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SB-1339 Public social services: intercounty transfers. (2015-2016)

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Senate Bill No. 1339

CHAPTER 801

An act to amend and repeal Sections 11052.6, 11053, and 11053.2 of, to amend, repeal, and add Section 11102 of, and to add Section 10003 to, the Welfare and Institutions Code, relating to public social services.

[Approved by Governor September 29, 2016. Filed with Secretary of State September 29, 2016.]

LEGISLATIVE COUNSEL'S DIGEST

SB 1339, Monning. Public social services: intercounty transfers.

Existing law provides for the California Work Opportunity and Responsibility to Kids (CalWORKs) program under which, through a combination of state and county funds and federal funds received through the Temporary Assistance for Needy Families (TANF) program, each county provides cash assistance and other benefits to qualified low-income families.

Existing law establishes the Medi-Cal program, administered by the State Department of Health Care Services, under which qualified low-income persons are provided with health care services.

Existing law establishes a statewide program to enable eligible low-income persons to receive food stamps under the federal Supplemental Nutrition Assistance Program (SNAP), known in California as CalFresh. Existing law requires counties to implement the program, including determining eligibility and distributing CalFresh benefits. Existing law requires the State Department of Social Services to establish and implement a process of intercounty transfer of eligibility for CalFresh benefits, and to take various regulatory actions.

Existing law requires the county where an applicant of a public assistance program lives to be responsible for paying for the aid and requires transfer of the responsibility to pay, when that person moves to another county, to the 2nd county as soon as administratively possible, but not later than the first day of the month following 30 days after notification to the 2nd county.

This bill would instead, commencing June 1, 2017, require the responsibility for payment of aid to transfer to the 2nd county as soon as administratively possible, as specified. The bill would delete provisions relating to the determination of the county of residence for an aid recipient who has been released or discharged from a state hospital.

Under existing law, a recipient of aid who is changing residence from one county to another within the state is required to notify the county paying aid to the recipient of the move, and to apply for a redetermination of eligibility within the new county of residence. Existing law imposes various requirements on the relevant counties, including requiring the county to which the recipient has moved to determine the recipient's continued eligibility for payment of aid and, to the extent possible, the recipient's eligibility for the Medi-Cal program.

This bill would make inoperative on June 1, 2017, those provisions relating to the notice and redetermination of aid procedures for when a recipient of aid changes residence from one county to another within the state, including the procedures for intercounty transfer of CalFresh benefits. The bill would instead, commencing June 1, 2017, require the recipient to notify either the county

from which he or she moves or the county to which he or she moves of the change of residence and, within 7 business days of notice of a new residence, would require that county to initiate an intercounty transfer for specified public social service benefits. The bill would require that the benefits be transferred no later than the first day of the next available benefit month following 30 days after a county was notified. The bill would prohibit the new county of residence from interviewing recipients from another county to determine continued eligibility for the CalWORKs or CalFresh programs until the next scheduled recertification or redetermination, and would require case file documents to be shared electronically between the prior county of residence and the new county of residence. The bill would require the State Department of Health Care Services and the State Department of Social Services to adopt regulations by July 1, 2021. The bill would require, beginning June 1, 2017, the departments to provide a status report on the adoption of the regulations to the Legislature on a semiannual basis. Because this bill would impose additional duties on counties with regard to the provision of aid, this bill would impose a state-mandated local program.

Existing law continuously appropriates moneys from the General Fund to defray a portion of county costs under the CalWORKs program.

This bill would instead provide that the continuous appropriation would not be made for purposes of implementing the bill.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to these statutory provisions.

Vote: majority Appropriation: no Fiscal Committee: yes Local Program: yes

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. Section 10003 is added to the Welfare and Institutions Code, to read:

10003. (a) It shall be the responsibility of a recipient of aid pursuant to this division changing residence from one county to another to promptly notify either the county from which he or she moves or the county to which he or she moves of the change of residence. Recipients of CalWORKs, CalFresh, or Medi-Cal shall have the option to report a change of residence in person, in writing, telephonically, or, if the technology is available, electronically online and shall be advised of these options at the time of application and redetermination or recertification. Within seven business days of notice of a new residence, the notified county shall initiate an intercounty transfer for all benefits under this division that the recipient is receiving, and benefits shall be transferred no later than the first day of the next available benefit month following 30 days after a county was notified pursuant to this section.

(b) To the greatest extent possible, the intercounty transfer process shall be simple and client friendly and minimize workload for county eligibility operations. The process shall ensure the applicant or recipient does not need to provide copies of documents that were previously provided to the prior county of residence, and there is no interruption in benefits.

(c) Case file documents shall be electronically shared between the prior county of residence and the new county of residence, to the extent possible, as specified by the relevant state departments.

(d) Notwithstanding Section 11052.5, the new county of residence shall not interview recipients moving to that county from another county to determine continued eligibility for CalFresh or CalWORKs until the next scheduled recertification pursuant to Section 18910.1 or redetermination pursuant to Section 11265. This section shall not preclude the new county of residence from interviewing CalWORKs recipients regarding welfare-to-work program participation, which is not a requirement for an intercounty transfer of CalWORKs eligibility.

(e) For beneficiaries required to receive services through a Medi-Cal managed care health plan, the following shall apply:

(1) If the beneficiary moves to another county and is still enrolled in a managed care health plan in the county from which he or she moved, the beneficiary shall have continued access to emergency services and any other coverage the managed care health plan authorizes out-of-network until the time that the intercounty transfer process pursuant to subdivision (a) is complete and the beneficiary is disenrolled from the managed care health plan.

(2) If the beneficiary moves to another county and is still enrolled in a managed care health plan in the county from which he or she moved and needs nonemergent care that same month in the new county, the Medi-Cal Managed Care Ombudsman shall, upon request by the beneficiary or either county, disenroll the beneficiary as an expedited disenrollment from his or her managed care health plan. County-initiated disenrollment using an online form shall be processed no later than three business days after the request is made. Beneficiary-initiated disenrollment by telephone shall be effective no later than two business days after the request is made when the request is made before 5 p.m. Any beneficiary-initiated disenrollment request by

phone made after 5 p.m. shall be processed the following business day and be effective no later than two business days after the request is processed.

(3) A beneficiary who is disenrolled from the managed care health plan in the county from which he or she moved pursuant to paragraph (2) shall be entitled to the full scope of benefits for which he or she is entitled to in the new county through the fee-for-service delivery system until he or she is enrolled in a managed care health plan in the new county.

(4) If the beneficiary moves to a county that provides Medi-Cal services through a county organized health system, the beneficiary shall be enrolled in that county organized health system plan on the first day of the following month once the new county of residence is reflected in the Medi-Cal Eligibility Data System. If a beneficiary moves to a county without a county organized health system, the usual health plan choice process shall apply.

(f) Failure to report a move to a different county within the state in itself shall not constitute a basis for an overpayment.

(g) (1) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the State Department of Health Care Services and the State Department of Social Services, without taking any further regulatory action, shall implement, interpret, or make specific this section by means of all-county letters, plan letters, plan or provider bulletins, or similar instructions until the time regulations are adopted. The State Department of Health Care Services and the State Department of Social Services shall adopt regulations by July 1, 2021, in accordance with the requirements of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

(2) Beginning June 1, 2017, and notwithstanding Section 10231.5 of the Government Code, the State Department of Health Care Services and the State Department of Social Services shall provide a status report on the adoption of the regulations to the Legislature on a semiannual basis, in compliance with Section 9795 of the Government Code, until regulations have been adopted.

(h) This section shall be implemented only if, and to the extent, that federal financial participation is available and any necessary federal approvals have been obtained.

(i) This section shall become operative on June 1, 2017.

SEC. 2. Section 11052.6 of the Welfare and Institutions Code is amended to read:

11052.6. (a) Notwithstanding any other law, the requirements of Section 11052.5 shall not apply to any caretaker relative when all of the following apply:

(1) He or she is an approved relative pursuant to subdivision (d) of Section 309 caring for a child who is a dependent child of the court, and is receiving benefits under the CalWORKs program on behalf of the child.

(2) The caretaker relative is changing residence from one county to another county and is applying for benefits in the new county on behalf of one or more related children who are current recipients of benefits under the CalWORKS Program under Chapter 2 (commencing with Section 11200) of Part 3.

(3) The caretaker relative is not an applicant for or a recipient of benefits under the CalWORKS Program.

(b) If the caretaker relative subsequently applies for benefits under the CalWORKS Program, he or she shall be subject to the requirements of Section 11052.5 that are applicable to that program.

(c) The county CalWORKs program shall verify that the individual applying for benefits meets the criteria set forth in this section.

(d) This section shall become inoperative on June 1, 2017, and, as of January 1, 2018, is repealed, unless a later enacted statute, that becomes operative on or before January 1, 2018, deletes or extends the dates on which it becomes inoperative and is repealed.

SEC. 3. Section 11053 of the Welfare and Institutions Code is amended to read:

11053. (a) It shall be the responsibility of a recipient changing residence from one county to another within the state to promptly notify the county paying aid to the recipient of the move and to apply for a redetermination of eligibility within the new county of residence. The first county shall notify the second county of the recipient's move as soon as the recipient's location in the second county is known. The county to which the recipient has moved will be responsible for determining the recipient's continued eligibility for payment of aid and, to the extent possible, as determined by the Director of Health Services, eligibility for the Medi-Cal program, as of the first day of the month following 30 days after the first county has notified the second county of the recipient's relocation. The first county shall provide the second county with copies of those documents, as specified by the department, necessary to establish current eligibility and grant amount.

(b) This section shall become inoperative on June 1, 2017, and, as of January 1, 2018, is repealed, unless a later enacted statute, that becomes operative on or before January 1, 2018, deletes or extends the dates on which it becomes inoperative and is repealed.

SEC. 4. Section 11053.2 of the Welfare and Institutions Code is amended to read:

11053.2. (a) Notwithstanding any other law, the department shall establish a process of intercounty transfer of eligibility for CalFresh benefits provided under Chapter 10 (commencing with Section 18900) of Part 6 when a recipient changes residence from one county to another within the state. The intercounty transfer process shall facilitate a recipient's move from one county to another without a break in benefits and without requiring a new application to be submitted to the new county of residence.

(b) (1) For CalFresh recipients who are receiving CalWORKs benefits pursuant to Chapter 2 (commencing with Section 11200), the intercounty transfer process utilized for CalWORKs shall be used.

(2) For CalFresh recipients who are receiving Medi-Cal benefits pursuant to Chapter 7 (commencing with Section 14000), but are not receiving CalWORKs benefits pursuant to Chapter 2 (commencing with Section 11200), the intercounty transfer process utilized for the Medi-Cal program shall be used.

(3) This subdivision shall be implemented no later than April 1, 2011.

(c) For CalFresh recipients who are not receiving CalWORKs or Medi-Cal benefits as described in paragraphs (1) and (2) of subdivision (b), an intercounty transfer process shall be developed, in consultation with representatives of county human services departments and advocates for recipients. To the greatest extent possible, the process shall be simple, client friendly, ensure the client does not need to provide copies of documents that were previously provided to the prior county of residence, build on existing processes for the programs described in paragraphs (1) and (2) of subdivision (b), and minimize workload for county eligibility operations. The process developed pursuant to this subdivision shall be implemented no later than July 1, 2011.

(d) Upon the implementation of the intercounty transfer procedures set forth in this section, it shall be the responsibility of a recipient changing residence from one county to another within the state to notify his or her prior county of residence of his or her move. The prior county of residence shall notify the new county of the recipient's move as soon as the recipient's location in the new county is known. The new county of residence shall be responsible for determining the recipient's continued eligibility for payment of CalFresh benefits. To the extent permitted by federal law, the new county of residence shall not be required to interview persons in the CalFresh household to determine continued eligibility until the next scheduled recertification or other regularly scheduled interview.

(e) Notwithstanding the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code), the department may implement this section through all-county letters, or similar instructions from the director no later than April 1, 2011, with respect to subdivision (b), and no later than July 1, 2011, with respect to subdivision (c).

(f) The department shall adopt regulations as otherwise necessary to implement this section no later than July 1, 2012. Emergency regulations adopted for implementation of this section may be adopted by the director in accordance with the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code). The adoption of emergency regulations shall be deemed to be an emergency and necessary for immediate preservation of the public peace, health and safety, or general welfare. The emergency regulations shall be exempt from review by the Office of Administrative Law. The emergency regulations authorized by this section shall be submitted to the Office of Administrative Law for filing with the Secretary of State and shall remain in effect for no more than 180 days.

(g) This section shall become inoperative on June 1, 2017, and, as of January 1, 2018, is repealed, unless a later enacted statute, that becomes operative on or before January 1, 2018, deletes or extends the dates on which it becomes inoperative and is repealed.

SEC. 5. Section 11102 of the Welfare and Institutions Code is amended to read:

11102. (a) County residence is not a qualification for aid under any public assistance program.

(b) County responsibility for making aid payments is determined as follows:

(1) The county where the applicant lives shall accept the application and shall be responsible for paying the aid.

(2) Responsibility for payment of aid to any person qualifying for and receiving aid from any county, who moves to another county in this state to make his or her home, shall be transferred to the second county as soon as administratively possible, but not later than the first day of the month following 30 days after notification to the second county.

(c) For purposes of public assistance the county in which an applicant or recipient lives is:

(1) For a patient in a state hospital or institution, voluntary, nonprofit, or proprietary facility or other public or private institution, the county from which he or she was admitted.

(2) For a person who has had to leave the county in which he or she normally lives, solely for the purpose of securing care not otherwise available to him or her in a medical facility, the county in which he or she last maintained a living arrangement outside a medical facility.

(d) This section shall become inoperative on June 1, 2017, and, as of January 1, 2018, is repealed, unless a later enacted statute, that becomes operative on or before January 1, 2018, deletes or extends the dates on which it becomes inoperative and is repealed.

SEC. 6. Section 11102 is added to the Welfare and Institutions Code, to read:

11102. (a) County residence is not a qualification for aid under any public assistance program.

(b) County responsibility for making aid payments is determined as follows:

(1) The county where the applicant lives shall accept the application and shall be responsible for paying the aid.

(2) Responsibility for payment of aid to a person qualifying for and receiving aid from a county, who moves to another county in this state to make his or her home, shall be transferred to the second county as soon as administratively possible pursuant to the requirements set forth in subdivision (a) of Section 10003.

(c) For purposes of public assistance, the county where an applicant or recipient lives is determined as follows:

(1) For a patient in a state hospital or institution, voluntary, nonprofit, or proprietary facility, or other public or private institution, the county where he or she was admitted.

(2) For a person who has had to leave the county where he or she normally lives, solely for the purpose of securing care not otherwise available to him or her in a medical facility, the county where he or she last maintained a living arrangement outside a medical facility.

(d) This section shall become operative on June 1, 2017.

SEC. 7. No appropriation pursuant to Section 15200 of the Welfare and Institutions Code shall be made for purposes of implementing this act.

SEC. 8. If the Commission on State Mandates determines that this act contains costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code.