



CDSS

WILL LIGHTBOURNE  
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**

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EDMUND G. BROWN JR.  
GOVERNOR

June 28, 2013

ALL COUNTY LETTER NO. 13-56

REASON FOR THIS  
TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

TO: ALL COUNTY WELFARE DIRECTORS  
ALL WELFARE-TO-WORK COORDINATORS  
ALL CALFRESH PROGRAM COORDINATORS  
ALL CALWORKS PROGRAM COORDINATORS

SUBJECT: NEW THIRD PARTY WORKERS' COMPENSATION CLAIMS  
ADMINISTRATOR AND CLAIMS REPORTING PROCEDURES FOR  
CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO  
KIDS (CaWORKs) AND CALFRESH EMPLOYMENT AND TRAINING  
PROGRAM PARTICIPANTS

REFERENCE: All County Letters (ACL) 95-69, 96-09, 00-14, AND 11-17,  
All County Information Notice (ACIN) I-10-98; and Manual Policies and  
Procedures (MPP) Sections 42-716.31(a)(b)(c)(d)(1);  
63.407.841(b); and Welfare and Institution Code (W&IC)  
Section 10850

The purpose of this letter is to provide County Welfare Departments (CWDs) with updated information regarding the transition of services from State Compensation Insurance Fund (SCIF) to York Risk Services Group, Inc., (York) for workers' compensation coverage for California Work Opportunity and Responsibility To Kids (CaWORKs) and CalFresh Employment and Training (E&T) Program participants.

Effective July 1, 2013, York will be the new administrator of workers' compensation benefits for those injured while participating in CaWORKs Welfare-to-Work (WTW) and CalFresh E&T Program activities described below. The California Department of General Services, Office of Risk and Insurance Management (DGS-ORIM), will continue to manage the workers' compensation program for CDSS and is participating in the implementation of the services under the new agreement with York.

### **CalWORKs Welfare-to-Work Program**

Workers' compensation is covered by the State of California through CDSS, for individuals injured while participating in CalWORKs WTW activities including, but not limited to, the following:

- Unpaid Work Experience
- Unpaid Community Service
- Subsidized Employment

**Note:** CDSS' workers' compensation contract only covers subsidized employment when a CWD is the employer of record. If any other entity, including other government agencies (e.g., workforce investment board), is the employer of record, that employer must provide the workers' compensation coverage. More information regarding the employer of record is outlined in (ACL) 12-15.

### **CalFresh Employment and Training Program**

The CalFresh E&T Program is California's employment and training program for Supplemental Nutrition Assistance Program (SNAP) recipients. CalFresh E&T Program participants receive CalFresh benefits each month, but do not receive a monthly cash grant unlike applicants or recipients under the CalWORKs program. Workers' compensation is covered by the State of California through CDSS, when a CalFresh recipient is participating in one of the following CalFresh E&T activities:

- Workfare
- On-the-Job Training
- Work Experience

### **County Contact Representative Information**

The CalWORKs WTW and CalFresh E&T Programs must receive contact information from each CWD in order to implement and coordinate the services under the new agreement with York. CDSS respectfully requests each CWD to promptly identify a primary contact person for workers compensation claims reported on/or after July 1, 2013 for CalWORKs WTW and CalFresh E&T program participants.

For counties participating in the CalFresh E&T program, please send your county contact representative's name, title, phone number, and e-mail information to Shanee Clark, at [shanee.clark@dss.ca.gov](mailto:shanee.clark@dss.ca.gov).

For counties participating in CalWORKs WTW activities, please send your county contact representative's name, title, phone number and e-mail information to Ted Manas, at [ted.manas@dss.ca.gov](mailto:ted.manas@dss.ca.gov) .

Upon receipt of the name(s) of the county contact representatives for each CWD, CDSS shall forward contact name(s) to York for proper handling of participant(s) filed claim(s).

### **York Reporting Requirements for the CalWORKs and CalFresh E&T Programs**

When the employer/worksite supervisor/county contact representative receives notification, from any source, that a CalWORKs or CalFresh E&T participant incurred an injury while participating in the program, the following procedures must be followed within one (1) working day:

1. Employer/worksite supervisor/county contact representative completes lines 9-17 of the DWC-1 form (Employee's Workers' Compensation Claim Form) and gives the DWC-1 form to the employee.
2. Employer/worksite supervisor/county contact representative must have the employee sign and date the Acknowledge of Receipt of the Employee Workers' Compensation Claim form.
3. If the employee completes the DWC-1, he/she should be given a copy of the DWC-1 and the employer/worksite supervisor/county contact representative should retain remaining copies.
4. The appropriate supervisor should complete the Supervisor's Report of Injury. The employer/worksite supervisor/county contact representative must complete the Employer's Report of Occupational Injury or Illness, Form 5020, to access this form online click on the following York link at [www.yorkrsg.com](http://www.yorkrsg.com); usernames and passwords will be provided upon confirmation of the employer/worksite supervisor/county contact representative's information by CDSS. All information requested on the Form 5020 is essential for the proper handling of the potential claim. The information provided on the Form 5020 must be complete, accurate, and contain the worksite supervisor's signature and title. Please understand that the worksite supervisor's signature is not an admission of liability. Form 5020 can be filed with York via online, fax, and mail.

5. The employer/worksites supervisor/county contact representative must send all of the above to York along with any medical reports and bills, verification of employment assignment, (e.g.,) employment contract, and information regarding the client's grant/benefit amounts. The employer/worksites supervisor/county contact representative should retain a copy for their records.
6. York will provide new loss reporting packets to all locations.

If there are, questions related to reporting requirements, completion of claims reporting forms or worker's compensation in general, please contact:

York Risk Services Group  
P.O. Box 619058  
Roseville, CA 95661  
Ph. No.: (855) 446-9675  
Fax No.: (866) 548-2637

### **Required Notices and Pamphlets**

All California employers are required to post a "Notice to Employees-Injuries Caused by Work". The County must post this notice, in a conspicuous location frequented by participants. The poster can be found on the Department of Industrial Relations website, [www.dir.ca.gov](http://www.dir.ca.gov). York will provide an electronic version of the notice.

Employers must also distribute a "Time of Hire Pamphlet' Compensation Benefits" pamphlet, which notifies new participants about California workers' compensation rights and benefits at the time of hire. Counties are responsible for distributing the pamphlet to all new participants and existing participants upon request. The pamphlet can be found on the Department of Industrial Relations website, [www.dir.ca.gov](http://www.dir.ca.gov). York will provide an electronic version of the pamphlet.

### **Reporting a Serious Injury, Illness, or Death of a CalWORKs/CalFresh E&T Participant**

Generally, a serious injury or illness is defined as any injury or illness occurring in a place of employment which requires inpatient hospitalization of an employee for a period in excess of 24 hours (for other than medical observation); results in a loss of any member of the body; or any serious degree of permanent disfigurement. If a fatality or serious injury or illness occurs to a participant of the CalWORKs WTW and CalFresh

E&T Program while participating in the activities described above, the following procedures must be followed:

1. Report the incident immediately by telephone to the nearest office of the California Division of Occupational Safety and Health (DOSH). A list of DOSH offices can be found at the following link:  
<http://www.dir.ca.gov/dosh/DistrictOffices.htm>

“Immediately” means as soon as practically possible but no later than eight (8) hours of when the employer knows or with diligent inquiry would have known of the death or a serious illness or injury. (Cal. Code Regs., tit. 8, § 342.) Immediate reporting also applies to injuries or illnesses initially determined to be non-serious, but later fall within the definition of a serious injury or illness. Upon learning of a serious injury or illness, an employer must immediately report it to DOSH. Failure to make an immediate report is subject to a minimum \$5,000 fine.

2. The employer/worksite supervisor/county contact representative at the worksite must immediately contact York at 1(866) 391-9675.
3. If worksite is other than the county office, the worksite supervisor must contact the CWD immediately to report the incident.

### **Contact by York Claims Examiners and Adjusters**

The York examiner dedicated to the CalWORKs and CalFresh E&T programs will be contacting the CWD workers' compensation coordinators/county contact representatives for further information on individual cases. It is the responsibility of the coordinators/county contact representatives to provide all necessary information to the York claims examiners or adjusters. Cooperating with the adjuster and providing requested information is not considered a violation of confidentiality since York is under contract with CDSS to administer these benefits of the workers compensation program and is acting on behalf of CDSS.

York adjusters may ask questions in the following areas:

- Return to work dates
- Length of assignments
- Availability of alternative/modified work
- Background information

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- Medical information
- Grant/Benefit information

If there are, questions that are non-claims related or regarding the administration of benefits by York please contact:

Jessica Townsend, Assistant Risk Analyst  
Office of Risk and Insurance Management  
Department of General Services  
Phone (916) 376-5296  
Fax (916) 376-5275  
E-mail [InsuranceServices@dgs.ca.gov](mailto:InsuranceServices@dgs.ca.gov)

If you have any questions regarding the information in this letter or are unsure who is covered, you may contact your CalWORKs Employment Bureau County Consultant at (916) 654-2137 or CalFresh County Consultant, at (916) 654-1896.

Sincerely,

***Original Document Signed By:***

TODD R. BLAND  
Deputy Director  
Welfare to Work Division