DEPARTMENT OF PUBLIC SOCIAL SERVICES
ADMINISTRATIVE DIRECTIVE

NUMBER:	DATE:
3861 Supp. IV	1/31/13

SUBJECT: **GENERAL RELIEF MANDATORY SUBSTANCE ABUSE RECOVERY PROGRAM**

REFERENCE: GR Policy Section 40-120 and 45-115

CANCELS: Administrative Directive No. 3861, dated 11/1/97 and Administrative Directive No. 3861 Supp. III, dated 9/1/98

CANCEL DATE: None **FILE IN:** N/A

SPECIAL ATTENTION:
[X] General Relief
[X] GROW

REPORT REQUIRED: [ ] Yes [X] No
SURVEY REQUIRED: [ ] Yes [X] No

I. PURPOSE

This Administrative Memorandum (AD) releases revised Mandatory Substance Abuse Recovery Program (MSARP) instructions to be applied to all General Relief (GR) applicants/participants applying/receiving MSARP services on or after January 1, 2011. In addition, it releases the MSARP Phase II LEADER automation guidelines to GR Districts as a result of modifications to the LEADER System designed to track GR individuals' participation in the substance abuse recovery process through the pre-screening, assessment and treatment stages. These instructions are effective immediately upon release.

II. BACKGROUND

On June 3, 1997, the Los Angeles County Board of Supervisors adopted an ordinance requiring adult GR applicants and participants (18 and older) to undergo screening for substance abuse if there is reasonable suspicion that the individual may be chemically dependent. The Board further required that anyone screened and professionally evaluated to be in need of treatment must participate in a treatment program as a condition of receiving GR.

Effective July 1, 1999, GR applicants/participants admitted to treatment programs are eligible to receive six months of treatment services, plus one three-month treatment extension. This will total nine months of treatment services. Community Assessment Services Centers (CASCs) contracted by Department of Public Health, (DPH) provide substance abuse screenings, assessments and process referrals to treatment.

II. BACKGROUND (Continued)

The MSARP process was automated in LEADER in two phases. Until the implementation of MSARP Phase II, LEADER did not have the logic to track GR individuals' participation in MSARP. The new logic enhances the MSARP process in LEADER, enforcing compliance with program requirements and facilitating the production of MSARP reports aimed to expedite employment-related services to GR participants.

III. KEY POINTS

A. GR participants may receive MSARP services under the 6+3 treatment guidelines. Therefore, all applicants/participants are eligible to receive up to nine months of consecutive treatment services without regard to employability status and remaining time on aid. Individuals who are no longer eligible for GR because of time limits may continue to receive substance abuse treatment (residential or outpatient) even though GR was terminated after treatment began. However, it is essential to note that to be eligible to participate in the treatment program, an individual must enter treatment while still on GR.

B. Participating in substance abuse treatment 20 hours per week meets the General Relief Opportunities for Work (GROW) requirements.

C. Failure/refusal to comply with MSARP will cause a termination action and a sanction for the individual. Furthermore, LEADER will fail the case with the appropriate MSARP non-compliance reason at the individual and case level. LEADER will discontinue the case for both, a single and couple case, at the end of the month following a ten day Notice of Action (NOA).

D. LEADER will impose a sanction on the individual who is in MSARP non-compliance resulting in progressive 0/30/60-day periods of ineligibility for the first/second/subsequent occurrences in a 365 day period. Individuals who agree to comply during extended suspend, are returned to assessment for reevaluation.

E. LEADER automatically inserts case comments when MSARP non-cooperation is determined or when Good Cause is granted.

F. An individual's employability status is a separate determination from chemical dependency. An individual's physical or mental inability to engage in work activities must be independently determined by contracted medical providers/Department of Mental Health (DMH)/Adult Protective Services (APS). Chemical dependency, by itself, does not render an individual to be unemployable or Needs Special Assistance (NSA).

III. KEY POINTS (Continued)

G. All applicants/participants who indicate they are not employable must be referred to the medical provider/DMH/APS for evaluation. This also applies to applicants in Board and Care (B&C) facilities; they are no longer administratively unemployable.

Unless there is a documented physical/mental disability, individuals in residential or outpatient treatment programs remain employable.

H. LEADER automatically generates and mails out the "Treatment Provider Progress Report" (ABP 132) forms every 60 days directly to treatment providers. These forms will be completed by treatment providers and forwarded to the respective CASCs with information about the GR participant status in the treatment program.

IV. POLICY/PROCEDURES

As a condition of eligibility, all adults (18 and older) who appear eligible to GR are pre-screened to determine if there is a reasonable suspicion of a drug/alcohol problem. The pre-screening questions are on LEADER and the screener must go over the questions with the applicant/participant. The determination is based on the participant's self-declaration, observable behaviors, and other information provided. If a reasonable suspicion is established at the pre-screening, the individual is referred to a DPH-contracted CASC for professional evaluation and urinalysis screening/referral for treatment, as appropriate. Reference GR Policy Section 40-120.1.

All applicants are informed of these requirements via the ABP 898-1, Application for General Relief – Part 3, Important Information, Section B, and the ABP 392 (Rev. 7/00), Information Sheet – General Relief. These requirements are also included in the ABP 898-16, General Relief Annual Agreement.

If an individual is enrolled in a treatment program at the time of application, the applicant is referred to the CASC for an assessment to ensure his/her treatment is appropriate and to verify that the facility is State licensed/certified. Individuals in a B&C facility are not automatically referred to assessment. Reasonable suspicion must be determined through the pre-screening process. A flow chart outlining the MSARP evaluation process is included in Attachment A.

Individuals in MSARP remain eligible for GR and are subject to time limits if employable. In order to remain eligible to GR, these individuals must cooperate through the entire assessment and subsequent recovery treatment process.

Individuals and their families (other than NSA) are not eligible to GR if they do not cooperate. When individuals refuse or fail to comply in any part of the process, aid is denied/terminated and progressive 0/30/60 day periods of ineligibility are imposed.

IV. POLICY/PROCEDURES (Continued)

This process is automated on LEADER. As with employable sanctions, individuals have the entire extended suspend period to comply with the MSARP requirements.

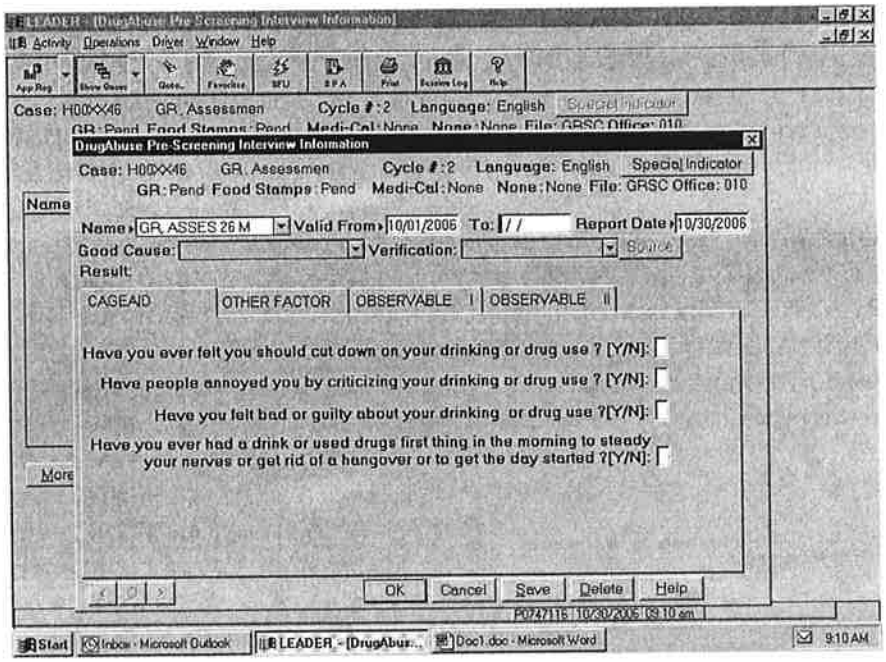
A. Pre-screening

1. At Intake, eligibility staff interview participants who are apparently eligible for GR to determine if there is a reason to suspect an alcohol/drug problem. The determination is based on the applicant's self-declaration, observable behaviors/appearances, and other information provided.

2. The substance abuse pre-screening interview is mandatory for all GR individuals at Intake, Reapplication, GROW Orientation, or anytime there is suspicion that the participant is using drugs/alcohol. This is done using the Pre-screening Questionnaire displayed on *Substance Abuse Pre-Screening Interview Information* LEADER screen, which consists of four segments:

   a. CAGEAID (Fig. 1),
   b. OTHER FACTOR (Fig. 2),
   c. OBSERVABLE I (Fig. 3), and
   d. OBSERVABLE II (Fig. 4).

Fig 1 CAGEAID



IV. POLICY/PROCEDURES (Continued)

A. Pre-screening (Continued)

Fig 2 OTHER FACTOR

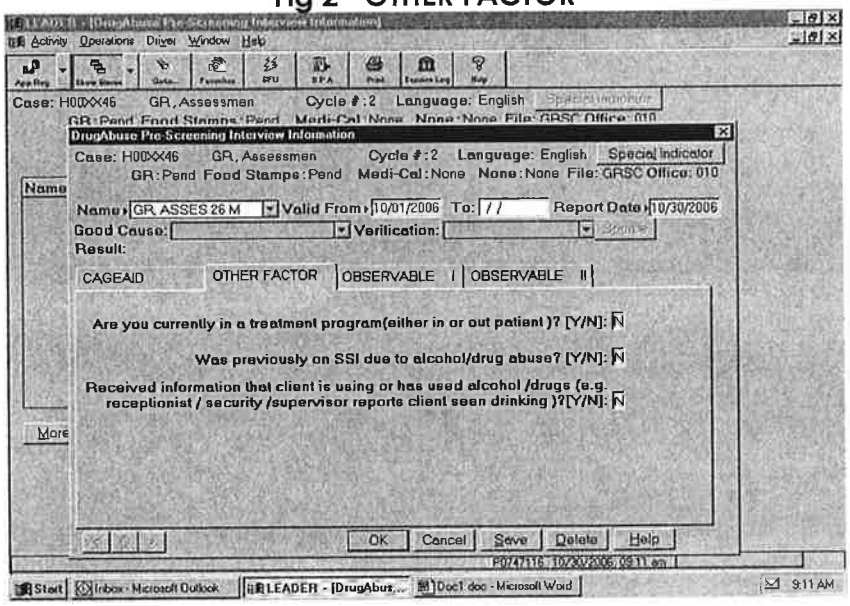
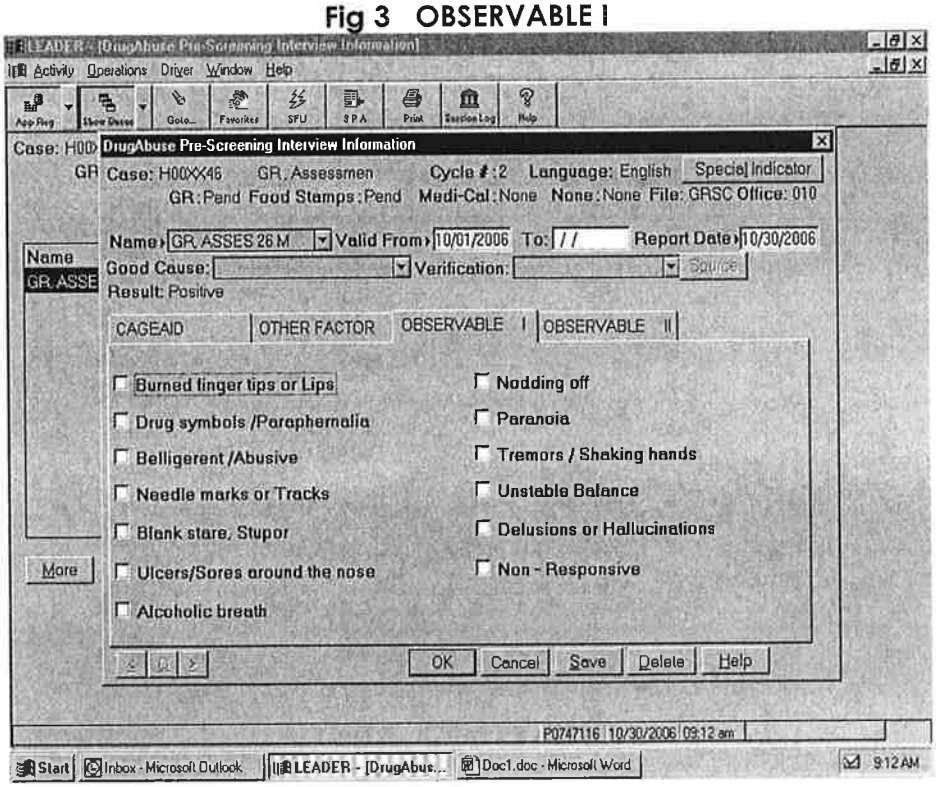


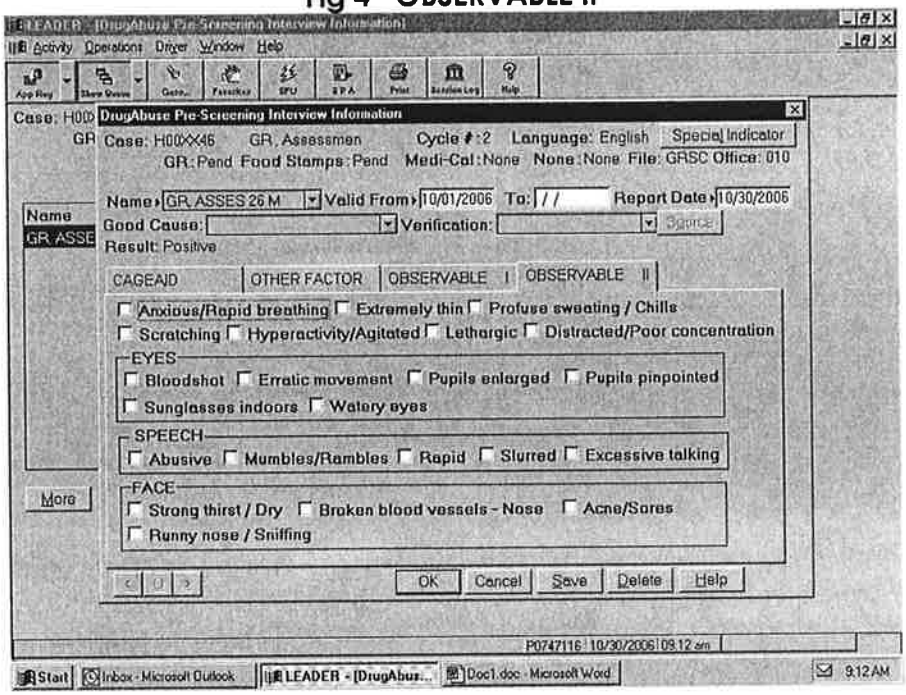
Fig 3 OBSERVABLE I



IV. **POLICY/PROCEDURES** (Continued)

A. **Pre-screening** (Continued)

Fig 4 OBSERVABLE II



3. If all of the responses to the questionnaire are <u>No</u> (N), and there are no observable signs or behavior of substance abuse the result will be Negative and no further action is needed with respect to the recovery program.

4. If any of the responses are <u>Yes</u> (Y), or if the participant is enrolled in a treatment program, staff enters this information into LEADER, which prompts staff to schedule an assessment appointment at the *Schedule Appointment/Schedule GR Sub-Assessment Appointment* LEADER screen generating a referral to a DPH-contracted CASC site where:

   a. The applicant/participant will be screened and professionally evaluated for chemical dependency; and if positive will be referred to a DPH contracted treatment provider for services.

   b. If applicant/participant is already in treatment, the treatment program will be evaluated for appropriateness. If not appropriate, the CASC will refer the applicant/participant to another treatment program.

IV. POLICY/PROCEDURES (Continued)

B. MSARP Phase II Automation (Continued)

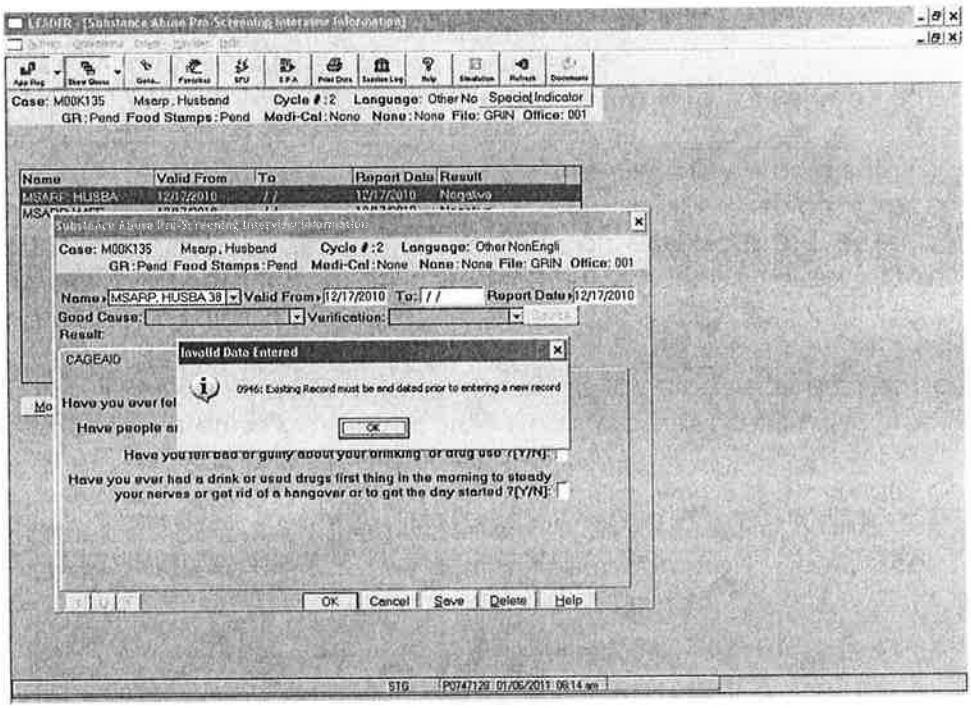
1. In the past, LEADER did not have the logic to track participation in MSARP. Effective January 1, 2011, LEADER was enhanced to track GR participants' enrollment and participation in the substance abuse program. These enhancements facilitate, the enforcement of compliance with MSARP requirements, and the communication among eligibility, GROW, and CASC staff.

2. LEADER will track only records created from Pre-screening effective January 1, 2011. Therefore, any MSARP records dated before January 1, 2011 will not be tracked by the LEADER System. Eligibility Workers (EWs) must review the case to determine if there are existing MSARP-related records, if so, staff must end these records by entering an end date of December 31, 2010, to prevent LEADER from linking current information to older information causing discrepancies in the case.

   In addition, LEADER displays an error message *"Existing record must be end dated prior to entering a new record" when older records have not been ended* in the two screens listed below:

   a. Substance Abuse Pre-screening Information screen, Fig. 5 and
   b. Substance Abuse Pre-screening Information Summary, Fig 6 screen.

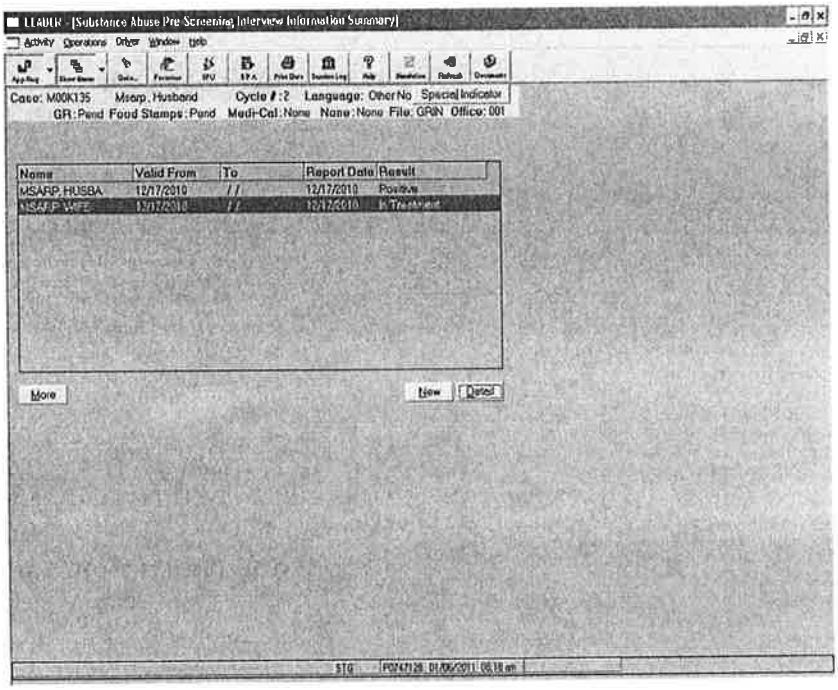
Fig 5



IV. **POLICY/PROCEDURES** (Continued)

B. **MSARP Phase II Automation** (Continued)

Fig 6



Any MSARP records established after January 1, 2011, via the Pre-screening process will create a new MSARP record that will be tracked by the LEADER System throughout the entire process from pre-screening, assessment and treatment.

3. MSARP Phase II LEADER enhancements are outlined in the LEADER Build # 248 dated December 31, 2010, included in Attachment B.

   Some key enhancements are as follows:

   a. The Assessment Appointment Result Tab has been modified and allows the users to update the Assessment/Urinalysis (UA) appointment/result fields.

   b. LEADER fails the case with the appropriate MSARP non-compliance reason at individual case level and will discontinue the case for both a single and couple case at the end of the month following a ten day NOA.

IV. POLICY/PROCEDURES (Continued)

B. MSARP Phase II Automation (Continued)

c. LEADER inserts case comments when MSARP non-compliance is determined or when MSARP non-compliance Good Cause is granted.

d. LEADER imposes a sanction on the individual who is in MSARP non-compliance.

4. LEADER will generate two monthly reports:

   a. The Monthly Participation Report is available in Management Reporting/View Reports screen. This will assist the CASC/MSARP Liaison (Attachment C) in identifying the provider that has not returned their Progress Report, ABP 132 form.

   b. The monthly Expected Treatment Completion Report will assist GROW staff in knowing whether an individual has completed treatment and the number of hours individuals are participating in MSARP treatment. This will allow GROW staff to expedite employment-related activities.

5. If staff identifies any issues with the automation, a Service Request must be completed and forwarded to the MSARP Liaison, who will transmit the request to LEADER staff for resolution.

C. Assessment Evaluation

1. Initial Appointment

Applicants/participants must appear for and complete their assessment appointment as a condition of aid. If they fail to appear/complete the process, LEADER will automatically deny/terminate the application (unless NSA), imposing a 0/30/60-day sanction.

If the applicant appears for and completes the assessment, the CASC providers (Attachment D) enters the MSARP results into the *Substance Abuse Pre-Screening Interview Information Summary* LEADER screen (Fig. 7), which will display the participant's name and screening results.

If LEADER does not reflect the assessment results, but the applicant showed to the assessment appointment, eligibility staff is to request that the MSARP Liaison contact the CASC to verify the assessment results. The GR District MSARP Liaisons and the contracted CASC providers assigned to each District Office with their contact information.

IV. POLICY/PROCEDURES (Continued)

C. Assessment Evaluation (Continued)

1. Initial Appointment (Continued)

If the CASC confirms the applicant completed the assessment appointment, aid must be approved, and the assessment center should be asked to immediately update LEADER. If the assessment center indicates that the applicant was a no-show, aid must be denied unless the client requests to be rescheduled, at which point staff must follow the Reschedule Appointments guidelines on Section IV.C.3.

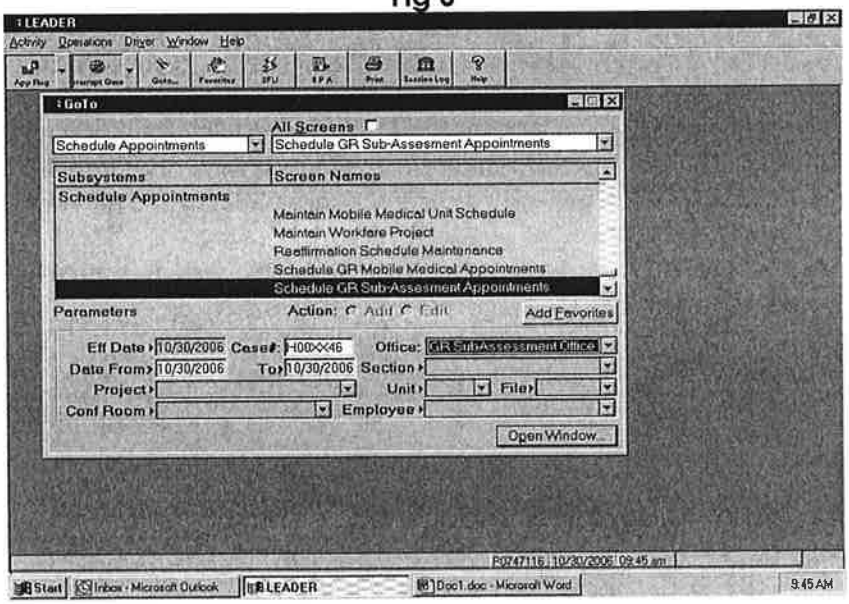
Eligibility staff must schedule the MSARP assessment evaluation appointment on LEADER as follows:

a. From the Substance *Abuse Pre-Screening Interview Information Summary* LEADER screen, eligibility staff selects the individual name on the *Individual Name* window (Fig 7).

Note: If the appointment is set at the time of GR approval, staff will Go To, *subsystem Schedule Appointments*; select the *Schedule GR Sub-assessment Appointments* LEADER screen, enter the Case Number, and select the Open Window button to open the Schedule GR Sub-Assessment Appointment LEADER screen (Figs. 6 and 7).

b. Once the applicant/participant is selected, click on the Schedule button shown in Fig. 7. The GR Appointments Result screen will pop-up displaying a listing of service providers (Fig. 8) and appointment availability; select the appropriate DPH-contracted CASC site to schedule the assessment appointment.

Fig 6



IV. **POLICY/PROCEDURES** (Continued)

C. **Assessment Evaluation** (Continued)

1. **Initial Appointment** (Continued)

Fig 7

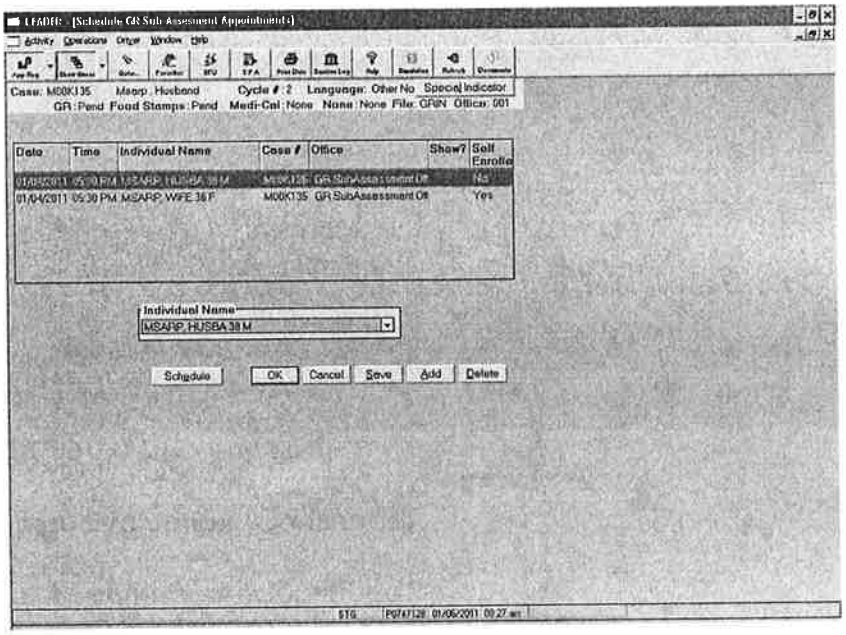
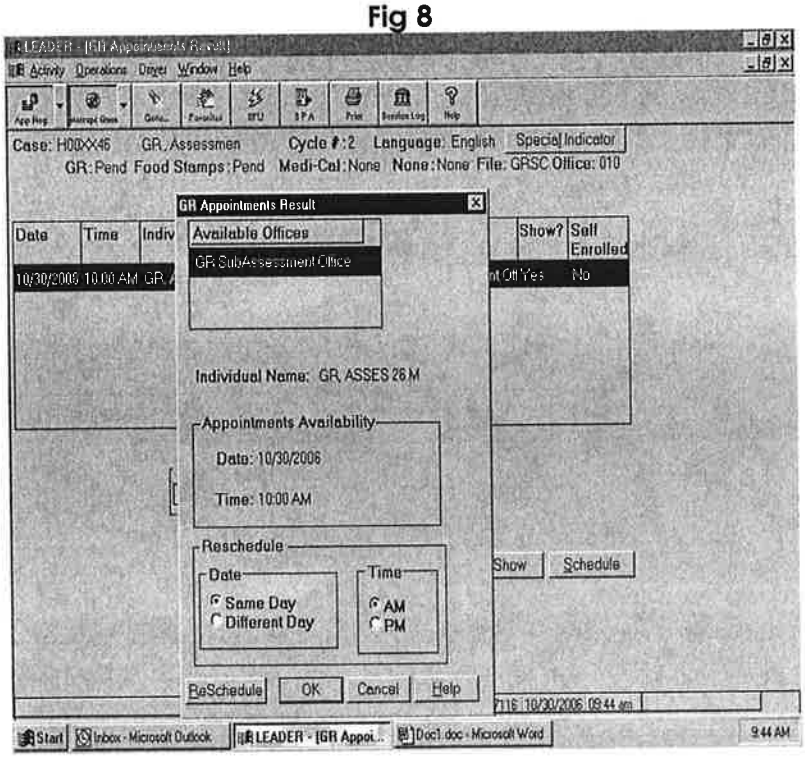


Fig 8



IV. POLICY/PROCEDURES (Continued)

C. Assessment Evaluation (Continued)

2. Metro East MSARP Assessment Appointments

LEADER was modified to allow Metro East District Office staff to schedule assessment appointments for individuals residing in the 90023 Zip Code to MSARP-15 Homeless Health Care & Behavioral Health Services, Inc., (BHS) Boyle Heights, and individuals residing in the remaining Zip Codes to MSARP-15 California Hispanic Commission on Alcohol and Drug Abuse (CHC).

3. Reschedule Appointments

If the applicant/participant requests to be rescheduled for an assessment with the CASC provider, or contacts eligibility staff prior to the assessment appointment, indicating he/she is unable to show to the appointment, eligibility or CASC staff must reschedule the appointment on LEADER for a future date.

The applicant/participant may be rescheduled one time during assessment and one time during treatment at his/her request. He/she must be advised that aid cannot be approved until the assessment is completed.

To reschedule the appointment on LEADER, select the date and time of the current assessment appointment and click on the Reschedule button until the window displays the desired appointment date and time, as shown on Fig. 8 above, click OK.

LEADER will automatically generate an Appointment Notice for General Relief Substance Abuse Recovery Assessment, ABP 131 (Attachment E) form to be provided to the applicant/participant.

4. Urine Analysis (UA)

For participants who contest a positive assessment evaluation result, the CASC will administer a UA. UA can only be required by the Assessor, not eligibility staff. Aid may not be approved pending the results of the UA (Fig. 9). If the client should fail to complete the UA test by not showing or showing, but not cooperating, non-compliance is initiated (unless NSA). CASC staff will enter into LEADER UA Appt. field, drop down menu "No Show" or "Show" and "Refused to Cooperate" option at the UA Result field drop down menu (Fig.10). The UA Process Flow is included in Attachment F.

IV. POLICY/PROCEDURES (Continued)

C. Assessment Evaluation (Continued)

4. Urine Analysis (UA) (Continued)

Fig 9

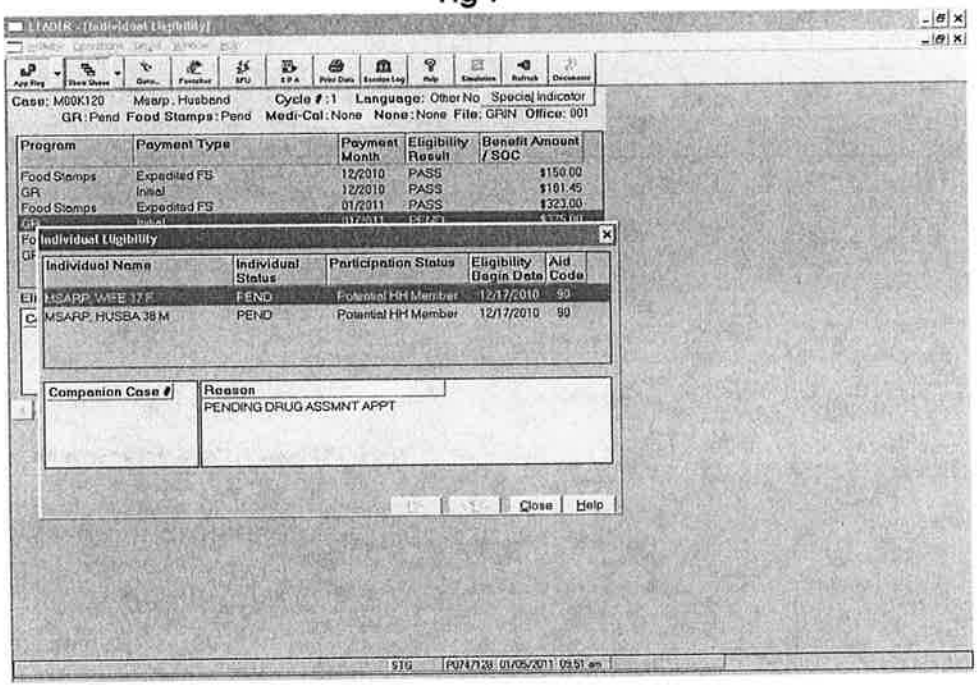
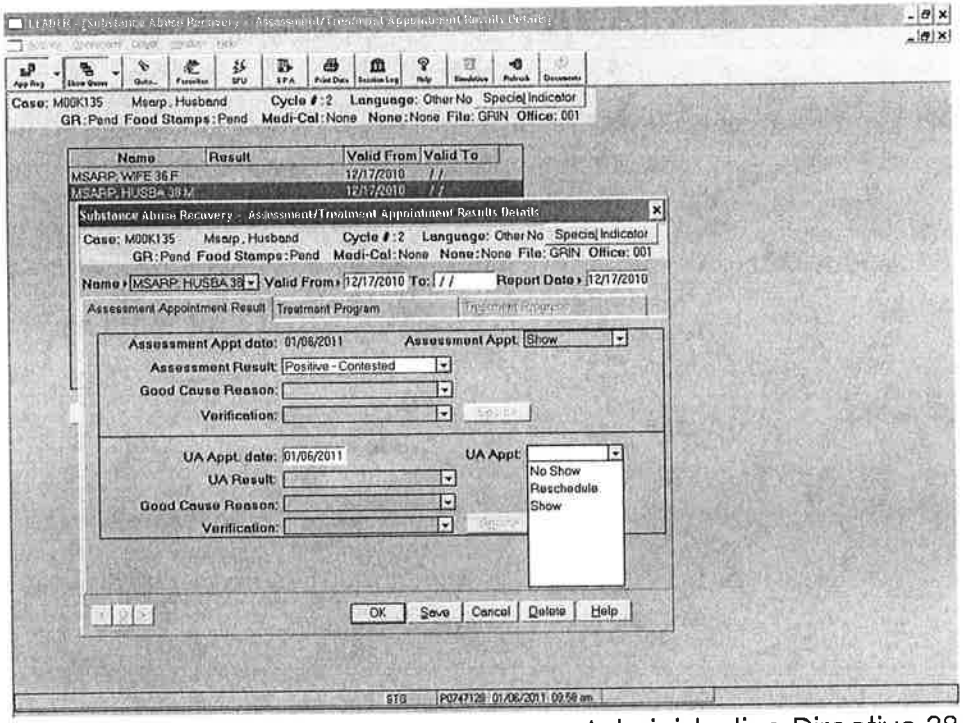


Fig 10



IV. POLICY/PROCEDURES (Continued)

C. Assessment Evaluation (Continued)

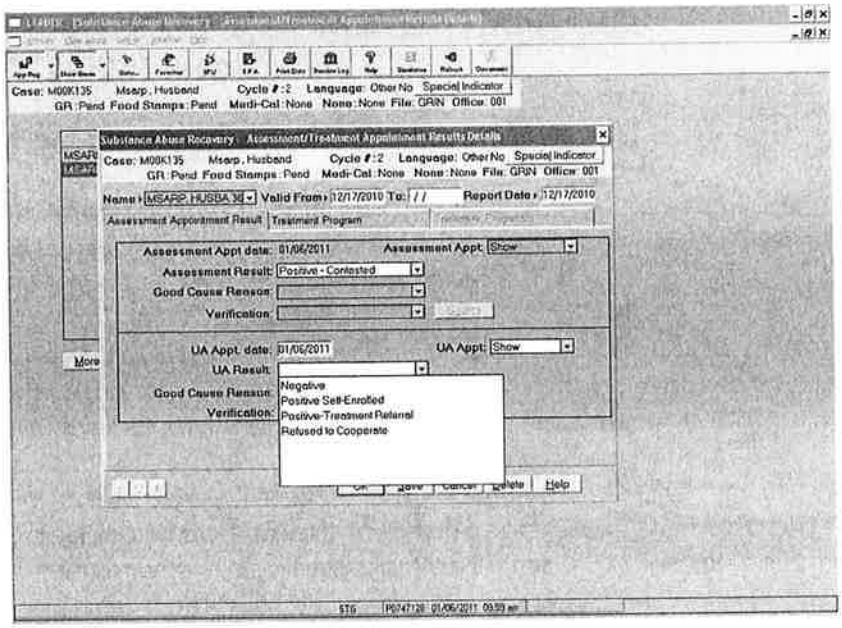
4. Urine Analysis (UA) (Continued)

The UA results are evaluated as follows:

a. If the UA results are negative, the applicant/participant will not require treatment; CASC staff updates the results in the Assessment Appointment Result tab, UA Result field. The MSARP process stops.

b. If the UA results are positive, CASC staff will refer the applicant/participant to treatment; CASC staff update the results in the Assessment Appointment Result tab, UA Result field and the MSARP process continues.

Fig 11



D. Treatment

Applicants/participants with a positive assessment result and found chemically dependent are referred by the CASC to treatment programs such as: detox, residential, or outpatient, which are provided by DPH-contracted treatment providers. CASC staff also updates the assessment results into LEADER. The treatment Referral Process Flow chart is included in Attachment G. Treatment services include:

1. **Residential detox** – up to 14 days of residential detoxification services.

IV. POLICY/PROCEDURES (Continued)

D. Treatment (Continued)

2. **Residential/outpatient** – period is determined by the provider. The services include:

   a. Orientation and overview of the program;
   b. Human Immunodeficiency Virus infection/Acquired Immunodeficiency Syndrome (HIV/AIDS) Education;
   c. Crisis intervention;
   d. Development of an initial treatment plan;
   e. Attendance at a 12-step/self-help support group;
   f. Individual and group counseling (for non-residential services; usually two times a week);
   g. Vocational and educational counseling and referral;
   h. Urine test as needed;
   i. Social and recreational activities; and
   j. Planning for aftercare.

   Once referred to/enrolled in a treatment program, the individual must comply with all MSARP requirements. If the individual fails to cooperate with or drops out of the program, the provider updates this information into LEADER triggering non-compliance (unless NSA).

3. **Treatment Information and LEADER**

   The *Treatment Program* LEADER screen was created to allow the user update the treatment program information/treatment referral result and the bus pass fields. CASC agencies are responsible for tracking participants' movement in MSARP and for entering the treatment program information into this screen. However, if the applicant/participant self-enrolled in treatment, eligibility staff will enter the initial information into LEADER as detailed in item four below. Treatment providers are required to notify the CASCs whether the treatment is outpatient or residential, the type of activities the participant is involved in and the number of hours per week the individual is participating in treatment so that this information is entered into LEADER.

4. **Self-Enrolled in Treatment**

   Self-enrolled applicants/participants attending treatment must be scheduled for an assessment evaluation so that the treatment program and the individual's plan are evaluated for appropriateness (i.e., State-licensed/certified or under contract with DPH). If the program or the plan is not appropriate, the individual will be referred to another program or plan.

   Eligibility staff is responsible for scheduling self-enrolled individuals for an assessment appointment. Eligibility staff will also update the initial treatment program information into LEADER by:

IV. POLICY/PROCEDURES (Continued)

D. Treatment (Continued)

4. Self-Enrolled in Treatment (Continued)

a. First, completing the OTHER FACTOR tab of the Pre-screening questionnaire to reflect the individual is "In Treatment" status. Click OK.

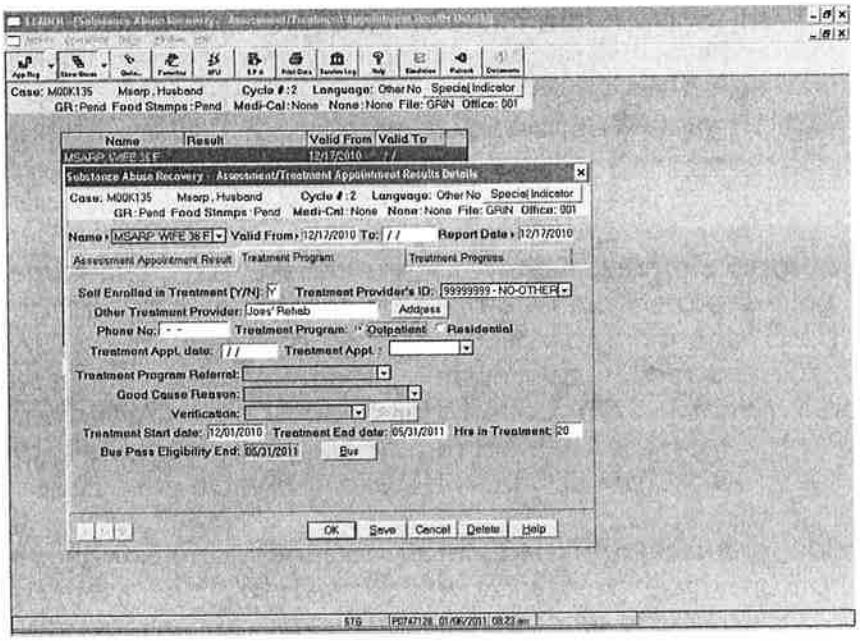
b. At the Treatment Program screen (Fig. 12), Entering [Y] in the Self-Enrolled in Treatment [Y/N] option, this is a mandatory field. When a Self-Enrolled in Treatment field is [Y] or the Treatment Provider is selected, LEADER populates the providers information and the Treatment Start date will become enabled and mandatory.

c. If the Provider ID is not listed, select code 999999-NO OTHER from the drop down menu, the Other Treatment Provider's field becomes enabled and it is mandatory.

d. Completing the treatment provider's name, address, treatment program and treatment start date fields before exiting this screen, LEADER will queue to the Schedule Appointment/Schedule GR Sub-Assessment Appointment screen to schedule an assessment appointment. The appointment notice ABP 131 form will be populated and generated with this information. Treatment start date for self-enrolled is the date of the assessment with the CASC.

e. Entering the treatment start date, LEADER will automatically default the Treatment End date six months from the Treatment Start date. The Treatment Progress screen will also become enabled.

Fig 12



IV. POLICY/PROCEDURES (Continued)

D. Treatment (Continued)

5. Board and Care

a. When the individual is enrolled in residential B&C and the facility contacts the GR District Office (i.e., to set up a B&C case), the individual's mailing address is changed to the facility. Eligibility staff changes the living arrangement on the Case Individual Summary LEADER screen and processes the B&C case according to policy contained in Section GR 45-115.

b. Once an employable individual in residential treatment is discontinued due to time limits, DPSS no longer makes the B&C payment.

c. When an individual leaves a facility and is in a new living arrangement, the living arrangement is changed from B&C to the actual arrangement and B&C payment to the facility is stopped.

d. Each District Office with GR responsibility has a B&C Liaison and alternate at the Deputy District Director (DDD) level (Attachment H). The Liaison/alternate is the only district contact for B&C facilities. If the Liaison/alternate is not available, facilities speak to the District Director or delegate at the DDD level.

e. Substance abuse recovery programs generally do not last beyond six months. However, if there is clinical justification for continuing treatment, it can be extended for three additional months even if the participant is no longer on aid. If the participant requires further treatment, the provider requests an extension from DPH, Substance Abuse and Prevention Control (SAPC) monitor. DPH submits its recommendations to the DPSS MSARP Liaison for final approval. Generally, if DPH approves an extension, DPSS will support DPH's clinical justification.

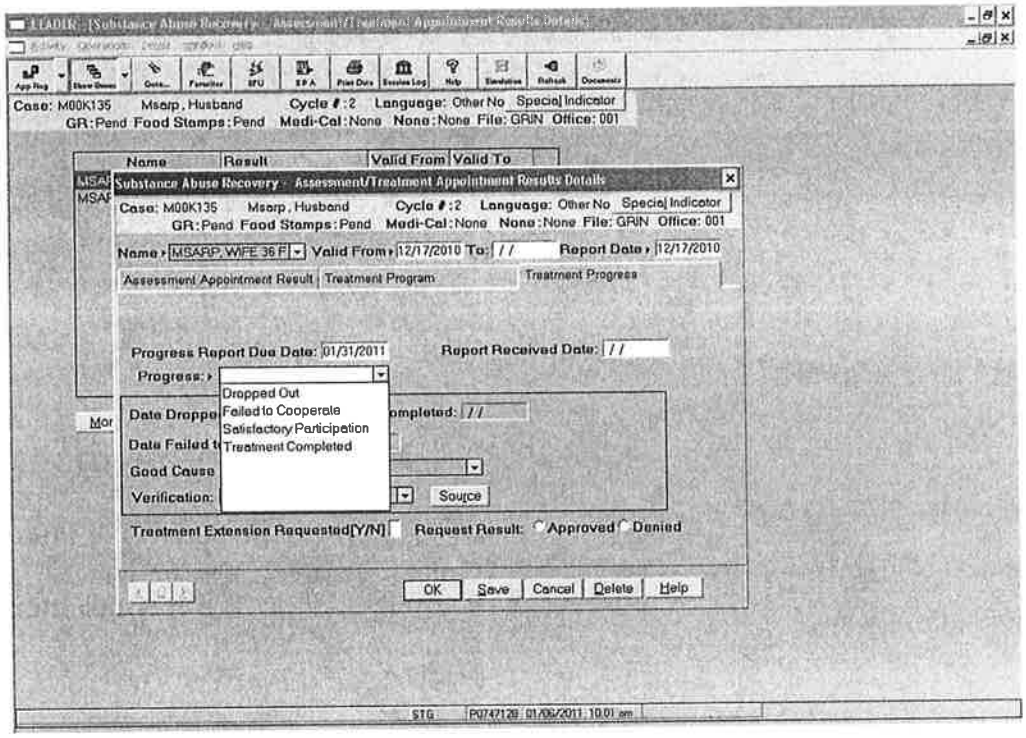
f. There are two situations in which an extension cannot be supported. If the extension is solely because the individual is 1) under age 20; or 2) has literacy problems, the request must be denied.

g. The request and request status are displayed in the Treatment Progress tab of the Substance Abuse Recovery-Assessment/Treatment Appointment Results Details LEADER screen shown on Fig. 13.

D. **Treatment** (Continued)

5. **Board and Care** (Continued)

Fig 13



6. **Treatment Extension Procedures**

DPH Treatment providers determine participants' need for treatment extensions beyond the initial six months. If a treatment extension is needed, treatment providers submit the Substance Abuse Recovery Program Treatment Provider Report of Changes, the ABP 1171 (Attachment I) and the Request for Extended Treatment General Relief Program Services (Attachment J) to the DPH Contract Program Auditor (CPA) who evaluates and approves/denies the request based on the clinical justification. If approved, the Contract Program Auditor (CPA) forwards the two forms to the CASC. The CASC faxes these forms to the DPSS MSARP Liaison for final approval. The two forms reflecting the final approval or denial are then returned to the CASC so that the treatment extension is updated into LEADER. If the case is closed, LEADER cannot be updated, so the last updated expiration date will continue to be reflected.

IV. POLICY/PROCEDURES (Continued)

D. Treatment (Continued)

6. Treatment Extension Procedures (Continued)

The MSARP Liaison receiving the request for treatment extension must:

a. Evaluate the request to ensure that the extension is clinically based and that there has been no more than one extension prior to the current request. If the request cannot be approved, deny the request, completing Section IV of the ABP 1171 explaining the denial reason, and fax the copy of the form back to the CASC within two workdays of receipt of the request.

   If the request is denied because the participant was not on aid at the time he/she entered treatment and the participant contests the denial, conduct a thorough investigation to determine the participant status.

b. Ensure that DPH CPA signed the Request for Extended Treatment General Relief Program Services approving the extension.

c. Check LEADER to determine the participant's eligibility and employability status as follows:

   - For unemployable participants, if the client is aided, approve the request completing Section IV of the ABP 1171 and fax the copy of the form back to the CASC within two work days of receipt of the request.

   - For employable participants, if there is clinical justification and the client is either aided or was terminated for time limits and in treatment at the time of termination, approve the request, completing Section IV of the ABP 1171, and fax the copy of the form back to the CASC within two workdays of receipt of the request.

d. Maintain a participant file with a copy of the ABP 1171 and the Request for Extended Treatment General Relief Program Services.

e. On approved cases, make a copy of each form and forwards to the appropriate eligibility unit for filing in the case record.

IV. POLICY/PROCEDURES (Continued)

D. Treatment (Continued)

7. Extensions on Cases Discontinued Due to Time Limits

For employables whose time limit to GR expires, if a treatment extension request is received and justified, DPSS will continue to pay treatment services up to a total of nine months from the treatment start date, even after the case is discontinued.

E. Treatment Progress Reports

1. The Treatment Progress Report, ABP 132 (Attachment K), is generated by LEADER and mailed directly to contracted providers every 60 days for completion and return to the CASC, who monitors the individual's participation. LEADER resets this date to generate a new Treatment Provider Progress Report form.

2. The Treatment Progress screen is restricted to users with the following security profiles:

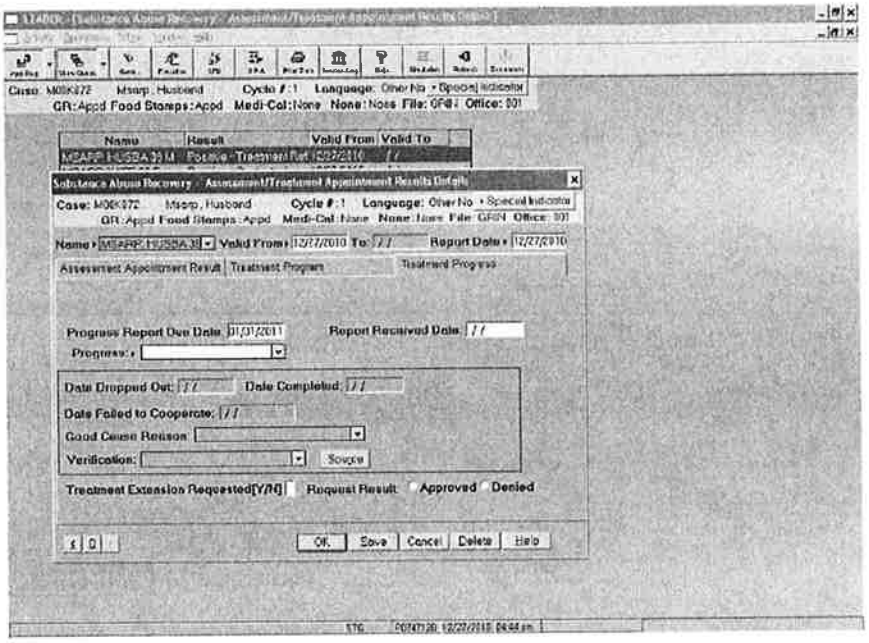
   a. SSI Advocates (MSARP Liaison);
   b. CASC designated staff;
   c. Deputy District Director; and
   d. District Director.

3. The Treatment Progress LEADER screen displays the treatment progress information. The CASC update the system upon receipt of the ABP 132 from the treatment provider. If the individual fails to cooperate with or drops out of treatment, the case will automatically be placed in non-compliance (unless NSA).

IV. POLICY/PROCEDURES (Continued)

E. Treatment Progress Reports (Continued)

Fig 14



F. Employability Status

1. An individual's employability status is a separate determination from chemical dependency. An individual's physical or mental inability to engage in work activities must be independently determined by contracted medical providers/DMH/APS. Chemical dependency, by itself, does not render an individual to be unemployable or NSA.

2. Therefore, all applicants/participants who indicate they are not employable must be referred to the medical provider/DMH/APS for evaluation. This also applies to applicants in B&C facilities; they are no longer administratively unemployable. Unless there is a documented physical/mental disability, individuals in residential or outpatient treatment programs remain employable.

3. Employable participants in a residential care facility are not required to participate in General Relief Opportunities for Work (GROW) activities until treatment is completed. Upon completion, GROW will expedite job employment services to these individuals.

4. Employable participants in outpatient care are required to comply with all employable requirements and must participate a minimum of 20 hours per week to be exempted from GROW activities.

IV. POLICY/PROCEDURES (Continued)

G. Transportation

GR MSARP participants may receive transportation for the duration of treatment. Bus Pass Eligibility End date field will default to the last day of the six month from the Treatment Start date or at the end of the ninth month when an MSARP extension is granted issuing three additional months of bus pass. The end date is a protected field.

The bus pass transportation is to be issued as follows:

1. If the participant starts treatment prior to the 15th of the month, the bus pass will be issued for the full six months.

2. If the participant starts treatment after the 15th of the month, staff must process the issuance of tokens manually for the rest of the month. The bus pass will be automatically issued from the beginning of the following month.

3. The bus pass will automatically stop when a participant drops out of treatment.

H. Non-Compliance

1. All applicants/participants who are not NSA must comply with each step of the MSARP, including pre-screening, assessment and treatment, as a condition of eligibility to GR. Should individuals refuse or fail to participate in any part of the process, aid will be denied/terminated and progressive 0/30/60-day periods of ineligibility for the first/second/subsequent occurrences in a 365-day period will be imposed by LEADER.

2. The individual has through the entire extended suspend period (through the third Thursday) to comply with the MSARP requirements, as it applies to current employable sanctions. When an individual fails to comply with either the assessment or treatment program, and subsequently agrees to comply, he/she must always be returned to assessment for re-evaluation.

I. Good Cause Determination

Good Cause must be determined for non-compliance with MSARP requirements. Good Cause is determined by the MSARP Liaison or Hearing Officer, using the Substance Abuse Recovery Program-Good Cause Determination, ABP 1170 (Attachment L).

A Good Cause determination must be made when an applicant/participant contacts the eligibility staff by phone, in writing or in person prior to or at the time of denial; prior to the termination hearing; or at the hearing.

IV. POLICY/PROCEDURES (Continued)

J. Concurrent Sanctions

If an individual fails to comply with a MSARP requirement in the same month in which there is non-compliance with another employable requirement, the system will generate a separate NOA for each non-compliance, providing both the penalty and a hearing date for each incident. If the individual wants to resolve the non-compliance issue during the extended suspend period, both non-compliance issues must be resolved before aid can be resumed.

If the issues are not resolved and the case is ultimately terminated, the termination reason will be employment-based because it has the highest priority on LEADER. However, the sanctions for both non-compliances will run concurrently and MSARP will track the unresolved substance abuse issue and future eligibility date.

When the individual reapplies, a LEADER inquiry will indicate the new substance abuse issue sanction end date and provide a future eligibility date based on that issue. When this happens, unless there was Good Cause for the non-compliance, the application can be withdrawn and the individual should be advised when he/she can reapply in the future.

K. Eligibility Staff Duties

Cooperation with substance abuse pre-screening, assessment, and treatment services is a condition of receiving GR. In order to assist GR participants in succeeding in their treatment recovery program, eligibility staff's involvement is crucial to support the District MSARP Liaison, DPH, CASC agencies, and treatment providers' efforts to identify service needs. Included below are some of the MSARP-related duties eligibility staff may be involved with, but are not limited to:

1. Conducting the LEADER Pre-screening questionnaire to identify individuals in need of substance abuse services.

2. Working with participants in an attempt to resolve non-compliance issues.

3. Counseling participants referred by Hearing Officers/other EWs in an attempt to conciliate non-compliance issues.

4. Working with the designated District MSARP Liaison to resolve any issues with service providers.

5. Working with District MSARP Liaison to complete LEADER service requests for any LEADER MSARP-related issues.

6. Encouraging participants, especially NSAs, to continue in the MSARP Program.

IV. POLICY/PROCEDURES (Continued)

K. Eligibility Staff Duties (Continued)

7. Maintaining communications with GROW staff.

Note: If the participant is designated **Unemployable** or **NSA** and he/she is in need of MSARP services, eligibility staff will proceed to schedule an assessment appointment as stated in the previously mentioned procedures. Keep in mind, a drug or alcohol problem alone does not make the person unemployable. Although at the point of MSARP treatment, participation becomes voluntary, negative action/ sanction is not imposed if the NSA individual does not agree to follow-up with treatment; however, eligibility staff should continue to encourage participation in MSARP.

L. Eligibility Supervisor (ES)

Eligibility Supervisors (ES) must review MSARP guidelines with eligibility staff to ensure staff follows the guidelines included in this AD. The ES have the duty to authorize MSARP transportation requests made by EW in a timely manner.

M. DPSS MSARP Liaison Duties

Each GR District Office has one designated MSARP Liaison, the listing is included in Attachment G. The MSARP Liaison serves as the center point to maintain the flow of MSARP services available to GR participants by maintaining communications with GR and GROW staff, as well as, with DPH, CASC staff and contracted treatment providers in the community.

The MSARP Liaison duties are included below, but are not limited to:

1. Interviewing participants during GR Hearings who are in MSARP non-compliance to determine reason the client refuses to cooperate with program requirements.

2. Encouraging participants to participate in the pre-screening process, explaining the advantages and sanctions involved. For participants who agree to cooperate, returning to the Hearing Officer and indicating client's agreement to cooperate.

3. Notifying the Hearing Officer if participant refuses to comply. Aid will remain terminated and penalties will apply.

4. Notifying GROW staff if an employable participant is in residential treatment so that, he/she can be exempted from participation in employment-related activities for the duration of treatment.

IV. POLICY/PROCEDURES (Continued)

M. DPSS MSARP Liaison Duties (Continued)

5. Evaluating then approving or denying treatment extensions requested by treatment providers.

6. Receiving and processing bus pass requests, which are sent by fax and/or phone from MSARP treatment providers.

7. Issuing tokens for MSARP-related appointments. Explaining the transportation procedures and allowances for outpatient treatment.

8. Completing monthly MSARP Monthly Bus Pass Issuance Report to the Supervisor.

9. Troubleshooting problematic cases on LEADER.

10. Maintaining communications with DPH-contracted providers.

11. Verifying treatment progress in the different steps/stages of MSARP.

12. Following-up with the CASC office to resolve participant's non-compliance issues or when participants contest assessment results.

13. Attending provider meetings.

14. Attending quarterly provider meetings.

15. Supporting MSARP training when needed.

16. Processing ABP-1171(section II requests) scheduling appointments for mental health evaluation, medical evaluation and SSI advocacy requests.

N. MSARP and GROW

1. Employable GR participants are required to participate in employment and training services provided by the GROW Program. GROW services are provided to help individuals obtain a job and become self-sufficient. MSARP services are supportive services provided to assist GROW participants overcome barriers to employment. These barriers include substance abuse dependency. GR applicants/participants seeking residential/non-residential substance abuse treatment programs may request these supportive services anytime.

2. Participation in MSARP supportive services (substance abuse treatment) counts towards the GROW weekly participation requirement, which is tracked by MAPPER, GROW computerized system.

IV. POLICY/PROCEDURES (Continued)

N. MSARP and GROW (Continued)

3. Employable participants receiving substance abuse treatment a minimum of 20 hours per week are temporarily exempted from GROW participation for the duration of treatment.

4. Employable participants receiving substance abuse treatment less than 20 hours per week must supplement treatment with another GROW activity. Concurrent participation in supportive services with another activity must add to at least 20 hours per week. This requirement is mandatory for all employable individuals as a condition of aid.

O. GROW Procedures

If the participant requests substance abuse services or if it is determined that an assessment evaluation is needed, the participant is referred to eligibility staff for pre-screening and to schedule an assessment appointment if appropriate. GROW staff will complete the OTHER field on the ABP 296, Notification of Change (Attachment M) and forward the form to eligibility staff.

If GROW staff is notified by a GROW service provider via the ABP 4026, Identification of Participant with Supportive Services Needs (Attachment N), that a participant has a substance abuse problem, schedule an appointment within ten business days to discuss supportive services with the participant. Complete ABP 4026, Section 4 ("For DPSS Use Only") and return the form to the GROW service provider within five business days. Submit ABP 296 to eligibility staff to schedule an assessment appointment.

P. Grow Case Manager Responsibilities

The GROW Case Manager responsibilities include:

1. Evaluating participant's supportive services needs.

2. Referring participant to eligibility staff to follow-up with MSARP services.

3. Completing the ABP 1463, Activity Assignment (Attachment O) when appropriate.

4. Updating MSARP information into supportive services assignment MAPPER screen.

5. Issuing transportation and/or ancillary expenses as needed.

IV. POLICY/PROCEDURES (Continued)

6. Maintaining communication with eligibility staff to determine MSARP outcomes.

7. Expediting employment-related services to GR participants successfully exiting MSARP services.

Q. Deputy District Director/District Director

The Deputy District Director/District Director must ensure that the procedures contained in this directive are implemented.

R. Reports

A monthly GR Delinquent Status Report is available in Management Reporting/View Reports screen. This will assist the CASC/MSARP Liaison in identifying who has not returned their Progress Report, ABP 132 form.

LEADER is also generating two reports: 1) MSARP Monthly Participation Report, which will assist GROW staff to identify those individuals in need of a supplemental GROW activity to meet the minimum participation requirements, and 2) MSARP Monthly Treatment Completion Report, which will assist GROW staff to expedite employment activities for individuals who have completed treatment.

Administrative staff may direct their questions regarding this release to General Relief and CAPI Programs Section at (562) 908-6732.

JACOB AGUILAR, DIRECTOR
BUREAU OF PROGRAM AND POLICY

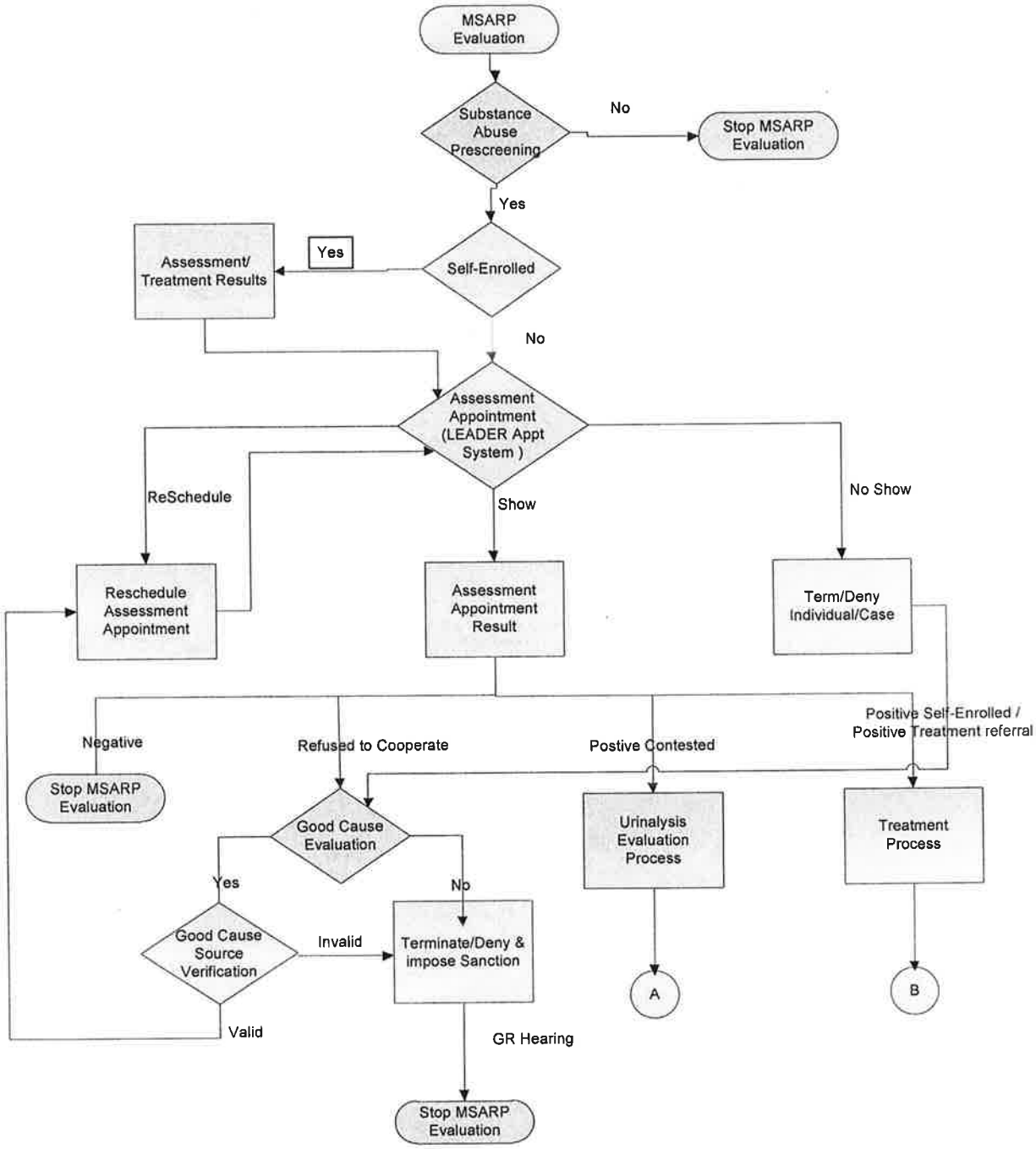
JA:LD
BN:AS:ct

CLEARANCE/APPROVAL:
[X] BAS [X] BPP [X] BSO [X] BWS [X] BCTS

Attachments

ATTACHMENT A

Assessment Evaluation Process Flow Chart



LEADER BUILD #248 RELEASE NOTES

December 30, 2010

LEADER Build **#248**, dated **12/30/10**, includes the following application improvements:

USER REQUESTED ENHANCEMENTS

Reference Table 1049: APP-PROGRAM Modification to Accommodate Appropriate Combinations to Attach Cases

LEADER has been modified to allow users to attach a Food Stamp application to an existing CalWORKs approved case which has a Medi-Cal denied segment.

[EDBC-FS] M&E #1059 SPCR-11318

Mandatory Substance Abuse Recovery Program MSARP Phase II

The following enhancements have been made to the Mandatory Substance Abuse & Recovery Program (MSARP) logic in LEADER.

Screen name changes

The following screens have been renamed as follows:

- Drug Abuse Pre-Screening Interview Information Summary = (Substance Abuse Pre-Screening Interview Information Summary).
- Drug Abuse Pre-Screening Interview Information = (Substance Abuse Pre-Screening Interview Information).
- Drug Abuse Recovery Assessment Appointment Results = (Substance Abuse Recovery-Assessment/Treatment Results)
- Drug Abuse Recovery-Assessment Appointment Result Summary = (Substance Abuse Recovery-Assessment/Treatment Result Summary).
- Drug Abuse Recovery- Assessment Appointment Results = (Substance Abuse Recovery-Assessment/Treatment Appointment Result Detail).

Substance Abuse Pre-Screening

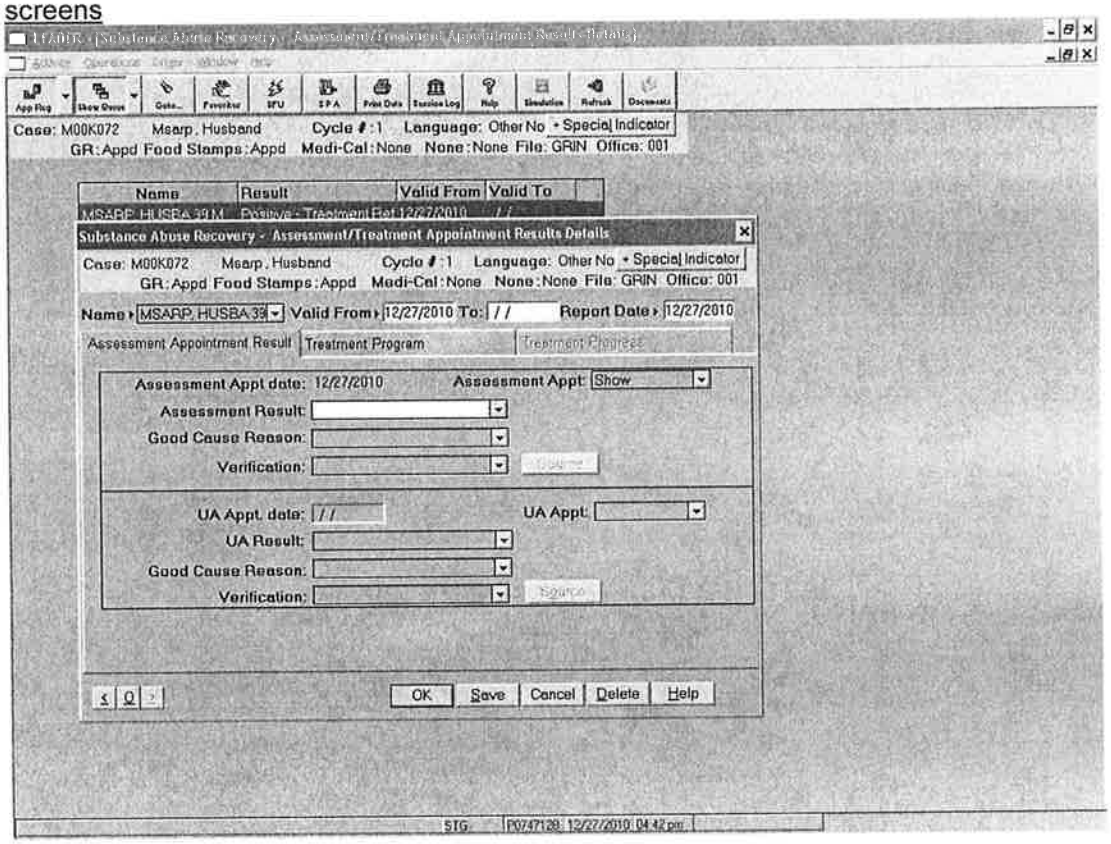
The Substance Abuse Pre-Screening Interview Information screen is now mandatory for all GR individuals at intake and re-application.

When a GR individual's substance abuse pre-screening result is "Positive" and the user exits out of the pre-screening screen, LEADER will automatically queue to the Schedule Appointment/Schedule GR Sub-Assessment Appointment screen.

When a GR individual's substance abuse pre-screening result is "In Treatment" and the user exits out of the pre-screening screen, LEADER will automatically queue to the Treatment Program screen. The user must complete the Treatment Providers ID/or Other –Treatment Provider name, Address, Treatment Program and Treatment Start date fields before exiting out of the Treatment Program screen. LEADER will then queue to the Schedule Appointment/Schedule GR Sub-Assessment Appointment screen allowing the user to schedule an assessment appointment.

LEADER BUILD #248 RELEASE NOTES
December 30, 2010

Substance Abuse Recovery-Assessment/Treatment Result screens



Assessment Appointment Result Tab has been modified and allows the users to update the Assessment/UA appointment/result fields.

Appointment date field has been changed to read *Assessment Appt. date*

New fields created *Assessment/UA Appt*. with the following dropdown values:

- Show
- No Show
- Reschedule

LEADER will automatically default the assessment date in the Assessment Appt date field when an assessment appt is scheduled and update the assessment appt field when the GR Sub-Assessment Appt screen is updated with "Show", "No Show", or "Reschedule" value.

Assessment Appointment Result field has been change to read *Assessment Result*.

The following values in the Assessment/Treatment Program Referral result dropdown are no longer user selectable:

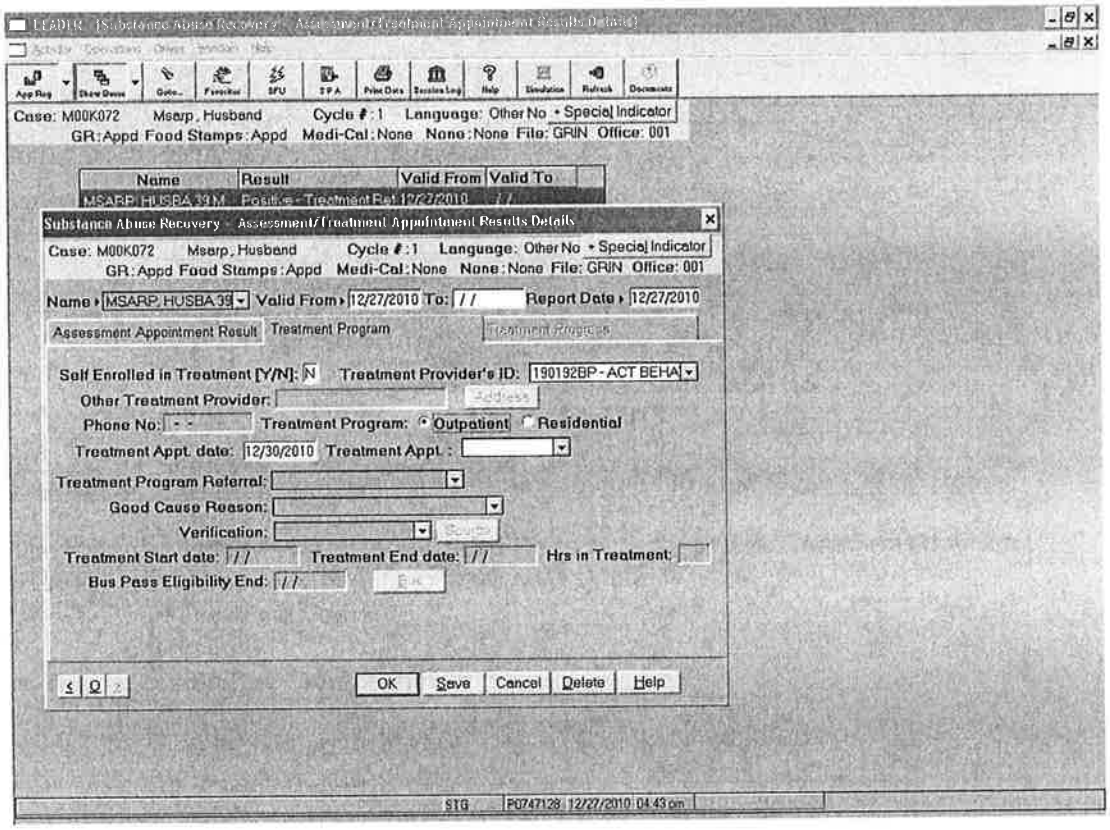
- No Showed
- Rescheduled

LEADER BUILD #248 RELEASE NOTES
December 30, 2010

Reason for Failure to comply field has been changed to read *Good Cause Reason*

The following values in the Good Cause Reason Assessment/Treatment Program Referral result dropdown are no longer user selectable:

- Court/Law Enforcement
- Conversion
- Illness on Day of Appointment



A new screen has been created **Treatment Program**. This screen allows the user to update the treatment program information/treatment referral result and the bus pass fields.

Self – Enrolled in Treatment Y/N is a mandatory field

When the Treatment Providers ID field is updated with 999999 code the *Other-Treatment Provider's* field will be enable and mandatory.

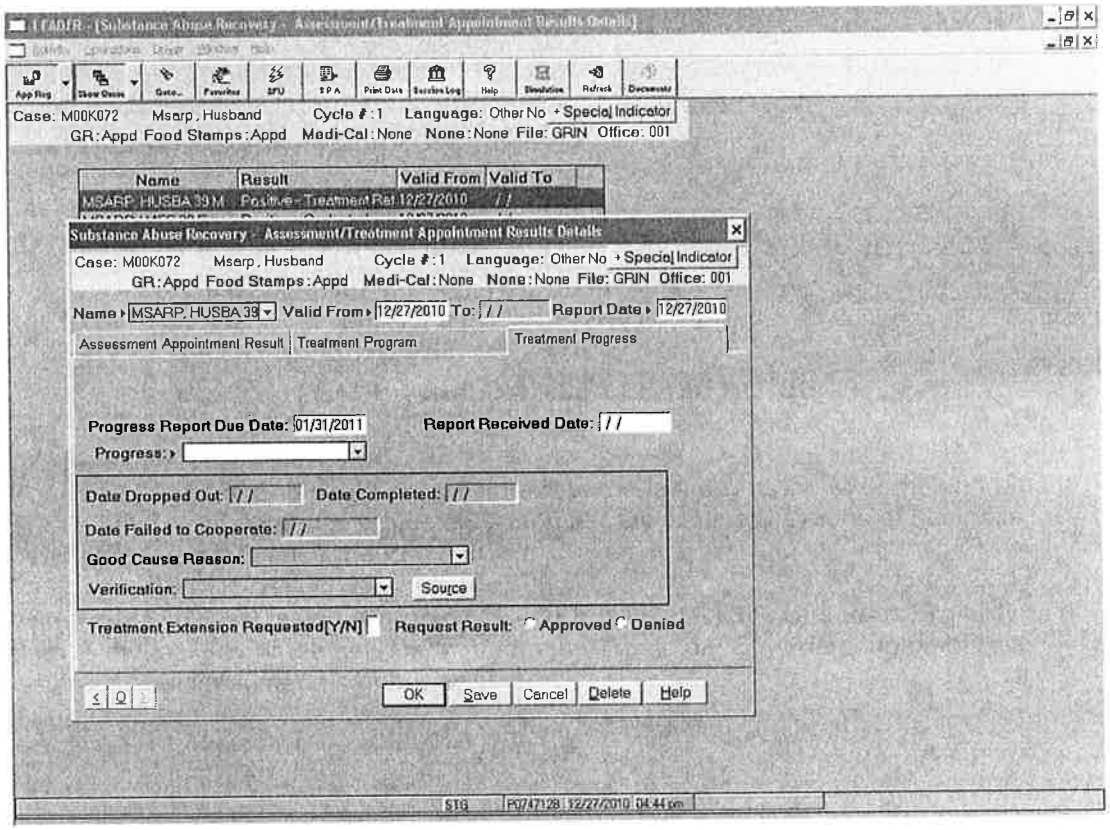
When a Treatment Provider is selected or Self-Enrolled in Treatment field is [Y] the Treatment Start date will become enable and mandatory.

Once a Treatment Start date is entered LEADER will default the Treatment End date six months from the Treatment start date. The Treatment Progress screen will also become enabled.

LEADER BUILD #248 RELEASE NOTES
December 30, 2010

Bus Pass Eligibility End date field will default to the last day of the sixth month from the Treatment Start date and is protected. Automatically issuing 6 months of bus pass for outpatient treatment once the Bus button is clicked.

When a MSARP extension is granted LEADER will default the Bus Pass Eligibility End date to the last day of the ninth month from the Treatment Start date; automatically issuing 3 additional months of bus pass.



Treatment Progress tab this tab will not be enabled unless the Treatment Start date is entered on the Treatment program tab. This screen will display and capture the treatment providers progress report due date and allow the user to update participant's treatment progress.

The Treatment Progress tab is restricted only to the users with the following security profiles: SSI Advocate (MSARP Manager), Medical/Assessment Drug site staff (CASC worker), District Director and District Deputy Director.

Progress Report due date field will automatically default the due date 60 calendar days from the initial Treatment Start date.

LEADER will automatically generate and mail out the Appointment Notice for General Relief Substance Abuse Recovery Assessment form (ABP132) every 60 days to the Treatment Providers. Resetting the Progress Report due field in the Treatment Progress tab to the date the new ABP 132 is due.

LEADER BUILD #248 RELEASE NOTES
December 30, 2010

A Monthly GR Delinquent Status Report will be placed in Management Reporting/View Reports screen. This will assist the CASC/MSARP worker in identifying those treatment providers who have not returned their ABP 132 timely.

Case Comments
LEADER will insert case comments for each individual when:

MSARP non-compliance is determined
The comment will read: (MSARP Non-Compliance determined on 00/00/00 for individual with SSN ending XXXX.

MSARP non-compliance Good Cause is granted;
The comment will read: (MSARP Good Cause granted on 00/00/00 for individual with SSN ending XXXX.

Special Indicator
A new Special Indicator has been created [Skid Row Homeless] at individual level and is user selectable.

Schedule Appointments
Metro East Office #15 only - LEADER will assign participants who are referred to assessment and residing in the 90023 zip code to BHS and participants residing in the remaining zip codes to CHC.

When the GR individual is declared self enrolled in treatment and the Treatment program tab is completed and the Self – Enrolled in Treatment field is updated [Y], the Appointment Notice for General Relief Substance Abuse Recovery Assessment (ABP131) form will print the self enrollment information.

MSARP Non-Compliance
LEADER will take negative action when there is no good cause as follows;

- When Assessment/UA and/or Treatment Appointment data is "No Show"
- When Assessment/UA and/or Treatment Program Referral Results data is "Refused to Cooperate"
- When Treatment Progress data is "Dropped Out" or "Failed to Cooperate"

LEADER will fail the case with appropriate MSARP non-compliance reason at individual and case level and will discontinue the case for both a single or couple case at the end of the month following a 10 day NOA.

LEADER will impose a sanction on the individual who is MSARP non-compliance.
[BPP-GRFS06-22,BPP-GRFS06-36,BPP-GRFS07-08] M&E #1081SPCR-11572

Benefit Recovery - Upload CalWORKs and Food Stamp Collections from the Treasurer Tax Collector into LEADER.
LEADER has been modified to assist the Fiscal Operation Section (FOS) by automating their manual process of recording and posting collections from the Treasurer Tax Collector (TTC) for CalWORKs and Food Stamps claims.

LEADER BUILD #248 RELEASE NOTES
December 30, 2010

A weekly file will be transferred from TTC and loaded into the Benefit Recovery Record Payment/Adjustment screen and post the collections to claims having an open balance; posting first to the claim that was originally referred to the TTC. An auto case comment will be inserted for each record that was received or posted.

NOTE: There is no impact to current functionality for reversing and/or refunding these payments.

[FMD-LDR10-002 M&E #1089 SPCR-11561

Masking and Protecting the Confidentiality of Social Security Numbers
LEADER has been enhanced to include new logic to protect participants' confidentiality and to prevent identity theft and fraud by blocking (redacting) the display of the full Social Security Number (SSN).

Previously, users could view the entire SSN on various LEADER Screens. With this enhancement, the SSN will be redacted after a verifiable permanent source is selected by the worker. Only authorized users will be able to view the entire SSN.

Users will continue to be able to search/clear individuals by entering the full SSN on the inquiry screens.

[BWS-LineOps] M&E #1132 SPCR-11132

Modify Notices of Action (NOA) STD HDR -Threshold Languages Phase 1
The Standard Header for the Phase I Threshold Language (TL) Notices of Action presently in production was replaced with the Periodic Reporting Standard Header. This modification protects and ensures confidentiality so that the participant's information does not display through the LDR-109 windowed envelope.

The Phase I TL NOAs produced either on-line or batch after implementation will be generated with the new PR Standard Header.

[Client Correspondence] M&E #1301 SPCR-12962

Special Indicator for the Record Retrieval Project
As part of the GR Restructuring, LEADER has been modified to identify GR participants who participate in the Record Retrieval Project and identify the County Department the Record retrieval request(s) is sent to. Staff will now be able to select the new values below from the Individual Special Indicator Screen, Data Collection Subsystem.

The Special Indicator table 997 has been updated with the new indicators listed below:

- DHS (RRC-DHS) – Department of Health Services
- DMH (RRC-DMH) – Department of Mental Health
- LASD (RRC-LAS) – Los Angeles Sheriff Department

A monthly report will be available on the ISS MR Portal for Program staff to access.

[BPP-GRFS-GR10-10] M&E #1335 SPCR-13236

Non-CSC-IVR Expansion Rancho Park #060 and Wilshire Special #010
Rancho Park #060 and Wilshire Special #010 will be added to Non-CSC/IVR on Dec 20, 2010. Participants for these districts will be able to access case information by phone @ 877 633-0294 or online @www.dpssbenefits.lacounty.gov.

[BSO-CCSD10-03] M&E #1376 SPCR-13538

LEADER BUILD #248 RELEASE NOTES
December 30, 2010

Increase ORDG Ancillary & Transportation Expense Amount

Effective 01/01/2011 LEADER will allow to issue an increased amount to include issuance for spouse through the Auxiliary Issuance screen for the following Payment Types: ORDG- Ancillary = $250.00 ORDG-Transportation = $150.00

[BPP-GPD10-06] M&E #1381 SPCR-13573

Threshold Language Phase II

The following Forms will be added to LEADER with this Build.

TYPE & Program	Form Number & Name/ Notice of Action Description	Action Type	LANGUAGES										
			Armenian	Cambodian	Chinese	Korean	Russian	Tagalog	Vietnamese	Arabic	Farsi	Hmong	Laos
MC/FORM	MC 322 - REAL AND PERSONAL PROPERTY (Supplement to Medi-Cal Mail-in Application)		√	√	√	√	√	√	√				
MC/NOA	MediCal: Whereabouts Unknown Denial NOA (828)	D	√	√	√	√	√	√	√				
	Medi-Cal: Net Income Increased SOC Change NOA (1806)	C	√	√	√	√	√	√	√				
	Medi-Cal: MSP Denial Excess Income (2351)	D	√	√	√	√	√	√	√				
	Medi-Cal:1931(b) Income over the limit Term NOA (2712)	T	√	√	√	√	√	√	√				
	Medi-Cal: 1931(b) Property over the limit Term NOA (2713)	T	√	√	√	√	√	√	√				
	Medi-Cal: TMC Approval Full Scope 1st 6 months (2720)	C	√	√	√	√	√	√	√				
	Medi-Cal: DE Child Attained age 1 Term NOA (2296)	T	√	√	√	√	√	√	√				
General Relief													
GR/NOA	GR: Where Abouts Unknown	D	√	√	√	√	√	√	√				
	GR: Where Abouts Unknown	T	√	√	√	√	√	√	√				
	GR: Excess Property: Vehicle	D	√	√	√	√	√	√	√				
	GR: Excess Property: Cash	D	√	√	√	√	√	√	√				
	GR: Excess Property: CashOwn more than one vehicle	D	√	√	√	√	√	√	√				
	GR: Personal Property is over maximum allowable amount.	D	√	√	√	√	√	√	√				
	GR: Unverified/Invalid ID	D	√	√	√	√	√	√	√				

LEADER BUILD #248 RELEASE NOTES
December 30, 2010

TYPE & Program	Form Number & Name/ Notice of Action Description	Action Type	LANGUAGES										
			Armenian	Cambodian	Chinese	Korean	Russian	Tagalog	Vietnamese	Arabic	Farsi	Hmong	Laos
	Fail/refuse to provide a social security card.	T	√	√	√	√	√	√	√				
GR/FORM	PA 594 - Request for Permanent ID		√	√	√	√	√	√	√				
Food Stamps													
FS/FORM	DFA 386 - NOTICE OF MISSED INTERVIEW (Intake NOMI) Form.		√	√	√	√	√	√	√		√		
	PRE-INTERVIEW APPOINTMENT VERFICATION CHECKLIST (Pre-Int. Appt. VCL) Form.		√	√	√	√	√	√	√				

[Client Correspondence] M&E #1108-08 SPCR-12160
[Client Correspondence] M&E #1108-20 SPCR-12284
[Client Correspondence] M&E #1108-21 SPCR-12286
[Client Correspondence] M&E #1108-23 SPCR-12308
[Client Correspondence] M&E #1108-31 SPCR-12397
[Client Correspondence] M&E #1108-59 SPCR-12441
[Client Correspondence] M&E #1108-60 SPCR-12443
[Client Correspondence] M&E #1108-63 SPCR-12448
[Client Correspondence] M&E #1108-65 SPCR-12451
[Client Correspondence] M&E #1108-66 SPCR-12452
[Client Correspondence] M&E #1108-67 SPCR-12456
[Client Correspondence] M&E #1108-68 SPCR-12457
[Client Correspondence] M&E #1108-71 SPCR-12461
[Client Correspondence] M&E #1108-73 SPCR-12463
[Client Correspondence] M&E #1108-74 SPCR-12464
[Client Correspondence] M&E #1108-75 SPCR-12465
[Client Correspondence] M&E #1108-97 SPCR-12495
[Client Correspondence] M&E #1108-99 SPCR-12497

SERVICE REQUEST AND MISCELLANEOUS CORRECTIONS

Food Stamps

Anticipated Income is counted incorrectly for FS benefit calculation.
LEADER has been modified to count income correctly when anticipated income for the upcoming quarter is entered in LEADER on or before the Food Stamp extended filing date.

Important: The change reason *QR7* shall be used when entering anticipated checks for the first month of the upcoming payment quarter.

Example

Cycle 2: The April 2010 QR7 is received on 05/28/10. The user enters the checks received in April 2010 and anticipated checks for June 2010.

In this example, the checks received in April were reported late and the user selected the change reason *Pt failed to report timely* when entering the April 2010 checks. For the anticipated checks in June, the user shall select the change reason *QR7* since those were reported timely for the upcoming quarter.

When grouping the changes, the checks for April and June 2010 shall be grouped in separate groups.

Example
If April 2010 checks are grouped in Group 2, the anticipated checks for June 2010 shall be grouped in Group 3. On the **Determine Benefit Discrepancy** screen, *Participant/ HH Error* shall be selected for the Error Type for possible FS Over-issuance Claims.
SPCR-11951

Check amount correction in the past quarters resulted in incorrect FS benefit calculation.
LEADER has been modified to not double count unearned income with a bi-weekly pay frequency when changes are made in past payment quarters. LEADER will correctly calculate the Food Stamp benefits when changes are made in the past quarters to the unearned income with a bi-weekly pay frequency.
SPCR-12749

User is unable to end the pregnancy screen due to Minor error received.
LEADER has been modified to allow the users to end the pregnancy record without receiving the Minor Error, "11523: Minor Error Duplicate Pregnancy Information entered.
SPCR-12828

PA Grant is not properly deducted from the TFS calculation
LEADER has been modified to correctly compute the TFS benefits. The PA grant will correctly be deducted and the income will be displayed in the TFS benefit calculation.
SPCR-13498

CalWORKs

CW cases terminated for "Refusing to be fingerprinted"
The LEADER System erroneously terminated cases with the reason of "Refusing to be fingerprinted".
LEADER has been modified not to terminate cases for "Refusing to be fingerprinted" when a GAIN Sanction is lifted.
SPCR-13420

Client Correspondence

LEADER is incorrectly generating the WTW27 (and multiple WTW27s) without the GAIN NOA
LEADER has been corrected to always generate GAIN sanction NOAs along with the corresponding Welfare To Work form (WTW27) irrespective of the case status.
SPCR-13139

Medi-Cal TL Continue to be Eligible NOA incorrect budget (M181)
Medi-Cal continues to be eligible change NOA will properly display the correct budget computation on all NOA's generated in a threshold language.
SPCR-13397

LEADER BUILD #248 RELEASE NOTES
December 30, 2010

Interfaces

Extender Reason missing within the Extender Tab in the Time Clock Exception/Extender Information screen
A Utility was run on CalWORKs cases to populate the missing Exception/Extender Reason within the Exception/Extender Information screen.

SPCR-11599

IPV penalty combined with Exemption concurrently.
A Utility was run on CalWORKs cases to remove Exemption adjuster records in cases that have concurrent IPV penalty records. As a result, the Time Clock Inquiry grid will be updated from an "E" to a "Y" due to the IPV penalty. Exemption adjuster records that existed prior to this clean up, will no longer be viewable when opening the Time Clock Exception/Extender Information screen.

SPCR-11671

GAIN Sanction adjuster records and "S" records exist in the Time Clock Inquiry grid after the Sanction has been deny/withdrawn.
A Utility was run on CalWORKs cases to clean up all Sanction Adjuster records that exist in the Time Clock Exception/Extender Information screen and "S" records that are displayed on the Time Clock Inquiry grid when a Sanction has been deny/withdrawn.

SPCR-11971, SPCR-12229

ATTACHMENT C

MANDATORY SUBSTANCE ABUSE RECOVERY PROGRAM (MSARP)
LIAISON LISTING

DISTRICT	DISTRICT NAME	MSARP LIAISON	CLASS	TELEPHONE #	BACK-UP (DDD)	TELEPHONE #
DIV I						
02	GLENDALE	Mina Andalibi	SW	(818) 546-6158	Haregnesh Lemma	(818) 546-6463
03	PASADENA	Zhora Keshishyan	SW	(818) 791-6547	Medik Anjargolian	(626) 791-6305
32	SAN FERNANDO	Linda Santos	SW	(818) 394-3701	Patricia Guevara	(818) 394-3803
67	LANCASTER	Darlene Holloway	SW	(661) 974-8957	Cheryl Ward	(661) 974-8989
DIV II						
10	WILSHIRE	Cleotilde Villa	SW	(213) 351-5333	Mary Ann Aguilar	(213) 738-4303
14	CIVIC CENTER	Alex Medina	SW	(213) 974-0068	David Nguyendo	(213) 974-0205
60	RANCHO PARK	Vaagn Aslanyan	SW	(310) 481-4506	Cheryl Broyard	(310) 481-5310
DIV III						
15	METRO EAST	Martin Dominguez	SW	(323) 260-3220	Claudia Serrano	(323) 260-3503
70	METRO SPECIAL	Hugo Arrue	SW	(213) 744-3543	Luis Orozco	(213) 744-3541
DIV IV						
07	SOUTH SPECIAL	Brenda Bowden	SSS	(310) 761-2368	Jewel Amos	(310) 761-2034
08	SOUTHWEST SPEC	Lewis Roach	SW	(323) 420-2303	Sara Mason	(323) 420-2929
27	SOUTH CENTRAL	Woodrow Bailey	SW	(323) 563-4388	Earl Myles	(323) 563-4162
	Back Up	Inetta Dantzler	SW	(323) 563-4342	Earl Myles	(323) 563-4162
DIV V						
20	SAN GABRIEL	Christina Kim	SW	(626) 569-3092	Marty Fasola	(626) 569-3605
	Back-Up	Nelson(See-Yong) Lee	SW	(626) 569-3070	Same As Above	Same as Above
36	POMONA	See Yong Lee	SW	(909) 397-5510	Mehran Kohansal	(909) 397-7909
	Back-Up	Jennifer Miranda	SW	(909) 865-5554	Mehran Kohansal	(909) 397-7909

COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
SUBSTANCE ABUSE PREVENTION AND CONTROL
COMMUNITY ASSESSMENT SERVICES CENTERS (CASC)
CONTACT LIST – 3rd Quarter, 2012 (July – September)

ASSESSMENT LOCATIONS	(SITE#)	SERVICE PLANNING AREA (SPA)	CASC DIRECTOR	CONTACT
Tarzana Treatment Center **44447 North 10th Street West** **Lancaster, CA 93534**	**(LA)** **(1)**	1	**Alesia Ping-Difiore** **CASC Phone# (661) 726-2630** **Fax (661) 952-1172** apingdifiore@tarzanatc.org	**Arisah Muhammad** **x4311** amuhammad @tarzanatc.org
San Fernando Valley CMHC 1050 E. Palmdale Blvd. Suite 209 Palmdale, CA 93550	(1A)		**Serina Rosenkjar, Ph.D.** Phone# (661) 266-4517 Fax (661) 266-9176 srosenkjar@sfvcmhc.org	**Ben Medina** bmedina@sfvcmhc.org
San Fernando Valley CMHC **5935 Van Nuys Blvd. (until 9/4)** **Van Nuys, CA 91401** **(after 9/4): 1415 Hamlin St.** **Van Nuys, CA 91411**	**(LA)** **(2)**	2	**Serina Rosenkjar, Ph.D.** **Phone# (818) 285-1900** **Fax (818) 285-1906** srosenkjar@sfvcmhc.org	**Ben Medina** bmedina@sfvcmhc.org
Tarzana Treatment Center 18646 Oxnard Street Tarzana, CA 91356	(2A)		**Lucia Leon** Phone# (818) 996-1051 **CASC Phone# (818) 654-3853** Fax (818) 996-1753 lleon@tarzanatc.org	**Lucia Leon x 2062** lleon@tarzanatc.org
Prototypes - San Gabriel Valley **11100 E. Valley Blvd. Suite 116** **El Monte, CA 91731**	**(LA)** **(3)**	3	**Sharmelle Parker** **Phone# (626) 444-0705** **Fax (626) 444-0710** sparker@prototypes.org	**Alicia Trivison - Madrigal** atrivison-madrigal @prototypes.org
Prototypes – Pomona 831 E. Arrow Hwy., Pomona, CA 91767	(3A)		**Sharmelle Parker** Phone# (909) 398-4383 Fax (909) 398-0127 sparker@prototypes.org	**Stephanie Armbruster** sarmbruster @prototypes.org
Prototypes – Pasadena 2555 E. Colorado Blvd., Suite 308 Pasadena, CA 91107	(3B)		**Sharmelle Parker** Phone# (626) 449-2433 Fax (626) 449-2665 sparker@prototypes.org	Stephanie Armbruster sarmbruster @prototypes.org
Homeless Health Care **2330 Beverly Blvd.** **Los Angeles, CA 90057**	**(LA)** **(4)**	4	**Delia Mojarro x 137** **Phone# (213) 342-3114** **Fax (213) 342-3124** dmojarro@hhcla.org	**David Murillo** dmurillo@hhcla.org
BHS Hollywood 6838 W. Sunset Blvd. Hollywood, CA 90028	(4A)		**Lisa Sandoval** Phone# (323) 461-3161 Fax (323) 461-5683 caragon@bhs-inc.org	**Jovita Hernandez** jhernandez@bhs-inc.org
BHS East L.A. 3421 E. Olympic Blvd. Boyle Heights, CA 90023	(4B)		**Lisa Sandoval** Phone# (323) 262-1786 Fax (323) 262-2659 caragon@bhs-inc.org	**John Romero** jromero@bhs-inc.org
Didi Hirsch CMHC **11133 Washington Blvd.** **Culver City, CA 90230**	**(LA)** **(5)**	5	**RuthAnn Markusen** **Phone# (310) 895-2339** **Fax (310) 895-2353** rmarkusen@didihirsch.org	**Janet Wise** JWise@didihirsch.org
ICS – LA **5715 S. Broadway Ave.** **Los Angeles, CA 90037**	**(LA)** **(6)**	6	**Veronica Lewis, Division Dir.** **Phone# (213) 236-9389** **CASC Phone# (323) 948-0444** **Fax (323) 948-0443** vlewis@ssgmain.org	**Jesse Cordoza** (323) 234-4445 jcordoza@hopics.org
Shields for Families 11601 S. Western Avenue, Los Angeles, CA 90047	(6A)		**Charlotte Mims** Phone# (323) 242-5000 x 1253 Fax (323) 242-5011 cmims@shieldsforfamilies.org	**Sara Tienda** (323) 242-5000 x 1276 stienda@ shieldsforfamilies.org

COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
SUBSTANCE ABUSE PREVENTION AND CONTROL
COMMUNITY ASSESSMENT SERVICES CENTERS (CASC)
CASC/GR DISTRICT OFFICES
CONTACT LIST – 2nd Quarter, 2012 (April – June)

ASSESSMENT LOCATIONS	(SITE#)	SERVICE PLANNING AREA (SPA)	CASC DIRECTOR	CONTACT
Cal Hispanic **9033 Washington Blvd.** **Pico Rivera, CA 90660**	**(LA)** **(7)**	#15 Metro East #07 South Special	**Sam Campbell** **Phone# (562) 942-9625** **Fax (562) 942-9695** scampbell@chcada.org	**Natasha Medina** nmedina@chcada.org
Cal Hispanic 5801 E. Beverly Blvd Los Angeles, CA 90022	(7A)	#15 Metro East	Sam Campbell Phone# (323) 722-4529 Fax (323) 722-4450	Natasha Medina nmedina@chcada.org
BHS – Gardena **15519 Crenshaw Blvd.** **Gardena, CA 90249**	**(LA)** **(8)**	#07 South Special #08 Southwest Special	**Lisa Sandoval** **Phone# (310) 973-2272 x 289** **Fax (310) 973-7813** lsandoval@bhs-inc.org	**Celia Aragon x 288** caragon@bhs-inc.org
BHS – Wilmington 1316 N. Avalon Blvd, Suite A Wilmington, CA 90744	(8B)	#07 South Special	Lisa Sandoval Phone# (310) 973-2272 x 289 Fax (310) 973-7813 lsandoval@bhs-inc.org	Celia Aragon x 288 caragon@bhs-inc.org
BHS – Long Beach 1775 N. Chestnut Ave. Long Beach, CA 90813	(8C)	#07 South Special	Lisa Sandoval Phone# (310) 973-2272 x 289 Fax (310) 973-7813 lsandoval@bhs-inc.org	Celia Aragon x288 caragon@bhs-inc.org
DPH/DPSS Liaison		**SAPC- Community Program Services**	**Pauline Lopez** **Phone# (626) 299-4518 Fax (626) 458-6823** palopez@ph.lacounty.gov	

WOH/CASC CASC ROSTER 2nd Quarter,

Armenian Speaking clients from Glendale and Echo Park are referred to the Tarzana Treatment Center in Tarzana

- **(LA) is the lead agency in each SPA.**

COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC HEALTH

SUBSTANCE ABUSE PREVENTION AND CONTROL

TOLL – FREE HELP LINE

1-800 564-6600

MEETING SCHEDULES AND OTHER ALCOHOL AND DRUG PROGRAMS INFORMATION IS ACCESSIBLE AT THE FOLLOWING WEBSITE
http://publichealth.lacounty.gov

COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC SOCIAL SERVICES

APPOINTMENT NOTICE FOR GENERAL RELIEF SUBSTANCE ABUSE RECOVERY ASSESSMENT

IMPORTANT INFORMATION ABOUT AN APPOINTMENT FOR A SUBSTANCE ABUSE RECOVERY ASSESSMENT

The following substance abuse recovery assessment appointment has been scheduled for you with the Department of Public Health (DPH) CASC:

_____	_____	_____
Date	Time	Location and Telephone Number

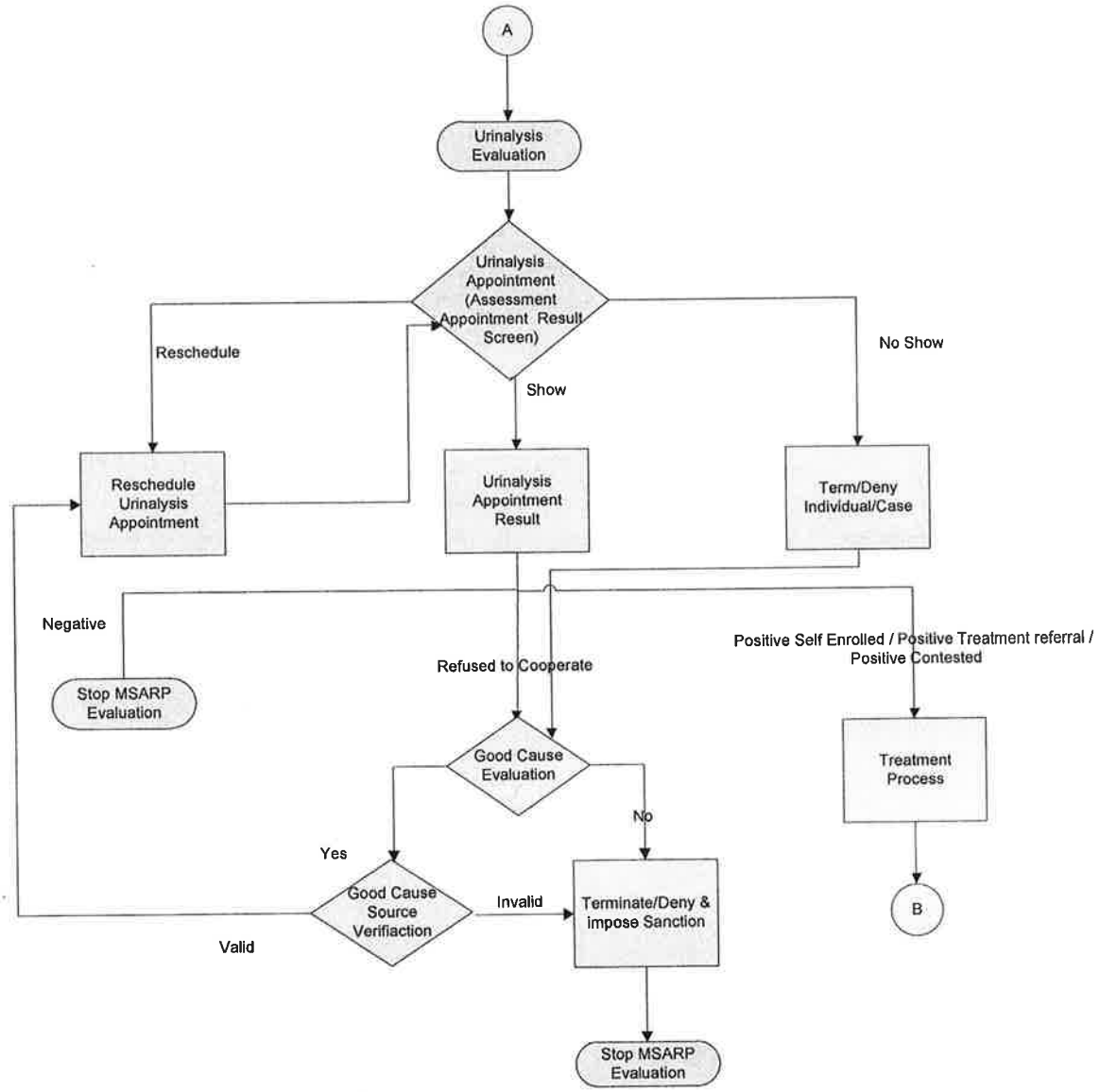
It is important that you keep your assessment appointment. If you do not, without a good reason, your General Relief (GR) grant will be stopped and you may be subject to a sanction penalty. The first time you fail to comply, your GR will be denied/terminated and you can reapply immediately. The second time you will be ineligible for 30 days. The third and any subsequent times you will be ineligible for 60 days.

SELF-ENROLLED PARTICIPANTS

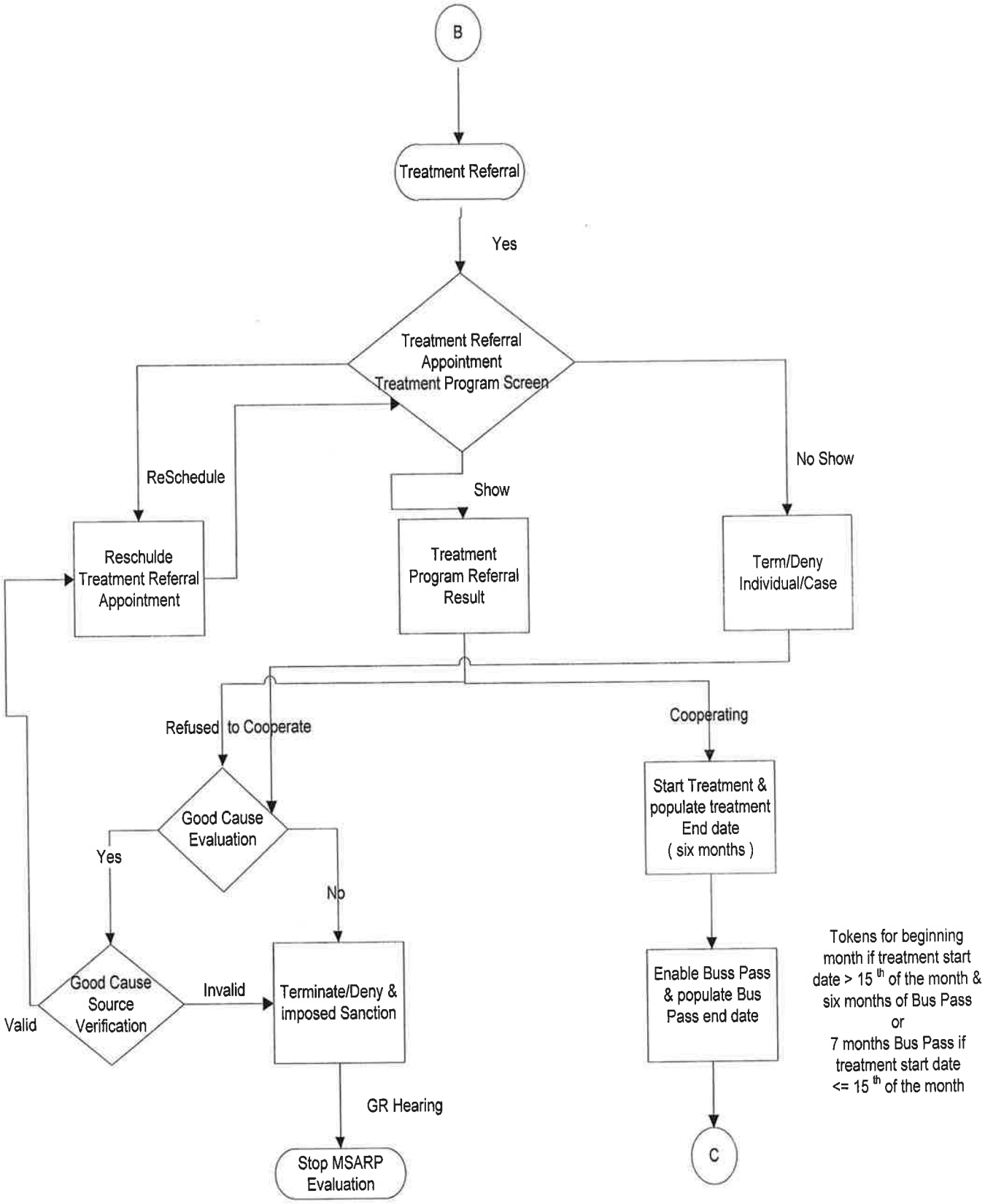
Mr./Ms./Mrs. _____ has self-enrolled in a substance abuse recovery treatment as follows:

_____	_____
Treatment Start Date	Name of Provider
_____	_____
Treatment End Date	Location and Telephone Number

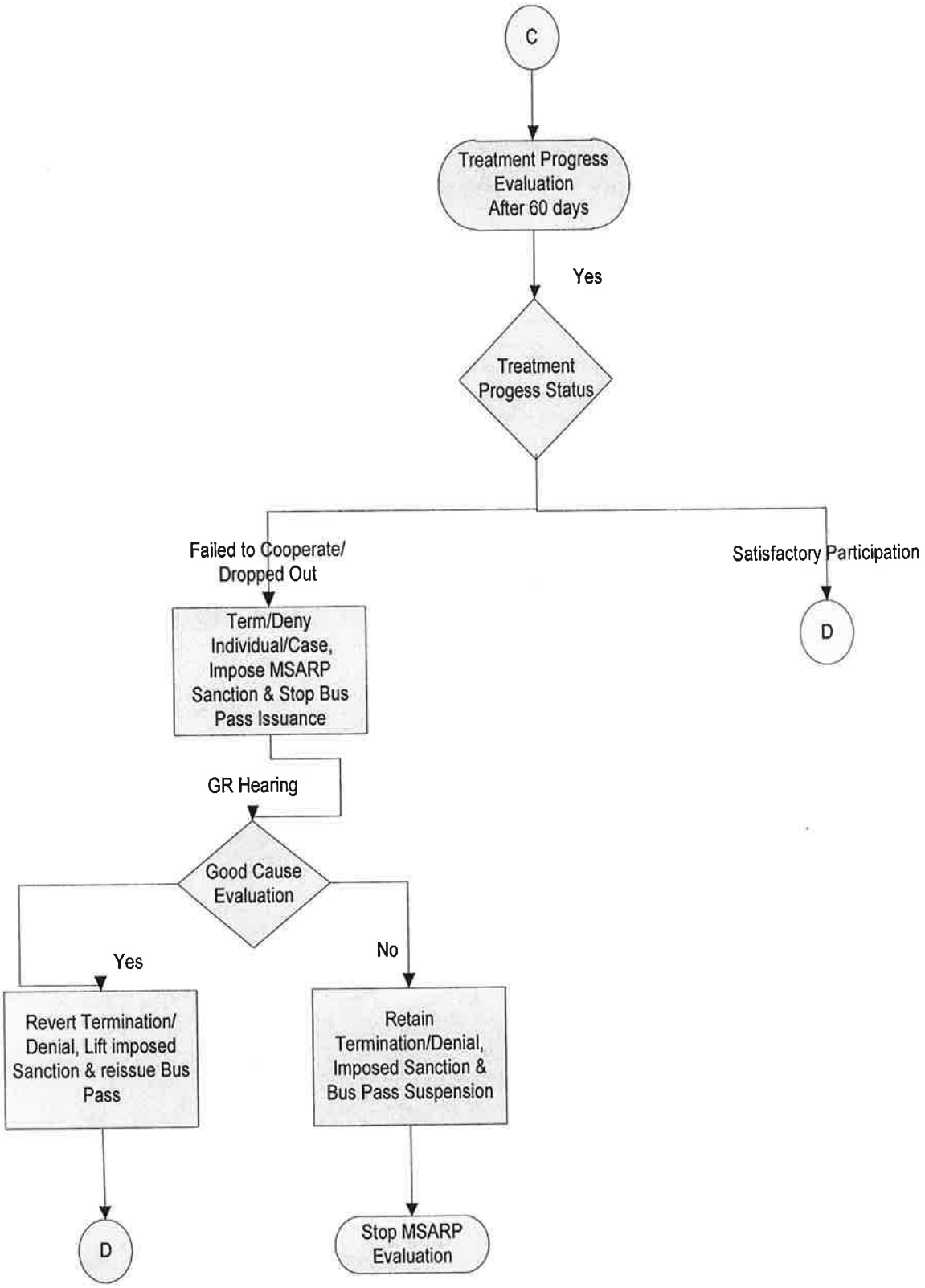
Urinalysis Evaluation Process Flow



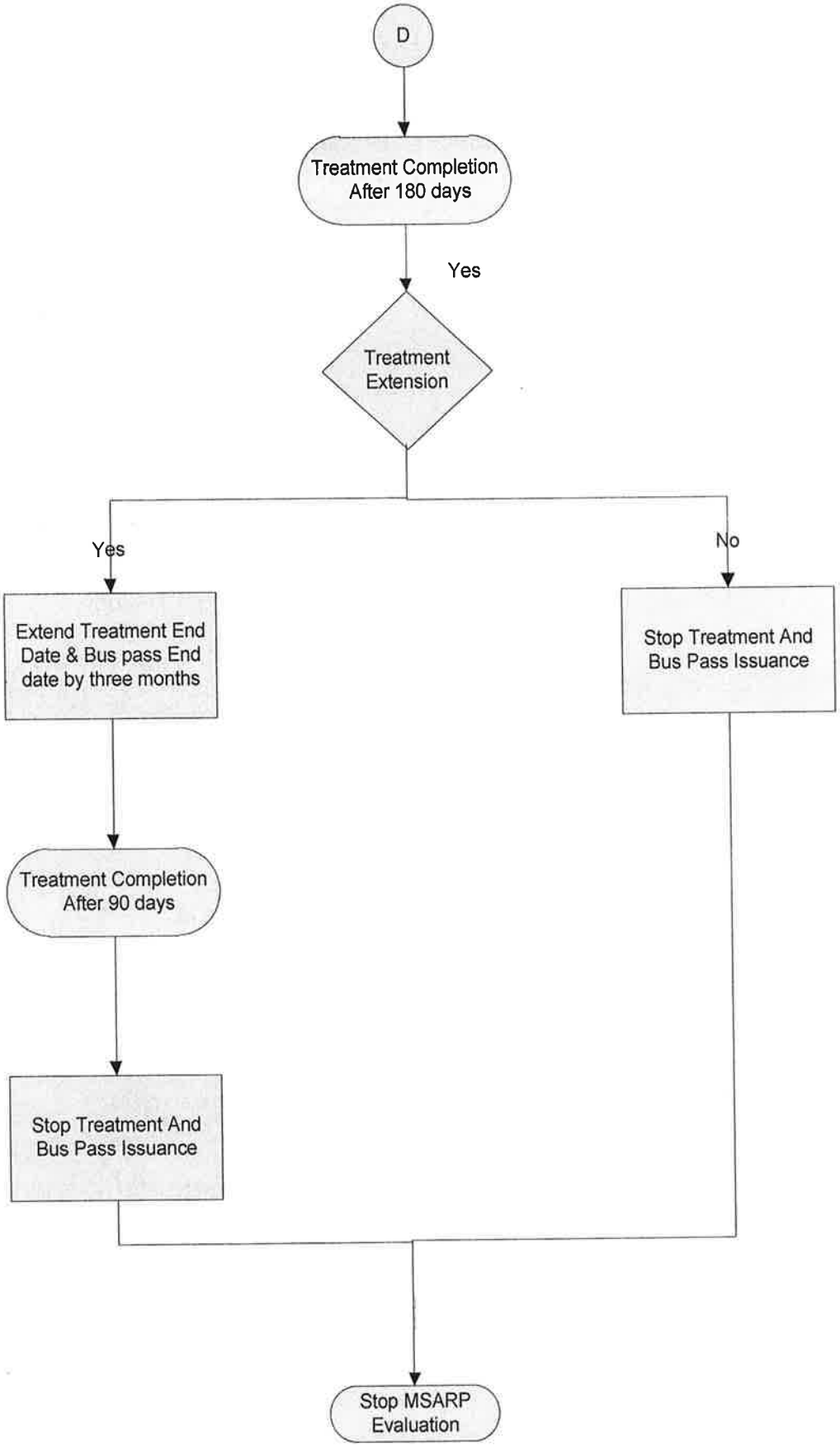
Treatment Referral Process Flow



Treatment Progress Process Flow



Treatment Completion Process Flow



ATTACHMENT H

GENERAL RELIEF BOARD AND CARE
LIAISON LISTING

DISTRICT	DISTRICT NAME	B/C LIAISON	CLASS	TELEPHONE #	DEPUTY	TELEPHONE #
DIV I						
02	GLENDALE	Babu Neervilla Intake	EW II	(818) 546-6162	Haregnesh Lemma	(818) 546-6462
		Loretta Taylor, Approved	EW II	(818) 546-6137		
03	PASADENA	Astgik Margaryan	EW II	(626) 791-6507	Medik Anjargolian	(626) 791-6305
32	SAN FERNANDO	Christy Hooker	EW II	(818) 394-3824	Patricia Guevara	(818) 394-3803
67	LANCASTER	Betty Collins	ES	(661) 974-8974	Cheryl Ward	(661) 974-8989
DIV II						
10	WILSHIRE	Savo Oganesyan	EW II	(213) 738-3369	Mary Ann Aguilar	(213) 738-4303
14	CIVIC CENTER	Alfredo Sarmiento	ES	(213) 974-9841	Joyce Harris	(213) 974-9237
60	RANCHO PARK	Joyce Wyatt	ES	(310) 481-3102	Cheryl Broyard	(310) 481-5310
DIV III						
15	METRO EAST	Raul Aguilar	EW II	(323) 260-3620	Blanca Duarte-Fierro	(323) 260-3511
70	METRO SPECIAL	Reyes, Aquino, Intake	EW II	(213) 741-8068	Luis Orozco	(213) 744-5603
		Alisa Rostomyan, Approved	EW II	(213) 763-7590	Luis Orozco	(213) 744-5603
DIV IV						
07	SOUTH SPECIAL	Mary Weinberg	ES	(310) 761-2530	Jose Martinez	(310) 761-2033
08	SOUTHWEST SPEC	Lewis Roach	SW	(323) 420-2303	Sara Mason	(323) 420-2929
27	SOUTH CENTRAL	Eliana Lara	EW II	(323) 563-4569	Connie Buzo	(323) 563-4159
DIV V						
20	SAN GABRIEL	Charlene Anders	EW II	(626) 569-3230	Marty Fasola	(626) 569-3605
		Phung Ly	EW II	(626) 569-3259	Same As Above	
36	POMONA	Frank Nagy	ES	(909) 397-3781	CoSteina Hall-Daniels	(909) 397-7904

Los Angeles County

Department of Public Social Services

SUBSTANCE ABUSE RECOVERY PROGRAM
TREATMENT PROVIDER REPORT OF CHANGES

TO:_____ Assessment Center	FROM:_____ Assessment Center
FROM:_____ Treatment Provider	TO:_____ DPSS Case Manager/EW Signature
Contact Person: _____ Signature	_____ Print Name
_____ Print Name _____ Date	_____ File Number _____ Date
_____ Telephone Number	_____ Telephone Number

REGARDING:

Participant Information:

Name:	Case Number:
Social Security Number:	Date of Birth:

Section I. (Sections I, II, and III Completed by Treatment Provider/DHS Assessment Centers)

This is to inform you that the above-referenced General Relief (GR) participant:

- ☐ Is participating in treatment _____hours per week
- ☐ Successfully completed treatment on _____
- ☐ Dropped out of treatment on _____
- ☐ Transferred from residential to outpatient treatment on _____
- ☐ Transferred from outpatient to residential treatment on_____
- ☐ New facility_____
- ☐ Participant has a reunification plan with the Department of Children and Family Services
- ☐ Other_____

Section II.

This is to request that the above-referenced GR participant be referred to:

- ☐ Department of Health Services for a medical evaluation
- ☐ District DMH/APS staff for evaluation for possible mental problems
- ☐ DPSS' SSI advocate to process an SSI application
- ☐ Healthy Way LA
- ☐ GROW Appraisal/Orientation
- ☐ Other

Section III.

☐ This is to request a three-month extension in treatment services for the above-referenced participant.

Section IV. (Completed by DPSS Case Manager/EW Only)

Request for extension in treatment services for the above-referenced GR participant is:

☐ Approved through_____ Denied ☐ Reason:_____

_____ Case Manager/EW Signature	_____ Date	_____ Telephone Number

ATTACHMENT J

LOS ANGELES COUNTY – DEPARTMENT OF HEALTH SERVICES
ALCOHOL AND DRUG PROGRAM ADMINISTRATION

REQUEST FOR EXTENDED TREATMENT
GENERAL RELIEF PROGRAM SERVICES

PROVISIONAL APPROVAL

DATE OF REQUEST: _____

AGENCY: _____

CLIENT ID NUMBER: _____

ADMISSION DATE: _____

DATE LAST SEEN: _____

REASON FOR EXTENSION: _____

_____

ESTIMATED LENGTH: _____

FINAL DETERMINATION

DOCUMENTATION SUPPORTS NEED FOR EXTENSION: YES: _____ NO: _____

PROVISIONAL APPROVAL: _____ UNTIL (DATE): _____

APPROVAL: _____ UNTIL (DATE): _____

DENIAL: _____

REASON FOR DENIAL: _____

_____

_____

COMMENTS: _____

_____

_____

_____
CONTRACT PROGRAM AUDITOR

_____
DATE

Rev. 01/13

ATTACHMENT J

LOS ANGELES COUNTY – DEPARTMENT OF HEALTH SERVICES
ALCOHOL AND DRUG PROGRAM ADMINISTRATION

REQUEST FOR EXTENDED TREATMENT
GENERAL RELIEF PROGRAM SERVICES

PROVISIONAL APPROVAL

DATE OF REQUEST: _____

AGENCY: _____

CLIENT ID NUMBER: _____

ADMISSION DATE: _____

DATE LAST SEEN: _____

REASON FOR EXTENSION: _____

_____

ESTIMATED LENGTH: _____

FINAL DETERMINATION

DOCUMENTATION SUPPORTS NEED FOR EXTENSION: YES: _____ NO: _____

PROVISIONAL APPROVAL: _____ UNTIL (DATE): _____

APPROVAL: _____ UNTIL (DATE): _____

DENIAL: _____

REASON FOR DENIAL: _____

_____

_____

COMMENTS: _____

_____

_____

_____
CONTRACT PROGRAM AUDITOR

_____
DATE

Rev. 01/13

ATTACHMENT K

COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC SOCIAL SERVICES

TREATMENT PROVIDER PROGRESS REPORT

Treatment Provider Name:
Address:

Date:
Case Name:
Case Number:
File Number:

(DPH CASC NAME/ADDRESS OF ASSESSMENT PROVIDER)

Our records indicate that_____, General Relief (GR) participant is receiving treatment in our Program. Verification of his/her progress is needed to continue the participant's eligibility to GR. Please complete this form and return it to the above DPH CASC address within five (5) workdays. If you have any questions, please contact your DPH CASC liaison.

PROGRESS DETERMINATION
TO BE COMPLETED BY THE TREATMENT PROVIDER

The above-referenced GR participant:

☐ Is satisfactorily participating _____ hours per week

☐ Failed to cooperate effective _____

☐ Dropped out of treatment on _____

☐ Successfully completed treatment on _____

Signature of Person Completing Form: Print Name:	Position:	Date:

Thank you for your assistance

ATTACHMENT L

COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC SOCIAL SERVICES

SUBSTANCE ABUSE RECOVERY PROGRAM
GOOD CAUSE DETERMINATION

CASE NAME	CLIENT NAME	CASE NUMBER	DISTRICT	FILE NO.

ELIGIBILITY WORKER OR HEARING OFFICER COMPLETES THIS FORM TO DOCUMENT GOOD CAUSE. IF ANY OF THE BOXES IN SECTION I BELOW ARE CHECKED, GENERAL RELIEF SHALL NOT BE DENIED, TERMINATED, OR THE PENALTY APPLIED. SEE IMPORTANT PENALTY INFORMATION ON THE REVERSE SIDE OF THIS FORM.

SECTION I - CHECKLIST

1. ☐ MENTAL LIMITATION
   - ☐ Mentally confused (verified by observation).
   - ☐ Emotionally disturbed as evidenced by inappropriate behavior and responses (verified by observation).

2. ☐ ILLNESS ON DAY OF APPOINTMENT

3. ☐ MEDICAL/DENTAL APPOINTMENT WHICH COULD NOT BE RESCHEDULED (verification required).

4. ☐ TRAVEL TIME EXCEEDS ONE HOUR ONE WAY (client's statement is sufficient).

5. ☐ JOB INTERVIEW SCHEDULED AT THE SAME TIME AS THE SUBSTANCE ABUSE APPOINTMENT (client's statement is sufficient).

6. ☐ COURT/LAW ENFORCEMENT
   - ☐ Court appearance (verification required).
   - ☐ Detained by law enforcement official (verification required).
   - ☐ Incarcerated (verification required).

7. ☐ DEATH OF IMMEDIATE FAMILY – DEATH OF SPOUSE, CHILD, STEP-CHILD, MOTHER, FATHER, STEP-MOTHER, STEP-FATHER, GRANDPARENT (verification required).

8. ☐ OTHER (DOCUMENTATION/VERIFICATION REQUIRED)

   Explain: _____

   _____

   _____

SECTION II – DOCUMENTATION/VERIFICATION

Describe method used to document/verify Good Cause, e.g., phone call to doctor on (date), note from probation officer (date), hospital discharge papers, PA 853, Affidavit.

_____

_____

SECTION III – DETERMINATION

GOOD CAUSE CRITERIA MET: YES ☐ NO ☐ If no explain:

_____

_____

_____ _____ _____

SIGNATURE OF PERSON DETERMINING GOOD CAUSE TITLE DATE

_____ _____

SUPERVISOR SIGNATURE (REQUIRED IF GOOD CAUSE IS DETERMINED BY ELIGIBILITY WORKER) DATE

ABP 1170 (rev. 01/13)

FILING: D/A FOLDER
RETENTION: PERMANENT

INSTRUCTION FOR COMPLETION OF THE ABP 1170
SUBSTANCE ABUSE RECOVERY PROGRAM "GOOD CAUSE DETERMINATION"

When a client claims Good Cause for non-compliance with a Substance Abuse Recovery Program requirement, the Eligibility Worker/Hearing Officer enters the case name, client's name, case number, district number and file number in the heading and completes the body of the form as follows:

A. SECTION I – CHECKLIST

1. Reviews the list of reasons for Good Cause to determine if the client's reason for non-compliance with the Substance Abuse Recovery Program is listed.

2. Checks the appropriate box if the reason is listed. If none of the reasons listed apply, checks the box in item 8 "other," and indicates the reason.

B. SECTION II – DOCUMENTATION/VERIFICATION

Self-explanatory

C. SECTION III – DETERMINATION

1. Checks the "Yes" box if any of the boxes in Section I are checked.

2. Checks the "No" box if any of the boxes in Section I are checked and explains the reason Good Cause was not determined.

3. Signs the forms and enters his/her title and the case.

4. If the Good Cause is determined by the Eligibility Worker, obtains the Eligibility Supervisor's signature.

IMPORTANT PENALTY INFORMATION

WHEN A CLIENT FAILS TO COMPLY WITH ANY SUBSTANCE ABUSE RECOVERY PROGRAM REQUIREMENT WITHOUT GOOD REASON, HE/SHE AND HIS/HER FAMILY MEMBERS WILL BE INELIGIBLE FOR GENERAL RELIEF.

- THE FIRST TIME THE CLIENT FAILS TO COMPLY, GENERAL RELIEF WILL BE DENIED/TERMINATED AND THE CLIENT CAN REAPPLY IMMEDIATELY.

- THE SECOND TIME THE CLIENT WILL BE INELIGIBLE FOR 30 DAYS.

- THE THIRD, AND SUBSEQUENT TIMES THE CLIENT WILL BE INELIGIBLE FOR 30 DAYS.

ATTACHMENT M

COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC SOCIAL SERVICES

GENERAL RELIEF
NOTIFICATION OF CHANGE

This notice is used by GROW and GR eligibility staff to communicate changes and/or information regarding GROW and General Relief participants. The receiver must review the notice, and take appropriate action on the changes reported on the form and update sender of action within three days.

To: _____ File #: _____	From: _____ File #: _____
District/GROW Site: _____	District/GROW Site: _____
Date: _____	Phone: _____
Response Due Date: _____	Fax: _____
Case Name:	Participant Name:
Case Number:	Date Received:

( ) EMPLOYMENT

Employment Start Date: _____ End Date: _____ Date Verified: _____
Employer Name: _____ Job Title: _____
Address: _____
Weekly Hours: _____ Hourly Wage: _____ Contact Person/Phone: _____

( ) EXEMPTION

Exempt the participant code M for the following reason:
☐ Disabled for less than 30 days – Exempt until _____.
DATE
☐ Refer for medical evaluation and exempt of 30 days.
☐ Refer for Need Special Assistance (NSA) evaluation and exempt for 30 days.

( ) REFERRAL RESULTS

☐ Participant Employability Status Change–Participant is unable to work until ____ according to
DATE
☐ Medical ☐NSA Evaluation ☐Volunteer to GROW (include PA 2012 and DMH Employment Assessment forms)
☐ Participant remains employable. Schedule GROW appointment.
☐ Participant's accommodation(s) must be assessed for a possible change.

( ) MANDATORY SUBSTANCE ABUSE RECOVERY PROGRAM (MSARP)

☐ Refer to MSARP Assessment ☐ Assessment Results: _____
MSARP Treatment Start Date: _____ End Date: _____ Weekly Hours: _____
Treatment Center name: _____ Contact Person: _____ Phone: _____

( ) OVERPAYMENT

Participant received a ☐ Fraud ☐ Non-Fraud overpayment for: ☐ Work Related Expense ☐ Transportation Month: _____ Amount: _____

( ) OTHER _____

_____

_____

By reviewer and returned to sender within three days of receipt

Reviewed and updated by:	File #:	Date:	Phone:
_____	_____	_____	_____

ATTACHMENT N

COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC SOCIAL SERVICES

GENERAL RELIEF OPPORTUNITIES FOR WORK
IDENTIFICATION OF PARTICIPANT WITH SUPPORTIVE SERVICES NEEDS

To:
GROW Site: _____
Address: _____
_____
GSW Name: _____

From:
_____
_____
_____
_____

The following participant has been identified as a having domestic violence, substance abuse and/or mental health problem. This problem requires immediate attention to assist him/her overcome barriers to employment. Please make the appropriate supportive services referrals.

1. PARTICIPANT INFORMATION

NAME (first/last): _____

DPSS Case Number: _____

GROW Activity: _____

2. SUPPORTIVE SERVICES

(Check all that apply)

Mental Health Domestic Violence Substance Abuse

_____ Name/Title/Signature of Authorization Person _____ Date _____ Phone Number _____ Fax Number

3. PARTICIPANT AUTHORIZATION

I authorize the Department of Public Social Services to release of information to the above GROW services provider regarding the status of my GROW/General Relief application/case as it applies to my participation in Supportive Services.

_____ Participant's Signature Date _____

4. FOR DPSS USE ONLY

Your request for GROW Supportive Services for the above-referenced participant has been received and an appointment to discuss the possible need for domestic violence, mental health and/or substance abuse supportive services has been scheduled for:

_____ Appointment Date _____ Time _____ Address

_____ GROW Case Manager _____ Date _____ Telephone

ABP 4026 (4/2009)

ATTACHMENT O

COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC SOCIAL SERVICES

GENERAL RELIEF OPPORTUNITIES FOR WORK
WELFARE-TO-WORK PLAN
ACTIVITY ASSIGNMENT

GROW SITE
ADDRESS
PARTICIPANT NAME
CASE NAME

ACTIVITY – HOURS PER WEEK REQUIRED _____

My assigned activity and the date, time and location I am required to report are:

ASSIGNED ACTIVITY	START DATE	TIME	EXPECTED COMPLETION DATE
LOCATION			

I understand that if I do not attend the activity listed above, as required by the General Relief Opportunities for Work (GROW) Program, my General Relief may be terminated. For the first instance of non-compliance without Good Cause, I can reapply immediately. The second instance is a 30 day penalty and the third and subsequent instances are 60 day penalties.

I understand that if I am in a Self-Initiated Program (SIP), an education/training program or work experience program, I must provide proof of enrollment. I must also provide proof of satisfactory progress when I receive a Progress Report. I understand the Progress Report will be mailed to me at least every 60 days.

I understand that I have up to 30 days to ask for a change in my activity when I have been assigned after Vocational Assessment. If my Case Manager agrees to the change, I know I have to sign a new Activity Agreement.

WORK RELATED EXPENSES

GROW will pay for work related expenses such as transportation and training/work related costs if I need them to participant in the program.

I have reviewed my need for work related expenses with me Case Manager. I understand that I do not have to participate until arrangements are made. I understand that I must tell my Case Manager right away of changes in my needs or if I no longer need them. I understand that if GROW pays for work-related expenses that are more than I need to participate. I will have to pay them back.

SUPPORTIVE SERVICES

I understand that if supportive services are assigned as part of the Welfare-to-Work Plan – Activity Assignment, I am required to participate. I understand that failure to participate may result in the termination of my General Relief. For the first instance of non-compliance without good cause, I can reapply immediately. The second instance is a 30 day penalty and the third and subsequent instances are 60 day penalties.

CERTIFICATION

I understand my Rights and Responsibilities for participation in GROW. I understand that I can contact my Case Manager with any questions. I understand that I have three days to think about the terms of this Activity Assignment. If I do not tell my Case Manager any problems that may prevent me from participating in this activity by _____, this contract is final.

I have read or had read to me and understand this Welfare-to-Work Plan – Activity Assignment and have received a copy of it. If I fail to meet my responsibilities without a good cause, my General Relief may stop and I may receive a penalty.

PARTICIPANT SIGNATURE	DATE		
CASE MANAGER SIGNATURE	FILE NUMBER	PHONE	DATE