



CDSS

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DIRECTOR

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

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EDMUND G. BROWN JR.
GOVERNOR

October 23, 2013

ALL COUNTY LETTER (ACL) 13-88

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 CalFresh PROGRAM SPECIALISTS
ALL CaWORKs PROGRAM SPECIALISTS
ALL CONSORTIA REPRESENTATIVES
ALL QUALITY CONTROL COORDINATORS

SUBJECT: HOUSEHOLDS LEAVING CALWORKs DUE TO FAILURE TO PROVIDE A COMPLETE SAR 7

REFERENCE: TITLE 7 CODE OF FEDERAL REGULATIONS (CFR) PART 273.26(c)(6)

The purpose of this All County Letter (ACL) is to notify County Welfare Departments (CWD) of a change in Transitional CalFresh (TCF) policy. The Food and Nutrition Service (FNS) has recently advised the California Department of Social Services (CDSS) that TCF benefits may not be issued to households leaving CalWORKs due to a failure to submit a complete SAR 7 (periodic report) for CalWORKs or CalFresh. This policy change is effective immediately with the transmission of this letter.

According to Title 7, CFR part 273.26 (c)(6), all household members are ineligible to receive TCF benefits when the case is closed for not providing information necessary to determine eligibility or for a subsequent review of eligibility. As interpreted by FNS, the failure to submit a complete SAR 7 or submit an application for, or complete the redetermination/recertification (RD/RC) constitutes a failure to provide necessary information to determine eligibility or for a subsequent review of eligibility.

If a household submits a SAR 7 and fails to meet all of the CalWORKs reporting requirements, but meets the CalFresh requirements, then CWDs shall evaluate the household's ongoing eligibility for CalFresh. The household should be converted to a

nonassistance CalFresh (NACF) household, retain the current certification period, and benefits are to be calculated based upon the information provided on the SAR 7 and the removal of the CalWORKs grant from the CalFresh benefit calculation.

If the household does not respond to the request for RD/RC or submits an application for RD/RC and fails to complete the RD/RC process, the household will not be eligible for TCF benefits at the time the CalWORKs and CalFresh benefits are stopped. If the household completes the RC, but fails to complete the CalWORKs RD, and is otherwise eligible to CalFresh, then the CWD should set-up a new certification period converting the household to a NACF household because the household is ineligible to TCF.

All policy regarding how to establish TCF benefit amounts remain unchanged. All other current reasons a CalFresh household is not eligible to TCF still apply.

Example 1

The public assistance CalFresh (PACF) household submits a SAR 7 and fails to answer a CalWORKs-only question. The household does not respond to the NA 960Y and is discontinued from CalWORKs following normal CalWORKs procedures. The household had provided all information required to be reported for CalFresh and based on the information provided the household continues to be eligible to CalFresh. The CWD converts the case to a NACF household and maintains the household's current certification period and TCF would not be issued.

If the household submits the SAR 7 in the month following the discontinuance from CalWORKs, effectively restoring the CalWORKs case, then the household would be converted back to PACF and CalFresh benefits adjusted for the inclusion of the CalWORKs grant with timely and adequate notice.

Example 2

The PACF household fails to submit a SAR 7 and does not respond to the NA 960X. The household is discontinued at the end of the submit month from both CalWORKs and CalFresh following existing procedures. TCF is not issued to the household.

Some examples of TCF eligible households include, but are not limited to the following:

- Discontinued from CalWORKs due to excess income. The new IRT for CalFresh does not impact TCF rules. If the household is eligible to TCF then changes in income are not considered when determining the amount of benefits the household is eligible to during the TCF benefit period.

- Households that voluntarily withdraw from CalWORKs.
- The reason the CalWORKs case discontinued is due to a parent timing out or child aging out when that individual was the last eligible person in the AU. In this circumstance for households in which an individual would otherwise be eligible to CalWORKs if not for a CalWORKs sanction are not eligible to TCF since the CalWORKs case would not be closed.

Further guidance on additional criteria for households leaving CalWORKs (the remainder of 7 CFR 273.26), which are ineligible for TCF, will be addressed in a subsequent letter when clarification is received from FNS. State regulations governing TCF benefits will be amended to reflect the above changes.

Forms Revisions

The following forms have been revised to inform a household that discontinuance from CalWORKs due to failure to submit a SAR 7 or to complete a CalWORKs redetermination will result in ineligibility to TCF.

- CalFresh Notice of Expiration of Certification (CF 377.2)
- CalFresh Notice of Expiration of Certification for Households in which All Adults are Elderly or Disabled (CF 377.2A)
- Notice of Action (NA 960X SAR)
- Notice of Action (NA 960Y SAR)

Federal Quality Control (QC) Reviews

FNS QC has informed CDSS that effective with the October 1, 2013 sample, issuing TCF benefits to households that have been discontinued for failure to submit a SAR 7 is in violation of the policy guidance in this letter and will result in a case and procedural error if sampled. In addition for such cases, if included in the active sample, QC reviewers will use the regular review process to review actual household circumstances to complete the review as explained in Section 725 E in the FNS 310.

Camera Ready Copies and Translations

For camera-ready copies in English, contact the Forms Management Unit at fmudss@dss.ca.gov. If your office has internet access you may obtain these forms from the CDSS webpage at http://www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm. When all translations are completed per Manual of Policies and Procedures (MPP) Section 21-115.2, including Spanish forms, they are posted on an on-going basis on the CDSS webpage.

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Copies of the translated forms can be obtained at the following webpage at http://www.dss.cahwnet.gov/cdssweb/FormsandPu_274.htm. For questions on translated ACL materials, please contact Language Services at (916) 651-8876. Until translations are available, recipients who have elected to receive materials in languages other than English should be sent the English version of the form or notice along with the GEN 1365-Notice of Language Services and a local contact number.

For questions regarding CalFresh, please contact your county contact or call the CalFresh Policy Bureau at (916) 654-1896.

Sincerely,

Original Document Signed By:

TODD R. BLAND
Deputy Director
Welfare to Work Division

Attachments

CALFRESH NOTICE OF EXPIRATION OF CERTIFICATION

COUNTY OF

•	•	Notice Date	:
		Case Name	:
		Case Number	:
		Worker Name	:
		Worker Number	:
•	•	Telephone Number	:
		Address	:

Questions? Ask your worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place.

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1. Your CalFresh Certification period will end on _____.
MM/DD/CCYY
 2. If you want to keep getting your benefits without a break; you must file an application no later than the 15th day of the last month of the certification period. You must also complete an interview with the county, and turn in any proof of income, expenses, or other information before the end of your certification period listed above.
 3. If you have a one-month or two-month certification period, contact your worker for when your application needs to be turned in.
 4. You will get a separate letter with an interview appointment date and time. Call your worker right away if you do not get the appointment letter within 10 days of this notice. Your appointment letter will tell you if you have a phone interview or if you have to come into the office for your interview.

IMPORTANT RULES

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- If you do not turn in an application by the 15th day of the last month of the certification period, complete an interview, **and** turn in any proof of income, expenses, or other information within 10 days of the date of the interview, you may have to wait up to 30 days before final action is taken on your application. In addition, you may get only partial benefits for the first month of your new certification period. If your benefits stop, you may be able to get Expedited Service (ES).
 - If you receive CalWORKs and you fail to complete your CalWORKs redetermination, you will not be eligible for Transitional CalFresh benefits.
 - If you have a good reason for not recertifying on time, you should tell the county welfare department. If you have a good reason for the delay, you may get back lost benefits.
 - You have the right to get an application from the county welfare department at any time and to have the county accept your application. The application must be signed and contain at least a readable name, address, and signature or a witness to the mark.
 - You or your authorized representative have the right to file a CalFresh application by turning in the form to the county welfare department either in person, by mail, fax, e-mail, through an electronic transmission, or through an on-line electronic application at: <http://www.benefitscal.org>. The length of time to deliver benefits is calculated from the date the application is filed with the county welfare department. An application signed through the use of electronic signature techniques or an application containing a handwritten signature and then transmitted by fax or other electronic transmission is acceptable.
 - You will be given 10 days to turn in any requested information. Please tell your worker if you need help getting this information.

RULES: These rules apply: CalFresh MPP Section(s): 63-300.3, 63-504.25, 63-504.251, 63-504.5, 63-504.6, 63-504.61; Federal Regulation Title 7 CFR § 273.12. You may review them online or at your welfare office.

CALFRESH NOTICE OF EXPIRATION OF CERTIFICATION FOR HOUSEHOLDS IN WHICH ALL ADULTS ARE ELDERLY OR DISABLED

COUNTY OF _____

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

Notice Date: _____
Case Name: _____
Case Number: _____
Worker Name: _____
Worker Number: _____
Telephone Number: _____
Address: _____

(ADDRESSEE)

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Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

1. Your CalFresh Certification period will end on _____.
2. An interview is not required. You may call for an interview if you would like one. Please contact the county right away if you would like an interview. Interviews are usually done by phone unless you would prefer an in-person interview. If you need other arrangements due to a disability; please call the county right away.
3. Please return the application by the first day of the last month of the certification period: _____
4. If you are reporting changes, **please include proof** with your application. Proof of any changes must be turned in no later than the end of your certification period.
5. Based on information you send, the county may still need to interview you.
6. If you ask for an interview or if one is still required, you will get an appointment letter.
7. If you want to keep getting your benefits without a break, you must file an application no later than the 15th day of the month your certification period ends. If you want an interview or one is requested, the interview must be completed and any proof of income, expenses, or other information turned in no later than the end of the certification period.

IMPORTANT RULES

- If you receive CalWORKs and you fail to complete your CalWORKs redetermination, you will not be eligible for Transitional CalFresh benefits.
- If any of the following things happen, you may have to wait up to 30 days before final action is taken on your recertification application. In addition, you may get only partial benefits for the first month of your new certification period. You have the right to ask for 3-day processing (Expedited Service) if there is a break in aid:
 - You do not turn in an application by the 15th day of the month your certification period ends.
 - You do not complete an interview you asked for or the county told you was required within 10 days before the end of the certification period, or
 - You do not turn in any proof of income, expenses, or other information within 10 days of the date of the interview.
 - You do not turn in proof of any changes reported on the recertification application before the end of your certification period.
- You have the right to get an application from the county welfare department at any time and to have the county accept your application. The application must be signed and contain readable name, address, and signature or a witness to the mark.
- You or your authorized representative have the right to file a CalFresh application by turning in the form to the county welfare department either in person, by mail, by fax or other transmission available in your county (e-mail or an on-line electronic application at: <http://www.benefitscal.org>). The length of time to deliver benefits is calculated from the date the application is filed with the county welfare department. An application signed through the use of electronic signature techniques or an application containing a handwritten signature and then transmitted by fax or other electronic transmission is acceptable. You will be given 10 days to turn in any requested information. Please tell the county if you need help getting this information.

Rules: These rules apply: CalFresh MPP Sections: 63-300.3, 63-504.25, 63-504.251, 63-504.6, 63-504.61. You may review them at your welfare office.

NOTICE OF ACTION

COUNTY OF _____

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

Notice Date: _____
 Case Name: _____
 Case Number: _____
 Worker Name: _____
 Number/ID: _____
 Telephone: _____
 24 Hour Information: _____
 Address: _____

(ADDRESSEE)

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Questions? Ask your Worker or call the number above.

STATE HEARING: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of _____, the County is stopping your:

- Cash Aid
- CalFresh

Here's why:

As of the 11th of this month, the County has not received your semi-annual report (SAR 7) due this month.

To continue to get cash aid and/or CalFresh benefits you must return a complete SAR 7.

A SAR 7 is complete when you have answered all of the questions and have attached required proof.

The County must get your complete report no later than the first working day of next month.

If your benefits are discontinued because you fail to turn in a complete SAR 7, you will not receive Transitional CalFresh benefits. If you have any questions about Transitional CalFresh, please contact your county office.

The information you give us may change or stop your cash aid and/or CalFresh benefits.

If you turn in a complete SAR 7 anytime next month that shows you are eligible for cash aid and/or CalFresh, your benefits will start from the date you turn in the form.

Medi-Cal: This notice **DOES NOT** change or stop Medi-Cal Benefits. If there is a change in your Medi-Cal benefits, you will get another notice.

Keep using your plastic Benefits Identification Card(s).

You and your family may still continue to get Medi-Cal if your cash aid stops and:

- You have earnings from a job, a business you started or if you received a pay raise.
- You have started to receive or had an increase in child/spousal support payments.

If you need help completing the SAR 7, contact the County and ask for help.
Toll Free _____.

Rules: These rules apply. You may review them at your welfare office - Cash Aid: MPP Sections 40-105.1, 40-181.22; CalFresh: MPP Sections 63-103n(1), 63-508.6. TCVAP, RCA and ECA: MPP Sections 70-105.1, 69-206 and 69-301.

NOTICE OF ACTION

COUNTY OF _____

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

Notice Date: _____
Case Name: _____
Case Number: _____
Worker Name: _____
Number/ID: _____
Telephone: _____
24 Hour Information: _____
Address: _____

(ADDRESSEE)

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Questions? Ask your Worker or call the number above.

STATE HEARING: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of _____, the County is stopping your:

- Cash Aid
- CalFresh

Here's why:

The semi-annual report (SAR 7) that we got from you this reporting period is not complete.

To continue to get cash aid and/or CalFresh benefits you must return a complete SAR 7.

A SAR 7 is complete when you have answered all of the questions and have attached required proof.

The County must get your complete report no later than the first working day of next month.

You must send or bring in the following information:

- Complete the circled questions on the enclosed report.
- Complete the following questions on the enclosed report:
- Send or bring in the following proof:

The information you give us may change or stop your cash aid and/or CalFresh benefits.

If you turn in a complete SAR 7 anytime next month that shows you are eligible for cash aid and/or CalFresh, your benefits will start from the date you turn in the form.

If your benefits are discontinued because you fail to turn in a complete SAR 7, you will not receive Transitional CalFresh benefits.

If you have any questions about Transitional CalFresh, please contact your county office.

Medi-Cal: This notice **DOES NOT** change or stop Medi-Cal Benefits. If there is a change in your Medi-Cal benefits, you will get another notice.

Keep using your plastic Benefits Identification Card(s).

You and your family may still continue to get Medi-Cal if your cash aid stops and:

- You have earnings from a job, a business you started or if you received a pay raise.
- You have started to receive or had an increase in child/spousal support payments.

If you need help completing the SAR 7, contact the County and ask for help.

Toll Free _____.

Rules: These rules apply. You may review them at your welfare office - Cash Aid: MPP Sections 40-105.1, 40-181.22; CalFresh: MPP Sections 63-103n(2), 63-508.6. TCVAP, RCA and ECA: MPP Sections 70-105.1, 69-206 and 69-301.

YOUR HEARING RIGHTS

You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice. If you have good cause as to why you were not able to file for a hearing within the 90 days, you may still file for a hearing. If you provide good cause, a hearing may still be scheduled.

If you ask for a hearing before an action on Cash Aid, Medi-Cal, CalFresh, or Child Care takes place:

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your CalFresh benefits will stay the same until the hearing or the end of your certification period, whichever is earlier.

If the hearing decision says we are right, you will owe us for any extra Cash Aid, CalFresh or Child Care Services you got. To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop: Cash Aid CalFresh
 Child Care

While You Wait for a Hearing Decision for:

Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

- To get those supportive services, you must go to the activity the county told you to attend.
- If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

Cal-Learn:

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

OTHER INFORMATION

Medi-Cal Managed Care Plan Members: The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

Child and/or Medical Support: The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask for it.

Hearing File: If you ask for a hearing, the State Hearing Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. **(W&I Code Sections 10850 and 10950.)**

TO ASK FOR A HEARING:

- Fill out this page.
- Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
- Send or take this page to:

OR

- Call toll free: 1-800-952-5253 or for hearing or speech impaired who use TDD, 1-800-952-8349.

To Get Help: You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

If you do not want to go to the hearing alone, you can bring a friend or someone with you.

HEARING REQUEST

I want a hearing due to an action by the Welfare Department of _____ County about my:

Cash Aid CalFresh Medi-Cal

Other (list) _____

Here's Why: _____

- If you need more space, check here and add a page.
- I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: _____

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTH DATE

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

NAME OF PERSON COMPLETING THIS FORM

PHONE NUMBER

- I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)

NAME

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE