thais Moreno | EW-I | (323) 586-7135 | (323) 589-1457 |
| | | Evelyn Rodriguez | EW-I | (323) 586-7291 | (323) 589-1457 |
| 26 | Compton | Angie Rodriguez | DDD | (310) 603-8403 | (310) 223-1595 |
| | | Maria Gonzales | ES-I | (310) 603-8670 | (310) 223-1595 |
| | | Amalia Pena | ES-A | (310) 603-8654 | (310) 223-1595 |
| | | Carmen Corona | EW-A | (310) 603-8277 | (310) 223-1595 |
| | | Maria Del Toro | EW-I | (310) 603-8109 | (310) 223-1595 |
| | | Maria Odom | EW-A | (310) 603-7021 | (310) 223-1595 |
| | | Lilliana Quinones | EW-I | (310) 603-3014 | (310) 223-1595 |
| | | Reyna Rivera-Arias | EW-A | (310) 603-8281 | (310) 223-1595 |
| 27 | South Central | Egberto DeLeon | DDD | (323) 563-4161 | (323) 567-5532 |
| | | Adrienne Gates | ES-I | (323) 563-4285 | (323) 567-5532 |
| | | Nina Sanders | ES-A | (323) 563-4110 | (323) 567-5532 |

**CalWORKs & GAIN
SPECIALIZED SUPPORTIVE SERVICES CONTACT LISTING
APRIL 2008**

| | District/Region | Contact Person | Title | Phone | Fax |
|----|------------------------|-----------------------|------------|----------------|----------------|
| | South Central cont. | Ana Gamez | EW-I | (323) 563-4246 | (323) 567-5532 |
| | | Linda Skinner | EW-A | (323) 563-4246 | (323) 567-5532 |
| 31 | South Family | Shirley Williams | DDD | (310) 761-2001 | (310) 898-1848 |
| | | Lisa Brown | ES-I | (310) 761-2630 | (310) 898-1848 |
| | | Nereida Bautista | EW-I | (310) 761-2637 | (310) 898-1848 |
| 62 | Paramount | Marilyn Iverson-Denby | DDD | (310) 603-5004 | (310) 763-5662 |
| | | Angela Butler | ES-A | (310) 603-5060 | (310) 763-5662 |
| | | Hilda Perdomo | ES-I | (310) 603-5219 | (310) 763-5662 |
| | | Alma Ramirez | EW-A | (310) 603-5062 | (310) 763-5662 |
| | | Lorena Yorba | EW-I | (310) 603-5218 | (310) 763-5662 |
| 83 | Southwest Family | Victor Lozano | DDD | (323) 549-5672 | (323) 752-3888 |
| | | Denita Mallet | ES-I | (323) 549-7744 | (323) 752-3888 |
| | | Thuy Nguyen | ES-A | (323) 549-7660 | (323) 752-3888 |
| | | Adriana Cardenas | EW-I | (323) 549-7757 | (323) 752-3888 |
| | | Priscilla Chum | EW-I | (323) 549-7756 | (323) 752-3888 |
| | | Mary Johnson | EW-A | (323) 549-7647 | (323) 752-3888 |
| | | Karla Ponciaro | EW-A | (323) 549-7651 | (323) 752-3888 |
| | DIVISION IV | | | | |
| 04 | El Monte | Soraya Roman | DDD | (626) 569-3691 | (626) 927-9851 |
| | | Betty Wong | ES-I | (626) 569-3487 | (626) 927-9851 |
| | | Mai Chuc | EW-I | (626) 569-3044 | (626) 927-9851 |
| | | Horalia Jimenez | EW-I | (626) 569-3043 | (626) 927-9851 |
| | | Claudia Medina | EW-I | (626) 569-3489 | (626) 927-9851 |
| | | Rosana Salazar | EW-I | (626) 569-3045 | (626) 927-9851 |
| 20 | San Gabriel Valley | Janet Liang | DDD | (626) 569-3606 | (626) 307-0684 |
| | | Joanne Bui | ES-I | (626) 569-3340 | (626) 307-0684 |
| | | Ana Castillo | EW-I | (626) 569-3342 | (626) 307-0684 |
| | | Rene Guerrero | EW-I | (626) 569-3339 | (626) 307-0684 |
| | | Po Jung | EW-I | (626) 569-3337 | (626) 307-0684 |
| | | Asusena Reyes | EW-I | (626) 569-3338 | (626) 307-0684 |
| | | Lorraine Wong | EW-I | (626) 569-3336 | (626) 307-0684 |
| | GAIN Region I | Carolyn Woodard | DRD | (310) 665-7595 | (310) 640-8043 |
| | | Sidona Khy | GSS | (310) 665-7532 | (310) 640-8043 |
| | | McAnthony Njoku | GSS | (310) 665-7524 | (310) 640-8043 |
| | | Karine Arutunyan | GSW | (310) 665-7530 | (310) 640-8043 |
| | | Goar Bagdasarjanyan | GSW | (310) 665-7527 | (310) 640-8043 |
| | | Daisy Chavez | GSW | (310) 665-7523 | (310) 640-8043 |
| | | Yolanda Davis | GSW | (310) 665-7520 | (310) 640-8043 |
| | | Flora Galustyan | GSW | (310) 665-7536 | (310) 640-8043 |
| | | Celia Gardenas | GSW | (310) 665-0691 | (310) 640-8043 |
| | | Tien Gordon | GSW | (310) 665-7519 | (310) 640-8043 |
| | | Virginia Martin | GSW | (310) 665-7536 | (310) 640-8043 |
| | | Rohini Ou | GSW | (310) 665-7531 | (310) 640-8043 |
| | | Anna Tarakchyan | GSW | (310) 665-7528 | (310) 640-8043 |
| | | Myung Wi | GSW | (310) 665-0956 | (310) 640-8043 |
| | Maximus GAIN Region II | Jon Lamirault | Proj. Dir. | (818) 718-4266 | (818) 576-9618 |
| | Chatsworth Sub-Office | Elizabeth Gomez | GSS | (818) 718-4287 | (818) 576-9618 |
| | | Charlene De Santiago | GSW | (818) 718-4300 | (818) 576-9618 |
| | | Candy Gonzalez | GSW | (818) 718-4310 | (818) 576-9618 |
| | | Anush Jamalyan | GSW | (818) 718-4301 | (818) 576-9618 |
| | | Gregory Moiseeff | GSW | (818) 718-4303 | (818) 576-9618 |
| | | Windy Solis | GSW | (818) 718-4299 | (818) 576-9618 |

**CalWORKs & GAIN
SPECIALIZED SUPPORTIVE SERVICES CONTACT LISTING
APRIL 2008**

| District/Region | Contact Person | Title | Phone | Fax |
|-----------------------------|-----------------------------|------------|-----------------------|-----------------------|
| Chatsworth Sub-Office cont. | Maria Szoke En | GSW | (818) 718-4319 | (818) 576-9618 |
| Palmdale Sub-Office | Yolande Guillory | GSS | (661) 575-2663 | (661) 265-8502 |
| | Kawena Cole | GSW | (661) 575-2666 | (661) 265-8502 |
| | Carmela Garcia | GSW | (661) 575-2667 | (661) 265-8502 |
| | Martha Gonzalez | GSW | (661) 575-2665 | (661) 265-8502 |
| | Wayne Holdaway | GSW | (661) 575-2661 | (661) 265-8502 |
| | Ayanna Johnson | GSW | (661) 575-2665 | (661) 265-8502 |
| | Loretta Moffett-Doyle | GSW | (661) 575-2669 | (661) 265-8502 |
| | Paul Navarro | GSW | (661) 575-2694 | (661) 265-8502 |
| | LaShawn Pettus | GSW | (661) 575-2657 | (661) 265-8502 |
| GAIN Region III | Vickie Barber | DRD | (626) 927-2700 | (626) 927-2761 |
| | Ray Guerrero | Act. GSS | (626) 927-2798 | (626) 927-2761 |
| | Alexander Hang | GSS | (626) 927-2819 | (626) 927-2761 |
| | Nga (Gina) Nguyen | GSS | (626) 927-2746 | (626) 927-2761 |
| | Ruben Alayan | GSW | (626) 927-2803 | (626) 927-2761 |
| | Murline Haywood | GSW | (626) 927-2605 | (626) 927-2761 |
| | Anahit Huranyan | GSW | (626) 927-2795 | (626) 927-2761 |
| | Teddy Pagadora | GSW | (626) 927-2811 | (626) 927-2761 |
| | Seth Semerjian | GSW | (626) 927-2800 | (626) 927-2761 |
| | Nith Sun | GSW | (626) 927-2802 | (626) 927-2761 |
| | Kristine Trdatyan | GSW | (626) 927-2801 | (626) 927-2761 |
| | Dolores Vallanueva | GSW | (626) 927-2796 | (626) 927-2761 |
| Pomona Sub-Office | Costina Hall-Daniels | DRD | (909) 730-6309 | (909) 596-1376 |
| | Allen Fontenot | GSS | (909) 392-3033 | (909) 596-1376 |
| | Gloria Rojas-Jakini | GSS | (909) 392-3016 | (909) 596-1376 |
| | Estrella Acosta | GSW | (909) 392-3029 | (909) 596-1376 |
| | Hilda Avita | GSW | (909) 392-3056 | (909) 596-1376 |
| | Bonnie Chung | GSW | (909) 392-3059 | (909) 596-1376 |
| | Sylvia Cobian | GSW | (909) 392-3032 | (909) 596-1376 |
| | Susan Cordova-Gold | GSW | (909) 392-3044 | (909) 596-1376 |
| | Shandra Jones | GSW | (909) 392-3030 | (909) 596-1376 |
| | Chee Leung | GSW | (909) 392-3028 | (909) 596-1376 |
| | Mai Nghiem | GSW | (909) 392-3025 | (909) 596-1376 |
| | Georgina Rios | GSW | (909) 392-3027 | (909) 596-1376 |
| | Fabiola Rodriguez | GSW | (909) 392-3058 | (909) 596-1376 |
| | Dorcas Siria | GSW | (909) 392-3057 | (909) 596-1376 |
| | Catherine Wu | GSW | (909) 392-3031 | (909) 596-1376 |
| GAIN Region IV | James Washington | DRD | (323) 730-6309 | (323) 730-5881 |
| | Viviane Bui | Act. GSS | (323) 730-6413 | (323) 730-5881 |
| | Ana Pineda | GSS | (323) 730-6431 | (323) 730-5881 |
| | Rosanna Avila | GSW | (323) 730-6411 | (323) 730-5881 |
| | Cameron Decree | GSW | (323) 730-6436 | (323) 730-5881 |
| | Alcira Duke | GSW | (323) 730-6416 | (323) 730-5881 |
| | Lorena Gallardo-Gomez | GSW | (323) 730-6437 | (323) 730-5881 |
| | Eric Gutierrez | GSW | (323) 730-6425 | (323) 730-5881 |
| | Abad Hernandez | GSW | (323) 730-6435 | (323) 730-5881 |
| | Maria Paz Idhaw | GSW | (323) 730-6417 | (323) 730-5881 |
| | Fredesha Jones | GSW | (323) 730-6418 | (323) 730-5881 |
| | Lora Kumuryan | GSW | (323) 730-6434 | (323) 730-5881 |
| | Madlen Toranyan | GSW | (323) 730-6429 | (323) 730-5881 |
| | Jeanne Yam | GSW | (323) 730-6432 | (323) 730-5881 |
| Beverly Sub-Office | Lorrie Denning | DRD | (323) 738-3154 | (213) 381-8656 |

**CalWORKs & GAIN
SPECIALIZED SUPPORTIVE SERVICES CONTACT LISTING
APRIL 2008**

| District/Region | Contact Person | Title | Phone | Fax |
|------------------------------|-------------------------|------------|-----------------------|-----------------------|
| Beverly Sub-Office cont. | Howard Johnson | GSS | (323) 738-3821 | (213) 381-8656 |
| | Frances Teasley | GSS | (323) 738-3828 | (213) 381-8656 |
| | Virginia Arciga | GSW | (323) 738-3074 | (213) 381-8656 |
| | Vahik Anbarchian | GSW | (323) 738-3927 | (213) 381-8656 |
| | Lusine Asryan | GSW | (323) 738-3805 | (213) 381-8656 |
| | Zenaida De La Cruz | GSW | (323) 738-3840 | (213) 381-8656 |
| | Lucia De Le Riva | GSW | (323) 738-3808 | (213) 381-8656 |
| | Lindsey Esquivel | GSW | (323) 738-3387 | (213) 381-8656 |
| | Valencia Galloway | GSW | (323) 738-3742 | (213) 381-8656 |
| | Laura Gevorkian | GSW | (323) 738-3892 | (213) 381-8656 |
| | Marisela Hernandez | GSW | (323) 738-3810 | (213) 381-8656 |
| | Ana Rosa Krotser | GSW | (323) 738-3952 | (213) 381-8656 |
| | Berjo Ksadjikian | GSW | (323) 738-3784 | (213) 381-8656 |
| | Ani Muradyan | GSW | (323) 738-3870 | (213) 381-8656 |
| | Sarah Ryoo | GSW | (323) 738-3860 | (213) 381-8656 |
| | Yolanda Wisco | GSW | (323) 738-3817 | (213) 381-8656 |
| GAIN Region V | Yvette Cawthorne | DRD | (310) 603-8029 | (213) 223-2180 |
| | Andrea Eddings | GSS | (310) 603-8588 | (213) 223-2180 |
| | Julia Stranges | GSS | (310) 603-3857 | (213) 223-2180 |
| | Amanda Tan | GSS | (310) 603-8001 | (213) 223-2180 |
| | Sandra Cedeno | GSW | (310) 603-8436 | (213) 223-2180 |
| | Linda Chen | GSW | (310) 603-8046 | (213) 223-2180 |
| | Araceli Chieme | GSW | (310) 603-3856 | (213) 223-2180 |
| | Lani Eljaik | GSW | (310) 603-8036 | (213) 223-2180 |
| | Leakhena Engly | GSW | (310) 603-8003 | (213) 223-2180 |
| | Tamarla Hardeman | GSW | (310) 603-8569 | (213) 223-2180 |
| | Sophalla Kong | GSW | (310) 603-8575 | (213) 223-2180 |
| | Alicia Oropeza | GSW | (310) 603-8571 | (213) 223-2180 |
| | Pornthip Swint | GSW | (310) 603-8410 | (213) 223-2180 |
| | Lyans Taing | GSW | (310) 603-8553 | (213) 223-2180 |
| Harbor One-Stop (Sub-Office) | Kuang Khy | GSS | (310) 519-5278 | (310) 732-6845 |
| | Juan Cabaleiro | GSW | (310) 519-6272 | (310) 732-6845 |
| | Anna Herrera | GSW | (310) 519-6271 | (310) 732-6845 |
| Dist. 26 (Sub-Office) | Hilaria Gracia | GSS | (310) 603-5232 | (310) 603-5231 |
| | Sophea Kieng | GSW | (310) 603-5235 | (310) 603-5231 |
| Dist. 27 (Sub-Office) | Atoine Joubi | Act. GSS | (323) 563-4394 | (323) 357-3573 |
| | Sakha Svay | GSW | (323) 563-4449 | (323) 357-3573 |
| Dist. 31 (Sub-Office) | Michelle Merritt-Hill | DRD | (310) 761-2803 | (310) 764-2541 |
| | Eva Walker | Act. GSS | (310) 761-2174 | (310) 764-2541 |
| | Sakha Svay | GSW | (310) 761-2370 | (310) 764-2541 |
| | James Taylor | GSW | (310) 761-2175 | (310) 764-2541 |
| GAIN Region VI | Juliet Zargaria | DRD | (323) 881-5430 | (323) 260-5081 |
| | Carmen Alvarez | DRD | (323) 260-3050 | (323) 260-5081 |
| | Guadalpe Galvan | Act. GSS | (323) 260-3082 | (323) 260-5081 |
| | Ana Rosa Jimenez | GSS | (323) 260-3070 | (323) 260-5081 |
| | Carmen Jimenez | GSS | (323) 260-3056 | (323) 260-5081 |
| | Steven Abramian | GSW | (323) 260-3072 | (323) 260-5081 |
| | Marissa Castillo | GSW | (323) 260-3080 | (323) 260-5081 |
| | Clara Nelly Cruz | GSW | (323) 260-3083 | (323) 260-5081 |
| | Christina Elias | GSW | (323) 260-3074 | (323) 260-5081 |
| | Margaret Freeman | GSW | (323) 260-3087 | (323) 260-5081 |
| | Susana Galvez | GSW | (323) 260-3085 | (323) 260-5081 |

**CalWORKs & GAIN
SPECIALIZED SUPPORTIVE SERVICES CONTACT LISTING
APRIL 2008**

| District/Region | Contact Person | Title | Phone | Fax |
|-------------------------|--------------------|------------|----------------|----------------|
| GAIN Region VI cont. | Rosaura Garcia | GSW | (323) 260-3077 | (323) 260-5081 |
| | Gualberto Gonzalez | GSW | (323) 260-3079 | (323) 260-5081 |
| | Leticia Gonzalez | GSW | (323) 260-3067 | (323) 260-5081 |
| | Rebecca Gonzalez | GSW | (323) 260-3090 | (323) 260-5081 |
| | Jose Lopez | GSW | (323) 260-3075 | (323) 260-5081 |
| | Benjamin Miranda | GSW | (323) 260-3063 | (323) 260-5081 |
| | Robert Morales | GSW | (323) 260-3088 | (323) 260-5081 |
| | Rosa Moreno | GSW | (323) 260-3086 | (323) 260-5081 |
| | Simon Mu | GSW | (323) 260-3073 | (323) 260-5081 |
| | Jetzabel Peniche | GSW | (323) 260-3065 | (323) 260-5081 |
| | Evelyn Rivera | GSW | (323) 260-3084 | (323) 260-5081 |
| | Phyllis Tran | GSW | (323) 260-3081 | (323) 260-5081 |
| | Joanna Wong | GSW | (323) 260-3078 | (323) 260-5081 |
| MAXIMUS GAIN Region VII | Patricia Connelly | Proj. Dir. | (818) 729-8800 | (818) 563-9355 |
| | Mario Chavez | GSS | (818) 729-8896 | (818) 563-9355 |
| | Karine Babakhanyan | GSW | (818) 729-8899 | (818) 563-9355 |
| | Darrel Browning | GSW | (818) 729-8901 | (818) 563-9355 |
| | Mayra Galeas | GSW | (818) 729-8894 | (818) 563-9355 |
| | Sonya Keith | GSW | (818) 729-8903 | (818) 563-9355 |
| | Maya Khachatryan | GSW | (818) 729-8893 | (818) 563-9355 |
| | Regina Robles | GSW | (818) 729-8895 | (818) 563-9355 |

TIME LIMIT LIAISON ROSTER
November 2007

| GAIN REGION | LIAISON | PHONE NUMBER | FAX NUMBER |
|--------------------|--|---------------------|-------------------------------------|
| I | Dat Do, GSW | (310) 665-7563 | (310) 641-8043 |
| | Yusuf Noorzayee (GSS) | (310) 665-7568 | |
| III | Josue Racasa (GSW) | (626) 927-2840 | (626) 927-5368 |
| | Dorcas Siria (Back-Up) | (626) 927-2836 | (626) 280-5568 |
| | (Pomona GAIN Career Ctr.) Gloria Rojas-Jakini (GSS) | (909) 392-3035 | (909) 596-1376 |
| IV | (Beverly Office) Bernardo Riel (GSW) | (213) 738-3855 | (213) 381-8656 |
| | (Beverly Office) Jesus Aviles (GSS) | (213) 738-3847 | (213) 381-8656 |
| | (Exposition Park) Loraine Pratt (GSS) | (323) 730-6454 | (323) 730-5888 or (323) 730-5889 |
| V | Laura Ramirez (GSS) | (310) 603-8580 | (310) 764-5450 |
| | Cecilia Gomez (GSW) | (310) 603-8620 | |
| VI | Socorro Diaz (GSW) | (323) 881 5435 | (323) 780-0190 |
| | Esther Colorado (GSS) | (323) 881-5419 | |

| GAIN CONTRACTOR | LIAISON | PHONE NUMBER | FAX NUMBER |
|-------------------------|---|---------------------|-------------------|
| Region II (MAXIMUS) | (Palmdale) Amber Mojica (GSW) | (661) 575-2633 | (661) 265-8502 |
| | (Palmdale) Helen Coleman, Back-Up | (661) 575-2638 | (661) 265-8502 |
| Region II (MAXIMUS) | (Chatsworth) Elizabeth Gomez, GSW | (818) 718-4310 | (818) 576-9618 |
| | (Chatsworth) Genesis Illada, Back-Up | (818) 718-4289 | (818) 576-9618 |
| Region VII (MAXIMUS) | (Burbank) Trung Du, GSW | (818) 729-8938 | (818) 729-7972 |