



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

September 12, 2016

ALL COUNTY LETTER 16-71

TO: ALL COUNTY WELFARE DIRECTORS  
ALL CONSORTIUM PROJECT MANAGERS  
ALL COUNTY CALFRESH COORDINATORS

SUBJECT: CALFRESH OVERISSUANCE (O/I) NOTICE OF ACTION (NOA)  
REQUIREMENTS: “HERE’S WHY” SECTION

REFERENCE: UNITED STATES DEPARTMENT OF AGRICULTURE (USDA),  
FOOD AND NUTRITION SERVICE (FNS) ADMINISTRATIVE  
NOTICE (AN) 01-35, [ALL COUNTY INFORMATION NOTICE \(ACIN\) I-16-05](#), [CODE OF FEDERAL REGULATIONS \(CFR\) TITLE 7, SECTIONS 273.13\(a\)\(2\) and 273.18\(e\)\(3\)\(iv\)](#),  
[CALFRESH OVERISSUANCE NOTICES DFA 377.7B, DFA 377.7D, DFA377.7D1, DFA 377.7D3, DFA 377.7F AND OVERISSUANCE BUDGET WORKSHEET NA 1263, MANUAL OF POLICIES AND PROCEDURES \(MPP\) 63-801.431\(a\)](#)

REASON FOR THIS TRANSMITTAL

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

The purpose of this letter is to remind counties of the requirement to complete the free-form, “Here’s Why” section in NOAs that provide notice to households with O/Is. In accordance with MPP Section 63-801.431(a), 7 CFR 273.13(a)(2) and 273.18(e)(3)(iv), the O/I NOAs issued by counties must include sufficient information for the household to understand the reason(s) for the proposed action and whether the action is correct. The drop-down menu options in the “Here’s Why” section do not provide sufficient detail when used without any additional information. Therefore, drop-down menu options must be accompanied by additional information that is specific to the case and satisfies the requirements of MPP 63-801.431.

The “Here’s Why” section of the O/I NOA must explain the specific reason(s) for the O/I and provide sufficient detail to allow the household to determine if any “incorrect” information was used in the O/I determination. Although a county’s Statewide Welfare Automated Welfare System (SAWS) may permit the NOA to be issued without completing this section, counties are directed to complete the “Here’s Why” section in order to satisfy state and federal due process requirements.

The MPP 63-801.431(a) requires the following, at a minimum, must be explained in the "Here's Why" section of the O/I NOAs to the extent this information is not specifically provided in another section of the NOA:

- The amount of benefits the household received;
- The amount of benefits the household should have received;
- The time period benefits were over issued;
- The specific reason that caused the overissuance;
- The amount of the benefits that are to be repaid;
- How the household or sponsor may pay the claim.

The CDSS is currently in the process of revising O/I NOAs, which will require programming changes to make the "Here's Why" section a mandatory field that must be completed before SAWS will issue the NOA. The redesigned form and further instructions will be provided in a forthcoming All County Letter (ACL).

This ACL and other CDSS Letters and Notices are available on the internet at:

<http://www.dss.cahwnet.gov/lettersnotices/default.htm>.

### **CAMERA READY COPIES AND TRANSLATIONS**

For a camera-ready copy in English, contact the CDSS Forms Management Unit at [fmudss@dss.ca.gov](mailto:fmudss@dss.ca.gov). You may obtain these forms from the CDSS webpage at:

<http://www.dss.cahwnet.gov/cdssweb/PG167.htm>.

When all translations are completed per Manual of Policies and Procedures (MPP) Section 21-115.2, they are posted on an on-going basis on the CDSS webpage. Copies of the translated forms can be obtained at:

[http://www.dss.cahwnet.gov/cdssweb/FormsandPu\\_274.htm](http://www.dss.cahwnet.gov/cdssweb/FormsandPu_274.htm).

For questions on translated materials, please contact the CDSS 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. <http://www.cdss.ca.gov/cdssweb/entres/forms/Multi/GEN1365MUL.pdf>

The CWDs shall ensure that effective bilingual services are provided. This requirement may be met through utilization of paid interpreters, qualified bilingual employees, and qualified employees of other agencies or community resources. These services shall be provided free of charge to the applicant/recipient.

In the event that CDSS does not provide translations of a form, it is the CWD's responsibility to provide interpreter services if an applicant or recipient requests them. More information regarding translations can be found in MPP Section 21-115.

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If you have any questions regarding this ACL, please contact your CalFresh County Consultant or the CalFresh Policy Bureau at (916) 654-1896.

Sincerely,

***Original Document Signed By:***

TODD R. BLAND

Deputy Director

Welfare to Work Division